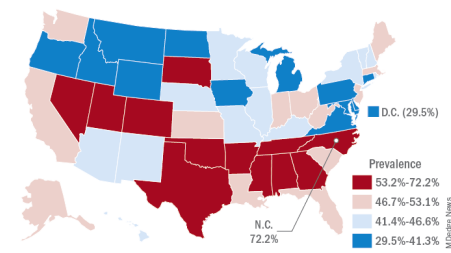


Children with mental health disorders who did not receive care



Note: Based on data from the 2016 National Survey of Children's Health.
Source: JAMA Pediatr. 2019 Feb 11. doi: 10.1001/jamapediatrics.2018.5399

"X race is at higher risk for Y disease"

How does the biomedical field use concepts of race and ethnicity?



"X race is at higher risk for Y disease"

How does the biomedical field perceive, construct and explain health disparities?

- Race vs. ethnicity
- This is the "gold standard"
- Is it ok to even have social constructs vs base human anatomy/ chemistry/ physiology that is quantifiable?

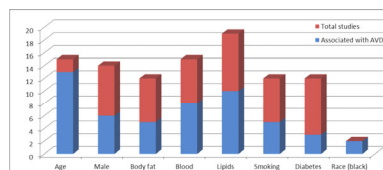
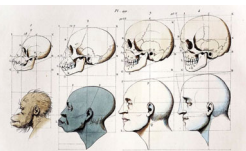


Figure: Number of studies reporting positive associations in multivariable analysis between each TCRVF and AVID.

(Wang MK, JACC, 2018)

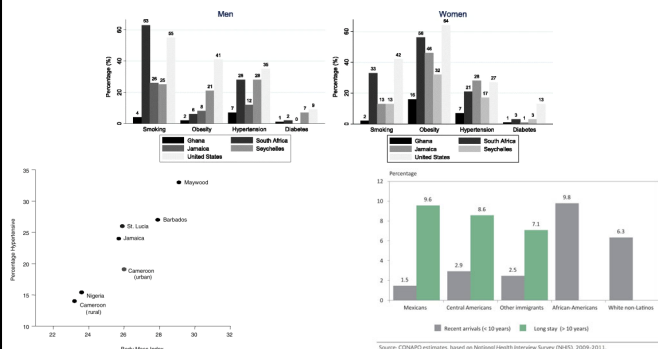
Biomedical use of “race” and “ethnicity” as genetic/ biological variables – counters all evidence

Public health, epidemiology, genomics

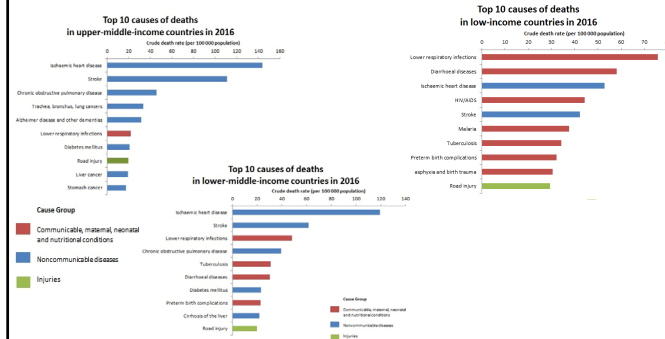
- 77% of research used race or ethnicity as a variable. No standard definition or method of data collection
- **Most research treats race/ ethnicity as the same, no context/ methods, explanation of any “significant” results on race or ethnicity.**
- Only 23% of medical research defined race/ ethnicity, no standard definition, accounting of bias/ confounding factors
- **75-80% of papers find “race/ ethnicity” to be a risk factor but no further explanation-** no socioeconomic, behavioral, environmental, genetic, biological context provided

Vague, inaccurate, false use of “race”= abuse = unethical= leads to loose biological conclusions lacking evidence = create race to be a innate biological/ genetic concept (fallacy) = causes oppression & disparities

Is being “non-white” truly a risk factor for any disease or bad health?



Infectious Diseases emerge in previous Colonized Nations due to Social Inequity

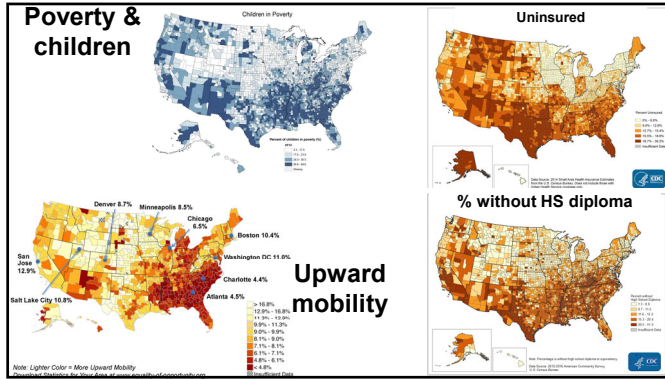


America = Colonization & Indigenous genocide + Slavery



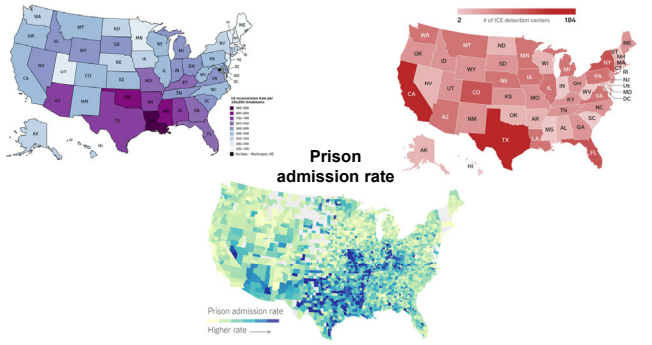
Unlike other nations who are "free" of colonization, America is still a settler colonial, hierarchal nation with foreign settlers ruling over non-native land

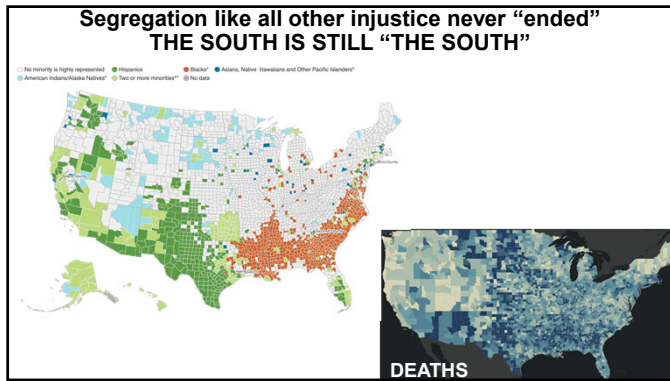
Poverty & children

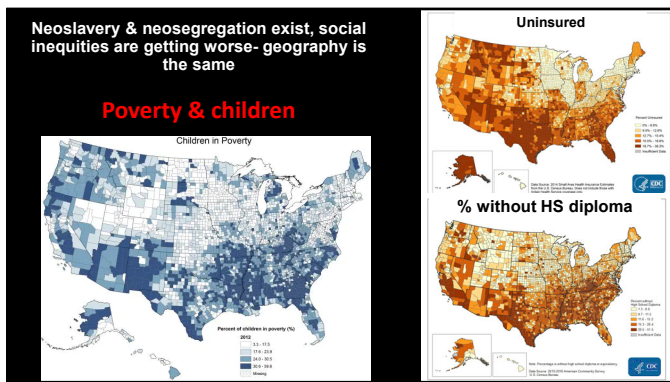


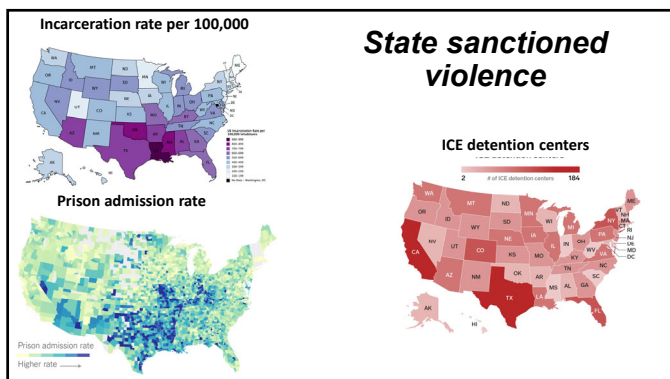
Incarceration rate per 100,000

ICE detention centers

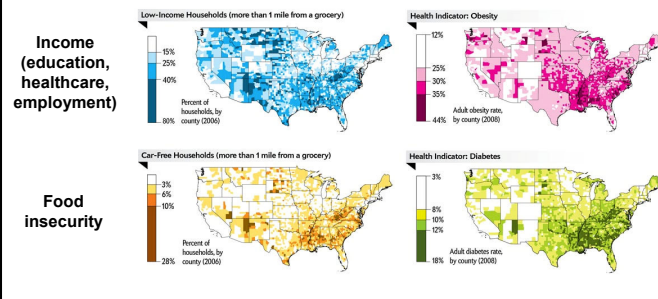




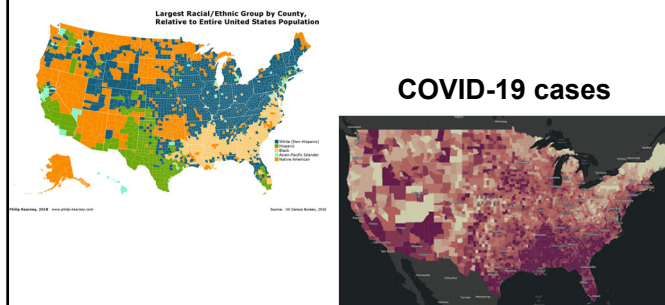




Inaccessibility to basic resources → bad health



Segregation and inequitable income, education, healthcare & access-- **THE SOUTH IS STILL "THE SOUTH"**



Mental health trauma due to racial capitalism

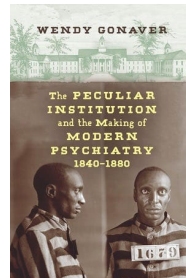


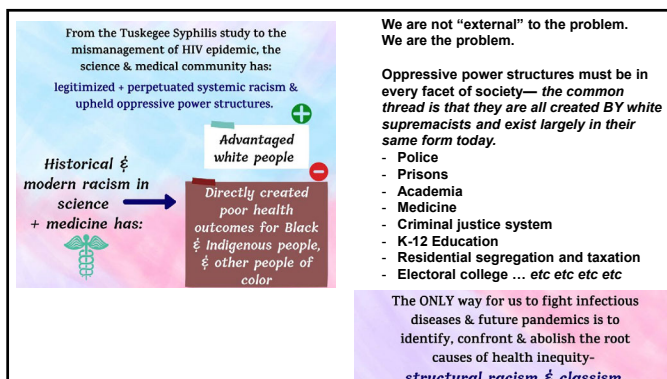
Current framework of psychiatry and psychology are colonial systems

- There is no “racism in psychiatry”, the current model of psychiatry is racist and built on a foundation of slavery and genocide
- Diversity & inclusion, in the context of a hierarchal power structure that for generations has been built with oppression in mind, is meaningless
- Changing figureheads without dismantling the system that enables inequity itself is just a way to placate people rather than address the problem
- What are practices that make psychiatry colonial?

Psychiatry today is a carceral punitive system rooted in incarceration

- Both police and prisons in the U.S. were created by colonial capitalists 200 years ago and they were constructed to hunt down and incarcerate Black people
- The institutionalization framework of Psych is the same– it targeted Black people who refused to comply with their torture and abuse





Psychiatry was created as a discipline that uses scientific fallacies to justify dehumanization

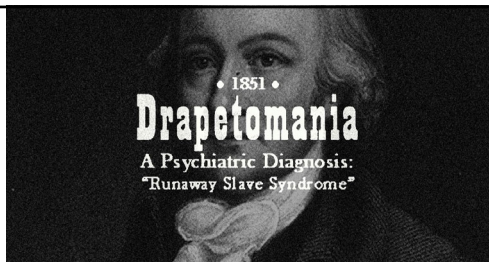
Power dynamics of colonialism and racial capitalism exploited Black, Indigenous & eventually all people of color on a domestic + global scale



Capitalists can gain popular support by the masses through "Divide & Conquer" if they can convince people of a innate class system



Fabrication of flawed research to justify labeling one group based on a social construct like race or gender or ethnicity as "inferior" and others as superior- breaks class solidarity

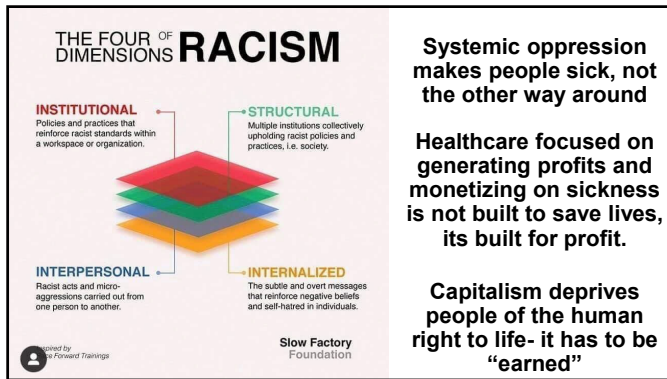


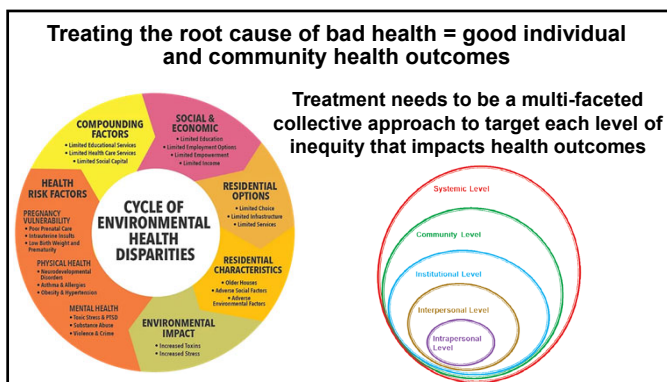
Ultimately a big backbone of the justification for slave patrols to find "escaped slaves" who were characterized as mentally ill and demonized as a risk to society which then also justified their incarceration in prisons

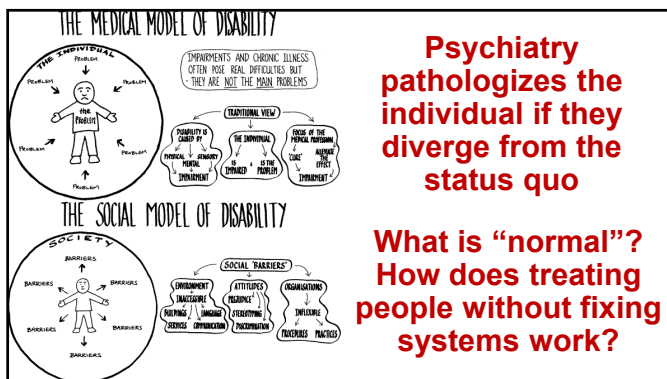
Science and medicine aren't unbiased objective systems of care

The current global systems were put in place by European colonial regimes & the foundational framework of HOW we treat people has not change even if medicine has evolved

Science and medical fields provided the false "evidence" needed to justify systemic oppression. They created these systems.







What is decolonization ?

"Decolonization is the process of revealing and dismantling colonist power in all its forms, this includes dismantling the hidden aspects of those institution and cultural forces that had maintained the colonialist power and that remained even after political independence"

Decolonization is not a metaphor

"Until stolen land is returned, critical consciousness does not translate into action that disrupts settler colonialism"
by Eve Tuck and K. Wayne Yang

"Looking to the future, we call for further critical interrogation that recognizes the impossibility of justice for Indigenous, Black, and other racialized peoples in white settler societies and, moreover, is committed to disentangling justice from the grasp of the modern human."

- Stephanie Latty and Megan Scribe with Alena Peters and Anthony Morgan, "Not Enough Human"

GES 242

What does it mean to decolonize treatment?

- Push for full decolonization of this land and a return to Indigenous sovereignty + leadership of Indigenous healing practices & one health approach for healthcare
- NO power dynamics – provider vs patient
- Think of treating the root causes or conditions in which bad health emerge
- Emphasis on prevention and foresight rather than reactionary treatment – shift away from any capitalistic models to collectivist, socialist models of universal healthcare
- Diagnosis does not pathologize individuals or communities → requires deep roots in social determinants of health, historical understanding of intergenerational oppression and existing inequities
- Does not solely focus on individual – community and public health is equally important to include into the treatment plan for an individual
- Healthcare = medicine as we look at it now. Healthcare = ensuring we create, and uphold systems of communal care to provide everyone with access to basic resources (food, water, shelter, support systems etc) since all of those are essential for good health
- To question and dismantle or reform every system in the biomedical field that was constructed with the same power dynamics (primed for racism and classism)

Mainstream therapy is:

Often expensive, unsustainable, inaccessible & capitalistic: focused on productivity as a mark of wellness

eurocentric, rooted in colonialism/ white saviorism & western values, restrictive

Isolating, hyper-individualized, over-reliant on "diagnosis"/ medication/ superficial solutions without addressing the trauma of external factors like racism

Devoid of sufficient BIPOC therapists, overburdening the few that do exist

Often harmful, not useful & exhausting for BIPOC

Decolonized therapy is about collective healing :

- ▶ It is inclusive, holistic & beneficial for everyone, especially BIPOC
- ▶ It expands therapy beyond just "one-on-one sessions" to activities for group/ community healing, adapts to unique needs
- ▶ Includes indigenous/ cultural techniques, art, yoga, shamanism, music, spirituality/ prayer, meditation, dance, communal spaces etc
- ▶ It dismantles the "expert-client" power dynamic



