Systemic Racism Increases the Risk of Psychosis Among Minorities

Blacks and other people of color are more likely to suffer from psychotic experiences connected with social and environmental disparities.

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New findings published by the American Journal of Psychiatry reveal that Black Americans face a greater risk of psychosis as a result of risk factors that stem from racial discrimination and social disadvantage, reports the American Psychiatric Association.

Psychosis is a condition that occurs when the brain processes information in a way that causes someone to lose touch with reality. The problem can be triggered by mental or physical illness, substance abuse, extreme stress or trauma.

For the study, researchers evaluated the possible dangers and effects of structural racism in three key areas: inequalities in neighborhoods; peoples' experience of trauma and stress on both a collective and individual level; and prenatal and perinatal difficulties faced by women.

Findings revealed that disparities in neighborhoods sustained racial minorities' lack of access to healthcare, healthy foods, education and employment opportunities and safe housing. Such disadvantages are linked to mounting stress and an elevated risk of psychosis.

In addition, scientists noted that, among those experiencing psychosis, rates of trauma and adversity were significantly higher in marginalized racial groups compared with white people. (Trauma is common among individuals with schizophrenia; more than 85% report that they experienced at least one adverse childhood event.)

Researchers also found an association between obstetric complications, such as infections, heightened maternal stress and inflammation, and a higher risk for psychotic disorders. (In the United States, Black women are more likely than white women to suffer from these complications.)

"Our review suggests the legacy of structural racism is a fundamental cause of racial inequities in social determinants of psychosis," concluded Deidre M. Anglin, PhD, of the City College of New York, and the study's lead author. "Funding priorities, training, and intervention development in North American psychiatry must shift to reflect this evidence."

For related coverage, read “How Social and Structural Racism Drive Health Inequities.”

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