

Equity in Narrative Recovery Stories

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BACKGROUND

Mental health (MH) disparities research lacks the representation of voice, which limits understandings of individuals’ lived experiences. Exclusion of marginalized voices perpetuates inequities that exist within health care, as individuals are under-represented in services planning and under-served by institutions. Due to the highly subjective nature of psychosis, we must understand recovery in the cultural, societal and familial context of its narrator (Lee 2020). There is limited qualitative work exploring the health care experiences of people who identify as racial/ethnic minorities and/or LGBTQ with psychosis, in the context of their minority status. We examine the role of bias, stigma, cultural factors, injustice, and intersectionality in the experiences of minorities with psychosis in mental health care.

METHODS

9 participants identified as racial/ethnic minorities and/or LGBTQ and having experienced psychosis. Semi-structured interviews were conducted with each participant and used for inductive thematic analysis. First-level codes were developed independently by two coders. The coders discussed their findings, then through further discussion, developed and refined themes and subthemes collaboratively.

RESULTS

- See Figure 1

DISCUSSION

Processes of institutional injustice and discrimination in MH care negatively affect the well-being of minority patients, their ability to access care that meets their specific needs, and their satisfaction with MH care. Systemic oppression has also contributed to the prevalence of mental illness stigma within minority communities by perpetuating a “survivalist mentality” (White 2019) in which people of color are expected to have high levels of mental resilience. Reducing institutional injustice requires action at multiple levels. Health care organizations should actively recruit a workforce, at all levels, that is diverse and representative. Clinicians should receive training in the ways mental health institutions have contributed to racism and its effects, in addition to robust cultural humility training. Within communities, more public education about mental illness and more support for minorities engaging in mental healthcare are needed.

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“Being black and being psychotic is a very insidious combination, and they play off of each other in the worst ways possible.”
- Charles (nonbinary, queer, Black, AMAB)



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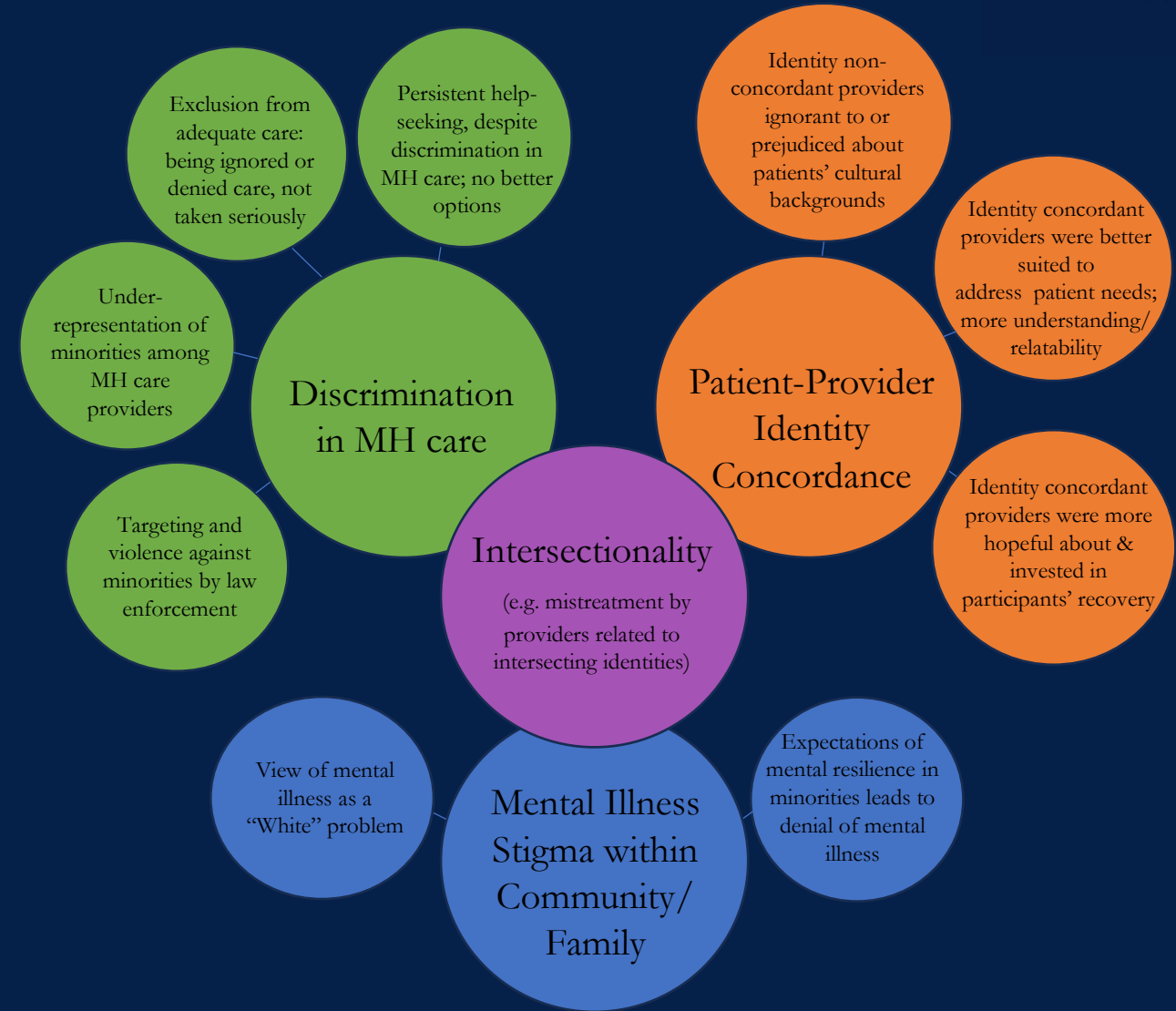


Figure 1. Four themes emerged: discrimination in MH care, patient-provider identity concordance, mental illness stigma in families/communities, and intersectionality. Subthemes of each theme are indicated in the smaller circles.