



NAMI Ask the Expert: Impact of Racism and Trauma on Black Mental Health

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Presented by

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Teri Brister ([00:00:00](#)):

So, with that, I would like to introduce NAMI CEO, Dan Gillison, Dan?

Dan Gillison ([00:00:17](#)):

Thank you, Teri. And good afternoon, everyone. And I'd like to welcome you to this, Ask the Expert Webinar. And as you all know, the topic is, Impact of Racism and Trauma on Black Mental Health. And there's nothing more timely than this topic on today. And I am looking forward to hearing the presentation as well. And I'd like to move right into that by handing off the introduction of our guest speaker to our chief medical officer, Dr. Ken Duckworth, Ken?

Ken Duckworth ([00:00:47](#)):

Thank you, Dan. I'm delighted to introduce today's speaker. Dr. Christine Crawford, is the associate medical director for medical student teaching at the BU School of Medicine here in Boston. She also, in addition to being a child and adolescent psychiatrist, I first met her when she was a child fellow at the Mass General Hospital. I was very impressed with her, right from the get go. She also has a master's in public health from the BU School of Public Health. And she has been a volunteer at some of the local affiliates in Boston area. Dr. Christine Crawford, we welcome you and we appreciate your covering this important and timely topic.

Christine Crawford ([00:01:32](#)):

I'm so happy to have the opportunity to talk about this topic and to join you all. And I'm just so pleased and encouraged by how many folks are interested in learning more about this topic. And I understand that recent events have certainly brought this topic to the forefront of many people's minds. And so, I appreciate being able to use this time to raise awareness about this topic, to really emphasize the tremendous impact that this has had on black people, not just now, but over for many years, for hundreds of years. But hopefully, I can present it in a way that gives you a better understanding and appreciation for how traumatic all of these events over many years has been for people who look like me. And thank you, Dr. Duckworth for that fantastic introduction. And I'm happy to have this opportunity.

So, what I hope that we can be able to do today and I hope that when you leave this talk that you'll feel empowered with information and knowledge and be able to move forward and make change. So, what we'll do is, we'll describe, we'll define the various forms of

racism. I'll actually describe racially based trauma and its associated symptoms. I'll illustrate the impact of various forms of racial trauma on blacks. And I'll also discuss some resources that are currently available through NAMI, who has done tremendous amount of research on compiling a webpage that has a number of really helpful resources and links. And we'll finish up with some questions, a Q and A, and feel free to send those questions through.

Right. So, talking about racism, what is it? And so many people use that term, but there seems to be a little understanding as to what it actually means. What we do know is that a lot of people don't want to be called racist. But what does racism really mean? Okay. So, it's an organized system of oppression that disadvantages certain racial groups, designated to be inferior compared to those designated as superior.

The thing about, unfolding it a little bit and talking about race, race is actually a social political construct that is just based on certain physical characteristics of individuals to group them in various categories. So, race is a construct, that's just based on physical appearance. And racism is organized system of oppression that makes it such that people, certain people have an advantage and other people don't. The thing about racism is that it actually occurs on several different layers. When people think about racism, they tend to just focus on the individual racism, the individual level of it, the personal level, the individual acts.

So, when people say, "Oh, I'm not a racist because I'm not so much one who wants to be mean to people. I don't intend to say negative things about folks. And I'm not consciousness of what it is that I'm doing or being consciously being mean to other people," which is a definition that Robin DiAngelo, uses when she talks about white fragility, that there's the sense that it just affects individuals. That it's intentional. And that it's conscious, when she thinks about individual based racism. But that's one area.

Now, make it a little bit broader and we'll continue to make it broad. There's also cultural, right? And it occurs on the cultural level. So, there are certain beliefs, some certain values and norms that are embedded in our society that tend to reinforce some racist practices. Right? And so, an example of that is, unfortunately, within our American culture, when one thinks about beauty, they tend to have a certain image in mind. It could be an individual who is fair skin, light eyes. And that is the example of beauty. And we see this play out in our Disney princesses from years ago. Although things have changed, but this idea of beauty seems to center around white people and excluding the beauty that we see in all people of all shapes. So, that's just one example.

And taking it a little bit more further and thinking about more institutional levels, thinking about what systems and structures are in place within society that tend to better serve people who are white, that are inclusive of white people, that tend to uplift and validate the white experience versus certain policies and practices, institutionally, that tend to exclude people of color to make it such that they are underserved and financially exploit them, as well as invalidate their experience and oppress them.

So again, I just want to highlight that there's multiple levels in which racism can occur, and it's not just on the individual level. I also wanted to find some other terms that tend to come up, whenever there's a discussion about racism, just so that everyone is on the same page.

So, prejudice is negative attitudes towards an entire group of people. What I mean by that is, feeling like a certain group, being afraid towards certain groups or being angry towards certain groups. So, having certain attitudes. Discrimination is the behavioral response to prejudice. So, it's the actual negative actions, it's discrimination. And stereotypes are negative expectations or beliefs of entire group. So, believing that black people are prone to criminality, that they are dangerous people, that they are incompetent, that there are certain character weaknesses. That is what we refer to as stereotype.

Now, putting that all together there's been one way to conceptualize racism, is that it includes two components, one being prejudice. So, having negative attitudes towards a certain group of people and having power, right? Because we know that there are certain people in this country who have privilege, right? And they're able to use that privilege and that power of being in a certain position, because our society is based on a hierarchy, it's just based on what it is, we've seen historically. But using that power, that position of power, having negative attitudes, being prejudice towards a certain group of people, just because of certain physical attributes is racism. So, that's one formula that you can use to help conceptualize this.

The thing about racism is that we tend to fixate on, or just focus on what we refer to as just the tip of the iceberg. What I mean by that are things like hate crimes or poor treatment, overt forms of racism that are readily observable. Everyone knows what it is. It's very clear. And there's no argument or denying that what it is that we observed was racist. Hate crimes, we know that. Poor treatment not good over. But what is more dangerous and what's often overlooked, is what's beneath that tip of the iceberg and that's the rest of the iceberg. And that's even more dangerous. And those are things that people aren't aware of. So, what I mean by that are structural issues, structural racism, certain institutional policies that are in place, certain implicit attitudes that are in place. So, they're more covert, they're difficult to observe, and they're beneath the surface. And what I hope that this conversation can do today is reveal how there's just so much more beneath the surface in terms of when it comes to racism.

The other thing that I want to just highlight is that there are folks who have a difference of opinion about whether or not there is more to the bottom of the iceberg, right? Because they don't see it. It's not something that directly impacts them. They just see the tip, but they don't see the rest. And so, I'm going to go through a series of slides just to highlight the difference between the experience of black Americans and the experience of white people here and how it is that they view certain things in terms of discrimination, prejudice, and stereotypes.

So, here's one example of a survey that was done by the University of Illinois. And it started back in 1975 in which they surveyed adults every five years. And for this, there was a question that asked white people who were participating in the survey about what they think the reasons for inequality is, in terms of the fact that black people tend to have worse jobs, lower income and poor housing than white people. Why did they think that is?

Now, what's interesting, is that going back to, in the 1975, the majority of individuals, nearly 70% of white folks thought it was due to black people not having any motivation. And what's really interesting to note is that even as recently, as 2015, there were white

people who still believe that. And it actually was the main reason as to why inequality exists. Discrimination came in third. Now, no chance education, that's a nice reflection of how for certain reasons, based on certain institutional practices, structural reasons, the educational system for black people was not as strong and that contributes to inequality, which is true. But I just want to bring your attention to the fact that even as recently as 2015, white people thought that was the reason for inequality.

On the other hand, when you ask the same question to black people, they'll say, and they'll always say, they always have said that is due to discrimination, right? And next is the education piece. So, you can already see that difference that, black people are viewing inequality due to discrimination. And that differs from how white people see the same issue.

Now, moving on to black people having the experience of being treated unfairly in various settings, right? And so, black people overwhelmingly have said that they feel as though they've been treated unfairly by the police. And we could see that nearly 80%, around 2007 felt that. And next was feeling that on the job, which was close to 60%. And that differs from when we asked the same questions, when the same question was asked to white people about, based on their impressions, where do they think that black people experience discrimination? And they reported lower levels of discrimination towards black people in various settings. They did rank, being treated unfairly by police as number one. But you could see that there's a significant difference between how black people and white people view the same topic.

And continuing to go on, I just want to highlight this, about when it comes to the stereotypes, and in the survey they had asked about what the thought is, or what is the explanation between certain groups and whites being more successful than compared to blacks. And even as close as 2015, there was this impression that whites work harder. And we know that, objectively speaking, white people have higher incomes when compared to blacks. But the fact that there remains the stereotype that whites are harder working than blacks is something I just want to know.

And then lastly, I just want to highlight the point that for certain people they've been impacted by certain structural practices, policies that have made it such that inequality exists within their demographic. And so, wanted to demonstrate here on this graph that when whites were asked about what the cause of inequality is in this country, if it's an individual issue or structural issue, majority of white people, over 60% said, "It's an individual problem. They need to try harder." But that differs from what black people responded. And they say that it's more of a structural problem, why these inequalities exist. So, I know that was a lot of information right there. But I just wanted to show you some data that there is a difference in the way that black people and white people experience the world in terms of their views, not even views, but what happens to them when it comes to racism or discrimination, prejudice, and just wanted to show you that there is a difference between the two, and how they respond to these questions.

So, I already alluded to structural racism, but I just want to go into a little bit more detail about this. So, structural racism has to do with the history of this country that has resulted in certain policies that we have in place and certain practices. And so, what I mean by that is certain policies within the criminal justice system that have disproportionately affected black people, or certain policies when it comes to housing,

mortgage loans and residential segregation, as well as healthcare and access to certain things within the healthcare field, certain resources. And what ends up happening is, because there are these policies and practices that have a more adverse impact on black people, it results in a number of disparities and inequitable outcomes. These differences and outcomes for white people versus black people.

And when we see that, when we see that there are more black people who are incarcerated, or when we see that the poverty rates are higher among black people, or when we see graduation rates are lower in black people, that then makes it such that it primes people in our society to think, "Oh, well, black people must not be as smart, or they must not work as hard. And they tend to get into trouble, be more dangerous." And then it reinforces these biases that we have.

And based on what we see in the media, what we see in our environment, it just reinforces these things. So, when we have our politicians who go to make policies, they're informed by this implicit bias, this unconscious belief and attitudes towards black people, that they're not even aware of, but it helps to inform how it is that they go about and make certain policies and practices. And it's this continuous loop, one feeds into each other. And so, that's what structural racism is. It's alive and well, and it's constantly being reinforced by what it is we see in our environment, by what it is we see on media and implicit biases.

So, now that I went through in detail about what racism is, structural racism, I'm going to talk about trauma. And I'm going to talk about the trauma that black people experience secondary to racism. So, first I want to provide a definition of trauma. So, we know what a trauma is. They're usually isn't a lot of debates when someone has witnessed something really bad happen to a loved one, or if someone's life has been threatened, or if they experienced significant abuse while in childhood, there's no debating that. And that's something that we know for the individual was traumatic, right?

And in terms of the definition that is used for trauma, it's an extreme and sudden violent event that is perceived or experienced by an individual as shocking. It's intrusive in nature. It's emotionally numbing, and it result in altered arousal state. So, it makes people feel more on edge after they've experienced a traumatic event. The trauma or the violence that's part of the traumatic event it could be either psychological and physical and it poses a threat to their sense of self. And it can take on many forms. It can be something that was intentional or unintentional.

And when it comes to trauma that's experienced when people are affected by racism and they view that experience as traumatic, sometimes there can be a difference of opinion or other people can actually view that event as not being traumatic, right? As opposed to, if someone nearly died almost falling off of a cliff, that makes a lot of sense, but for some people they don't view racism the same way. And so, the trauma from racism, it can be intentional or unintentional. It could be systemic, and it can be reinforced by certain systems and structures within our society. It can be big, but the person still experiences as a trauma.

And what tends to happen for that individual is that, other people around them who are in a position of power can oftentimes minimize the traumatic events by saying, "I don't think that was that bad. I don't think that person meant anything when they said that." And they can sometimes be ridiculed as well. And that in itself can actually result in

further harm to the individual who's already been traumatized. And a lot of people don't realize that, that just by virtue of minimizing and invalidating that individual's experience of what they experienced as being traumatic, further adds to their trauma.

So, if an individual experiences and perceives an event to be negative, sudden and uncontrollable, that's a traumatic event. And it can actually result in the development of several trauma symptoms, which I'll go into detail about a little bit later on. And I just want to emphasize the point that the individual's subjective experience is completely valid. Even if the people who are in power have minimized the event, it's really up to the individual and how they perceived it and how they experienced it. That's what really matters the most. And this is really important to people who are in the mental healthcare field, who are working towards improving the emotional wellness of other people, because there is harm if you aren't taking into consideration the impact of trauma from racism.

So, I really like this quote from this researcher, Brian Davis, who said, "If we deny the existence and impact of trauma, then we are relieved from the duty of having to respond to it." Now, acknowledging the traumatic nature of some racist incident, relieves researchers, counselors, and educators of their responsibility to alleviate suffering. Suffering is suffering. And if someone tells you that they are suffering, it's on you, especially if you're in this field of helping other people to emerge from their emotional distress, it's important for you to acknowledge what it is that they experienced as trauma. If they tell you that they're suffering, it's important to acknowledge that.

Let's share with you a model that's been used to think about the various ways in which racism related trauma can appear. And this is using a model from a psychologist by the name of Harold, who talked about the race related stress model. So, with this race related stress model, it goes through all the different levels in which one can experience this. So, something like everyday life events, racism related life events, examples of that include, police harassment. Being pulled over by the police when you didn't do anything, they're asking for your ID and insurance. And you're wondering why it is that of everyone they pulled you over, when there doesn't seem to be a clear reason as to why that happened.

For a lot of black people, that is very, very stressful because of everything that we know can happen when one is pulled over. So, the stress response that fight or flight response it kicks in, in this interaction. But for some other people may seem like a benign interaction, but for a lot of black people, it isn't. And it's a tremendous source of stress. Being discriminated for housing reasons, that's another source. But I just want to highlight the significant amount of stress that it's experienced with interactions with the police.

The other thing that is incredibly dangerous, that's incredibly impactful is the stress and the trauma that's related to daily racism, micro stressors, which I like to refer to as just microaggressions. What microaggressions are, there are these subtle put-downs, these little slight comments that are mentioned by people that are directed towards people of color. It can also be gender based, based on sexual orientation. But for the purposes of this talk, we'll talk more about towards black people, right?

So, microaggressions are things that come up every day and they're very subtle. And sometimes you wonder, "What did that person just mean by that? Or, "What just

happened with this interaction?" Examples of that include things like waiting in a line at, say you're at a restaurant, a takeout restaurant, and you're waiting in line and all of a sudden the cashier calls for the person who just walked through the door or the person behind you and not you. And it makes the person, the black person feel invisible. It's like, "Wait a minute, didn't you notice me? Why is it that you're going to serve that person, that white person and not me.?" Right?

Or other things like going shopping, going to the store and noticing that one of the employees in the store is following you around while you're shopping and wondering what that is all about. Right? Or even these comments that can be said with the intent of being some compliments when it really isn't. So, saying something like, "Oh, you're pretty for a black girl." What does that mean to that person who is hearing that? It means that you don't view people who are my skin color as beautiful as people who look like you, right?

And having those experiences at work, at school, when you are out and about can be... It just builds on each other and it piles on, and it just adds a tremendous amount of stress to every day, in every interaction that you have when you go out, because there's always this risk that something like this can happen again.

The other kind of areas of stresses is, was Harold refers to as chronic contextual stress. And this has a lot to do with the impact of structural racism, as I had mentioned before. So, that's the whole bottom of the iceberg, what's beneath the surface, that has to do with all of the policies and practices that we have in place. And for some people, having problems, getting housing, getting a job, getting access to good healthcare and may not be perceived as anything having to do with racism by those who experience it. There may not even be aware of it, because it's so invisible and it's so ingrained in our society, but it's still has an impact on us. And it's still creates a tremendous amount of stress.

The other interesting idea is this collective experience of racism. So, as a group of black people, and even when I'm watching TV and growing up, seeing certain people on the TV screen, I noticed that people who looked like me were in certain roles and were portrayed a certain way. And it sets this idea up in our minds, black people's minds, as well as other people's minds, that there are certain stereotypes of black people and the media can reinforce that and reinforce some of these racist ideas.

Even something such as having lack of political representation is an insult to the group of black people because they see that we're not being represented. There isn't a voice for us. And we feel as though there are negative attitudes towards us as a group of people, and that's been executed by certain people in power, which is the definition of racism. But it just, again, reinforces that when we don't see our faces represented in politics, just for example.

And then the other thing is this transgenerational transmission of group traumas. So, I have family members who are alive, who had grandparents, great grandparents, great, great, grandparents who were slaves, right? I have relatives who were alive during the Jim Crow era or were alive during [inaudible 00:32:51]... All these things. And these are family members that I'm in touch with and their stories have been passed down for generations to generation. And it just builds on top of each other and it reinforces the trauma that's been experienced throughout the generations. And it's still remains as

present and true, even though it occurred in the past, we still feel, people in present day, still feel quite connected and tied to that in what happened in the past.

So, I just want to share this research study and take a sidestep here, about how it is that based on our day to day experience, based on information that's been passed down from generation to generation, based on what's been portrayed in the media and reinforced by certain images, black people can view the world in a certain way and be quite hypervigilant. And what I mean is, being on edge, right? And constantly being stressed and have worries that something bad is going to happen. And there was a study in which they did, in which they showed black men, two negative social interactions. One was blatantly racist, and the other social interaction had absolutely no racist content to it. And they noticed that the group that was exposed to the blatantly racist content, their negative response scores were certainly higher than the group that was not exposed to the blatantly racist content.

But however, when they surveyed people who reported past experiences of racial discrimination, who were in the non-racist content group, those who had perceived racism within that interaction had higher rates of negative response. So, even though for some people, they can review interaction, human interaction as not being racist at all. There are certain people, there are lots of people who would perceive it as having some racist elements, because it's been informed by their own personal experience. And that's the lens that some people view the world.

Now, building off of that and talking about the impact of past experiences of trauma on people, it's important to also talk about the trauma that's associated with people, that individuals know their loved ones, family members, friends, and even strangers, the trauma that they experienced can have stressful and detrimental impact on other individuals. We call that vicarious racism, exposure to racist incidents that occur to other people. And this is something that we really see, especially when it comes to kids. Now, you can imagine if a kid saw on the news that another black person was killed by the police. They can imagine themselves in that position because they're like, "Wait a minute. I look like that person. I wonder if that could happen to me." Right? Or say, if someone that they know directly experienced something, then it makes them feel as though that could happen to them as well.

We've seen that and lots of different studies in which kids who report levels of vicarious racism tend to have social, emotional difficulties and lower psychological wellbeing. We also have seen that pregnant women who experienced racial discrimination and develop depressive symptoms or have depressive symptoms, their children can also develop symptoms of depression, just by virtue of their parents, while pregnant, or their caregiver. We've seen this in pregnant women too, who've experienced racial discrimination developing symptoms of depression, but also with caregivers who are interacting with their kids. We see depressive symptoms as well as in the children. Which as a child psychiatrist it's really distressing especially given the direct impact that it has on children's psychological wellbeing.

So, in terms of the symptoms that one can experience secondary to race based trauma are the following. And some of these are going to sound similar to the symptoms that we see in individuals who have PTSD or post-traumatic stress disorder. So, one of the things we see is intrusive thoughts, unwanted recurrent thoughts or images of the

traumatic event. We also see an altered arousal state. I mentioned this before, feeling on edge, being somewhat paranoid, being restless and hyperactive, having difficulty with your sleep, not being able to focus and concentrate appropriately. We also see symptoms that include avoidance or numbing. So, avoidance of certain places, or even people who remind them of the particular traumatic event that they experienced. And they may even have some memory gaps that are related to them.

There are mood symptoms that we also see. Increased levels of anxiety. Having uncontrollable worries about bad things happening in the future related to this racist incident. Feelings of alienation and having anxiety about who to talk to about this. And if you were to talk to the person who, whereas the perpetrator of the racist trauma and worrying what the consequences will be of that, if you were to say something and just feeling on edge about what to do can be really distressing for people. Feeling depressed, having anger is something that we also see.

Additionally, people can experience physical symptoms. Because when you are exposed to something that is traumatic, something that's very stressful as well, you turn on the fight or flight response, which releases a number of different hormones in the body that results in increased blood pressure, increased heart rates and the release of all these stress hormones. And the constantly being in that state, day to day, it builds up and it's referred to something as allostatic load. And I believe that you'll have a speaker next month who will talk about this. Dr. Altha Stewart, will talk about allostatic load in more detail. And because of all of this, it can increase the likelihood for the development of chronic medical conditions.

I just want to say a little bit more about children, because again, through my lens of the child psychiatrist, and talk about adverse childhood experiences and toxic stress. What I mean by all of that is simply to say, that children who are exposed to adversity tend to have poor mental and physical outcomes when they become adults. And there was a big research study that was done in the nineties that demonstrated that people who experienced these sources of adversity had increased likelihoods or various chronic medical conditions, certain behavioral patterns that had negative outcomes.

And I just want to highlight the fact that there's been more work that's been done based on the data that came out of that study in the nineties, that makes it such that racism is now included as one of the sources of adversity. So, all of that is to say that, being exposed to racist events, race-related trauma can have detrimental impact on the health and wellbeing of these kids when they become adults. That results in what we refer to as chronic toxic stress, in which the kid is frequently exposed to or experiences prolonged adversity. And that's something that happens in our country every day when it comes to racism for black people. It's frequent, it's strong and it keeps happening time and time again. Right?

And the reason why this is detrimental is because it can result in activation of that stress response system that I talked about before. But when that happens continuously in kids, it can disrupt healthy brain development. So, racism is having an impact on how our children's brains are developing. So, it increases the risk of them developing certain cognitive issues or brain related issues later on into adulthood. And the way that happens, and I just want to draw your attention to the fact that there are so many different organ systems that are involved when it comes to the fight or flight or the stress

response system. You have in your brain; you get activated because of the experience of having the stress and you have a number of different hormones that are being released. And ultimately, you have the release of adrenaline as well as cortisol. And cortisol is a hormone that when you have high levels of it, it's been associated with high blood pressure, has been associated with having high blood sugar, diabetes, various metabolic issues. So, really negative effects on your body as well as contributes to a weakened immune system.

Now, for kids, it has a direct impact on how the child's brain develops. And these are three areas of the brain that are directly impacted by ongoing toxic stress, that results in areas of the brain not being fully developed to allow for good social, emotional regulation that makes it difficult to retain information and to be able to focus, and to be able to execute certain functions in an appropriate way. So, really can have an impact on their ability to learn appropriately, to engage socially and emotionally. And so, it is quite disruptive. And actual symptoms that we see in kids because they've experienced the adversity at childhood, we know about the disruptive neuro development. And then we know that because of the impact it has on brain development, the cognitive, social and emotional impairment that, ultimately, results in increase of health risk behaviors, and a number of things that ultimately results in poor health related outcomes.

Symptoms that I see as a child psychiatrist from kids who are experiencing this, is certain behaviors like increased bedwetting. They're more irritable. They're clingy. They're having learning difficulties. They're not able to focus. Sleep isn't good. And they're having a number of physical symptoms. So, very important to be aware of the trauma, of the stress from racism and its impacts on kids.

I just want to, as I approached the end of this conversation, I just want to share with everyone that recent events have been difficult for everyone. But I'm going to speak personally and say, for me, it's been incredibly hard to see people who look like me, look like my family, look like my husband, my children, who have been affected by police brutality and who would have died on the hands of police. Right? And seeing the videos, all of the videos that we see now, because everyone has cell phones, just seeing the videos repeatedly on the news to see images of people who look like you, who are dying, who are begging for their lives, who are begging to breathe has just been so harmful for me. And people that I love, people that I know, those symptoms I described to you earlier on about being sleepless, feeling on edge, I've experienced those, right? And me constantly are exposed to these images. Here are these stories, time and time again, and it's a lot. And it directly has an impact on our physical and our emotional wellbeing.

There have been multiple studies that have shown that repeated exposure to stressful and violent events in the media have been associated with post-traumatic stress disorder symptoms, depression, anxiety, physical issues. As well as an increase in certain substance use, including increased alcohol consumption.

And there was a nice study that was done by some researchers from BU as well as Harvard, that was published in a really big article or really big journal in the scientific field in which they looked at the impact of police brutality on mental health. And they found that individuals who heard about a killing of unarmed black person who lived within the same state that they lived in, made it such that they had more poor mental

health days associated with that incident of an unarmed black person being killed by police within their state. So, is someone they don't even know, it's just someone who happens to live in the same state.

And we know that blacks are three times more likely to be killed by police than compared to whites. And when they did this study, they found that police killings of unarmed blacks contribute to 55 million more poor mental health days every year for black Americans. And they found that, that's nearly the amount of poor mental health days that's associated with having a chronic medical condition like diabetes. So, just by virtue of seeing these things in the news makes it such that black people have poor mental health days.

And given what's happening or what has happened within the criminal justice system, certain practices, the implicit bias of certain individuals who are within the criminal justice system, it has made it such that blacks are three times more likely to be killed by police when compared to whites.

So, I will end with, what does all of this mean? Right? "So, Christine, you told me all about racism. You told me all about the stress and trauma related to racist incidents, how it affects kids, how affects people, what do we do with all of this?" Right? So, there's been some discussion about whether or not to look at the DSM-5, which is the book that we use in the mental health system to categorize certain mental health conditions. And there's been some discussions about creating what's called race-based traumatic injury to better describe the constellation of symptoms that I talked about.

So, one thing that can be done is further to just be more of an awareness of the fact that there are symptoms that are related to these racist incidents that have significant impairments on the functioning of black people. And for mental health providers to be aware of that during their interactions with people. And even just as people who are not in the mental health system to know, to be aware that these things affect people on a day to day basis and results in pretty significant symptoms.

The other thing to talking about the way that we have structural racism in place, how it is that certain racist practices are continuing to be reinforced is really important for individuals to be aware and cautious of their privilege. Because that plays into that element of power that I talked about and just being aware that people have certain privilege, have certain power that comes with it within this society. I encourage people to talk to their family, friends, colleagues about this, about racism, about being open and aware of it, and to also be willing to hear the experiences of other people, black people, and not be quick to minimize it and invalidate it. Right?

And I appreciate that people have shared that they do not have implicit biases or that they're colorblind, but that's the dangerous part of things. We all have implicit biases, but it's just a matter of being aware of it. And being aware that we do favor certain people, we do have certain beliefs to a certain groups of people and take knowledge that exists. And this whole idea of colorblindness is detrimental because we do know, and it is clear that based on the color of your skin, there are differences in terms of how you would perceive in this world, how your health and your emotional wellness in this world. And so, it's really important to try to dismantle this myth of colorblindness.

So, I recognize that this was a lot of information and I really hope that it has lent itself well to a number of different questions that generate a robust conversation. I just want to thank you, NAMI, as well as everyone from leadership to allow me to talk about this topic. Thank you.

Ken Duckworth ([00:52:54](#)):

Well, Dr. Christine Crawford, that was a remarkable, comprehensive discussion. And I also, just want to speak to the fact that you shared that you had been traumatized by these recent events and how much extra this took from you to prepare this talk. I do want to acknowledge that and just thank you.

Ken Duckworth ([00:53:12](#)):

We have a number of questions. I'll do my best to organize them into a couple of categories. Let's talk about the mental health system and I'll start really broadly. Let's talk a little bit about what could be improved in the mental health system. You're teaching medical students at the Boston University School of Medicine. How do you think about improving the system of mental health care? You also deliver care in a community health center in Boston. Just interested in your thoughts. Let's just talk about the mental health system as it exists now.

Christine Crawford ([00:53:47](#)):

Yeah. I think the reality of the current mental health system, that there are not that many providers of color. And so, there aren't that many people who have experienced some of the things that I talked about, and to be able to relate to the patients and to be able to quickly acknowledge and validate the stressful and traumatic experiences. And so, I hope, and one thing that I try to do in my work is I try to get people of all different backgrounds, interested in pursuing a career in mental health. The more different perspectives and voices that we have, and we're able to bring to our field, the better off our patients will be. Because there's the increased likelihood that they may be connected with a provider of a similar background who can relate to that. That is not to say that just because I'm a black psychiatrist and I'm paired with a black patient, that all is well, and that the patient is going to do really well.

My experience as a black woman who went to medical school, who's a practicing physician, is different from other black people. And so, the experiences aren't always the same. However, there are some commonalities that are in place that do exist that makes it such that, that invalidation that I spoke to about, about a person who experienced trauma and feeling like it's been minimized. Hopefully, having more diverse people within the field will hopefully mitigate that such that people can feel more heard.

Ken Duckworth ([00:55:38](#)):

That's an excellent answer. Doctor Phil Lawson, who's a longtime friend of the family at NAMI, has talked a lot about misdiagnosis by white practitioners of African Americans, specifically over diagnosing schizophrenia and under-diagnosing mood disorders. Do you have a perspective on that based on your clinical work and your educational work?

Christine Crawford ([00:56:01](#)):

Right. So, what we do know when it comes to mood disorders, we'll take depression for an example, for some people with depression, they don't initially present like sad or they're crying all the time. They can be quite irritable as well as endorse all the other symptoms of depression. They're not sleeping well. Poor appetite. They're not concentrating well. And so, if a mental health provider is meeting with, for example, a black male patient who may come across as irritable, maybe even short tempered, and its disruptive interaction in some way. For some people because of the biases that they may have and the certain beliefs and attitudes that they have towards black people, they may say, "Okay, that person, they're really irritable, they're angry, angry black man, scary. There's no way this could be depression, it must be something else." Right?

And so, what we do see, especially in black people, there tends to be, folks tend to be diagnosed as having psychotic disorders when really, it's a mood disorder that we're seeing. But it's difficult for the clinician to engage and really be able to elicit some of the mood related symptoms. And so, I think that clinicians' implicit biases really get in the way of the clinician doing a thorough evaluation, rather just relying on a few diagnoses that they associate with black people.

And it's really important to be able to accurately diagnose because we know that with our psychotic disorders, the treatment is different, and the treatment can have pretty significant side effects. So, folks really just need to do a thorough assessment with everyone regardless of the presentation, if the person is irritable.

Ken Duckworth ([00:58:12](#)):

Here's another question. So, I'm going to shift gears a little bit away from the mental health system, several comments. In our community, meaning the African American community, seeking mental health is seen as a negative. Can you talk a little bit about that perspective? Do you see it improving over time?

Christine Crawford ([00:58:32](#)):

Yeah, so I know for a lot of black people, religion is a really big part of their lives. Something like 80% of black people attend church regularly or pray on a regular basis. And when you're brought up in that sort of culture of going to church, talking to your church leader about issues that you go through, you see the church as the go to spot for dealing with social, emotional issues, right? You may even have family members who say to you, "Oh, if you're you're feeling sad or you're anxious, just pray about it and things will get better, just pray on it." Right?

And so, when you deviate from that and go against what most of your family is doing in terms of relying on the church to help with that. And I think church is a very important part and prayer is very important, but if it seems as though it is not enough to mitigate some of the difficulties and troubles that you're going through and you feel as though you need some additional help and support, it can be really difficult and hard for people to break through that and seek out a mental health professional.

The other thing too, is that people within my community, they won't talk about their experience, going to see a mental health provider or talking to their PCP, their primary

care doctor about feeling depressed or feeling anxious. They're very quick to tell you that they went to the doctor because they have headaches. They have problems with their stomach, what have you. But they will not share with you their experience of talking about mental illness. And so, there isn't really a reference for people within the community about what mental health services look like. There's the extreme ends of, "Oh, it's just inpatient hospitalization. They hold you against your will. They give you medicines you don't want." They don't see the full spectrum and it's not their fault. People aren't talking about it because there's such a tremendous amount of stigma that's associated with mental health within our community.

So, what I encourage my patients and what I share with them is, if they happen to have a positive experience with me or any other provider, and may have found the treatment to be helpful, to share that with their loved ones, so that they know that they're getting better, that they feel better, that they're getting the help that they need. And having those conversations with people in your circle may even prime them to seek out that care, to know that, "Oh, well, so and so did it. That's interesting. Maybe I should look into that too." So, I hope that there could be more conversation about mental health, mental illness to reduce the stigma and make it easier for people to actually seek out care.

Ken Duckworth ([01:01:40](#)):

Dr. Crawford, I just want to mention, we've gotten so many positive comments. I'm just going to read you a few. So, this is an unofficial commercial break for you. Just relax, take a deep breath. "Dr. Crawford, my children are black, and I thought I knew a lot, but this has really given me a tremendous amount of insight into the relationship between trauma and racism. I'm a graduate student. I've been extremely inspired. I found this to be very powerful. How can I stay in touch with you to continue to learn?" NAMI continues to advance important questions, and this talk is one of the best we've had for quite a while. So, it's just a lot of love. So, all right, we'll go back to questions.

Christine Crawford ([01:02:30](#)):

Thank you for sharing that.

Ken Duckworth ([01:02:35](#)):

I just wanted you to take that in. One of the questions, white mental health or public health practitioners, several questions related to, how can I help, am I allowed to discuss racial trauma with my black patients? That's one question, "I'm a white female in the field. I want to make a difference. What do you suggest?" So, several questions about the idea of, you're not part of the group that has experienced this, but you want to be thoughtful and professional in your response, in your work. So, how do you think about that?

Christine Crawford ([01:03:12](#)):

Yeah. So, I think one thing that can be done in people's clinical practice is to demonstrate that you're open and willing to talk about issues related to race. And one

way in which you can do that is by making a few comments early on in the interactions as you're building a relationship with the person that you're working with. Or even if you've been working with them for a while to slowly open up conversation around race. And you can even ask, and you may get a negative response or no response at all, but you can ask questions like, "I wonder if any of the recent incidents have impacted some of the symptoms that you just described to me." Or, "I wonder for you, if there are things that you experienced day to day that seemed to have some impact on your mood." Just by framing it and being open ended about it could potentially invite the person to open up and share that with you.

Yet, there may be certain missteps, certain things that are said along the way that may be difficult or may make you feel somewhat embarrassed in any way. But the idea is for no one to feel embarrassed or guilty or shame about it, but to just be open and honest and have that conversation with the person.

So, the short answer is to bring it up during the sessions and ask, and be curious as to how racism, if racism has had any effect on their mental health. And I think that's an appropriate place to start. If they don't tell you anything at the beginning, at least they know that you're open to talking about that and they can file it away in their back of their head.

Ken Duckworth ([01:05:24](#)):

So, it's better not to just do your clinical work and not bring up this fundamental experience.

Christine Crawford ([01:05:32](#)):

Exactly. It can be seen as being invalidating.

Ken Duckworth ([01:05:35](#)):

Mm-hmm (affirmative). Very good. Excellent. Several questions. You won't be surprised about taking this kind of work to different settings. One is a pretty specific question, "Our Oregon legislature is currently in special session to consider police accountability bills." As you know, NAMI has a big advocacy arm, support education, the promotion of better research and science, but also advocacy. That's a little [inaudible 01:06:03], just to make sure everybody in the audience understands. Our NAMI affiliate wants to promote the idea of police accountability. Do you have thoughts on that?

Christine Crawford ([01:06:19](#)):

I think that's tremendous. And I think that's a great area to do advocacy work in. Because if there is police accountability and people are held accountable for their actions, people being the police, that it makes people, black people in the community feel safer to know that if a police officer is behaving in a way that's inappropriate, has had various issues with regards to their conduct as a police officer, for people, black people in the community to know that these police officers are going to be held responsible for their actions can make them feel safer. So, to know that if they were to

have an interaction with a police officer out in the community and they reported it and filed a complaint, that something will actually be done with it.

I think what has happened for so long in this country is that police brutality has gone on for hundreds of years and nothing is ever done. And that makes people in the community, black people feel helpless in a way feeling like what is the point, like what is going on? And that's why I'm really encouraged by all the conversations that are happening as part of the Black Lives Movement, because people need to be held accountable in order to feel safe. So, I appreciate what it is that you're doing in Oregon. And I appreciate the advocacy work.

Ken Duckworth ([01:07:52](#)):

Here's another NAMI based question, "I do presentations in junior high and high schools. This may be our ending the silence program towards ending the stigma of mental health. Is there anything this old white woman...", that's her self-description, "Can do or say to help black teens be okay with asking for help?" Is it the same answer, is the clinical question, the idea of bringing the topic up, where do you think about it a little differently?

Christine Crawford ([01:08:27](#)):

Think about it a little bit differently in terms of how it is that we get people to receive help. The first question was more about, okay, the person's already receiving help within behavioral health. And how is it that we address the issue. But this is a little bit different. We do know that black people tend to utilize mental health services at lower rates than other groups. Right? And so, and some of it, I already talked about has to do a lot with the stigma, stigma within their own community, within the black community about mental health.

And then there's another layer to that. There are also the worries that are associated with seeing someone or potentially seeing someone who's white and who may not understand their experience. Right? Because there's a double stigma that's involved, there's the stigma of mental health. And then there's the stigma that's related to being black and the prejudice and the stereotypes that are associated with being black and trying to deal with both of those things is a lot.

And so, one thing that could be done for this person who posed the question is to ask people, ask the students, what do they think gets in the way, or what would get in the way of them pursuing mental health services, if they were in need of them or felt like they were having a difficult time. And if one of the things that comes up is, "Honestly, this isn't for people who look like me." Or, "They're not going to understand what I'm going through." Take knowledge the fact that might be actually true. And at the same time, it's not worth suffering day in, day out, if you are experiencing significant symptoms and just feel like there's nothing to do. It is important to try to seek out help. So, to make the resource available, to acknowledge that there are certain barriers in place. And to hear that from the perspective of the student, so that you can [inaudible 01:10:48] problem, solve ways to address it.

Ken Duckworth ([01:10:51](#)):

Thank you. Shifting gears, let's talk about, I think we have some of these in the resource section. In fact, I'm sure we do. Is there a network of mental health care professionals of color? And do you want to talk a little bit about that aspect of the support within the community for the professional workforce of color?

Christine Crawford ([01:11:14](#)):

Yeah, that's a great question. So, as you can imagine, there are not that many black psychiatrists and there's very small number of black child psychiatrists in the country. There is an organization called the Black Psychiatrist in America, and they are a pretty active group of psychiatrists who do advocacy work. And they also have put together a directory, a provider directory that people can access on their website if they want to find a black psychiatrist or even black mental health provider. Additionally, through the American Psychiatric Association, we have what's called the black caucus, which is a really nice opportunity to be connected with other black psychiatrists who are all throughout the country. And having these networks is tremendously helpful in terms of discussing the tremendous, I don't necessarily want to say it's a burden, because that has a negative connotation, but to have a space to unload a tremendous impact and effect that doing this type of work has.

And so, having that community has been truly helpful. And in Boston, we have one that's specific to black psychiatrists in Boston. And I have found for me, I'm talking to my colleagues sharing with them what my difficulties have been, especially over the last month, has made it helpful for me to actually do my work and to be able to better serve my patients. There's just a lot of mental space, that's currently being occupied by what's happening in our society, our country, right now. You have COVID-19, disproportionately effecting blacks. And we have everything happening with police. And it just feels as though I can literally feel the stress on my mind. It feels like a vice almost. And to be able to unload some of that will allow me to create some space, so that I can be fully present for my patients. And so, having these supports, these networks have been incredibly helpful for me to continue my work.

Ken Duckworth ([01:13:44](#)):

That's a great answer. Probably our last question, other so many questions, and I think all I can ever do is ask you to come back at some future date that is highly convenient for you. And just overall, your perception of the conversation that's happening in America and what are the best opportunities to integrate the ideas of trauma, race-based trauma into those conversations?

Christine Crawford ([01:14:18](#)):

Mm-hmm (affirmative). Yeah. So, what I noticed personally, as well as professionally from some of the stories that I've heard from other people, it's that for black people, having these conversations with white people who are very enthusiastic and eager to learn can be quite exhausting and stressful. And so, I appreciate the desire to integrate this into conversations, but to be aware of the fact that by bringing up this topic or

bringing up recent events that have been in the media can be incredibly stressful to the black person that you're speaking to. So, to be mindful of that and to be aware of the fact that it can elicit some of these stress responses that I talked about. When someone brings up, "Oh gosh, did you hear about what happened to that person, it just happened in the news." Or, "That person who was just shot at a Wendy's." Literally my heart rate goes up. I notice that I'm breathing a little bit faster and I really don't want to sometimes engage in that conversation.

So, to be mindful of the impact that the conversation may have on the person, and to be able to modulate yourself in a way. If you bring it up and the person doesn't really seem to be all that engaged, then one, but I just encourage people to not just rely on other black people to have these conversations, because it can be truly painful and difficult for some.

Ken Duckworth ([01:16:09](#)):

One of my takeaways from this experience and one of my friends taught me this, for white privileged people, it's our responsibility to learn, right? And that's on us to learn and engaging in conversations and being open is important. But as you just described, these conversations can be re-traumatizing for people. And I think you said it beautifully.

So, Dr. Christine Crawford, it's been a remarkable educational experience. I can't tell you how grateful I am that you gave your time during this difficult moment in America, and when I think people are ready to learn about this topic at a whole another level. And I'm now going to hand it back to our chief executive officer, Dan Gillison, who will close out our conversation. Remind you to take the survey and give us feedback on what you'd like to learn about going forward. And thank you again, Dr. Crawford, it was wonderful.

Christine Crawford ([01:17:10](#)):

Thank you.

Dan Gillison ([01:17:12](#)):

Thank you, Ken. Thank you, Dr. Crawford. To all of the audience members, thank you for investing your time to participate on today. And let me stop and thank the staff, [inaudible 01:17:28] Terrie Brister, Chris Allen, Elizabeth Stafford, and our moderator, Dr. Ken Duckworth. To bring these to you, it takes a lot of work, and really want to thank the staff that does all the work behind the curtains.

The next thing I want to do is ask you, as Ken mentioned, please fill out the survey and give us your feedback, because we bring these to you based off of your feedback and what you share with us. This is the conversation we need to have. This is the learning that we want to bring to you, and it is going to continue.

And you did hear Dr. Crawford, mention that Dr. Stewart, will be addressing our healthcare disparities at a deeper level in the minority community. And that will be taking place in July. And we will get back to you on the date. The other thing I wanted to remind all of you of is, NAMI Con, the NAMI Convention is July 13th and 14th. You can go online and register. There is no cost. You've heard earlier about the trauma that's

taking place in terms of COVID, unemployment, racial trauma. We looked at all of that. We looked at the 46 million that are out of work, and we elected that instead of actually charging a fee for registering this year, we would make it free, and say that anyone that wants to, can make a donation. However, we want everyone to register and to attend. There are going to be some very good topics that will be covered, and that we will also have a, someone talked about talking to youth.

So, on Tuesday morning, the 14th, we will be kicking off a partnership with the Youth Mental Health Project with [Wellbeings 01:19:16]. And that's going to take place on that Tuesday morning. And we would love to have you participate in that. This is our first virtual convention, and we think it's going to be extremely successful. And that will happen because of your participation.

And Dr. Crawford, thank you very much for your insight and your knowledge and your technical knowledge. And we really do appreciate it very much, and we hope to keep you close and hope that you will come back and join us for another Ask the Expert. So, with that said, trust everyone is having a good close of their week. Be safe, be well, and have a wonderful weekend. Bye now.