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- 23 Runnymede Trust 2018 Finding Common Cause: Building research collaborations between universities and Black and minority ethnic communities <https://www.runnymede.org/uploads/publications/Runnymede%20Common%20Cause%20briefing%20FINAL.pdf>
- 24 Levine SS et al. 2014 Ethnic diversity deflates price bubbles” PNAS Volume 111, pages 18524–18529.
- 25 Hunt V et al. 2018 Delivering through Diversity, https://www.mckinsey.com/business-functions/organization/our-insights/delivering-through-diversity?utm_source=UCL%20%28Internal%20Communications%29&utm_medium=email&utm_campaign=10333188_Provost%27s%20View%3A%20Equality%2C%20Diversity%20and%20Inclusion%20at%20UCL%20%E2%80%93%20challenging%20unacceptable%20behaviour%20and%20attitudes&utm_content=McKinsey&dm_i=UAA,65H50,HP7E2G,O86HP,1#
- 26 AlShebli BK, Rahwan T & Woon WL 2018 The Preeminence of Ethnic Diversity in Scientific Collaboration Nat Commun Volume 9, page 5163.
- 27 <https://www.raeng.org.uk/diversity-in-engineering/business-benefits-key-facts/the-business-case-for-diversity>
- 28 Hofstra B et al. 2020 The Diversity–Innovation Paradox in Science PNAS Volume 117, pages 9284–9291.
- 29 <https://epsrc.ukri.org/files/funding/edi/epsrc-peer-review-diversity-data-narrative-and-tables-april-2019-pdf/>
- 30 Kalpazidou Schmidt E et al. 2020 Understanding the Athena SWAN award scheme for gender equality as a complex social intervention in a complex system: analysis of Silver award action plans in a comparative European perspective. Health Res Policy Sys Volume 18, Article number 19 <https://doi.org/10.1186/s12961-020-0527-x>.
- 31 Reducing bureaucratic burden in research, innovation and higher education <https://www.gov.uk/government/publications/reducing-bureaucratic-burdens-higher-education/reducing-bureaucratic-burdens-on-research-innovation-and-higher-education>
- 32 Payne D 2019 The universal basic research grant: funding research for the 21st century <https://wonkhe.com/blogs/the-universal-basic-research-grant-funding-research-for-the-21st-century/>
- 33 Adam D 2019 Science funders gamble on grant lotteries Nature Volume 575, Pages 574–575
- 34 Schwartz B 2019 Do College Admissions by Lottery <https://behavioralscientist.org/do-college-admissions-by-lottery/> □

‘SCIENTIFIC RACISM’ AND STRUCTURAL INEQUALITIES: IMPLICATIONS FOR RESEARCHING BLACK MENTAL HEALTH



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BLACK MENTAL HEALTH IN THE UK

Ethnic inequalities in mental healthcare is one of the most consistent findings in UK research. Perhaps the most stubborn, is substantially elevated risk of diagnosis with schizophrenia and related psychoses among people of African and Caribbean descent (Black) compared with White British peers ¹. This difference is not replicated in findings from research in Africa ² and the Caribbean ³, generating several theories to explain the racialised inequities in the UK. Hypotheses underpinned by biological (e.g. genetics), social (e.g. urbanicity or economic disadvantage), and psychological theories have been proposed yet none are conclusive. Intriguingly, Black people in England are significantly less likely to be diagnosed with neurotic disorders such as depression

and anxiety, suggesting more nuanced approaches to understanding and addressing these disparities are needed ⁴.

Whilst the extent to which diagnostic rates reflect levels of morbidity versus psychiatric practice remains contested ⁵, what is unequivocal is that Black people experience inequalities at every level of the mental health system. Firstly, Black access to services is characterised by delayed diagnosis and negative care pathways ^{6, 7}. Compared with White British counterparts, Black people are four times as likely (306.8 per 100,000 versus 72.9 per 100,000) to be compulsorily admitted to psychiatric care under the Mental Health Act ⁸ and are less likely to receive GP support in accessing specialist mental healthcare ⁹. As psychiatric inpatients, Black people experience more coercive care. For example, higher levels of treatment in seclusion, forcible injection with psychotropic medication, and being subject to control and restraint techniques ^{10, 11}.

Disproportionate use of force with Black patients is associated with elevated death rates in psychiatric care. The 2004 Blofeld Report¹² into the death of David 'Rocky' Bennett six years earlier found that, the way in which he was restrained by nursing staff, resulted from his treatment as a "lesser being". The then Secretary of State for Health, John Reid, asserted that there was "no place for discrimination in the NHS", but did not commit to enacting any of Blofeld's 22 recommendations to tackle the kind of racism that David Bennett experienced at the hands of both patients and staff. Subsequently, the Department of Health responded with a 5-year 'Delivering Race Equality (DRE) in Mental Health' policy guidance and action plan ¹³. CQC's findings ¹⁴ that DRE had improved little in Black patients' psychiatric care is evidenced by

the passing of Sani's Law ¹⁵ in 2018 after Olaseni 'Seni' Lewis' death due to being forcibly restrained by 11 police officers in psychiatric hospital. Alongside greater exposure to coercive care, Black people are also less likely to be offered evidence-based psychological care. This begs the question of why ethnic inequalities persist despite policies and legislation to eradicate them within a system designed and commissioned to deliver care equitably - a principle enshrined in the Public Sector Equality Duty under the Equality Act 2010 ¹⁶.

SCIENTIFIC RACISM AND CONTEMPORARY MENTAL HEALTHCARE

Exploring the historical relationship between psychiatry, psychology, and 'race science' might provide a lens through which to view Black people's sub-optimal access, experiences and outcomes in contemporary mental health care. Although now generally agreed to be a social construct ^{17, 18}, the biological basis of 'race' and theories purporting racial hierarchies have informed explanations of different groups' location in society. In his treatise, '*Crania Americana*', 19th century American anthropologist and physician, Samuel George Morton, concluded that the Caucasian's place at the top of the racial hierarchy resulted from superior mental capacity to other 'races' as evidenced by having larger skulls to accommodate larger brains. Superior intelligence coupled with advanced planning skills, self-control and longevity were said to distinguish Caucasians, and indeed all other 'races', from Africans ¹⁹. Impulsive, superstitious and prone to violence by nature, 'Negroes' (the "lowest grade of humanity" and ranked just above primates) were deemed incapable of creativity; merely able to imitate others and manage routine work under supervision ²⁰. Thus, 'race

science' was used to justify the enslavement of Africans and advance theories about how to manage them. In 1851, Samuel Cartwright proposed a new diagnosis, 'drapetomania', defining slaves' tendency to run away as a form of madness. The 'condition' still appeared in a medical dictionary almost 100 years later ²¹.

Psychologist Richard Herrnstein and political scientist Charles Murray's controversial book '*The Bell Curve: Intelligence and Class Structure in American Life*' ²² claimed that the inequalities experienced by African Americans was due to having average IQs 15 points lower than that of White Americans. That being the case, they argued that individual differences and genetic predispositions rather than

Eysenck was the world's most widely-cited and therefore influential academic psychologist. This line of argument has important socio-political implications as it suggests that there is little merit in improving the education of Black people or establishing initiatives designed to create a more level playing field.

Another signatory to the article in support of The Bell Curve's thesis was Professor Richard Lynn whose work was cited in the book. A member of the editorial board of the academic journal '*Personality and Individual Differences*' (PAID) until 2019, Lynn theorised links between race-based differences in intelligence ²⁵ and psychopathic personality disorders ²⁶. In 2020, a paper published in PAID in 2012

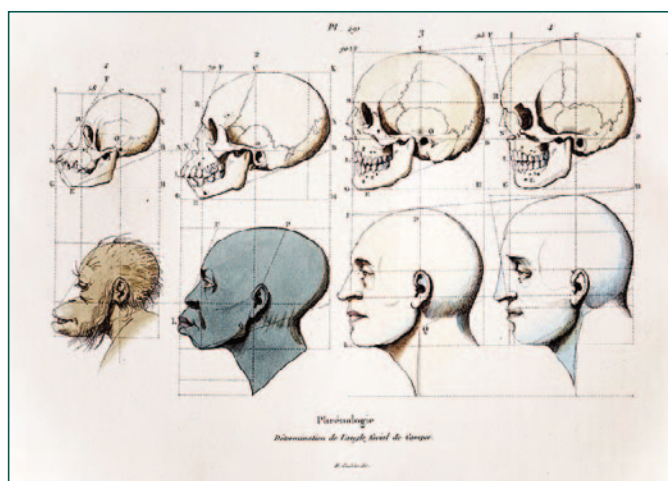


Figure 1. Shapes and Sizes of Various Skulls
Stewart PT. 1760a Petrus Camper Facial Angle Eugenics [Internet] [cited 21 December 2020].
Available from: <https://www.sciencephoto.com/media/152171/view/1760a-petrus-camper-facial-angle-eugenics>

structural inequalities accounted for White people's ascendancy in a meritocratic system ²³. Leading psychologists, including Professor Hans Eysenck of University College London, publicly endorsed the authors' views that IQ tests measured true racial differences rather than access to education and that concerns about the cross-cultural validity of these tests were unfounded ²⁴. This is significant because, at his death in 1997,

claiming that genetic differences related to darkness of skin colour explained purported racial differences in sexual behaviour and violence, was retracted by publisher Elsevier ²⁷. Given that much of the 'evidence' on which the paper was based had been previously challenged, the decision to withdraw the paper in the wake of academic and research institutions' public statements on institutional racism is noteworthy.

The extent to which such views continue to inform contemporary mental health services, is illustrated by Black patients and Approved Mental Health Professionals' evidence to the 2018 Independent Review of the Mental Health Act²⁸, which was established in response to what the then Prime Minister, Theresa May, described as the "burning injustice" of exponential rates of 'sectioning' under The Act. Since the Royal College of Psychiatrists acknowledged that psychiatry is institutionally racism in 2018, it has come under increasing pressure from its membership to do more to eradicate race-based disparities. In an open letter²⁹ to their newly elected President, 175 psychiatrists condemned the profession's history of systematic racism and discrimination –

specifically, of: i) ignoring the effects of discrimination on patients' mental health, ii) painting other cultures as 'psychologically primitive', and iii) colluding in silencing civil rights protesters and political dissidents by labelling them 'psychotic'. Jonathan Metzel's *The Protest Psychosis: How schizophrenia became a Black disease*³⁰ highlighted how schizophrenia, regarded as a 'serious and enduring' form of mental illness, became a racialised diagnosis inextricably linked with blackness and dangerousness. It is astonishing that, in 2020, negative perceptions of Black people, such as being labelled insufficiently 'psychologically-minded', continue to impede access to non-pharmacological treatments such as talking therapies³¹.

RESEARCH AND PSYCHIATRIC PRACTICE: RECOMMENDATIONS FOR MOVING FORWARD

Health inequalities and strategies to address them have been the focus of much research and policy, as exemplified by the seminal work of Sir Michael Marmot^{32, 33} have been the focus of much research and policy. In contrast, the role of 'racism' in the onset of illness and the extent to which racism causes and/or perpetuates disparities in a healthcare system designed to eradicate them, remains relatively under-researched. In 2020, the #BlackLivesMatter protests in the midst of the COVID19 pandemic in which non-White people have disproportionately died, after diagnosis and hospitalisation,

compared to White people with comparative health status³⁴, foregrounded the systemic racial injustice in relation to physical health. Given what is known about the relationship between physical and mental health, greater efforts to understand the relationship between racism, health and wellbeing is long overdue. In the UK³⁵ and US³⁶, racism is increasingly regarded as a 'public health crisis' that can no longer be ignored.

Asserting that "there's no quality without equality", the Royal College of Psychiatrists' guidance on Advancing Mental Health Equality (AMHE) advocates radical, system-wide approaches underpinned by research to: i) identify inequalities, ii) design new ways of doing things, iii) evaluate those ideas, and iv) deliver

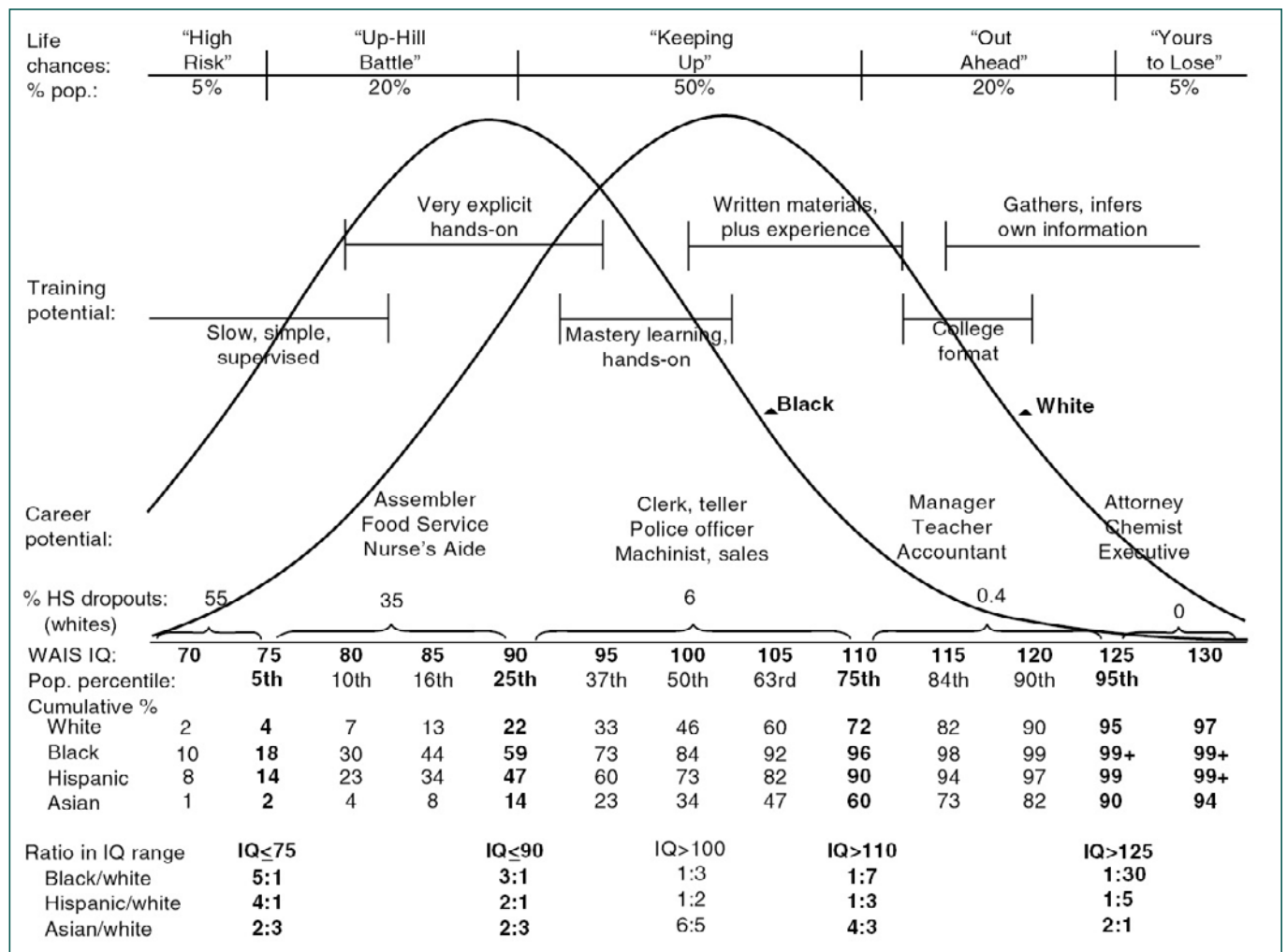


Figure 2: IQ Scores and 'the Bell Curve'

Gottfredson LS. G Theory [Internet]. 2018 [cited 21 December 2020]. Available from: <https://www.cambridge.org/core/books/nature-of-human-intelligence/g-theory/E92EE6DB36A2D11DBF8B6C42F9940E00>

improvements³⁷. Findings from the Mental Health Act Review²⁶ and the Five Year Forward View for Mental Health and the NHS Long Term Plan³⁸ indicate that the views and experiences of patients and their families and a co-production ethos is integral to service redesign and commissioning that is fit for purpose in a multicultural society.

However, research that currently informs ‘evidence-based practice’ is predominantly quantitative with randomised control trials currently at the top of the ‘hierarchy of evidence’. Qualitative research, which seeks to bring insights from the perspectives of those experiencing healthcare, especially those whose health is most adversely affected, does not currently feature within this ‘hierarchy of evidence’. Including qualitative research within the hierarchy of evidence could serve to incentivise and foreground vital research that includes and amplifies the voices of patients, carers, racialised communities and healthcare practitioners. As indicated by Li and colleagues³⁹, those undertaking this kind of research are less likely to receive funding and/or receive smaller awards or have their socially impactful work published in what are considered high-ranking journals. We therefore assert that changes to the funding system, which is vital to research career progression, is urgently needed. More equitable funding and greater transparency in recruitment and appointment processes will increase the likelihood of under-represented groups attaining senior leadership roles and/or membership to influential research funding panels or editorial boards with ability to influence what counts as ‘evidence’.

We conclude that it is crucial for government, who invest in both research and healthcare

services to recognise that, as with psychiatry and mental health, scientific racism, also underpins the foundations of academia. Research investments aimed at redressing systemic inequalities through co-produced research, holds the promise of broader academic and societal value.

References

- Halvorsrud K, Nazroo J, Otis M, Brown Hajdukova E, Bhui K. Ethnic inequalities in the incidence of diagnosis of severe mental illness in England: a systematic review and new meta-analyses for non-affective and affective psychoses. *Soc Psychiatry Psychiatr Epidemiol* 2019;54:1311-23. <https://doi.org/10.1007/s00127-019-01758-y>
- Jenkins R, Njenga F, Okonji M, Kigamwa P, Baraza M, Ayuyo J, et al. Psychotic symptoms in Kenya—prevalence, risk factors, and relationship with common mental disorders. *Int J Environ Res Public Health* 2012;9:1748-56. <https://doi.org/10.3390/ijerph9051748>
- Hickling FW, Rodgers-Johnson P. The incidence of first contact schizophrenia in Jamaica. *Br J Psychiatry* 1995;167:193-6. <https://doi.org/10.1192/bjp.167.2.193>
- Sharpley M, Hutchinson G, McKenzie K, Murray RM. Understanding the excess of psychosis among the African-Caribbean population in England. Review of current hypotheses. *Br J Psychiatry Suppl* 2001;40:s60-8. <https://doi.org/10.1192/bjp.178.40.s60>
- Schofield P, Kordowicz M, Pennycooke E, Armstrong D. Ethnic differences in psychosis-Lay epidemiology explanations. *Health Expect* 2019;22:965-73. <https://doi.org/10.1111/hex.12901>
- Halvorsrud K, Nazroo J, Otis M, Brown Hajdukova E, Bhui K. Ethnic inequalities and pathways to care in psychosis in England: a systematic review and meta-analysis. *BMC Med* 2018;16:223. <https://doi.org/10.1186/s12916-018-1201-9>
- Kirkbride JB. Addressing ethnic inequalities in the pathways to care for psychosis. *BMC Med* 2018;16:240. <https://doi.org/10.1186/s12916-018-1236-y>
- Office of National Statistics. Mental Health Act statistics, annual figures 2019-20; 2020.
- Anderson KK, Flora N, Archie S, Morgan C, McKenzie K. A meta-analysis of ethnic differences in pathways to care at the first episode of psychosis. *Acta Psychiatr Scand* 2014;130:257-68. <https://doi.org/10.1111/acps.12254>
- Campbell D. Alarm Over Restraint of NHS Mental Health Patients. *The Guardian*, Dec 10.
- Joint Commissions Panel for Mental Health. Guidance for commissions of mental health services for people from Black and minority ethnic communities; 2014.
- Norfolk Suffolk and Cambridgeshire Strategic Health Authority. Independent inquiry into the death of David Bennett; 2003.
- Department of Health. Delivering race equality in mental health care: An action plan for reform inside and outside services and The Government’s response to the independent inquiry into the death of David Bennett; 2005.
- Care Quality Commission. Count me in 2010: Results of the 2010 national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales. 2011.
- UK Government. Mental Health Units (Use of Force) Act 2018. In; 2018.
- UK Government. Equality Act 2010. In; 2010.
- Du Bois WEB. Dusk of dawn: An autobiography of a race concept. New Brunswick: Transaction Publishers; 1940.
- Saini A. Superior: The return of race science. New York: HarperCollins; 2019.
- Teaching Tolerance. How Samuel Morton Got It Wrong. 2015. URL: <https://www.tolerance.org/magazine/how-samuel-morton-got-it-wrong> (accessed).
- George Mason University. The Debate Over Slavery: Excerpts from Samuel George Morton, *Crania Americana*. 2007. URL: https://chnm.gmu.edu/exploring/19thcentury/debateoverslavery/pop_morton.html (accessed).
- Stedman TL. Stedman’s medical dictionary. 6th edn. New York: William Wood and Company; 1920.
- Herrnstein RJ, Murray C. The bell curve: Intelligence and class structure in American life. New York: Free Press; 2010.
- Southern Poverty Law Center. Charles Murray. 2020. URL: <https://www.splcenter.org/fighting-hate/extremist-files/individual/charles-murray> (accessed Dec 21, 2020).
- Gottfredson LS. Mainstream science on Intelligence: An editorial with 52 signatories. History, and bibliography. *Intelligence* 1997;24.
- Lynn R. Race differences in intelligence: An evolutionary analysis. 2nd edn. Augusta: Washington Summit Publishers; 2015.
- Lynn R, Edward D. Race differences in psychopathic personality: An evolutionary analysis. Augusta: Washington Summit Publishers; 2019.
- Rushton JP, Templer DI. Do pigmentation and the melanocortin system modulate aggression and sexuality in humans as they do in other animals? *Personality and Individual Differences* 2012;53:4-8.
- UK Government. Independent Review of the Mental Health Act 1983: Supporting Documents; 2019.
- O’Dowd A. Psychiatrists urge royal college to tackle racism. *BMJ* 2020;370:m2657. <https://doi.org/10.1136/bmj.m2657>
- Metzl JM. The protest psychosis: How schizophrenia became a Black disease. Boston: Beacon Press; 2011.
- Royal College of Psychiatrists. Let’s Address Systemic Racism. In: Black Lives Matter; 2020.
- Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health equity in England: The Marmot Review 10 years on; 2020.
- The Marmot Review. Strategic review of health inequalities in England post-2010; 2010.
- Public Health England. Disparities in the risk and outcomes of COVID-19; 2020.
- Devakumar D, Selvarajah S, Shannon G, Muraya K, Lasoye S, Corona S, et al. Racism, the public health crisis we can no longer ignore. *The Lancet* 2020;395:E112-E3. [https://doi.org/10.1016/S0140-6736\(20\)31371-4](https://doi.org/10.1016/S0140-6736(20)31371-4)
- Williams M. Racism is a public health issue. *The Economist*.
- National Collaborating Centre for Mental Health. Advancing mental health equality: Steps and guidance on commissioning and delivering equality in mental health care. ; 2019.
- Mental Health Taskforce. The five year forward view for mental health; 2016.
- Li YL, Bretscher H, Oliver RA, Ochu EE. Racism, equity and inclusion in research funding. In; 2020. □