MENTAL HEALTH AND RACIAL JUSTICE
IN THE TIME OF COVID-19

Celia B. Fisher, Xiangyu Tao, Tiffany Yip

Presented by Celia B. Fisher
Marie Ward Doty University Chair in Ethics
Director Center for Ethics Education
Director HIV/Drug Abuse Prevention Research Ethics Institute
Professor Psychology
fisher@fordham.edu

COVID-19 Research and Resources
Fordham University
November 11, 2020
IMPACT OF COVID-19 ON PHYSICAL HEALTH DISPARITIES

Disproportionate contagion and fatality among Black, AIAN, Latinx communities

- Role as essential workers
- Pre-existing health disparities
- Lack of access to healthcare
SYSTEMIC MENTAL HEALTH DISPARITIES AMONG BLACK, AIAN, AND LATINX COMMUNITIES

- Pre-pandemic impact of systemic racism and associated stressors on mental health
- Long standing inequities in access to mental healthcare
- Historical medical abuses leading to distrust in healthcare providers
WHAT IS THE UNIQUE IMPACT OF COVID-19 ON THE MENTAL HEALTH OF BLACK, AIAN, AND LATINX COMMUNITIES?

Research Question

What are the lived experiences of Black, AIAN, and Latinx people during COVID that was jeopardizing mental health?

How must mental health treatment adapt in response to these realities?
<table>
<thead>
<tr>
<th>Inclusion Criteria:</th>
<th>Residence:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Lived in US for $\geq 1$ year</td>
</tr>
<tr>
<td>18 - 25 years</td>
<td><strong>Language:</strong></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>English at 8th grade level</td>
</tr>
<tr>
<td>Did not have or had the Coronavirus</td>
<td><strong>Participants:</strong> N = 305</td>
</tr>
<tr>
<td></td>
<td>128 (42%) Black</td>
</tr>
<tr>
<td></td>
<td>86 (28%) AIAN</td>
</tr>
<tr>
<td></td>
<td>91 (30%) Latinx</td>
</tr>
</tbody>
</table>
GENERAL DEMOGRAPHIC CHARACTERISTICS

Gender
55% cisgender female
23% cisgender male
22% gender minority

Education
53% some college

Employment
36% essential workers
24% other employed
40% unemployed

Region
29% urban
39% suburban
32% rural
Employed reported greater financial and food insecurity

Financial Insecurity
• 46% < $31,000
• 30% “Can’t make ends meet”

Food Insecurity
• 19% “Had to skip a meal…not enough money”
• 23% “Worried I would run out of food…lack of money”

Employed reported greater financial and food insecurity
Pre-existing CDC COVID Health Risk:
• 40% had at least 1
• Asthma, obesity, heart condition most common

Prescription Insecurity
• 36% “Unable to fill prescription”: costs, lack of insurance, unable to reach physician or pharmacy

Covid-Related Mistreatment
• 19% “Mistreated by healthcare worker…thought I had Coronavirus”

Employed were more likely to report prescription insecurity and mistreatment
MENTAL HEALTH DISPARITIES

Depression (PHQ-D)
- 13% moderate depression
- 22% moderately severe depression
- 56% severe depression

Anxiety (GAD-7)
- 18% moderate anxiety
- 22% severe anxiety

Predictors of Depression & Anxiety
- Employment
- COVID health risks
- Financial insecurity
- Prescription insecurity

Significant Correlations
- .15* - .25***
DEVELOPED 2 PSYCHOMETRICALLY VALIDATED SCALES

Coronavirus Victimization Distress Scale (CVDS)
5 Items

1 = It never happened;
2 = It happened but did not upset me;
3 = It happened and upset me a little;
4 = It happened and upset me moderately;
5 = It happened and upset me quite a bit.

Coronavirus Racial Bias Scale (CRBS)
9 Items

1 = strongly disagree – 4 = strongly agree

Confirmatory Factor Analysis Conducted to Determine the Independence of the 2 Scales

1 Item on the CRBS loaded on both scales and was eliminated.
“Due to the Coronavirus I have been cyberbullied because of my race/ethnicity”
<table>
<thead>
<tr>
<th>BECAUSE PEOPLE BELIEVED I HAD THE CORONAVIRUS, I WAS.....</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teased or bullied</td>
<td>31%</td>
</tr>
<tr>
<td>Physically threatened, hit or beaten up</td>
<td>27%</td>
</tr>
<tr>
<td>Treated rudely or unfairly</td>
<td>34%</td>
</tr>
<tr>
<td>Verbally taunted or called bad names in public</td>
<td>29%</td>
</tr>
<tr>
<td>Cyberbullied</td>
<td>32%</td>
</tr>
<tr>
<td><strong>At least 1 Instance of Coronavirus Victimization</strong></td>
<td>43%</td>
</tr>
</tbody>
</table>

Cronbach's alpha = .91
## CORONAVIRUS RACIAL BIAS SCALE (CRBS)

### BECAUSE OF THE CORONAVIRUS

<table>
<thead>
<tr>
<th>Statement</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>The country has become <em>more dangerous</em> for people in my racial/ethnic group</td>
<td>50%</td>
</tr>
<tr>
<td>People of my race/ethnicity are more likely to <em>lose their job</em></td>
<td>57%</td>
</tr>
<tr>
<td>People of my race/ethnicity will not receive Coronavirus <em>healthcare</em> as good the care received by other groups</td>
<td>47%</td>
</tr>
<tr>
<td>People of my race/ethnicity are more likely to <em>get the Coronavirus</em></td>
<td>40%</td>
</tr>
<tr>
<td>I worry about <em>people thinking I have</em> the Coronavirus simply because of my race/ethnicity</td>
<td>38%</td>
</tr>
<tr>
<td>Most social and mass media reports about the Coronavirus create <em>bias</em> against people of my racial/ethnic group</td>
<td>36%</td>
</tr>
<tr>
<td>I have seen a lot more <em>cyberbullying</em> of people of my race/ethnicity</td>
<td>36%</td>
</tr>
<tr>
<td>Negative <em>social media</em> posts against people of my race/ethnicity have increased</td>
<td>39%</td>
</tr>
</tbody>
</table>

*Cronbach’s alpha = .86*
GROUP AND DEMOGRAPHIC DIFFERENCES

• Black and Latinx scored significantly higher than AIAN on CRBS, but not CVDS

• Essential and non-essential employed scored significantly higher than unemployed on both the CRBS and CVDS
Coronavirus Victimization Distress and Coronavirus Racial Bias beliefs significantly increased levels of Depression and Anxiety (r’s ranged from .19 – .30 p > *** )
RESEARCH QUESTION

Does Coronavirus racial bias beliefs mediate the effect of coronavirus victimization distress on mental health?
MENTAL HEALTH DISPARITIES AMONG BLACK, AIAN, AND LATINX IN THE TIME OF COVID-19

Public fear and stigma has led to Coronavirus specific victimization and increased concern over racial bias.

Employed are especially vulnerable to Coronavirus victimization and fears of increased racial bias.

The Coronavirus has reversed the protective influence of employment on mental health.

Beyond health, financial and employment factors, Coronavirus Victimization and Coronavirus Racial Bias beliefs increase racial disparities in mental health.
RACIAL JUSTICE & MENTAL HEALTH SERVICES IN THE TIME OF COVID

• It is not enough to talk about the twin pandemics of COVID-19 and Racism as if they are independent or simply a manifestation of historical systemic racism.

• We need to see Coronavirus specific acts of racial victimization and fears that the Coronavirus has increased in racial bias as a syndemic in which racism and the pandemic interact synergistically in their negative effect on mental health.
• Practitioners must acknowledge the intersecting influences of race and Coronavirus public fears on the mental health of racial/ethnic minority patients.

• Cultural competence requires mental health practitioners to quickly obtain the skills to help patients practically address COVID public reactions deleterious to their mental health.

• Failing to do so can jeopardize treatment through invalidating the lived experience of Black, AIAN, & Latinx people.