

SUPPLEMENTAL APPENDIX A: Structural Racism/Discrimination Literature Review

To determine the extent to which structural racism is discussed in the literature as it pertains to psychiatry and mental health, PubMed was searched using combinations of the following key words: (“psychiatry” OR “mental health”) AND (“structural racism,” OR “structural discrimination,” OR “structural stigma,” OR “institutional racism,” OR “institutional discrimination,” OR “institutional stigma.”) All articles were uploaded into EndNote software. All duplicate articles were identified via the program, and then sorted alphabetically by title to identify any missed articles. Two authors (NR and TM) reviewed all articles titles and abstracts to determine if they met the following inclusion criteria: English language, mentioned “psychiatry” or “mental health,” and addressed a minority population (defined as a racial, ethnic, religious, immigrant, or sexual minority). Since we were interested in the intersection between psychiatry and minority status, studies were excluded if the population of focus was people with mental illness as a whole. We excluded 23 articles in which mental illness stigma/discrimination was the primary focus; these articles either did not mention or only briefly mentioned racial/ethnic or other minorities. To ensure complete data, the search strategy was supplemented with manual searches of the references cited in articles meeting inclusion criteria.

Data extraction: A data extraction spreadsheet was designed and employed to systematically extract data from studies. The following data was collected from all articles meeting inclusion criteria: academic journal in which articles were published, most recent journal impact factor (2014-2016), year of publication, country (U.S. vs international), whether the study included a systemic solution (described or proposed an evidence-based solution to potentially help alleviate the structural racism reported on in the manuscript), primary field of journal focus (e.g., Medicine, Social Sciences, Psychology, Arts and Humanities) and minority population focus (e.g., race, religion, sexual orientation). Two authors (TM and NR) independently extracted data from the included studies. To ensure quality of data extraction, the spreadsheets of the coding authors (TM and NR) were examined for discrepancies. In the event of a discrepancy between the two coding authors, discrepancies were discussed until consensus was reached.

Data Analysis: Descriptive statistics were used to categorize the proportion of minority populations of focus and manuscripts published in the U.S. vs abroad. We also used descriptive statistics to describe the mean and range of impact factors and the range in publication year.

RESULTS: The initial search resulted in 55 articles, of which 49.1% (27/55) met inclusion criteria. Notably, 82% (23/28) of excluded articles focused on stigmatization because of mental illness. Of the articles meeting inclusion criteria, almost 30% (8/27) originated outside of the U.S., with the predominant international sources being Germany and the United Kingdom (**Table 1**). The reviewed literature spanned nearly five decades, with the majority (67%; 18/27) published in the 2010s. The mean impact factor of the journals for all included manuscripts was 3.43 (range 0.08-19.97), with only three articles (25, 27, 38) published in journals with impact factors >4.2. The journals in which the papers were published were disproportionately public health and social science of medicine journals. Only 18.5% (5/27) of the manuscripts were published by physicians. The majority focused on racial/ethnic minorities (63%, 17/27). Only 18.5% (5/27) offered a systemic solution to the problem identified. The systemic solutions included the employment of more racial minorities in the field of mental health (24), and development of a task force of racial/ethnic minority providers who would be responsible for identifying discriminatory practices (25). Many solutions emphasized the need to acknowledge potentially negative attitudes by providers that are directed toward minority populations, and that these negative attitudes could negatively impact treatment as well as these minority populations' willingness to access and accept care. Some studies emphasized the importance of having members of these minority populations provide care to their community, and the need to empower providers with the responsibility of identifying and dismantling practices determined to be prejudiced and unfair.

TABLE S1. Systematic review on structural racism and mental health

Reference	Journal	SCOPUS Journal Focus	Impact Factor	Year	U.S./ Non-U.S.	Systemic Solution	Minority Group (Racial, religious, immigrant, sexual orientation)	Specific Minority Description
Sabshin, et al. (25)	American Journal of Psychiatry	Medicine: Psychiatry and Mental Health	12.295	1970	U.S.	task force of minority psychiatrists to point out racist practices	Racial	Black
Ellis, et al. (30)	Journal of the National Medical Association	Medicine	1.067	1975	U.S.	recruit better qualified black students, develop system of trained professionals to support black students	Racial	Black
Morales, et al. (42)	Social Casework	Medicine	N/A	1978	U.S.	None Described	Racial	Black, Hispanic/Latino
Swartz, L. (46)	Culture, Medicine and Psychiatry	Social Sciences: Anthropology	1.288	1991	Non-U.S.	None Described	Racial	Black
Wade, J. (48)	American Journal of Orthopsychiatry	Psychology: Psychology (Misc.)	1.364	1993	U.S.	more racial minorities employed in mental health	Racial	General, unspecified
Fox, et al. (31)	Culture, Medicine and Psychiatry	Social Sciences: Anthropology	1.288	1999	U.S.	None Described	Racial	Black
Hancock, C. (35)	Nursing Standard	Medicine	0.08	1999	Non- U.S.	None Described	Racial	General, unspecified
Green, et al. (33)	Journal of Health Services Research & Policy	Medicine: Health Policy	1.786	2002	Non- U.S.	None Described	Racial/Immigrant	Asian (Chinese)
McKenzie, et al. (38)	BMJ	Medicine	19.967	2007	Non- U.S.	None Described	Racial	Black and Minority Ethnic (BME)
Bennewith, et al (27)	The British Journal of Psychiatry	Medicine: Psychiatry and Mental Health	7.06	2010	Non- U.S.	None Described	Racial	Black and Minority Ethnic (BME)

Hatzenbuehler, et al (37)	American Journal of Public Health	Medicine: Public Health, Environmental and Occupational Health	4.138	2010	U.S.	None Described	Sexual Orientation	Lesbian, Gay, Bisexual (LGB)
Mendez, et al. (39)	Stress and Health	Medicine	1.926	2013	U.S.	None Described	Racial	Black, Hispanic/Latino
Williams, et al. (50)	American Behavioral Scientist	Social Sciences: Cultural Studies	1.766	2013	U.S.	None Described	Racial	General, unspecified
Williams, et al. (49)	American Behavioral Scientist	Social Sciences: Cultural Studies	1.766	2013	U.S.	Person-focused care, on-site attorneys, increased access to primary care	Racial	General, unspecified
Acevedo-Garcia, et al. (26)	American Journal of Public Health	Medicine: Public Health, Environmental and Occupational Health	4.138	2013	U.S.	None Described	Racial	Black, Hispanic/Latino
Metzl, et al. (41)	Virtual Mentor	Medicine	0.33	2014	U.S.	None Described	Racial	Black, General
Yang, et al. (51)	Social Science & Medicine	Social Sciences: Health (Social Science)	2.814	2014	U.S.	None Described	Immigrant	Chinese
Cheng, et al. (28)	Journal of Immigrant and Minority Health	Medicine: Public Health, Environmental and Occupational Health	1.579	2015	U.S.	None Described	Immigrant	Chinese
Oldenburg, et al. (43)	AIDS (London)	Medicine: Infectious Diseases	3.81	2015	U.S.	None Described	Sexual Orientation	Men who have Sex with Men (MSM)

Friedman, et al. (32)	International Journal of Drug Policy	Medicine: Health Policy	3.191	2016	U.S.	None Described	Racial	Black
Earnshaw, et al. (29)	Journal of Health Psychology	Psychology: Applied Psychology	1.882	2016	U.S.	None Described	Racial	Black, Hispanic/Latino
Thackwell, et al. (47)	BMC International Health and Human Rights	Medicine: Public Health, Environmental and Occupational Health	1.6	2016	Non- U.S.	None Described	Racial	Black
Hatzenbuehler, M. (36)	Journal of Clinical Child & Adolescent Psychology	Psychology: Developmental and Educational Psychology	4.027	2016	U.S.	Describes future approaches that can be taken to reduce stigma for this population	Sexual Orientation	Lesbian, Gay, Bisexual (LGB)
Pachankis, et al. (44)	Annals of Behavioral Medicine	Psychology	4.2	2016	U.S.	None Described	Sexual Orientation	Lesbian, Gay, Bisexual (LGB)
Pachankis, et al. (45)	Archives of Sexual Behavior	Arts and Humanities: Arts and Humanities (miscellaneous)	2.783	2016	Non- U.S.	None Described	Sexual Orientation	Men who have Sex with Men (MSM)
Metzl, et al. (40)	Academic Medicine	Social Sciences: Education	4.194	2017	U.S.	None Described	Racial	General, unspecified
Gustafsson, et al. (34)	International Journal for Equity in Health	Medicine: Health Policy	2.378	2017	Non- U.S.	None Described	Sexual Orientation	Lesbian, Gay, Bisexual, Transgendered, Queer/ Questioning (LGBTQ)