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Declaration of Racism as a Mental Health Crisis

The COVID-19 pandemic and the economic recession have hit communities of color the hardest. The murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and numerous other BIPOC (Black, indigenous and people of color) Americans in 2020 has sparked a global outcry against racism and police brutality. This long-standing history of violence against communities of color, including the high-profile murders of Black trans women, has led local and state leaders across the country to declare racism a public health crisis or emergency. Declarations like this are an important first step toward racial equity and justice. The Hogg Foundation for Mental Health declares that not only is racism a public health crisis, but it is also a mental health crisis, and it is about time we named it.

To make a declaration like this is to wield a power and a privilege that few possess. Those who are positioned to declare racism as a crisis – city councils, hospitals, school districts, medical journals, professional networks, universities – are positioned to do so because they have been historically complicit in perpetuating the racism crisis in the first place. It is thus our responsibility to use our voices to call out these wrongs and start correcting them as institutions, communities, and individuals.

This declaration exposes nothing new or previously unknown. On the contrary, racism as a mental health issue has been well-documented, and the extent of its impact is far reaching. Racism is a mental health issue because racism causes trauma. Racial trauma accumulates throughout a person's life, leading to activation of stress responses and hormonal adaptations, increasing the risk of non-communicable diseases and biological ageing. This trauma is also transmitted intergenerationally and affects the offspring of those initially affected through complex biopsychosocial pathways.

People of color in Texas are more likely to be uninsured than White Texans, which limits their access to mental health services. BIPOC are also less likely to seek out treatment and more likely to end treatment prematurely. This is largely a result of financial and healthcare restraints caused by systemic racial oppression, long-held stigmas against seeking help within the community, and the inability of some healthcare providers to establish themselves as credible and reliable sources of support. Current data indicates that suicide is among the leading causes of death for BIPOC youth. Additionally, given our knowledge of Adverse Childhood Experiences (ACEs), the impact of racism increases the risk of health and social problems across the lifespan. Young people of color with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared with White youth. Encounters with the police for young persons of color can cause serious psychological harm, and can even have spillover effects on the mental health of people not directly involved.

With so much evidence supporting the reality of this crisis, it is incredible that it has taken all of us until now to name it. Still, the power of explicitly naming a crisis, especially in public health literature,

should not be understated. It lays a foundation for [future researchers studying inequities](#), and it validates the threat racism poses to society by equating it with [other threats to public health and mental health](#), like the opioid crisis, foodborne outbreaks, and the COVID-19 pandemic. As a mental health community, we must do more than name these threats in silos – we must act to dismantle the systems that perpetuate these crises and rebuild our systems of care in ways that seek to undo historic injustices and inequities. Here are some key first steps:

- The establishment of an Office of Health Equity, within the Texas Health and Human Services Commission, would be an initial step towards addressing mental health and racial disparities in Texas.
- The Hogg Foundation will use this declaration of racism to guide our mental health policy priorities going forward, which will identify ways to undo the institutional racism embedded into existing policy structures. We encourage those who co-sign this letter to follow suit.
- By more effectively [addressing mental health in schools](#), we can close off the “school-to-prison pipeline” that is a significant driver of racial disparities.
- We should be looking to incorporate mental health supports in all of the places where BIPOC live, learn, work, play and pray—these include coffee shops, barbershops, gyms, parks, schools, places of worship, and workplaces.
- Behavioral health professionals should take it upon themselves to learn about [historical and cultural trauma](#) and the impact legacies of oppression have on the present-day mental health of BIPOC.

Someday, the pandemic and the recession will be over. When will we be able to declare the same about the racism crisis, and its threat to mental health? It is our responsibility to envision this future and work towards it – a future in which all people can thrive in communities that support mental health and well-being.

Regards,

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For a list of co-signers, visit <https://hogg.utexas.edu/who-we-are/racism-declaration>.