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## Mistreatment Regarding African American Mental Health

*Ella Hutchins*

In the last few years, the conversation surrounding mental illness has begun to open up in the United States, and more and more people have started to seek treatment for their mental health issues. However, the dismantling of the stigma around mental illness has largely surrounded the mental health of America's white population. Consideration for black individuals and other racial minorities' mental health has largely been left out of the conversation. Additionally, the current conversation overlooks the fact that if you are a low-income individual, you are most likely receiving inadequate or no mental health care at all. With a stigma around mental health that runs deep throughout black communities and substantial barriers to accessing mental health care, it is no wonder that jails and prisons have become the largest source of mental health treatment in the United States.

Asylums were once a haven for the severely mentally ill, providing safety, comfort, and some of the only forms of treatment that were available at the time. Due to overcrowding, controversial treatments being done inside asylums, and lack of government funding, there was a call for deinstitutionalization in the late 1950s and early 1960s. Today some long-term inpatient care facilities do still exist, but the number is shrinking by the year. The number of beds available in these psychiatric facilities decreased by 14% from 2005 to 2010, and in 2010 there were only 14 beds available per 100,000 people (Raphelson). With a lack of beds available in psychiatric facilities, those with serious mental illness often end up in the emergency room, which can only hold patients with mental illness for up to 72 hours. Dominic Sisti, the director of the program of Applied Ethics of Behavioral Healthcare at the University of Pennsylvania, claims, "Much of our mental health care now for individuals with serious mental illness has been shifted to correctional facilities" (Hobson). When these individuals who are desperately in need of mental health treatment are sent back out onto the streets, they often face interactions with law enforcement which has led to the mass incarceration of the mentally ill.

As the United States has transitioned away from asylums, and inpatient care facilities become far and few between, jails and prisons have now become one of the largest sources of mental health care in the United States. Today, those with a diagnosed mental illness represent 38% of those in jail at any given time (Kaba et al.). However, the actual population of mentally ill persons who are incarcerated is most likely higher as people of color and impoverished individuals often have their symptoms labeled as “bad behavior” and are never diagnosed with a mental illness (Eskender). Throughout the United States, individuals of all races with mental illness face mistreatment and neglect. However, incarcerated people of color with mental illness are less likely to receive good quality mental health treatment than their white peers. Incarcerated people of color with mental illness are taken less seriously, and their behavior is often viewed as aggressive. In prisons throughout the United States, racial minorities are punished and placed in solitary confinement more often than their white peers, which has been shown to worsen mental illness, instead of being given proper mental health care (Bronson and Berzofsky).

In prisons and jails, solitary confinement is a punishment where an individual is isolated in their cell for 22 to 24 hours a day (Kaba et al.). Solitary confinement has been shown to heighten symptoms of mental illness and lead prisoners to commit acts of self-harm and, in many cases, even suicide. In a recent study done in the New York Riker’s Island Jail, it was found that black individuals are sent to solitary confinement at 5.7 times the rate of their white peers, and black individuals are admitted to mental health units at just 0.6 times the rate of their white peers (Anthony-North et al.). These statistics could be a potential example of the social tendency to view the behavior of black individuals as criminal when in reality, they may be displaying symptoms of mental illness. In an interview with *Solitary Watch*, Tashon, a black prisoner in Pennsylvania diagnosed with PTSD, bipolar disorder, and anxiety, discussed his experience with social biases in prison. Tashon stated, “We (black individuals) are sent to behavior-modified units and security-modified units, which offer no mental health treatment, only punishment” (Eskender). White prisoners with mental illness are often shown sympathy for their situations by those in charge. When they exhibit the same behaviors as people of color, instead of being punished, they are sent to receive proper mental health care.

In jails and prisons, when black individuals do manage to receive a diagnosis of mental illness, they are often misdiagnosed, and their diagnoses lean into racial stereotypes. Jerome Wright, a black activist formerly incarcerated in New York, speaks about the issue stating, “Our behaviors are always violent. OCD is a white person’s problem. Black people don’t get that. If we have a problem, it’s violence” (Eskender). The Diagnostic Statistical Manual, which contains the criteria that psychiatrists use to diagnose mental illness, sorts mental illnesses into two “axes” or categories. Axis one categorizes disorders related to schizophrenia, depression, anxiety, and bipolar disorder. Axis two categorizes personality disorders related to antisocial personality disorder and borderline personality disorder (Schimelpfening). Terry Kupers, a psychiatrist who is an expert on the psychological effects of incarceration, told *Solitary Watch* that, “Because of racism, people of color are more likely dismissed as axis two” (Eskender). When jail and prison mental health care professionals assess black individuals, they often exhibit implicit biases by twisting symptoms of an axis one disorder into a personality disorder or an attitude problem. This, in turn, negatively impacts the experience of black incarcerated individuals as it causes prison and jail staff to have less sympathy for their situations, which leads them to be punished more often instead of receiving mental health care.

Disparities in the mental health treatment of black individuals do not only exist in jails and prisons; they also exist within the community. These disparities begin with the longstanding stigma against mental health that exists within black communities. Dr. Shaun Fletcher, a professor at San Jose State University whose research looks at disparities in health care among African-American men, stated, “The biggest barrier is culture. Culture is the most resistant aspect to change” when asked about disparities in African-American mental health care (Givens). Within black communities, therapy is often stigmatized as something for people who are unable to cope with hardships. Black individuals who experience mental health issues often hide their problems or avoid seeking treatment altogether out of fear of criticism from their peers. The stigma around mental health in black communities also comes from stereotypes and racial profiling that exists around black individuals. When asked about this barrier, Dr. Fletcher stated, “We are raised to believe that we have to walk outside with tough skin at all times

to survive the world” (Givens). The stereotypes about black individuals being violent and being seen as a threat have caused many individuals to feel that they do not have the privilege of being vulnerable about their mental health.

Along with the stigma surrounding mental health within black communities, disparities in mental health treatment prevent black individuals from seeking help for their mental health issues. Black individuals and other racial minorities often have limited access to mental health treatment due to barriers such as the cost of health insurance and health insurance not covering the costs of mental health treatment. Today, about 25% of African-Americans and 37% of Latinx individuals in the United States are uninsured (Office of the Surgeon General U.S.). This is much higher than the rate of uninsured white individuals. For low-income individuals who are able to be insured, Medicaid is usually the only option for mental health treatment. However, a United States law prevents the federal government from paying for long-term mental health treatment (Raphelson). Along with not being able to access mental health treatment, black individuals often feel underrepresented within mental health care as only 4% of therapists are African-American, while African-Americans make up 14% of the United States population (Givens). Financial barriers, the stigma around mental health within communities, and underrepresentation all create disparities that cause black individuals to avoid seeking mental health treatment.

Even though the gap between the mental health care available for black individuals compared to what is available for white individuals may seem large, there are solutions for both disparities that exist within communities and disparities within correctional facilities. In terms of solutions within jails and prisons, it has been widely suggested that interactions between the police and individuals with mental illness need to be improved. Law enforcement needs to be better educated and trained on how to deal with individuals with mental illness. Diversion programs should be created so that law enforcement can send individuals with mental illness to the appropriate community-based treatment instead of incarceration.

Improving racial equity within the criminal justice system must coincide with improving racial equity within the mental health treatment available for minority individuals. For example, reform

programs need to be created to aid in law enforcement's interactions with the mentally ill and end the mass incarceration of the mentally ill. One such program is the Serving Safely program launched by the Vera Institute of Justice in collaboration with the U.S. Department of Justice in 2018. The Serving Safely program works to reduce the contact between law enforcement and mentally ill individuals at the earliest stage of justice stage involvement, as well as improve law enforcement responses to individuals with mental illness (Vera Institute of Justice). If more reform programs can be created and further steps can be taken to educate law enforcement on how to interact with the mentally ill, the rate of mentally ill who are incarcerated may decrease, and racial minorities with mental illness who are incarcerated may finally receive proper mental health care.

In order to improve mental health care within black communities, many social structures must be rearranged. For example, mental health care should be locally accessible within black communities, and government grants should be redistributed so that more money is allocated to mental health care in each state. Within mental health care offices, black individuals should be able to feel more represented through the addition of more black mental health professionals and therapy that reflects their needs culturally. The biggest hurdles to overcome within black communities are making sure individuals have access to services in their area and ending the stigma around black mental health. This means fighting for federal health insurance to cover mental health treatment as well as spreading awareness about the availability of treatments within a community. In terms of ending the stigma around black mental health, the culture of black individuals feeling that they do not have the right to be vulnerable must be overcome. The more people speak out and tell their stories, the more socially acceptable getting help for your mental health will become, and the less stigmatized mental health issues within black communities will be.

More advocacy for black mental health in the United States is greatly needed. The stories and struggles of black populations have been left out of the conversation for far too long. The stigma surrounding mental health that exists within black communities can only end when individuals no longer fear being vulnerable due to stereotypes about their behavior end. The mental health issues that black individuals face are largely ignored both within communities and the criminal justice system, where lots of black individuals

suffering from mental health issues end up. The disparities between the approach to the mental health of black versus white individuals can no longer be ignored, and there must be a push for better resources for black communities' mental health.

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