# The International Handbook of Black Community Mental Health

## Endorsements

"This Handbook is a landmark in our understanding of the mental health issues which challenge African-heritage populations in Europe (particularly in the UK and the Netherlands) and in North America – countries which imposed slavery on African populations. The racism which survives today is a perpetuation of the values which supported slavery: issues of labelling and victim-blaming continue, and take their toll on minority populations. The 40 activists, clinicians and scholars who contribute chapters to this handbook are well qualified and experienced in their specialist fields and bring their unique insights and knowledge on Black Community Mental Health issues to a Handbook which will be of great value for students, trainees, academics and practitioners from multidisciplinary backgrounds. The authors have also been ably guided and organised by the Handbook's three editors (two from the US, one from the UK). Overall, there is much quality in the writing, many insights, and bases for further action."

*Dr. Alice Sawyerr, PhD Psychology, FHEA, CPsychol, CSci, AFBPsS, Lecturer at the University of Oxford, Consultant Chartered Psychologist (BPS), Consultant Systemic Family Psychotherapist (AFT and UKCP) and BPS registered Expert Witness in Family Court Cases in UK.*

"As far as I am aware this is the first publication of its kind on the experiences and provision of services to the BME community. This in itself is something of a sad statement to make in 2020 after many years of campaigning, analysis, research and policy intervention (I know I have been involved in many of them over the years) we have yet to produce a publication specifically on the issues pertaining to BME mental health. For producing this work the editors should be congratulated. The challenges within these pages are not only for members of the BME community to read, reflect and act. This book is essential reading for any Mental Health practitioner who wishes to understand and practice in a system which is beneficial to all regardless of race."

*Lord Victor O. Adebowale, CBE*

# The International Handbook of Black Community Mental Health

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INVESTOR IN PEOPLE

**To Professor Joseph White**

My elder, mentor and friend.

Professor White was 'The Father of Black Psychology' and was one of the founding members of the Association of Black Psychology. Professor White was a scholar, pioneer, trailblazer, but even more than that he was good friend, always there when you needed him for encouragement or advice; as well he was a very kind person, humorous and, just a down to earth decent human being, who will be truly missed by all of us who knew him. And Joe yes, we will try hard to 'keep the faith' just as you used to tell us all to do.

And to:

**Professor Reginald Jones**

My elder, mentor and friend.

Professor Jones was a quiet, sweet and gentle human being with a quick disarming big smile; you truly will be missed.

Professor Jones was the 'architect'/designer, an editor of numerous articles and books (e.g. his well-known and popular *Black Psychology* series) on Black psychology and he was an influential Publisher of the Black Psychology Movement. He organised and structured the Black Psychology academic movement like no one else. He brought together all the top Black psychologist/academics in the world to help make Black Psychology a scientific field and a legitimate area of scholarship after Joseph White developed/created Black Psychology as a discipline. He was the founder of Cobb & Henry Publishers, one of the first Black academic presses in the USA, Cobb & Henry. Cobb & Henry was the publisher for many of his groundbreaking Black psychology publications.

His classic Black Psychology anthologies and his psychology books were published in a variety of different areas (e.g. special education and the gifted, racial identity, tests and measurements, mental health cognition and intelligence, personality and Black development and aging in children, adolescents and adults) which provided the academic platform for what we know today as Black Psychology.

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# About the Editors

**Richard Majors**, PhD, is a Counselling Psychologist, Honorary Professor at the University of Colorado in the United States, and Distinguished Fellow and Director of the Applied Centre Emotional Literacy Leadership and Research (ACELLR), who has been living and working in the UK for over 20 years. He is the founder and former deputy editor of the *Journal of African American Studies* (formerly the *Journal of African American Men*, the first refereed journal on Black men in the United States), one of the largest ethnic journals in the United States.. He also is a former Clinical Fellow in Psychiatry at the Harvard Medical School. While at Harvard, he co-founded the National Council of African American Men, one of the first umbrella groups in the United States for African American males. He was a Senior Research Associate at the prestigious Urban Institute in Washington, DC for two years. In 1996/1997 prior to moving to the UK, he was appointed a Leverhulme Visiting Fellow for Research in England. In 2000 he was appointed a Canterbury Fellow at the University of Canterbury, New Zealand.

He wrote the lead psychological expert statement, in the UK high court for the landmark case, *SG* vs *St. Gregorys Science School*, which successfully overturned previous policy and legislation that prevented Black children from being able to wear culture-specific hairstyles in school. He has also met with members of the Clinton Administration to discuss youth policy. He has authored/co-authored seven books and dozens of scholarly articles. His book *Cool Pose: The Dilemmas of Black Manhood in America* (1992) was submitted for Pulitzer Prize by the publisher and was on the publisher bestsellers' list in 1992. *Cool Pose* is considered a classic in the field and is one of the most cited books in race relations and gender in the United States. Previously, in the UK, he was selected to be on a Ministerial Working Group on Education and Gangs. He was selected in 2015 to receive the Warrior Award from the International Colloquium on Education for his longstanding service, research and leadership on education globally. In 2016, he was shortlisted, for the Medical Livewire Global Award for his work in the field of psychology. He was again honoured in 2018 by Medical Livewire for his outstanding work in the field of psychology and this time was bestowed with their prestigious award 'Psychology Professional of The Year'. In 2019, he received the Expert Witness Award from *Lawyer Monthly Magazine*, in recognition of his specialised knowledge and experience within the area of Trans-cultural Psychology.

**Karen Carberry**, M.Sc., Dip.Psych., Black British Family and Systemic Psychotherapist, Consultant Family Therapist of Orri – Specialist Day Treatment

for Eating Disorders, AFT Registered Systemic Supervisor and a Fellow of the Asian Academy of Family Therapy (AAFT). Karen was recently appointed Consultant Clinical Supervisor of HOPE Bereavement Support in Leeds, UK; who offer supportive counselling, therapeutic groups for women and families around child loss and miscarriage; coaching and raising mental health awareness regarding the impact of bereavement within BME communities. Karen gained her Master's Degree from the Institute of Family Therapy in London and Birkbeck College, University of London. In addition to her clinical inpatient work in Child and Adolescent Mental Health Services (CAHMS) and adult psychiatry, Karen has managed several family centres and contact centres for divorced/estranged parents and their children. Karen also has extensive clinical specialism in working with all parties affected by adoption. As a practitioner-scholar, she has been involved in a variety of academic activities both nationally and internationally, and written book reviews for various publishers. Karen has presented papers, lectures and conducted a number of master classes/seminars in the UK, Jamaica, Indonesia, Haiti, Singapore, and the Dominican Republic amongst other countries.

**Theodore S. Ransaw** received his Bachelor's and Master's Degrees in Communication Studies and his Ph.D. Degree in Education from the University of Nevada, Las Vegas. His Doctorate is in Curriculum and Instruction with a focus on Multicultural and International Education. Currently, he is a K-12 Outreach Specialist in the College of Education at Michigan State University (MSU) and Core Faculty in African and African-American Studies, also at MSU. His research centers on cognition of identity and schooling. He looks at what fathers do to help their children get ahead in school, the relationship between Black male identity and educational outcomes, and the role student identity plays in education. He also served as a director of four mentorship programs at three at-risk schools and as an achievement gap specialist for males of color. He is a certified education coach and an education consultant. He has co-edited the *Handbook of Research on Black Males* (2018) and has authored *The Art of Being Cool: The Pursuit of Black Masculinity* (2013).

# About the Authors

**Cornelius Ani**, MBBS, MSc, MRCP, FRCPsych, FHEA, MD, is a Consultant Child and Adolescent Psychiatrist in Surrey, UK, is an Honorary Clinical Senior Lecturer at Imperial College London, and is an Associate Lecturer in Child and Adolescent Mental Health (CAMH) at the University of Ibadan, Nigeria. His research includes projects in Africa, Asia, UK and North America. He was instrumental in setting up the first post-graduate training in CAMH in West Africa. He conducted the first systematic study on aggressive behaviour among Nigerian primary school students and supervised the first school-based intervention study to reduce aggression among Nigerian students.

**Fabricio E. Balcazar**, Ph.D., is a Professor with the Department of Disability and Human Development at the University of Illinois at Chicago. His primary interest is in developing methods for enhancing and facilitating consumer empowerment and personal effectiveness among individuals with disabilities. He has published more than 80 peer-reviewed journal articles and co-edited a book entitled *Race, Culture and Disability: Issues in Rehabilitation Research and Practice*. He is a Fellow of the American Psychological Association (APA) and the former President of Division 27 of the APA, Society for Community Research and Action.

**Nicholas Banks**, PhD, at the time of wring this chapter, is a Senior Lecturer in Psychology at the Institute of Psychology, University of Wolverhampton, UK. He has an active forensic private practice with international connections in Africa and the Middle East. He was a Lecturer in Social Work (psychology, child development and communicating with children) at the University of Birmingham, UK for 10 years. He was a Senior Lecturer in Counselling and Psychotherapy for almost two years at the University of Nottingham, UK (counselling and special educational needs). He is a Chartered Clinical Psychologist. He has worked as an Educational Psychologist. He has research interests in attachment, fostering and adoption, parenting skills, abuse issues, substance abuse related to parenting, black children and families, issues of identity and counselling and psychotherapy, special educational needs and autism. He published the first evidence-based British book on cross-cultural counselling (Avebury Publishers).

**Belinda Brooks-Gordon**, Ph.D., is a Reader in Psychology and Social Policy, Birkbeck, University of London. She was awarded the Doctoral Degree at the University of Cambridge, UK. She is the Caribbean-born British daughter of an

Irish migrant mother, and her teenage years were spent in West Africa. This led to an interest in migration, integration, and its impact on one's sense of self and racial identity. She is the Director of the Family and Systemic Therapy Course at Birkbeck and the Institute of Family Therapy. She was therefore enthusiastic about the original research in this chapter when Karen first suggested it as a topic to explore. Like many supervisors, she felt that she learned more than she imparted in its gestation and delivery.

**Cheron Byfield**, Dphil, was awarded the Doctoral degree at the University of Oxford, UK. She has been working with Black boys since 1999 when she co-founded Excell3 and its subsidiary 'the National Black Boys Can Association'. Through the network of over 30 locally based Black Boys Can projects which they established throughout the country, they raised the academic aspirations and achievement of well in excess of 10,000 Black boys taking a holistic approach to supporting them by not only working with the boys, but also training and empowering their parents, training and challenging educational institutions, engaging the community and lobbying the political machinery to effect change for black boys. They established partnerships with leading universities including the universities of Oxford and Cambridge and through their innovative programme that have been successful in supporting many students to gain access and obtain Bachelor's, Master's and Doctorate degrees from these institutions.

**Patricia Clarke** obtained an MA/DiPSW from the University of Nottingham in 1996. She has worked in the independent sector: the Sheffield African Caribbean Mental Health Association although has spent most of her career working within statutory services. Following qualification as an approved mental health professional (AMHP) in 1999, she has delivered training to AMHPS and members of multi-disciplinary teams. She remains passionate about delivering quality training and has devised and delivered training regarding: risk assessment, supervision, safeguarding, and mental health law.

**Steve Clarke** is a former Principal Educational Psychologist who works in the North West of England. He obtained his Ph.D. in 1996 and his thesis was on the application of a Personal Construct Psychology approach with young people who experience social, emotional and mental health difficulties. He is now in private practice and continues to use his expertise to promote better outcomes for young people with social, emotional and mental health difficulties.

**Gail Coleman-Oluwabusola** is a Consultant Clinical Psychologist and Head of Psychology in an Independent Mental Health Hospital in South Manchester, UK. Prior to qualifying as a clinical psychologist, she worked in NHS mental health services, proactively engaging with Black communities and researching inequalities. She also co-chaired the North West `Race' and Culture special interest group of the British Psychological Society. She began training for her Doctorate in Clinical Psychology in 1998 at the University of Liverpool, UK. She qualified in 2002. At this time, her thesis focussed on the experiences of Black

men in the UK psychiatric system. Since qualifying she has worked in the NHS, independent forensic settings and government departments often with a focus on Black and Minority Ethnic Communities. She is currently an Honorary Lecturer in the Department of Clinical Psychology at Sheffield University, UK. She continues to lecture and provide training for NHS and social care staff on the trauma of racism.

**Rodalyn David** was a Graduate Research Assistant in the Department of Education, Culture, and Society at the University of Utah and a Doctoral student during the writing of this chapter.

**Amy Degnan**, PhD, is a Trainee Clinical Psychologist with the Greater Manchester Mental Health NHS Foundation Trust. After completing her PhD in 2017, she was awarded the Doctor of Philosophy Degree in Clinical Psychology at The University of Manchester. Her research interests are in the fields of psychosis and improving access to culturally appropriate and effective psychological interventions for underserved or disadvantaged groups. Her PhD explored the social network characteristics and psychological processes related to engagement with mental health services in Black African and Caribbean people with non-affective psychosis. She completed this research whilst managing a three-year National Institute for Health Research (NIHR) funded Health Service and Delivery Research (HS&DR) trial to develop and test the feasibility of a Culturally adapted Family Intervention (CaFI) for Black Caribbean people with non-affective psychosis and their families. She is currently conducting research to explore the psychological mechanisms in the development of 'negative symptoms' in psychosis. Once qualified, she plans to continue the research whilst practicing as a Clinical Psychologist in the National Health Service (NHS).

**Dawn Edge** has a PhD in Medical Sociology from the University of Manchester, awarded in 2003. She is a Professor. She is a Senior Lecturer in the Division of Psychology and Mental Health in the School of Health Sciences. She has a focus on driving Equality, Diversity & Inclusion (ED&I). Reflecting on her strong commitment to integrating research, policy and practice and to public service, she is actively engaged in working with communities to improve health and wellbeing – especially among those who are marginalised, socially excluded, and experience inferior access to health and care. Formerly, a Non-Executive Director of two NHS Mental Health Trusts in the North West of England, she has also held secondments to the national Care Standards Improvement Partnership (CSIP) and its precursor, the National Institute for Mental Health in England (NIMHE). NIMHE was established by the Department of Health (DH) to improve the lives of people who experience mental health problems, to promote mental health and resilience, reduce stigma and tackle inequalities. She was awarded an NHS North West Doctoral Training Fellowship to undertake a Master's of Research (MRes) in Social Science (Salford, 2000) and PhD in Mental Health (Manchester, 2003). Her postdoctoral research was facilitated by winning a Faculty of Medical & Human Science 'Stepping Stones' Award (University of Manchester, 2006–2010).

**Philomena Essed** is a Professor of Critical Race, Gender and Leadership Studies at the Antioch University's Graduate School of Leadership and Change and an Affiliated Researcher for the University of Utrecht's Graduate Gender Program. She holds a PhD from the University of Amsterdam and Honorary Doctorate Degrees from the University of Pretoria (2011) and Umeå University (2015). In 2011, The Queen of the Netherlands honoured her with a Knighthood. Well known for introducing the concepts of *everyday racism* and *gendered racism*, she also pioneered in developing theory on *social and cultural cloning*. The now classical 1984 (in Dutch) *Alledaags Racisme* (English version, *Everyday Racism*, 1990) has been republished in 2018. Other books include *Understanding Everyday Racism*; *Diversity: Gender, Color and Culture* and co-edited volumes: *Race Critical Theories*; *Refugees and the Transformation of Societies; A Companion to Gender Studies* ('outstanding' 2005 CHOICE award); *Clones, Fakes and Posthumans: Cultures of Replication, (2012), Dutch Racism* (2014), and *Relating Worlds of Racism* (2019). Her current focus is on dignity and ethics of care as experience and practice in leading change.

**Romana Farooq** is a Principal Clinical Psychologist and a Clinical Lead in the National Health Service in the United Kingdom. She was awarded the Doctorate in Clinical Psychology from the University of Leeds, UK. She specialises in working with children, young people and their families who have experienced human rights based violations, trafficking, forced criminality and exploitation. She has been involved in shaping, developing and delivering services for children and young people subject to sexual exploitation, sexual violence or displaying harmful sexual behaviour. She also has experience of working with grassroots communities and third sector organisations to bring about meaningful community engagement with statutory services. She has worked extensively with marginalised communities in particular Black, Asian and Minority Ethnic groups, escaping gender-based violence or political violence. Recently, she was awarded the British Psychological Society Early Career Award for outstanding contribution to services working with children, young people and their families. The award is presented to clinical psychologists who have shown significant skill within five years of qualifying. She is also an Expert Member on the Government Advisory Group on Child Exploitation.

**Maureen Greaves** is the Director of Mustard Seed Associates CIC, and practices as a Consultant Systemic Psychotherapist and as a Supervisor. She also works as an Independent Social Worker, a Leadership Coach and a Training Facilitator. Her extensive experience within child and adolescent mental health services in the UK, for over 25 years, has enriched her knowledge and skills within the field of mental health. As a Black Christian woman and current Independent Systemic Doctoral researcher, she is passionate about aspects of spirituality and mental health, particularly relevant within the African Caribbean community. She is interested in the use of reflexivity (with a spiritual orientation) and is curious as to how this might shape psychological healing and self-acceptance and also how *spiritual* reflexivity could contribute to the dominant discourse within healthcare in collaborative ways. The epistemological lens of Christianity is used as a backdrop for

personalised and considered contributions to the field, to bring to the forefront her recognised bias in thinking and application to practice. There is potential to use spiritual reflexivity as a framework for including concepts of spiritual capital within practice and organisational development, using a strengths-based model. Spirituality is applicable to both faith-based practitioners and black community members alike and provides opportunity for a more comprehensive discussion and exploration.

**Mary Henderson** is a BABCP Accredited Psychotherapist, holds COSCA Diploma in Counselling at The Centre of Therapy and Counselling Studies in Glasgow, Scotland. She has been privileged to work across the lifespan both within Adult Improving Access to Psychological Therapies and Child and Adolescent Mental Health (CAMHS) within many NHS Trusts across England and delivered CBT through private insurance work and by way of online therapy within NHS Trusts. Through her work, she was drawn to working with black minority ethnic children, young people and adults became increasingly aware of their struggle. When invited to help write this chapter on ASD Assessment and cultural competence, she was delighted to draw on her assessment and therapeutic intervention experience from working in CAMHS. Her chapter highlights the need for an implementation of a specific culturally competent model to be utilised when assessing for ASD and for a more radical early assessment programme to be established, especially for those within a BME population.

**Tiffany Howl** BSc (Hons), MSc, PGCert, PGDip, is a BABCP accredited Cognitive Behavioural Psychotherapist, DBT Therapist, Clinical Supervisor and Mindfulness Teacher. As a psychology graduate she began her career at the African Caribbean Community Initiative in Wolverhampton where she worked for 3 years, initially as a trainee Counsellor and then as a Psychological Wellbeing Practitioner, providing clinical services to the black community where historically, access to psychological therapies were scarce. Tiffany graduated with a Master's degree in Health Psychology in 2016 and went on to obtain a Postgraduate Diploma in Evidence Based Psychotherapies (CBT) in 2017. She is experienced with working with both adults and children within the NHS, third sector and private sector. Tiffany has further training in Schema Focused Therapy and third-wave CBT approaches including Acceptance and Commitment Therapy, Dialectic Behavioural Therapy and Mindfulness based Cognitive Therapy. Tiffany is a qualified CBT Clinical Supervisor. When approached to contribute a chapter on Sensory Processing Disorder with consideration of cultural competence in delivery, both Howl and Prior pooled their experiences to produce their chapter in this Handbook.

**Genel Jean-Claude**, Pastor, was born in L'Azile, Haiti. He did his primary studies at the Evangelical Baptist School of Bellevue, L'Azile. After primary studies, his parents decided to send him to Port-au-Prince for high school studies at the Louis Joseph Janvier College of Carrefour, a town in the Haitian capital. In 2002, under the direction of God, he emigrated to Santo Domingo, Dominican Republic. After two years outside of his country, he went back to Haiti to marry the

pretty Emanie Almaus. With his beautiful wife, God granted him four beautiful children, who are Manigerlly, Germanley, Betsaleel, and Berukhia. Always under the direction of God, the Tabernacle of the Witnesses of Christ was born in June 2004 with him as a founding pastor. He was awarded a Degree in theology at Bible School World Grace Mission, Inc. Santo Domingo, and, with the passion for theology, he decided to enrol at the National Evangelical University of the Dominican Republic, where he obtained a license in theology. With 14 years of pastoral ministry, he can see the mighty hand of God miraculously day by day, which is the joy of his heart. He has a vision to open this ministry in Haiti with the objective of seeking lost souls for God. They have a lot of vision for children, young people more precisely, because they believe in the integral development of being. By the grace of God, he speaks French, Spanish, Creole, and a little English. He thanks God for this privilege, Alleluia!!

**Andra D. Rivers Johnson** is a 1984 Graduate from the Allegheny College in Meadville, Pennsylvania where she received her B.A. Degree in Sociology. In 1988, she received her M.S.S.A. Master of Science in Social Administration Degree from the Case Western Reserve University's Mandel School of Applied Social Science in Cleveland, Ohio. She is currently a 2020 graduation candidate for the Doctor of Social Work DSW degree from the University of Southern Suzanne Dworak-Peck School of Social Work. Andra is a Licensed Independent Social Worker with supervisor endorsement in the state of Ohio; she is a licensed Clinical Social Worker in the states of Indiana and Wisconsin, and also a licensed Chemical Addictions Counselor in the state of Indiana. She has more than 30 years of clinical experience working with children, adolescents, adults, couples, families and groups in inpatient, outpatient, community-based, home-based, hospital-based, military and veterans' affairs, criminal justice, outreach, and private practice settings. Her background working extensively with diverse populations include racial, ethnic, gender, religious, sexual orientation, lifestyle, elderly populations, and people with disabilities. As a veteran of the United States Army and retiree from the Department of Veterans Affairs, she remains committed to meeting the mental health and substance use disorder needs and challenges faced by active duty military, veterans, and their families. Andra has presented on "Paradigm Shift: Mental Health and AODA through the Lens of Black/African Americans, focusing on the psychosocial and cultural responses of Black/African Americans to mental health and AODA issues, to venues in America's southwest, Midwest and southern states. Her private practice, Four Rivers & Associates LLC, is based in Roanoke, Indiana, and focuses primarily on providing clinical supervision, consultation services, and advocacy for heart health equity for Black women with heart disease.

**Ivan Juzang** is the founder and president of MEE Productions Inc., a market research, health communications and social marketing firm that specializes in culturally relevant behavior health messages for hard-to-reach, low-income, and underserved audiences. He earned a Bachelor of Science Degree in Mechanical Engineering from Carnegie Mellon University and created MEE during his final year at the Wharton Graduate School of the University of Pennsylvania. He has more than 25 years of practical,

first-hand experience working in low-income urban communities across America. His company gained national prominence in 1992 with the release of its primary research study, *The MEE Report: Reaching the Hip Hop Generation,* which focused on previously unexplored cultural and communication dynamics of urban teens. Over the years, he has helped mental and public health agencies engage low-income communities and youth affected by trauma and who use negative coping behaviors (including opioids) to escape their realities. Over the years, he has extensive experience with strengthening protective factors of youth and young adults affected by trauma by developing and implementing behavior health intervention campaigns around mental health issues. His expertise includes promoting and strengthening protective factors that allow young people to address their most challenging personal issues by seeking positive coping behaviors or treatment. MEE's 2010 study, *Moving Beyond Survival Mode: Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma*, explored issues related to stress and trauma, and promoting mental wellness in low-income African American communities. Among his publications on Black males are *Tackling America's Opioid Epidemic from the Ground Up* (2015), and *Heard Not Judged: Insights into the Talents, Realities and Needs of Young Men of Color* published in 2016 and funded by the Open Society Foundations and the California Endowment. He has served on the boards of many of the most influential national foundations and non-profit organizations including: The National Campaign to Prevent Teen and Unplanned Pregnancy and The Alan Guttmacher Institute.

**Jean Gerald Lafleur**, Pastor, was born in Port-au-Prince, Haiti. He left for Jamaica to study at the Christ for the Nations Institute in 1996. Upon completion of his studies and due to Divine Intervention, he migrated to Antigua where he met and married his lovely wife, Elsa Eleanor Gordon. Together, he along with his wife, an anointed Prophetic psalmist, has been pastoring Restoration Ministries, Antigua for approximately 17 years. As a man who has a tremendous Apostolic and Prophetic grace on his life, he has mentored and fathered many sons over the years. On October 12, 2003, he with the support of his wife established Restoration Ministries Haiti, and continues to give oversight to the same. With a vision of making a global impact, he has travelled to over 30 countries around the world including North and South America, Asia and the Caribbean. He is the current President of the Haggai Institute Alumni Association in Antigua and one of the founding members of Kingdom Connections also in Antigua. Apostle Lafleur is a humanitarian at heart with a passion to see spiritual, physical and developmental growth in the lives of the people of his native land, Haiti and the world. "Friends of Haiti" in Antigua and "Restoration Ministries Foundation" in Jacmel are two organizations he has founded in an effort to assist in building homes, coordinating feeding programs and sponsorships for the educational needs of the children there. Apostle Jean Gerald Lafleur and Pastor Elsa Lafleur are the proud parents of two handsome and energetic boys, Jeremiah and Elisha.

**Tony Leiba,** PhD, is an Emeritus Professor of London South Bank University. Within London South Bank University, he contributes to the Department of

Mental Health Studies and is available for consultation on mental health education and practice within the Faculty of Health and Social Care. He teaches and researches mental health care, inter-professional education and training, research methods, evidence-based practice and conflict management. Research activities include: collaborative research with users and carers and supervising MPhil/PhD students. With regard to inter-professional education and training, he facilitates team-working away days to enable staff to reflect on how they are learning and working together. He visits Kobe University in Japan to work with the Faculty of Health Sciences in their development of undergraduate inter-professional education and training programs.

**Mhemooda Malek**, M.Sc., currently works in national regulation of higher education and has previously worked in mental health policy, research and engagement of minority communities in policy and planning of services. Malek's Master's Degree was awarded at the University of Bristol. Growing up in England as both a first generation migrant and also the child of first generation migrants from a former British colony, inequalities experienced by marginalized communities at the grassroots level have been all too familiar. Malek's career in policy research, service delivery and development has revealed the lack of sufficient meaningful progress on achieving race equality in the systems and structures that impact our everyday lives, including our physical and mental health. The multi-layered, embedded, historical and political nature of injustice can remain hidden from view unless one has the capacity and inclination to unravel and understand its complex terrain. Children and young people have a right to accessible knowledge and support that can enable recognition of the impact of structural racism and other inequalities, the process of internalizing injustice and building resilience. Malek's work is informed by the belief that empowering individuals and communities is a key integral part of challenging the systems and politics that perpetuate inequalities.

**Isha Mckenzie-Mavinga** obtained the Doctor of Psychotherapy by Professional Studies Degree from the Metanoia Institute and Middlesex University. While introducing transcultural process to several counselling courses, She found that students were reticent to address black issues. It turned out that they had a variety of powerful feelings about racism that silenced them and they also felt unsupported in their fears ability to develop a dialogue in this area. So, she set up black issues workshops to facilitate the impact of racism on their interactions and facilitate their learning in this area. This became her research area for Doctoral study. She had previously set up therapeutic services at the African Caribbean Mental health Association, in Brixton, where previously patients were only accessing befriending and legal support. After that, she published some papers and two books on the subject of black issues and racism. These were followed by workshops to encourage therapeutic dialogue about black issues and racism.

**Simon Newitt**, Ph.D., is the Chief Executive of Off the Record (Bristol), a youth mental health charity. His Doctoral Degree was awarded at the University of

Central Lancashire, UK. While working in NHS Child and Adolescent Mental Health Services on the national five-year Delivering Race Equality in Mental Healthcare Programme, he grew concerned by and interested in the way ideological power and structural racism was being administered through public service design, recycling the social exclusion and oppression that the state's efforts at 'inclusion' purported to address. As a result, he undertook a three-year Participatory Action Research project with a small group of young Black British men aged 15–24 in the inner city neighbourhood of St Pauls, Bristol. The collaboration challenged how he understood social research as well as constructs of mental health, race, masculinity, power and marginalization. Recognizing the need for a more socially conscious mental health provision, he established Project Zazi, a small team working creatively and experimentally with young people in Bristol to unpick the psychocultural effects of internalized racism.

**Lisa Prior** has worked for the past five years as a Senior CAMHS Practitioner in Blackpool working with young people with a range of difficulties including Sensory Processing Disorder. She studied BSc Hons Occupational Therapy at the University of Cumbria and later studied with Tiffany Howl, completing their PG Dip CYP IAPT CBT at the Greater Manchester Cognitive Behaviour Therapy Training Centre.

**Sonya Rafiq** (MRes) is currently a PhD Student in Psychology and Mental Health at the University of Manchester. She was awarded the Master's Degree at the University of Manchester, England. Her areas of interest include adverse life experiences, culture, and Severe Mental Illness. Black, Asian and Minority Ethnic groups often experience high rates of lifetime adversity. She is interested in how these experiences and their culture shape their mental health problems, and how psychological therapy can be adapted to take into account these variables.

**Doreen Robinson** is a qualified Social Worker and Systemic Family Psychotherapist. She has experience of over thirty years of clinical practice with a variety of cultural groups across London and adjacent counties. She has worked in areas of community work, child protection, fostering and adoption, mental health with adults, children and families both within voluntary and statutory child and health services. Doreen was a member of staff in the Asian Service at the Tavistock Clinic of the Tavistock and Portman NHS Trust and a founder member of the South Camden Community Cahms Team where she is the Lead Systemic Psychotherapist. She provides systemic consultation to community groups including a Peer Mentoring Scheme that she helped create.
Doreen teaches systems theory and practice on a number of post graduate courses at the Tavistock and Portman NHS Trust.

**Tânia Rodrigues**, PhD, is a Consultant Clinical Psychologist working in forensic and mental health settings in the United Kingdom. She completed her clinical training in Psychology at the University of the Western Cape, South Africa, and has 15 years' post-qualification experience, specializing in the assessment and

treatment of psychiatric and psychological disorders. She started her career in South Africa and worked predominantly with trauma and sexual violence against women. In the UK, she worked as the Lead Clinical Psychologist for several low/medium secure male and female mental health and learning disability services as well as Clinical Service Lead for Female Services within one of the leading private mental health organizations. More recently, she has returned to working in the community with young people either in care or on the edge of care, their families and carers and exposed to significant trauma due to child sexual exploitation, trafficking and displacement due to war.

**Florence Gwendolyn Rose**, PhD, MSc, BA Open (Hons), RGN, RNT, RHV. She is a retired Nurse Lecturer from Greenwich University, London and the Open University. As a Health Visitor, her work include working with a range of families from different cultural backgrounds. She worked as a youth leader and a trainer for many years. Her youth work involves working with young black people. Her work as public health nurse (Health Visitor) involves working with families from different cultural background. The research for her PhD was prompted by the discrimination she experienced in her professional life and the inability to speak out against discrimination and oppression without disastrous consequences. Her recent healing projects as a result of her research and published book on promoting Health and Spiritual Healings been prompted by inequality and oppression especially of African-Caribbean people in the UK. In the promoting of these issues, it has been further highlighted that there is a close link between spirituality, mental health and Illness. She celebrates 50 years on the UK nursing register and has come to realise that writing about the issues of discrimination and oppression will reach more people than she as a lone person can achieve. Her personal healing journey came to the forefront in 1998 when she wrote a book on relationships and continued following the death of her mother in 2002. Her professional healing journey started when she started her nurse training in 1967 and developed further when she was called to the ministry in 1983 and was ordained as a missionary. Following her ordination, she went on to train as a Health Visitor (known at its inception as a sanitary missionary) and a teacher. Her career as a nurse spans all levels of teaching nursing, health care and promoting health. In 2003, as she recovered from the death of her mother, she embarked on research into Spiritual Healing. She gained a PhD and subsequently published the book on Health Promotion-Spiritual Healing. Other publications are Relationships, "Black and Ethnic Minority Elders: Who cares?" published in an international nursing journal, and articles on Diabetes, Dementia, and Cholesterol published in the Christian journal *Focus*. She currently serves as Lay Preacher for the URC. She is a motivational speaker and recently retired as the Director of Coaching and Development Consultancy. She is currently writing a book on *Where Is God in Dementia?*

**Llewellyn E. Simmons**, PhD, is currently the Director of Academics at the Ministry of Education and a Senior Fellow of the Applied Centre for Emotional Literacy Leadership and Research (ACELLR). He is a former Assistant

Professor of the University of Dayton. He has a long range of community activism nationally and internationally. Most notably, a national activism in Bermuda, inspired by an international brotherhood in the United States of America sparked the establishment of 100 Blackman Plus of Bermuda. In addition, he co-founded the Venturilla Summer School for Boys and is the Vice President for the Audacia Resettlement Works, an organization for African refugees. The three principles governing his actions are: Freedom–Justice–Equity. It is out of these three that Life–Liberty–Pursuit of Happiness is realized. As an international educator, he is committed to building Black Communities and Community Wealth on the foundation of: Economics, Political Development, Social Justice, Media, and Education. He has numerous publications to his credit. Most recent publications are *National Development: Conflated Concepts as False Narratives* and *Inquiry: An Emancipatory Pedagogical Strategy for Bermuda Schools*. His most recent presentation and developing manuscript presented at the Colloquium for Black Males is titled "The Educational Trajectory of Bermuda's Black Males: Stopping Bullets and Building Community Wealth." Works in progress include "A Social Emotional Learning Curriculum – Preschool to Senior" and "Bermuda's Covenant." Internationally, he has imparted these principles and practices where he is called to be a servant leader. He is a former Bermuda National footballer and Somerset Trojan; one of only two goalkeepers to become Bermuda's Most Valuable Player; a College Most Valuable Player; Former Bermuda Track Field 110-meter hurdles champion and many, many Football Championships locally and internationally. He is an avid reader, researcher, and scholar.

**Reenee Singh** is a Consultant Family and Couples Systemic Psychotherapist. She is the Director of the London Intercultural Couples Centre at the Child and Family Practice, the Co-director of the Tavistock Family Therapy and Systemic Research Centre and the Editor of the *Journal of Family Therapy*.

**William A. Smith** is a Full Professor and the Department Chair in the Department of Education, Culture and Society at the University of Utah. He also holds a joint appointment in the Ethnic Studies Program (African American Studies division) as a Full Professor. He has served as the Associate Dean for Diversity, Access, & Equity in the College of Education (2007–2014) as well as a Special Assistant to the President at the University of Utah & its NCAA Faculty Athletics Representative (2007–2013). He is the Co-editor (with Philip Altbach & Kofi Lomotey) of the book, *The Racial Crisis in American Higher Education: The Continuing Challenges for the 21st Century* (2002). In 2018, he received the College of Education's Faculty Service Award for Outstanding Research and Scholarship. His research primarily focuses on his theoretical contribution of Racial Battle Fatigue which is the cumulative emotional, psychological, physiological, and behavioral effects that racial micro-level aggressions and macro-level aggressions (microaggressions and macroaggressions) have on People of Color. His work has appeared in such prestigious journals: *The International Journal of Qualitative Studies in Education, Journal of Negro Education, Harvard Educational Review,*

*Educational Administration Quarterly, American Educational Research Journal*, and *American Behavioral Scientist*, among others. He received his Undergraduate and Master's Degrees from Eastern Illinois University (BA in Psychology and MS in Guidance and Counseling) and his Ph.D. from the University of Illinois at Urbana–Champaign (educational policy studies, sociology/social psychology of higher education).

**Glory S. Stanton** is a Graduate of the University of Utah, where she earned her B.S. Degree in Health Promotion and Education (Provider Health emphasis) and a minor in Sociology. She was a student researcher working under the mentorship of Dr. William A. Smith, Ph.D., Professor at the University of Utah, in the Departments of Ethnic Studies and Education, Culture and Society. Her undergraduate research focus was understanding the impact that racial battle fatigue had on the biopsychosocial effects of Black men living in predominately White communities. She is currently pursuing her Master's Degree at Vanderbilt University, where her graduate research focuses on racial battle fatigue in Black men as it relates to bioethics and human rights law. She plans to pursue her Juris Doctorate Degree upon graduation and begin her career in law.

**Tony Talburt** is a senior lecturer and author with interests in the political history of Africa and its Diaspora and also International Politics. He has over 30 years of teaching experience in schools, colleges and universities in Ghana, Jamaica and the UK and worked for a number of years as education and curriculum advisor at Excell3 in Birmingham, UK. He is a graduate from the University of the West Indies (Mona Campus) with a B.A. Degree in History with Social Science and also obtained his M.A. Degree in international Studies from the University of Warwick. His PhD was obtained from the London South Bank University in International Politics. Some of his recent books include: *History on the Page: Adventures in Black British History*, London: New Generation Publishers (2012), *Andrew Watson: The World's First Black Football Superstar*, Hertfordshire: Hansib Publishers (2017), and as Co-editor of *Fight for Freedom: Black Resistance and Identity*, Accra: Sub-Saharan Press (2017).

**David Truswell** has worked in community-based mental health services in the UK for over 30 years developing services for people with complex care needs and enduring mental health problems in a career spanning the voluntary sector, local authority services, and the NHS at a senior level. He has two Master's level Degrees, including a distinction level MBA. From 2009 to 2011, he was the Dementia Implementation Lead for Commissioning Support for London, working with commissioners across London to improve dementia services. He is currently the Chair of the Dementia Alliance for Culture and Ethnicity (www.demace.com), a UK alliance of local and national voluntary organisations working with dementia and an independent writer and researcher on dementia support and services for Black and minority ethnic communities. He is also the Director of somfreshthinking limited, a healthcare consultancy working on service redesign and change management in health and social care services.

**Patrick Vernon** (LLM Warwick University) OBE, PhD, is the Associate Director for Connected Communities at the Centre for Ageing Better. He is a Clore and Winston Churchill Fellow, a Fellow of Goodenough College, a Fellow at Imperial War Museum, and a former Associate Fellow for the Department of History of Medicine at Warwick University. He is a former Director of Black Thrive in Lambeth, a Non-Executive Director of Camden and Islington Mental Health Foundation Trust, Health Partnership Coordinator for National Housing Federation, a former member of Healthwatch England, NHS England Equality Diversity Council, an Advisory board member for Time to Change and a former member of the Labour and the Government Ministerial Advisory for Mental Health. He is also the founder of Every Generation Media and 100 Great Black Britons, which develops education programmes, publications and films on cultural heritage and family history. He was made Pioneer of the Nation for Cultural History by the Queen in 2003. He is a leading expert on African and Caribbean genealogy in the UK. In 2017, he was a guest editor for *Black History Month* magazine, and in 2018 he led the campaign for Windrush Day and amnesty for the Windrush Generation. He was awarded an OBE in 2012 for his work tackling health inequalities for UK ethnic minority communities, is patron of the ACCI mental health charity in Wolverhampton, Santé, a refugee project in Camden and was awarded an honorary Doctor of Letters by Wolverhampton University in 2018. In 2018, he was selected as one of the 1,000 Evening Standard Progressive Londoners for his campaign for Windrush Day and 2019 by the Independent Happy List for fundraising efforts regarding Windrush Justice Fund.

**Julie Vryhof**, M.U.Ed, Union University, Doctoral Student at the University of Illinois of Chicago. She is currently a PhD student in Disability Studies at the University of Illinois at Chicago. She has the Master's Degree in Urban Education from Union University and worked for four years as a Special Education Teacher in elementary schools in Memphis, TN. Her research interests are at the intersections of disability, schooling and race in the USA particularly has public and charter schools supports students of colors with disabilities who have experienced adjudication.

**Sharon Walker**, PhD, is a Senior Lecturer with London Metropolitan University (England), qualified in Social Work in 1992 with an MSc Degree in Social Policy and Social Work Studies and has completed three additional Master's Degrees. She worked for HM Prison Service developing therapeutic drug treatment programs and conducted similar work in prisons across Europe. She returned to social work management for a short time prior to becoming a Senior Lecturer in Social Work and commenced a Professional Doctorate in Systemic Practice. Her original research was developing a pedagogy for social work students using a relationship-based approach. However, her personal experiences of academia led her to focus on race and the disproportionality of mental health amongst black communities. Her publications reflect both her original area of research and her subsequent interest in race, culture and mental ill health of black people in social systems. She has a Phd by publication awarded by London Metropolitan University.

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# Foreword

*Joseph L. White*

I have been affectionately and respectfully called, 'The Father of Black Psychology'. As a clinical psychologist and activist, I had been a mentor to many young people and former graduate students like Dr Majors over the years. Since meeting Richard in Washington, DC at the American Psychological Association annual conference in the mid-1980s, it has been an absolute pleasure to watch him grow from being a graduate student to becoming a very good clinician/therapist and an internationally well-known and respected academic psychologist, particularly in the field of masculinity and gender. His book *Cool Pose* is considered a classic in the field and is one of the most cited books in race relations and gender in the US.

When I started studying and teaching psychology, the deficit model of psychology was the predominant lens/model in which white traditional 'worldview' psychology interpreted and viewed black people and our culture. The deficit model suggested that African-Americans were somehow deficient/inferior to whites with respect to intelligence, various abilities, family structure, and other factors.

Implicit in this concept of cultural deprivation is the notion that the dominant white middle-class culture is the normative standard and the so-called 'correct' culture. What emerged as normal or abnormal was always in comparison with that of white European-Americans. For many white social scientists and psychologists, 'different' became synonymous with 'deficient' rather than with simply being different. Thus, any behaviours, customs, experiences, values, and lifestyles that differed from the Euro-Americans norm were seen as deficient. Due to the inadequate exposure to Euro-American values, norms, customs, and lifestyles, African-Americans were seen as 'culturally deprived' and in need of cultural enrichment.

These racist and stereotypical views were indeed biased and flawed, and were not based on any reliable scientific data, but they were still allowed to flourish without scientific scrutiny. Over my life as a psychologist, scholar, administrator, and activist, I did my very best to challenge and fight such injustices and correct these racist ideologies, falsehoods, and stereotypes that have been unfairly targeted against our people unscientifically for years. In fact, it was these racist ideologies that inspired me to write my 1970 article, 'Towards a Black Psychology', and to challenge the prevailing hegemonic bias. I argued for the importance of developing a black psychology that would counter biased and racist analyses, for more scientific data, and for a non-pathological/more balanced view of African-American culture, rather than focussing on pathology.

Therefore, the Afrocentric or multicultural models of psychology is a much better or more appropriate model for understanding African-Americans and people of African descent than eurocentrism. These models assume that all cultures have strengths and limitations and rather than being viewed as deficient, any differences between cultural/ethnic groups should be viewed as simply different. Black psychology over the years, has played a vital role in providing evidence-based data/models about African-Americans and African-American culture that are more accurate, reliable, and scientific and thereby challenge stereotypes and racist ideology.

Much like myself in developing a distinct and non-biased culturally based psychology, Richard Majors, Karen Carberry, and Theodore S. Ransaw in *The International Handbook of Black Community Mental Health* shift the paradigm of thinking in Black Mental Health, by bringing awareness to important, sensitive, and taboo/controversial subjects in mental health, which many whites are not comfortable discussing. Some of the areas the authors deal with in their book are racism/discrimination in mental health (e.g., institutional, everyday racism, implicit bias and micro-aggression, racialised white/black supervisory relationships, and the overrepresentation of black men in the mental health system). In their book they also deal with subjects like: the impact of dementia on African-American population communities, sensory processing issues, autism, learning disabilities, among other areas. The authors not only deal with 'problems' in mental health, they also seek and propose solutions to address many of the problems identified above. The authors believe focussing on these topical areas in mental health will educate their audience about how various forms of challenges/discriminations impact people of colour's black mental health. They introduce new therapeutic models and cultural competence methodologies and they share new emotional literacy and emotional wellness technologies, just to mention only a few solutions that are offered in their book.

This book addresses one of the most important issues of our time and does so in a compelling way. I think this outstanding book is very timely and will go a long way towards raising awareness challenging systems and structures and creating more favourable positive outcomes for people of colour who access mental health services. As such, I highly recommend this book and hopes this book receives the wide readership and distribution it deserves.

Professor Joseph White
Clinical Psychologist
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# Prologue

*Alvin Poussaint*

Racist incidents have proliferated dramatically under the current political zeitgeist. Unfortunately, all forms of racism have flourished, including 'Everyday Racism' (Essed,1991), institutional racism and micro-aggressions among other forms of both overt/covert forms of racism, as chronicled here in *The International Handbook of Black Community Mental Health*. While I am alarmed by this situation, I am particularly distressed by the manifestation of extreme racist violence often perpetrated by paranoid/delusional individuals towards people of colour. I have been passionate about fighting the malignancy of extreme racism my entire career.

As a psychiatrist, I was involved in the 1969 petitioning of the American Psychiatric Association (APA) to include extreme racism in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Despite such efforts, the APA continues to resist considering extreme racism as a mental health disorder.

Extreme racists' violence should be considered in the context of behaviour described by Gordon Allport (1954) in *The Nature of Prejudice*. Allport's 5-point scale categorises increasingly dangerous acts. It begins with verbal expression of antagonism, progresses to avoidance of members of disliked groups, then to active discrimination against them, to physical attacks, and finally to extermination (lynching, massacre, and genocide). That fifth point on the scale, the acting out of extermination fantasies, is readily classifiable as delusional behaviour. Similarly, Sullaway and Dunbar (1996) used a prejudice rating scale to assess and describe levels of prejudice. They found associations between highly prejudiced people and other indicators of psychopathology. The subtype at the extreme end of their scale is a paranoid/delusional prejudice disorder.

The psychiatric profession's primary index for diagnosing psychiatric symptoms, the DSM, does not list racism, prejudice, or bigotry in its text or index. The association's officials rebuffed the criteria outlined above, arguing that so many Americans are racist that even extreme racism is normative and better thought of as a social aberration, or a 'social problem' like sexism and ageism, than an indication of individual psychopathology. Other mental health professionals disagree. Still, many psychiatrists believe that a diagnosis of mental illness would serve as an excuse and absolve perpetrators of personal responsibility for their gruesome acts. Others believe a psychiatric diagnosis would open doors to an insanity defence plea that might lead to exoneration. In fact, such fears do not

hinder diagnosing mental disorders in capital murder defendants. Raising these extraneous issues evades the point.

Currently there is meagre support for including extreme racism under any diagnostic category. To continue perceiving it as normative and not pathological is to lend it legitimacy. Clearly, anyone who scapegoats a whole group of people and seeks to eliminate them to resolve his or her internal conflicts meets criteria for a delusional disorder, a major psychiatric illness.

A growing number of psychiatrists, psychologists, mental health professionals, and academics believe extreme racism should be classified in the DSM as a mental disorder. Like all others who experience delusions, extreme racists do not think rationally. Healthcare professionals have observed and worked with people of colour who have been victimised and traumatised by racism. In some parts of the world, these numbers have grown and given the current political zeitgeist many observers feel they will rise.

Anecdotally, I have known psychiatrists who have treated patients who projected their own behaviours and fears onto people of colour as scapegoats. Often, their strong racist feelings were tied to fixed belief systems, reflecting symptoms of mental dysfunction. Take paranoid disorder, for example, where sufferers often project unacceptable feelings and ideas onto other people and groups. Mental health professionals must collectively challenge the resistance to accepting such symptoms as serious mental illness.

Using the DSM's structure of diagnostic criteria for delusional disorder, I suggest the following subtype:

> Prejudice type: A delusion whose theme is that a group of individuals, who share a defining characteristic, in one's environment have a particular and unusual significance. These delusions are usually of a negative or pejorative nature, but also may be grandiose in content. When these delusions are extreme, the person may act out by attempting to harm, and even murder, members of the despised group(s).

Extreme racist delusions can also occur as a major symptom in other psychotic disorders, such as schizophrenia and bipolar disorder. Persons suffering such delusions have serious social dysfunction that impairs their ability to work with others and maintain employment.

Interventions with afflicted individuals may prevent tragedies like those in Charleston, Douglas, and Parkland High School from happening in the future. The shooters involved in these massacres subscribed to some form of racist ideology. Surely, adding 'extreme racism' to the classification system of the DSM should be viewed as a matter of urgency.

In Europe and the international community, there has been some progress towards racism becoming classified as a mental disorder. The *Oxford Handbook of Personality Disorders*, last revised in 2012, has in their classification system:

'pathological bias'. Pathological bias is defined as having extreme racist and supremacist views that could lead one to commit acts of violence against a person or persons of another race. Also, the ICD-10 (International Classification of Diseases) uses what they refer to as 'Z' codes; 'Z' codes theoretically could be used to classify racist acts. Z 55 – Z 65 cover 'Persons with potential health hazards related to socioeconomic and psychosocial circumstances'. For example, Z 62 deals with, 'Problems related to social upbringing'. There is also Z 60 and Z 64, which refer to 'Problems related to social environment and psychosocial circumstances', respectively. It would seem that both descriptions could fit the perpetrators and victims of racism. It's time for the DSM to follow suit with similar changes.

I applaud Majors, Carberry, and Ransaw, the editors of this new book, *The International Handbook of Black Community Mental Health*, for arguing and advocating not only for the importance of including extreme racism in the DSM but for highlighting the less extreme and often more subtle and sophisticated forms of racism that people of colour endure. While these forms may be less extreme and overt, nevertheless they can be just as devastating. As the editors rightfully argue, racism takes on different forms and levels. Racism does not have to be extreme for someone to experience victimisation and traumatisation. The editors point out that much is said about institutional racism in the UK and Europe, where many of the chapter authors reside, while other less extreme, more subtle and sophisticated forms of racism are ignored: everyday racism (Essed, 1991), implicit biased racism, racial battle fatigue (Smith, 2008), and micro-aggressions (Pierce, 1970) in everyday life impact staff within the workforce across all professions.

These types of racism are finally being given more serious consideration and more research is being conducted in UK, Europe and worldwide to access their impact on mental health, victimisation, traumatisation, bullying, harassment, and other interactions.

The authors of this book provide rich and detailed testimonials on people's lives with case studies of people of colour who have been affected by various forms of racism in their daily lives. These experiences have affected their mental health through inequalities in mental health access and services, graduate student retention, and supervisory experiences in academia, staffing, and promotions. Disparities are reflected in the over-representation of Black men hospitalised, incarcerated, and involved in mental health services, and the lack of services for those with learning disabilities and vocational challenges.

The editors discuss these critical problematic areas and offer solutions: they explore new policy recommendations and provide concrete ideas about cultural competence, emotional literacy and emotional wellness, case study methodologies, mindfulness strategies, and the introduction of new technologies for psychosocial intervention with people of colour who have schizophrenia and related psychoses. I applaud their work. This insightful book will prove valuable for individuals who seek a better understanding of the challenges people of colour face in mental health.

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Professor Alvin Poussaint, MD, Emeritus Harvard Medical School

# Prelude

*Eugene Ellis*

Black individuals who enter into a mental wellbeing service or a learning environment are in search of a competent resource that can support them through a process of change and development. Frequently, however the lens through which they are seen is not sufficiently variable enough to take into account the cultural diversity of the society in which they live, nor does the lens take into account the social construct of race and how hostile forces of discrimination and oppression can confine and define ones sense of self and wellbeing and also ones position in society.

If you begin to research mental health outcomes for BME communities, and as you will no doubt find reading the chapters to come, you will quickly discover that there are countless studies which document an enduring institutional insensitivity to the social forces of culture and race, which are fundamental dimensions for every human being and therefore should be integrated into a general clinical and educational approach.

The central aim of this book is to move away from a culture-blind and colour-blind approach to mental wellbeing and education, and bring together knowledge, practice and experience that will both illustrate and illuminate the latest thinking and practice in these very important areas.

The editors of this book have brought together important thinkers from the United Kingdom, Europe and across the United States to produce what is a significant contribution towards addressing black mental wellbeing. This book provides a wealth of knowledge and experience from a wide range of perspectives including such diverse areas as culturally competent assessment and treatment of ASD and sensory processing difficulties, targeted interventions for young black boys in education, psychological wellbeing in transracial adoption, a focus on the importance of religious and spiritual awareness, the dynamics of supporting individuals and families through the impact of racism and exploring gender discourses within the South Asian forced marriage system. Research and solutions are also presented for reducing the overrepresentation of black men in the UK psychiatric system and shedding light on race equality within learning institutions.

This book is written for therapists, educators and policymakers as well as anyone who wants to understand and develop culturally competent practice and intervention in their organisations. In a wide range of chapters, over 40 authors share their wisdom and bring their expertise to life. Readers will come away

with new theoretical frameworks, useful language and terminology, in-depth knowledge about specific cultural populations and practical interventions and strategies. In the end, BME populations in mental health services and education will benefit the most from this book when the societal context of their lives, both external and internal, is more fully understood and welcomed as an important part of their lives.

# Acknowledgements


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I also would like to recognise and salute our modern "Freedom Fighters"/ Activists whose actions, research, writings and speeches challenged Eurocentric/ white hegemonic racist ideology/pseudo-science and by doing so, they helped to lay the pathway directly or indirectly for the creation of the Black psychology movement, Afrocentic ideology and the Association of Black Psychologists. They are: First and foremost, Professor Joseph White and the founding members of the Association of Black Psychologists, Dr. Bobby E. Wright, Professor Charles W. Thomas, Kobi Kazembe Kambon aka Joseph Baldwin, Na'im Akbar, Adelbert Jenkins, Daudi Ajani ya Azibo, John Henrik, Clarke Molefi, Kete Asante, Dr.Yosef Ben-Jochannan, Professor Cheikh Anta Diop and Maulana Karena among others of course... I thank each and every one of you from the bottom of my heart...

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## Karen Carberry

The place in which I currently stand is due to many people. The first is by the grace of God, who has brought me through a mighty long way, who reminds me during times of challenge. 'But you are a chosen people, a royal priesthood, a holy nation, God's special possession, that you may declare the praises of him who called you out of darkness into his wonderful light' 1 Peter 2:91.

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## Theodore S. Ransaw

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# Black Mental Health and the New Millennium: Historical and Current Perspective on Cultural Trauma and 'Everyday' Racism in White Mental Health Spaces — The Impact on the Psychological Well-being of Black Mental Health Professionals

*Richard Majors*

Roger Kline in his report *Snowy White Peaks* (2014) reported that in the National Health Service (NHS) the proportion of senior managers who are Black and Minority Ethnic (BME) had not increased since 2008 – but had fallen over the previous three years. Such data suggest that discrimination is still a problem within the NHS. Kline also found the NHS treats BME staff less favourably than white staff in their recruitment, promotion and career progression. Kline's findings suggest that NHS discriminatory practices favour white applicants and are a predictor of patient care. Kline also reported that these same BME staff were significantly more likely to be bullied at work. Much like those BME Kline reported in his study who were bullied, I was a victim of bullying in the NHS as well, so much so I decided to no longer work for the NHS and work privately. This is not an uncommon occurrence for people of colour – my colleagues who work for the NHS often complain how difficult it is to work in the NHS due to the constant bullying, harassment, abuse, and negative racialised interactions/communications between Blacks and whites (e.g. daily and constant insulting micro-aggressions in the workplace/training institutions, see further description of micro-aggression below) (Guttridge, 2020). The bullying is not always blatant but more often it is 'coded'/nonverbal – a look, stare, stance or being the last one in the queue constantly for admin support/assistance, e.g. typing up assessments, letters, etc. Or it's the support staff's unwillingness ever it seems to help you in the same way they do with white staff who they often cannot do enough for. If you are a person of colour working in the NHS your work/contributions are valued less and you are usually criticised more. Many Black colleagues for these reasons despise working for the NHS. Beside Kline's research, where is the evidence for such claims? You see it with your own eyes every

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day how your white colleagues are treated and how you and your Black colleagues are treated! Every person of colour (and white ones too if they being honest) who are reading this will understand exactly what I am saying, if they have ever worked in the NHS.[1] I would be remiss here if I did not as well mention the inequalities around *racialised work references*, supervisors do for whites versus references that they do for Black workers. People of colour constantly complain of unfair differential/racialised references they receive when compared with white colleagues for comparable work. White supervisors know they are often only providing people of colour low/biased racialised references, so do their managers, and no one say anything or does anything about it! These differential/racialised references stay with the Black candidate for the rest of their working career and lives and these differential/racialised references can ruin careers or, at the very least, be a barrier to future employment options and climbing up the ladder. Differential/racialised references are both unethical and immoral. And much more research needs to be carried out on these racialised injustices in the workplace that people of colour have complained about for years, while NHS supervisors and management turn their backs and constantly deny it happens or is happening.

Hence, although I commend Kline's report and effort to address the inequality and widespread discrimination in its various forms against BME staff in the NHS, I believe he did not go far enough. There are not just discrimination and inequalities in e.g. bullying and *differential work referencing* concerning people of colour who work in the NHS, but across the board in services, provisions, resources and in the treatment of people of colour in mental health, particularly when relating to Black males who unfairly oftentimes end up in the criminal justice system, because they more often than not do not have access to traditional mental health mainstream services, or they fear altogether using traditional mental health services because they believe the services to be racial/gender biased. Is it possible this bias and police overzealous behaviour towards Black males, when held in police custody with mental health issues, die disproportionately after use of force or restraint than receive the medical help they deserve and need? No wonder Black males are more likely to be over-represented in mental health facilities and hospitals. (see Sharon Walker's chapter for in this book further discussion).

There are also high levels of inequalities and discrimination towards people of colour in most of the academic/graduate training institutions in the UK for those people of colour who want to work in mental health. Such students are less likely to have support of any kind, be encouraged, they receive less financial support, by the way of teaching or research assistantships when compared to whites, white

[1] First and foremost, the authors of this book and I want to show our gratitude towards the NHS as our book nears completion. We applaud the efforts and courage of the NHS and the NHS Volunteer Responders that are involved in the COVID-19 pandemic and the dangerous and unpredictable climates you work in every day. We all stand shoulder to shoulder with you. Nevertheless, the sad truth is that the problems addressed in this chapter do in fact exist and need to be eradicated. We hope that, in the future, these issues will be addressed with the same fervour, energy and passion with which the current crisis is being tackled as we strive towards a better world and society for all races.

supervisors/academics tend to disapprove of them doing 'Black research', which they feel oftentimes is not legitimate, is unimportant or they are ignorant of cultural research, or 'fear' this kind of research being done altogether. Because of the lack of support/encouragement, lack of a diverse teaching/supervisory staff and cultural competence model at the teaching institution or university in question, many people of colour in our Black community never graduate to work in their chosen profession – mental health – because they are either 'pushed out' or dropped by the department.

As such, in this book we felt it was important for us to put a 'face' on many of these people of colour who were merely a statistic in Kline's book. These people of colour who are constantly victims of discrimination and racism in Kline's book are real people and human beings whose voices must be heard. It was important for us to tell some of the stories of these people of colour and to put a 'face' on their lives. Therefore, this book chronicles the rich stories, ethnographies and anecdotes of people of colour and their racialised/discriminatory interactions and communications with white authority figures in mental health that have had a devastating impact on their lives.

## Everyday Racism

Discrimination and inequalities regarding people of colour are often perpetuated by white management, academic staff, colleagues and support staff, in both overt and covert racist ways e.g. implicit bias, in 'everyday' interactions/communications such as bullying and racial 'micro-aggression'. These forms of discrimination and racism work both on an institutional level and on a personal level, but we believe it is the day-to-day, personal level or 'everyday' form of racism rather than institutional racism that is more degrading, demoralising and devastating and deteriorates one's mental health more over time.

Therefore, institutional racism does not go far enough in explaining the often hostile 'everyday' racialised interactions/communications between whites and Blacks that affect the relationships between people of colour and white authority figures.

We believe racial micro-aggressions can be more profound and vicious than 'institutional racism' (the 'comfortable/safe' form of racism that has become so over-used) in which no one ever seems accountable because 'the institution did it!'. It seems that this form of 'virtual racism' – that is, racism that is out there somewhere in a cloud – cannot be traced back to individuals, despite the fact that systems, structures, policies and governance (e.g. institutional racism) are created, run, operated and maintained by individuals – with names, I might add! That is, they place racism in institutions as inanimate lifeless structures. Yet when an individual or group is guilty of a racist act in the workplace, they hide behind the 'institution'. Very rarely is the person(s) made accountable or responsible because they hide behind the cloak of the 'institution', so nothing is ever resolved because the faceless/nameless entity is somehow not really a person but the 'institution'. So oftentimes no one is ever held responsible for the act. Nevertheless, while racial micro-aggressions are offensive and often hostile or vicious (whether intentionally or not), at least the victim can 'place/identify' the wrongdoer, which is the first important/critical step to rectifying/healing.

Hence, our book*, The International Handbook of Black Community Mental Health,* is the first book to go beyond institutional racism in health care and address

the destructive racialised communications/micro-aggressions ('personal level' racism) in both mental health/academic settings between Black mental health providers/Black graduate students training to be mental health providers and white authority figures. These white hegemonic/white privilege driven destructive racialised communications impact services relationships, treatment outcomes and graduation rates. Thus, one of the primary goals of our book was to move beyond institutional racism as an inappropriate model/political non- accountable driven model of racism and begin to examine racism in mental health on a more personal level: 'everyday racism', implicit bias and micro-aggression, and the devastating impact it has on people's lives. We believe personal level racism is a more adequate model for understanding how racism impact and affect treatment, stereotypes, inequalities, resources, access to mental health services, misdiagnoses, among other areas.

Because of the various forms of discrimination, racism and inequalities found within an organisation, together with a lack of cultural competence among white managers and staff in mental health services, mental health provisions and services for people of colour have been in crisis for a long time. The Care Quality Commission (2011) has highlighted the need to address inequalities in mental health service provision for people of colour. No wonder, then, that people of colour in the UK are four times more likely to be sectioned and detained under the Mental Health Act, die in police custody, are more likely to be diagnosed with mental health problems and be admitted to hospital for mental illness. According to the mental health charity Mind, young African-Caribbean men are more likely to face negative experiences when they use mental health services, resulting in poor mental health outcomes (Tugwell, 2017). People of colour living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be misdiagnosed and diagnosed with severe mental illness (Tugwell, 2017). They are more likely to enter mental health services via the courts or the police rather than from primary care, which is the main route to treatment for other groups. They are similarly over-represented in high- and medium-secure units and prisons and criminalised rather than being medicalised for mental health issues. Research reveals that 56% of patients in mental health units who have been sectioned are Black, which is more than any other ethnic group (reinforcing the myth of Black men as 'big, bad and dangerous' – see Majors, 2001 for further discussion). People of colour tend to receive higher levels of psychotropic medication rather than being offered talking therapies such as psychotherapy (Tugwell, 2017). In comparison, white patients are often presented with a variety of cognitive and behavioural therapies aimed at not developing a dependency on medication, because there is more focus on promoting continuity and stability in managing their mental illness. Therefore, white patients often report positive clinical experiences that are situated around self-help, empowerment and wellness (Arday, 2018).

The lack of access to talking therapy may affect suicide rates among people of colour. In the UK, whites have higher rates of suicide than African-Caribbeans. However, recent research reports that suicide rates, particularly among young African-Caribbean men, are increasing (Bhui & McKenzie, 2008; Samaritans, 2018; *see Columbia Suicide Prevention questionnaire/protocol in the addendum to this chapter)*. In the UK and internationally, programmes focussing on suicidal prevention in the Black community are expanding. One of the successful international

suicide prevention organisations, Choose Life International, is developing a range of national and international seminars and conferences, as well as telephone and face-to-face counselling, to reduce the number of suicides in the Black community.

## Racialising and Biased Roots of Schizophrenia

One of the most disturbing issues in the Black community is the over-/misdiagnosis of schizophrenia, particularly in Black males, by white mental health providers, who lack the cultural competence, knowledge and training to diagnose people of African descent correctly or adequately. African-Caribbean people are 3–5 times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia in the UK and they are 17 times more likely than white males to be diagnosed for schizophrenia or bipolar disorder even when they do not suffer with such mental health disorders (Davie, 2014).

Black men are more likely to be over-diagnosed with schizophrenia not only because of ignorance, a lack of knowledge, training and cultural competence but also for political reasons and for social control. The Diagnostic and Statistical Manual (DSM) was created by the American Psychiatric Association (APA) to classify/diagnose mental health disorders. In the mid-to-late 1960s, schizophrenia as a diagnosis began to become more gender-specific, politicised and disproportionately applied to African-American men. While the Black man's symptoms might have played a part in the diagnoses, it is very clear that such diagnoses in the 1960s had more to do with their connection to the civil rights protest/city riots in that decade and Black men's involvement in parties and organisations like the Black Panther Party and Nation of Islam. Black men were unfairly viewed in society as violent and dangerous. Thus, this biased diagnosis of 'racialised aggression' reflected the political zeitgeist. During this period of race-based diagnoses, the APA changed the paranoid subtype of schizophrenia to a disorder of masculinised belligerence.

Professor Jonathan Metzl in his book *The Protest Psychosis: How Schizophrenia Became a Black Disease* (2010) said Black men during this time were viewed by the APA, as reflected in the DSM, as hostile and aggressive, and 'delusional', for their participation in protest activities and for belonging to political organisations. Metzl said that such diagnoses of schizophrenia were therefore politically driven. (These interpretations have historical roots in the Eugenics movement, *see Even the Rats Were White* by Robert Guthrie).

Hence, in the 1960s, many Black men were diagnosed with schizophrenia because of racism and the political period they lived in and not because of their clinical symptoms (Guthrie, 1968; Metzl, 2010; Thomas & Sillen, 1972).

There is an underlying assumption that Black men are 'big, bad and dangerous'. This stereotype still prevails within society and is reflected in mental health services, provisions, diagnoses and treatment. Therefore, institutions and therapists are less likely to empathise with Black men or feel comfortable offering them 'talking therapy', because they are often 'feared' by organisations and therapist who provide therapeutic services. As such, treatment for Black males tends to be ad hoc and crisis oriented.

Race-based or politically driven over-diagnosis of schizophrenia continued throughout the 1980s and the 1990s. A number of articles from leading psychiatric and medical journals showed that doctors diagnosed the paranoid subtype of schizophrenia in

African-American men 5–7 times more often than in white men groups. Sadly, during this time pharmaceutical companies jumped on the 'racial stereotype' bandwagon, showing the 'so called angry Black men' protesting in the streets to promote antipsychotic drug sales (Metzl, 2010). White and Parham (1990) propose a Black psychology/Afro-centric psychology to prevent over-diagnoses and racial stereotyping of people of African descent in mental health. (See Professor Joseph White's 'the Father of Black Psychology' Foreword in this book for further discussion on this subject.)

## Roots of Mistrust

Biased, political and race-based diagnoses of Black men have historical roots. During slavery, slaves who escaped bondage were called crazy or mad by plantation owners. In the 1850s, psychologists felt that slaves who ran away from their white masters did so because of a mental illness called 'drapetomania'. Drapetomania is considered the beginning point for scientific racism. Medical journals of the time also described a condition called 'dysaesthesia aethiopis', which was a form of madness characterised by 'rascality' and disrespect for the master's property. Brutal beatings were considered to be the 'cure' (Metzl, 2010).

Because of this traumatic history and ill treatment, Black males often do not feel comfortable accessing formal/traditional mental health services for help and support and therefore tend to reject any idea that they have 'mental illness'. They see mental health as more politically driven even today. Thus, they view such mental health labels/services as nothing more than 'stitch-up jobs' to hurt and pathologise them. Because of feelings of being 'stitched up', Black males have developed a 'cultural paranoia' (Grier & Cobb, 1968) and a 'cultural mistrust' (Terrell & Terrell, 1981) when around whites. Given this backdrop it is understandable that people of colour do not trust white hegemonic, Eurocentric mental health services – they are not comfortable with them and therefore often will refuse; if they do hesitantly access services, they usually soon disengage, resulting in a further deterioration of mental health.

Both 'cultural paranoia' and 'cultural mistrust' are considered acts of justified suspicion (being on constant guard) that Blacks often use when engaging with whites, particularly white authority figures (see the 'Cool Pose' theory, Majors & Bilson (1992) for examples of how both 'cultural paranoia' and 'cultural mistrust' are manifested in everyday life). Both behaviours are employed by Black individuals to protect themselves and make them less vulnerable when around whites, given white people's hegemonic power to hurt Black people. Both 'cultural paranoia' and 'cultural mistrust' are considered by Black psychiatrists and psychologists to be examples of positive cultural adaptive strategies rather than pathology. Nevertheless, while 'Cool Pose' can be viewed as a positive cultural adaptive strategy, it can also be problematic. Because of constant trauma, racial micro-aggression and impact of everyday racism, Black males adopt a 'Cool Pose' (Majors & Billson, 1992) as mentioned above. The 'Cool Pose' is a defence par excellence and is an expression of cultural masculine identity, which works very well in most situations to help Black males counter racism. But there is a flip side, it can work so well, it can be hard to shut down. That is, many Black males become so conditioned to keeping up their guard due to racism, that even without a particular threat they

still may keep their 'Cool Pose' guard switched on regardless, which can cause its own stress – secondary extreme stress. I have termed this conditioned strength, "*the problem of selective indiscrimination*" (Majors,1987; Majors & Billson 1992). That is, because of the constant perception of a perceived threat of white racism and mistrust of whites, many Black males' Cool Poses stay switched on as a way to protect themselves, which can be harmful to their psychological well-being.

Much like cultural paranoia and cultural mistrust, Richard Majors and Janet Mancini Bilson in *Cool Pose: The Dilemmas of Black Manhood in America* (1992) describe how Blacks adopt a 'Cool Pose' as a defense when they feel threatened or sense mistrust by white hegemonic forces, as a way to protect, empower, preserve self-esteem and 'keep whites off guard'.

People of colour attempt to mediate the psychological impact of everyday racism and racial micro-aggressions by developing such coping/adaptive strategies as cultural paranoia, cultural mistrust and Cool Pose (Majors, 1992). Nevertheless, 'everyday racism' and racial micro-aggression can cause trauma and be very damaging to the mental health and well-being of people of colour as mentioned above. The mistrust, constant threat or the anticipation of threat of interracial interactions (with whites) can create a healthy mistrust/paranoia in many and in others it may create a state of 'Black anxiety/Black extreme anxiety' due to constant/perceived threat of white interracial interaction(s) and resultant stress. This Black anxiety/Black extreme anxiety has a historical context. That is, the historical baggage of slavery and its intergenerational 'memory' along with the de facto discrimination over many years has created Black anxiety/Black extreme anxiety ('Black racialised anxiety') in many people of colour. People of colour learn early in their lives that whites wield/yield a lot of power to maintain, control, hurt and punish 'for those people of colour who do not stay in line, be defined by them or do not obey' (see Bobby Wright's Mentacidal argument). These historical 'control' institutions towards people of colour are maintained and reinforced today by white privilege/white hegemony, everyday racism (personal-level racism), institutional racism and racial micro-aggressions (e.g. racialised interaction/communications both in the workplace and in society). Given the impact of different forms of racism on people of colour, the well-known psychiatrist Professor Alvin Poussaint in the Preface to this book, argues for the importance of the American Psychiatry Association (APA) adding 'extreme racism' (white directed racism) as an official category in the DSM (*The Diagnostic and Statistical Manual of Mental Disorders*). I would argue in addition to extreme racism, different forms/levels of 'Black anxiety'/'Black extreme anxiety' be considered for inclusion to the DSM as well due to the psychological impact of white-related stress. Both forms of these kinds of racism are due to actions of white aggression, whether direct or indirect, and therefore these behaviours are on a continuum of white psychopathologic behaviours.

Joseph White and Thomas Parham in *The Psychology of Blacks: An African American Perspective* (1990) argue for the need for a Black/African-American psychology (e.g. Afro-centric) to prevent 'deficient-specific interpretations', inferior diagnoses, stereotyping and pathologising people of African descent. They also argue for the importance of a Black/African-American psychology to promote the uniqueness, cultural values and world views of people of African descent (*see also Jones, Black Psychology*, *2004*).

Wade Boykins, a well-known American psychologist, has developed a socio-cultural/psychosocial model in education that is applicable to positive Black mental health. We believe his cultural model, which focusses on 'verve', prevents mental illness, promotes resiliency and leads to positive healthy outcomes and 'wellness' for people of colour (Boykins & Bailey, 2000). Ransaw (2019) also argues for the importance of developing an emancipatory education framework to counter oppressive ideologies towards people of colour and promote the uniqueness of Black culture.

While both cultural paranoia and cultural mistrust act as positive adaptive strategies over a long period, constant exposure to toxic environments and climates and 'everyday' racialised interactions and communications can lead to trauma and pathology.

Everyday racism usually takes the form of racial micro-aggression because of the constant insults and acts of humiliation that wear victims down. Racial micro-aggressions and negative racialised interactions between whites and Blacks can come from anyone, but they more often than not come from white authority figures and whites in power. The centrality of whiteness/white hegemonic privilege drives racial micro-aggressions towards Black staff/therapists and Black service users in mental health settings every day. Racial micro-aggressions and negative racialised interactions and communications also affect students of colour in universities as well. As stated earlier, many graduate students of colour who attend universities to train as providers, therapists and academics disproportionately either drop out or are pushed out of graduate school because of the lack of personal support or support to allow Black graduates to conduct research on and write their theses and dissertations on Black topics. Constant micro-aggressions, and offensive remarks by academic staff or white academic staff, wear people down and over time contribute towards a variety of mental health problems among people of African descent (see Sharon Walker's chapter in this book). Micro-aggression in mental health is reflective of everyday life for people of colour. Examples of micro-aggressions in the workplace/academia are not only prevalent there, but in everyday public life as well, including when a woman clutches her purse in fear when a Black man walks past her on a street, or when she sees a Black man coming along the street and she quickly crosses over so that she does not have to walk past him. Or when security guards follow Black men in stores but not white people, thinking the Black men are not there to buy anything but rather to steal (Lowe, 2015).

## Racial and Cultural Trauma

Micro-aggressions over an extended period of time can lead to traumatisation and symptoms resembling post-traumatic stress disorder (PTSD) in reaction to the constant and daily degrading insults that can cause a sense of hopelessness. As Smith (2010) states,

> "The accumulation of emotional and physiological symptoms resulting from subtle and overt forms of racial verbal and non-verbal micro-aggressions at the societal, interpersonal, and