Sanya Virani:

Hi, I'm Sanya Virani and I welcome you to Finding Our Voice, fresh perspectives in psychiatry, a podcast series hosted by me. This podcast has been developed with the goal to address current issues as they pertain to psychiatry, with a special focus on including the viewpoints and opinions of younger groups, resident fellow members, and early career psychiatrists.

This current seven episode segment is dedicated to discussions about structural racism in psychiatry. My guests on each episode bring to you stories and real life experiences on structural racism, both from a provider's and patient standpoint, from within their minority group.

The Hispanic Heritage Month was recently celebrated, and it has been a time for recognizing the contributions and influence of the Hispanic Americans to the history, culture, and achievements of the United States. Did you know that the dollar symbol has its origin in the Spanish American peso, also known as the Spanish dollar?

Here's how it all played out. In the 18th century, after the 13 colonies declared independence from England in order to become the United States of America, they had problems accessing money. In some states, people used the Spanish dollar that came from the Spanish colonies of America.

Later on, the Spanish dollar became the American dollar. Today we have two guests with us on this episode, Dr. Esperanza Diaz and Dr. Andrea Mendiola. Dr. Andrea Mendiola is an assistant professor of psychiatry at Yale University. She currently works in the outpatient service, including at the Hispanic Clinic. Her main interests are serving the underserved Spanish-speaking population at the intersection between culture and psychiatry, and teaching these aspects and incorporating them to develop culturally sensitive services.

Hi, Andrea. Welcome to the podcast.

Andrea:

Hi. Ola, Sanya, thank you for having me here.

Sanya Virani:

And we would like to also highlight that the names and other detailed identifiers have been modified to protect the privacy of the individuals involved. Andrea, over to you about Sonya and Manuel.

Andrea:

So Sonya came to see me at the Hispanic Clinic for her regular appointment in September. She has actually been coming to the clinic for years to get therapy and medications for PTSD. Sonya is an undocumented immigrant that was born in Mexico and came to the US about 15 years ago.

Sonya came as many other immigrants looking for a better life for her children, crossing the border with them and her husband on foot. Every time she came to her appointments, Sonya would show me pictures of her children on her phone, their new toys, new outfits. She actually worked in a hair salon and enjoyed giving new hairstyles to her children while they shared some quality time together.

However, that day in September, Sonya did not show me any pictures, and she looked very concerned and she was worried about her children and she was helpless about the situation they were going through.

She was very hesitant to say more about that at the beginning, but minutes later, she recounted that this past year, her 13-year-old son Manuel, had changed. She said that Manuel was no longer playful or

joyful, but spent most of his time watching TV and playing video games, not talking to them, barely interacting with anyone else besides his younger brother.

Sonya claimed she had also started receiving reports from Manuel's teacher at school stating that Manuel had been teasing other children and swearing all day long. This was a new behavior from Manuel, and Sonya tried to talk to him on several occasions, but he did not open up until actually last month. And what he said, really shocked and saddened Sonya.

About a month ago, Manuel came back from school one day crying and saying that he was sick of it. He explained, amid sobs the children at school called him names, and demanded that he be deported because he's Mexican.

Several times these other children yelled at him, "Go back home. You don't belong here." When he reported this to his teacher, she simply responded saying that he was starting the problem and that he should behave better. Sonya was very worried about this, and she spoke with her husband about the issue that night.

He reassured her that Manuel would grow out of it and that worse things had happened to them. Sonny persisted and wanted to speak with the school teacher and authorities to prevent this issue from recurring, but her husband completely opposed to this idea and warned her that they might actually get deported because of retaliation.

Sonya felt dejected and frustrated and let the matter pass. While in the office with me that day, Sonya spoke about how terrified the idea of deportation made her. She was fearful of being separated from her children, unable to work and provide for her family.

Additionally, she felt helpless due to her lack of fluency in English and convinced herself that she would not be able to defend her family properly or even explain to anybody this matter if something were to happen. She actually said, "I really want to have my children studying. I'm working hard for them. I want them to do well at school and be successful in the future."

Meanwhile, Manuel, her son, continued to stay away from family activities and asked parents, "Why was I brought here if nobody wants me here?" He actually mentioned on several occasions that he would travel back to Mexico to live with his older brothers when he was old enough, and as many immigrants feel about going back, Sonya actually felt more concerned that if Manuel returned to Mexico, all her efforts such as crossing the border, living away from her other children working long hours and other efforts that she has done would've been in vain.

Sanya Virani:

Well, that was very interesting. Andrea, also extremely heartbreaking to just hear about a mother, Sonya, watch her child a sweet, mild mannered boy go from being a happy child to suddenly being bullied and then go down the spiral.

That really is a sorry situation, and I bet there are several people in this country who find themselves in similar situations, I would suppose maybe on a regular basis.

I wanted to ask you, Andrea, what were your thoughts when Sonya was telling you about her difficulty? What did you say to her?

Andrea:

When this patient, Sonya was sharing this story with me, many things were going in my head. It's actually impossible to keep our minds and emotions quiet when we hear about racism or discrimination and even more when it involves children.

One of my thoughts was on the consequences of this bullying or discriminatory experiences that Manuel was suffering. I mean, how could we support him? How can a child understand racism, and how could they overcome this? Those are difficult questions to answer.

On the other hand, I was thinking about the resilience and power of the woman in front of me. Sonya's motivation, strength, and this vital mission of providing the best to her children are moving, and that's precisely what I told her. Empowering our patients is one of the best ways of helping them grow and recover in mental health. Letting her know that she was not alone and that our team was there to help her and support her was crucial. I think it provided calmness to her.

At some point, we actually discussed how she wanted to address this situation with Manuel's school. Despite her fear of the deportation or her fear of speaking to a native English speaker, Sonya agreed to meet with a counselor from the school instead of meeting with the teacher, and to mention the comments from Manuel's classmates. This decision was also well received by Sonya's husband who agreed that a counselor might better understand the situation and would help them.

Sanya Virani:

At least one thing is reassuring that her husband came around, and that Sonya was able to sort of meet with the counselor or at least start discussions on this issue. Truly, as you pointed out, it speaks to the resilience of this woman. She seems to be a really strong person, but of course, I'm not sure how you go about explaining racism to a child.

I almost feel like it affects their psyche in many different ways than we would even able to imagine. I wonder how many other people deal with it outside, but I guess I'm at least happy to hear that it ended in a sort of good way for this patient and her and child.

Let's now switch gears a little bit and talk about a slightly more complex case involving several other components of structural racism. Dr. Diaz is an immigrant mother, wife, physician, psychiatrist, advocate, and educator who works with the Hispanics in New Haven in Connecticut. She is a professor of psychiatry, associate program director of psychiatry, residency medical director of the Hispanic Clinic at Community Mental Health Center and Connecticut's Latino Behavioral Health System, and she's also the director of the Hispanic Psychiatry Fellowship at Yale University School of Medicine. Dr. Diaz, hi, welcome.

Dr. Diaz:

Thank you, Sanya. I appreciate your invitation for this podcast and I hope that we can share our views in what we do. Thank you. Andrea, really very moving situation with the child and the racism there. So yeah, no, I'm sharing about this particular person who we name, Jose, he's disguised, from Central America, also disguised and came to our clinic seeking treatment for his depression and ongoing alcohol use.

He was Spanish speaking only. He was also undocumented, and he had come to the United States looking for work so that he could improve the lives of his children, and this is many, many years ago, whom he had brought, the children he brought with him and all went well while he was working as a handyman. And at that point he had a partner wife and all went well.

They grew up and they left the nest and to live independently and work while Jose then decided to share a small apartment after he separated from his partner, with roommates and continued working as a handyman.

Jose was proud as any Hispanic male and did not want to burden his family with his problems, and often resorted to alcohol in difficult times. So his friends noticed these problems and he was connected to our

clinic, Spanish picking providers and free care. After he started functioning better, he then found easier to support himself during episode between the episodes of mood swings.

But after some years of treatment, he stopped attending the clinic and his alcohol problem use came back. He became homeless and found himself in no place to sleep, but in his car and he still didn't, did not reach out to his family. So the clinic, we learned that Jose had been assaulted while out on the streets and ended up in the emergency room on many occasions, really badly hurt.

The same group of monsters who insulted him were the ones who took his tools away and stole his... They broke his car and really left him in a very bad shape because he didn't have any way to go back to work. He was afraid to go to the police, fearing deportation and owing to lack of health insurance, a treatment program for substances was difficult to find.

So, but finally he got admitted to assistance using patient program, but this program did not have Spanish-speaking providers, so it was somewhat limited. The hope was that with an alcohol free state, he could come back to the outpatient group therapy and medications that he had in the clinic for his depression.

But his cycle alternatively repeating ER in clinic, this is continuous, his health progressively worsened and he found it almost impossible to support himself anymore. So it's kind of a negative outcome in this case. So maybe I leave it as that.

Sanya Virani:

Yeah, thank you, Dr. Diaz. I certainly... Yes, this is a negative outcome, but one thing that was striking to me about similarities between Sonya and Manuel's case and Jose's case is just the underlying lack of trust in the system and services available.

And while Jose had access to the Hispanic clinics, Sonya seemed to be hesitant to approach anybody in the beginning. So it's kind of nice to see that such clinics exist across the nation. But you mentioned the Spanish-speaking clinic. Could you tell us a little bit about it, please?

Andrea:

Well, the Hispanic Clinic is part of the Connecticut Mental Health Center, and when the institutionalization happened, the institutionalization happened. There was a group of clinicians that formed this group in 1974, and the clinic has been growing since then. And it's a collaboration between the Yale Institution and the Department of Mental Health and obviously the Connecticut Mental Health Center. And it offers services in Spanish including psychotherapy, evaluation, medications.

There is access to medications in a pharmacy with some limitations, but if the person doesn't have insurance, we don't ask and they are able to come to the clinic. The word of mouth actually is the one that makes it easier for them to come. If we have been in service for such a many years that it seems like is they know us and they can come without so much fear.

Sanya Virani:

Yeah, that's really nice to see that such services are available. Obviously a lot of effort has to be put in to make people aware about where they exist, but one thing about Jose, certainly the way you described it just summarizes the downfall of an individual due to all these systemic factors and all the individual antagonism that just has collectively festered oppression for so many decades.

It's really sad. Not only did these things I feel contribute to Jose's poor health outcome, but also must have destroyed his self-esteem and his sense of identity. He must have definitely felt helpless and

defeated. And I was just wondering what came to your mind when you discovered that Jose had become homeless and the ER visits were because he was being assaulted on the streets?

Dr. Diaz:

Yeah, it's so difficult. Our first reaction was of anger and frustration because the realization that his vulnerability was a major barrier for this Hispanic male undocumented, with no means to defend himself. It really make us question how to support him to get better?

And our plan then was to provide a safe place to be free from alcohol to recover and get back to his regular activities. And well, we always work as a team, and we knew that this was the product of racism, and so somehow we felt helpless to address this in the broader context, but individually, we could support him in the ways that we found, which was finding a program and trying to get him back to us into treatment.

There are other issues discussing in this history to discussing this history, being an immigrant as part of the social determinants of mental health, if you do not have documents, immigration becomes very negative. As an immigrant with language barriers and a new culture, life is difficult.

An immigrant is in mourning of his country, family, friends status, his values might not be recognized. He wanted to rely on himself, which is a Hispanic value, not to be a burden to anyone, but without a job, he felt ashamed and nowhere to go. So those were the kinds of reactions.

Sanya Virani:

Yeah, absolutely. The whole cultural issues that contribute to this case certainly have compounded Jose's distress. And I feel like his isolation may have also increased because maybe out of shame or regret or just fear, he might not have wanted to communicate even with his family when things were going downhill for him, certainly.

Andrea:

Yes.

Sanya Virani:

Yeah. And with that, I think we should, let's proceed to another example that you have to share with us, Dr. Diaz. This time about how you witnessed a psychiatrist in your clinic, experiencing racism by a patient who shares her ethnicity.

Andrea:

So this is a Spanish-speaking black woman who was meeting her new doctor for the first time in our clinic, and as soon as she saw her, she's exclaimed, "But you're Black." As if it was not good. The doctor probably sadly used to these kinds of reactions, reassured the woman that she had the appropriate level of skill and training needed to treat her.

She also offered to find the patient another provider, but then decided to continue working together. While the doctor did not bring up the patient's initial reaction for a little bit. She only mentioned it at the time when they had somewhat established a connection, and it led to a meaningful conversation between the patient and the doctor as they somewhat ironically connected over instances of microaggressions that they had both experienced and reflect together about the possible reasons why people developed implicit bias and racist kinds of reactions.

The doctor used this opportunity to drive home the point that women of color could also be doctors and be capable professionals, and gave the patient many good reasons to be proud of her race and herself.

Sanya Virani:

Dr. Diaz, you bring to light a completely different perspective on structural racism. Two words that rang in my ears were microaggressions and implicit bias. In fact, as told from the viewpoint of a provider who also happens to be a woman of color. I feel like this doctor was certainly mature enough to have assured the patient a little bit. But that goes to say that a lot of trainings is still required to respond to microaggressions from both patients and other providers.

I don't know if this has become a part of the training curriculum until recently, but this also brings to mind one of the situations that my colleague from Ecuador described to me. Just the other day when he was entering his building, somebody confused him for a cleaning person, and he jokingly told me that he actually got himself a new briefcase so that the next time he enters the elevator, people might not mistake him such.

I guess microaggressions have many different ways to present themselves and has a great impact on somebody's esteem and mental health overall. I'm just curious to know what you think of these policies and the institutions around training to meet microaggressions from providers and patients, Dr. Diaz?

Dr. Diaz:

Well, we have been actually working actively. We have our social justice, health disparities and advocacy curriculum, and now we include history, and it's a whole curriculum for all the years and includes training about how to respond to microaggressions. And it's difficult because I don't think the whole faculty and the whole medical school is trained.

And so now we've been more aggressive in terms of what's going to happen when something like this happen. And we've been developing some protocols and more education not only about the faculty, but the ancillary staff. But it takes time and it takes not only us, but it also the policies and the whole system, the institution and the policies are very important and how leaders need to support this.

So the microaggressions, I don't think this was a regular training, not at least when I was a resident. This is many, many years ago. And so in our curriculum now, we address that. I know that in other places, one of our trainees who graduated now has a whole group of psychiatrists and other professionals in mental health developing a curriculum and mental health addressing racism, anti-racism curriculum, Dr. Corey Williams. And so I'm hoping that that will continue and that that will address the whole country and medical schools. Obviously, we're working in education, so in medical schools.

Sanya Virani:

Yeah Dr. Diaz, I think you draw attention to the need for a complete movement in the system, which is based a lot in institutionalized policies, which for years and years have perpetuated differences. For example, and this is a slightly different point of view, how women's salaries differ from men's salaries? How immigrants might think of all of the health systems in America being very different and superior to their own countries, and therefore have a completely different light of the systems here.

But this is also an example of the need to pay attention to the cultural features of a relationship between a clinician and patient. There's some mention of it in the fourth part of the DSM fives outline for cultural formulation. So I just wanted to draw everyone's attention a little bit to the topic of implicit bias.

A clinical encounter between a patient and a clinician is interpersonal and dynamic at best, and there's a lot of non-verbal communication that's influenced by biases. And providers may implicitly even develop those biases when they're interacting with a person belonging to a different race or community or ethnicity compared to their own.

Andrea, I'm really curious if you've had any experience about how professional decision-making could be impacted by providers expectations of the patient's ability to actually follow through it with a treatment plan? Have you ever seen implicit bias play out into your processes of making diagnosis or maybe somebody else's?

Andrea:

Yes, Sanya, actually, that's an excellent point, and I think it's something that we see more often than what we would want to see. First, I want to say that actually ignoring bias is impossible. We all have bias, and the goal here is actually to be aware of our own bias and that our decisions, decisions that we make with patients or that we make in our own lives are actually based on bias.

So for example, when we see a patient who is different from us, we should be conscious that we might have some ideas based on our beliefs, experiences, or education, and that these ideas might actually change how we interact with them or how we provide treatment for them.

We need to understand that the patient's culture is actually something that is going to have an impact more than understanding their illness. I have seen, for example, patients being diagnosed with psychosis and prescribed antipsychotics because they would listen to the voice of their past ancestors, guiding them in moments of despair, something that could be culturally appropriate and would not fall into the diagnosis of psychosis.

But if we don't understand the culture, it's very easy to fall into misdiagnosis. And this does not apply only to Latinos or minorities. We can have bias to any other populations. This applies to everybody. And one more point that I want to make is that Latinos in general receive the appropriate care for mental illness or general medical care less often than needed. And then when they actually receive care, the treatment is not the best.

So we need to remember that the Hispanic or Latino community has suffered abuse and discrimination for many years, and I believe that it's our duty as physicians and actually as persons in this community to meditate on this, speak up and help them thrive.

Sanya Virani:

Thanks so much, Andrea. You really summarized it beautifully for us. Not only are people of different ethnicities sometimes left in the lurch for very accessible services, but also different contributors from the system lead to very negative outcomes for them eventually, as we kind of saw in some of the examples you described,

Dr. Diaz:

Well, after Andrea was talking about implicit bias. So I go back to my experience with this Black patient and she's saying, her reaction was saying, "But you're Black." And that reaction was immediate and spontaneous, and it was kind of a sign that Black for her is not favor, is rejected, is inferior, her being Black, and that reaction indicates that she probably received the same treatment from others while she was growing up.

And obviously as an educator, I immediately think of the need to train how to respond to microaggressions in racial incidents like this. We all need to become aware of how offensive racial works

are and affect us all negatively. We need to denounce that immediately and publicly. And silence might be perceived as an acceptance of the racial behavior. So health disparities are real and we need to know that they are there and why, through the years they persisted despite efforts to address them.

The providers' implicit bias are part of the problem, but it's not just that. Like I said before, policies and institutional attitudes contribute to disparity. And I have to name the Institute of Health Improvement here because they do great work about these racial issues and how to address them. And they talk about the peculiar indifference in the book of Du Bois talking about their attitude toward people of color. And that book, Du Bois is the suppression of the American slave trade, and he was an intellectual in the late 1800s to the 1950s, and I recommend that book.

Sanya Virani:

Thank you. Thank you for that recommendation. Dr. Diaz. One thing I just wonder about this whole idea of patients sort of identifying with something as an inferior concept altogether, like how people perpetuate sort of the racism towards themselves without really understanding it. And also how racism from people within your own group is like an example of identifying with the aggressor.

You know, point out that identifying as a Black person is almost a subject of inferiority for some people, and then you perceive people of your ethnicity. And this was an interesting case because there is a Hispanic woman who's also Black, so there is a double problem there or so to speak. Yes. Thank you so much for those insights and for that information and for the book recommendation.

With that, we come to the end of this episode of Finding Our Voice, fresh perspectives in psychiatry. My deepest gratitude to our guests, Dr. Esperanza Diaz and Dr. Andrea Mendiola, and we are so thankful for your time and for the stories you shared and the insights you provided.

We really enjoyed learning from you about your experiences at the Hispanic Clinic. Thank you so much.

Dr. Diaz:

Thank you.

Andrea:

Thank you.

Sanya Virani:

If you take away nothing from this podcast, but the idea that the personal experiences we share with you on this segment are leading you to discovering an individual and collective identity within psychiatry and within society, I will have accomplished a great deal. I'd like to leave you with one final thought: Life is offered to us as a means of self-expression, and the highest form of this expression is through acts of kindness. I hope that we will always keep this in mind in all our interactions with people going forward.

I'll see you again soon with more stories and more guests. Until then, take care and be well.

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