

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

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**Presented by Celia B. Fisher**

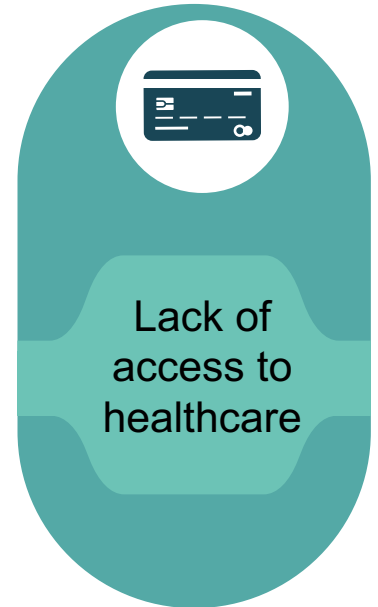
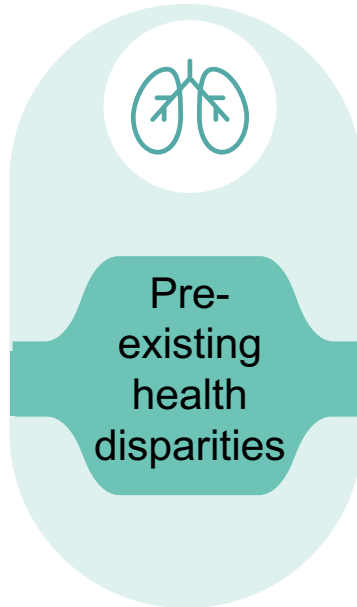
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# IMPACT OF COVID-19 ON PHYSICAL HEALTH DISPARITIES

Disproportionate contagion and fatality among  
Black, AIAN, Latinx communities



# **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?**

# **NATIONAL ONLINE SURVEY: GROUPS WITH GREATEST COVID-19 RELATED HEALTH DISPARITIES IN APRIL 2020**

## **Inclusion Criteria:**

### **Age**

18 – 25 years

### **Health**

Did not have or had the  
Coronavirus

## **Residence:**

Lived in US for  $\geq 1$  year

## **Language:**

English at 8<sup>th</sup> grade level

## **Participants: N = 305**

128 (42%) Black

86 (28)% AIAN

91 (30%) Latinx

# 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

# BASIC NEEDS IN THE TIME OF COVID

“

## **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*

# HEALTH DISPARITIES



## **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”

# CORONAVIRUS VICTIMIZATION DISTRESS SCALE (CVDS)

| BECAUSE PEOPLE BELIEVED I HAD THE<br>CORONAVIRUS, I WAS..... | Total |
|--|-------|
| Teased or bullied  | 31%   |
| Physically threatened, hit or beaten up                      | 27%   |
| Treated rudely or unfairly                                   | 34%   |
| Verbally taunted or called bad names in public               | 29%   |
| Cyberbullied   | 32%   |
| <i>At least 1 Instance of Coronavirus<br/>Victimization</i>  | 43%   |

**Cronbach's alpha = .91**

# CORONAVIRUS RACIAL BIAS SCALE (CRBS)

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

**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



# COVID-19 MENTAL HEALTH RISK FACTORS

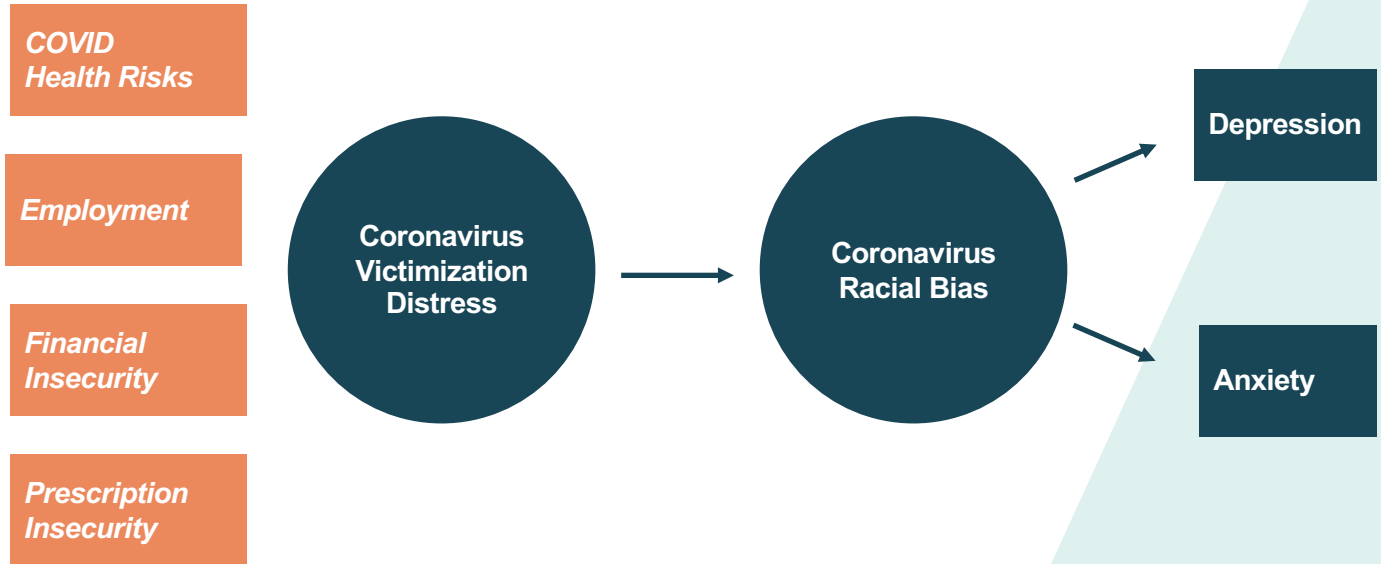
**Coronavirus  
Victimization Distress  
and Coronavirus Racial  
Bias beliefs significantly  
increased levels of  
Depression and Anxiety  
(r's ranged from .19 –.30  $p > ***$  )**



## RESEARCH QUESTION

Does Coronavirus racial bias beliefs mediate the effect of coronavirus victimization distress on mental health?

# STRUCTURAL EQUATION MODEL





# 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.



# IMPLICATIONS FOR MENTAL HEALTH JUSTICE

## *Mental Health Cultural Competence*

- 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.



