

## RACISM TOWARD MENTAL HEALTH WORKERS

### To the Editor:

We read the recent editorial, “Racism, White Privilege, and Diversity in Mental Health” by Shattell and Brown (2017), which was published in the July issue of the *Journal of Psychosocial Nursing and Mental Health Services*, with admiration and enthusiasm. The editorial grasped and demonstrated the key role of mental health nurses (MHNs) in counteracting racial discrimination in mental health care. The editorial highlighted the role of the mental health worker as a person of privilege in encouraging clients from racially diverse backgrounds to seek appropriate assistance.

We are both Sri Lankan medical practitioners specialized in psychiatry. We work temporarily in a predominantly Anglo-Saxon community as part of our post-MD subspecialty training. During this time, we have encountered many occasions of overt and covert racism toward MHNs and other staff by clients and their carers.

Once a young female of European ancestry refused to consult the first author (M.C.) for a psychiatric assessment, stating his skin color is a barrier for her to express her emotions. At this moment, Buddha’s teaching “hatred is never appeased by hatred,” from verse five of the Dhammapada (Fulton, 2009) was of use to the first author more than any of the social psychological theories he has learned. He explained to her kindly that he is the only available medical practitioner of suitable expertise to assess her and that he

would appreciate her cooperativeness. Furthermore, after an extensive assessment of her psychological status and collateral information, it was evident that her beliefs about people



of color are part of her restricted repetitive themes of thinking related to autism. This experience did not represent the majority of individuals we have served in this nation, and he was immensely supported by fellow professionals, which included several MHNs.

MHNs endure tough aspects of inpatient psychiatry, including being in close contact with distressed and disturbed individuals for long hours, which requires a great deal of emotional labor (Mann & Cowburn, 2005). Some service users are verbally and physically violent. Other health care workers, such as medical practitioners, are employed in lesser numbers and are exposed to inpatients during brief assessment sessions. Therefore, any client in an agitated state may find the staff member unfamiliar and at times

threatening, leading to potential violence, which could include racial slur.

As the editorial describes, MHNs have a key role in encouraging racially marginalized individuals to seek mental health care when necessary. In addition, MHNs should take the lead role in creating a harassment-free work environment as much as possible for themselves and other professionals by improving awareness and taking action. Considering workplace racism as insignificant everyday microaggressions is counterproductive (Mapedzahama, Rudge, West, & Perron, 2012).

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