Moving Towards Equity in Health, Society, and Justice for People with Mental Health Illness

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## **Mortality in SMI**



The overall mortality rate is two to three times as high for patients with schizophrenia as it is for the general population, resulting in a life expectancy of about 20 years less than that of the general population\*

## Physical illnesses with increased frequency in SMI patients

Bacterial infections and mycoses	Tuberculosis (+)
Viral diseases	HIV (++), hepatitis B/C (+)
Neoplasms	Obesity-related cancer (+)
Musculoskeletal diseases	Osteoporosis/decreased bone mineral density (+)
Stomatognathic diseases	Poor dental status (+)
Respiratory tract diseases	Impaired lung function (+)
Urological and male genital diseases	Sexual dysfunction (+)
Female genital diseases and pregnancy complications	Obstetric complications (++)
Cardiovascular diseases	Stroke, myocardial Infarction, arterial hypertension, other cardiac and vascular diseases (++)
Nutritional and metabolic diseases	Obesity (++), diabetes mellitus (+), metabolic syndrome (++), hyperlipidemia (++)

(++) very good evidence and (+) good evidence for increased risk

Adapted from Leucht et al. (Acta Psychiatr Scand 2007; 116:317-333).





## Visceral Adiposity: The Critical Adipose Depot







- Modifiable health risk factors
  - Lipid abnormalities (TC, LDL-C, TG, HDL)
  - Diabetes
  - Hypertension
  - Metabolic syndrome
  - Physical inactivity
  - Smoking
- Access to and/or utilization of medical care
- Adherence with therapies
- Economic capabilities

Newcomer J Hennekens CH. JAMA 2007; 298(15):1794-1796



- Primary and secondary prevention limitations for mentally ill versus general population
  - Less likely to be screened or treated for dyslipidemia, hyperglycemia, hypertension
  - Less likely to receive angioplasty or CABG
  - Less likely to receive drug therapies of proven benefit (thrombolytics, aspirin, beta-blockers, ACE inhibitors) post-myocardial infarction
  - More likely to have premature mortality post-myocardial infarction



Henderson et al. Lancet Psychiatry 2015

### **Social Separation Challenges**

- Isolation, marital and family discord, social conflict, job strain, unemployment, physical morbidity, retirement, social inequalities, expressed emotion, including race and pathological bias
- Holmes-Rahe Life Change Unit Scale
- Mind Body Medicine Equation (Albee, 1982):

Stress (Allostatic Loading)

**Resiliency Factors** 

Selective
Vulnerability:
Propensity to
Illness

## Common themes: The Concept of Stigma

### STEREOTYPING $\rightarrow$

(The neutral PERCEPTIONS of difference)

### $\mathsf{PREJUDICE} \rightarrow$

(Negative BELIEFS about this difference)

### DISCRIMINATION

(Negative ACTIONS taken)

Adapted from work by Corrigan et al and Link and Phelan

## The Discrimination of Stigma

- Less likely to be hired
- Less likely to have apartments rented to them
- More likely to be rejected by friends and family
- More likely to be falsely accused of a crime
- More likely to be arrested and spend more time in jail that someone else similarly charged

(Rusch, 2005) (Read, 2006)

#### Breonna Taylor (26), Louisville, KY



#### Christian Cooper (57), NYC



#### Ahmaud Arbery (25), Brunswick, GA



#### George Floyd (46), Minneapolis, MN



#### **OVERT RACISM**

(SOCIALLY Hate Crimes UNACCEPTABLE) Swastikas Neo-Nazis Burning Crosses Racist Jokes Racial Slurs KKK

Calling the Police on Black People White Silence Colorblindness **COVERT RACISM** White Parents Self-Segregating Neighborhoods & Schools Eurocentric Curriculum White Savior Complex Spiritual Bypassing (SOCIALLY Education Funding from Property Taxes Discriminatory Lending ACCEPTABLE) Mass Incarceration Respectability Politics Tone Policing Racist Mascots Not Believing Experiences of BIPOC Paternalism "Make America Great Again" Blaming the Victim Hiring Discrimination "You don't sound Black" "Don't Blame Me, I Never Owned Slaves" Bootstrap Theory Police Murdering BIPOC Virtuous Victim Narrative School-to-Prison Pipeline Higher Infant & Maternal Mortality Rate for BIPOC "But What About Me?" "All Lives Matter" BIPOC as Halloween Costumes Racial Profiling Denial of White Privilege

Prioritizing White Voices as Experts Treating Kids of Color as Adults Inequitable Healthcare Assuming Good Intentions Are Enough Not Challenging Racist Jokes Cultural Appropriation Eurocentric Beauty Standards Anti-Immigration Policies Considering AAVE "Uneducated"

Denial of Racism Tokenism English-Only Initiatives Self-Appointed White Ally Exceptionalism Fearing People of Color Police Brutality Fetishizing BIPOC Meritocracy Myth "You're So Articulate" Celebration of Columbus Day Claiming Reverse-Racism Paternalism Weaponized Whiteness Expecting BIPOC to Teach White People Believing We Are "Post-Racial" "But We're All One Big Human Family" / "There's Only One Human Race" Housing Discrimination







**STIGMA** 

• Takes an enormous personal, social, and still unmeasured economic toll.

• Funding differential for mental health

• Poor integration of consumer services

## Targeted Groups for Change

- Popular media: journalists and executives
- Employers
- Landlords
- Criminal justice officials & law enforcement
- Legislators regarding discriminatory laws
- Government, Policy makers
- Consumers
- Providers of health care
- Health Systems

# Health equity is the attainment of the highest level of health for all people

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities



Systematically addressing racial inequities will require action to address the drivers of health inequities within our hospital and in our communities



These drivers were based off of the National Academy of Medicine's report titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare"



## **Thank You!**

## "You must be the change you want to see in the world."

Mahatma Gandhi