



California  
Black Women's  
Health Project

*"Committed to improving the health of  
Black women and girls in California"*

**ISSUE GUIDE**  
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This ongoing series provides information on health policy issues that impact Black women. Additional information about this and other projects is available on CABWHP's website: [www.cabwhp.org](http://www.cabwhp.org). This material may be reprinted only if it includes the following: Reprinted with the permission of the California Black Women's Health Project.

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## **Racism and Black Women's Mental Health**

### **Building an Action Plan**

On January 17, 2002 at 10:00 a.m., the California Black Women's Health Project ("CABWHP") released a report summarizing the results from our 2000-2001 Black women's survey and focus groups at a press conference held at T.H.E. (To Help Everyone) Clinic in Los Angeles. According to the report, the overall health status of many Black women is adversely affected by issues of mental health and emotional well-being.

Consequently, CABWHP created our Black Women's Mental Health Initiative through which we are committed to mobilizing Black women, the Black community and policymakers to actively address the disparities in Black women's mental, emotional and physical health.

At our second annual Policy Summit on February 8, 2002 in Sacramento, we formally initiated our campaign to actively address the intersection between race, gender and mental and physical health via advocacy and policy. As we launched this year's Policy Summit, Black women health leaders from throughout California had an opportunity to learn about the ways in which racism impacts the mental and emotional health of Blacks, in general, and Black women, in particular. Through her presentation, "The Legacy of the Peculiar Institution," Dr. Robbin Huff-Musgrove,<sup>1</sup> a licensed clinical psychologist and president/founder of the Institute for Cultural Competency Training, provided an important foundation and framework for analyzing the impact of racism on the mental and emotional health of Black women.

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<sup>1</sup> Dr. Robbin Huff-Musgrove founded the Institute for Cultural Competency Training (ICCT) to address a critical need for cultural competency training in the field of mental health. Specifically, ICCT is committed to operationalizing cultural competency theory in mental health care systems and developing curricula that will build individual cultural awareness, knowledge and skill. Dr. Huff-Musgrove is also the director and originator of the Multicultural Education and Training Program at Patton State Hospital in San Bernardino, California

## **Socioeconomic and Psychological Residuals of Slavery**

Black women's mental health is linked to Black women's history. It is important to understand how laws and societal norms that evolved from the "peculiar institution" impacted those oppressed by slavery and segregation. The way Black women's mental health history evolved is very similar to the ways in which trauma experienced by one generation impacts subsequent generations. While a mother often does not want her child to experience the same trauma she experienced, a child often picks up the traits and behavior of her mother. For example, a parent can unconsciously transmit a sense of insecurity to children and, consequently, the children may adopt this insecurity solely as a result of the interaction with the parent. It is in this manner that Black women have inherited the psychological legacy of our ancestors who were victimized by slavery and its progeny. This psychological legacy has been translated into measurable societal outcomes affecting the Black community.

- Blacks were separated from spouses and children during slavery. Today, there is a high incidence of single-parent households in the Black community. Only 39% of Blacks live in two-parent households (as compared to 74% of Whites).
- Twenty-two percent (22%) of Blacks have less than a high school education (as compared to only 12% of Whites).
- While there is only a 7.5% poverty rate for a White family of four, the poverty rate for a Black family of four is 22%.

## **Responses to Residuals of Slavery**

Blacks respond to this "psychological inheritance" and the "psychic burden" imposed by racism in different ways. The coping mechanisms listed below are often transmitted from generation to generation.

- Repression: refusal to deal consciously with racial issues
- Denial: overlooking the existence of racial injustice
- Identification: identifying or over-identifying with whites in order to be seen as socially acceptable.
- Overcompensation: setting excessive goals in an effort to prove one's value
- Sublimation: attempting to become invisible because you feel you lack value
- Displacement: expressing one's feelings to someone in close proximity instead of the proper recipient

Moreover, mental disorders can result from the additional "psychic burden" imposed by racism. The emotional support structures of which Blacks have traditionally availed ourselves—notably, a strong church, a stable family and a tight-knit community—have deteriorated over the last half century. This deterioration (which, in itself, is a result of the legacy of slavery and its progeny) has left Blacks uniquely vulnerable to our "psychic burdens."<sup>2</sup> Consequently, the

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<sup>2</sup> See Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis Among African Americans, By Alvin F. Poussaint and Amy Alexander, Beacon Press.

depression rate for Black women is estimated to be 50% higher than that for white women. These rates are higher due, in part, to racism and cultural alienation.

It has been argued that self-destructive behaviors – ranging from overeating to drug abuse to black-on-black crime to suicide—are expressions of racism-induced despair that have afflicted the Black community.

### **Disparities in Quality of Care**

The quality of care received by Black women who are able to access mental health services is often inferior to that received by Whites. This inferior quality of care manifests itself in several different ways. Blacks are more likely to be diagnosed less accurately for depression. Blacks are less likely to receive appropriate care for anxiety and depression. Blacks may not be given the most current drugs to treat mental disorders. Instead, we may be prescribed older drugs that have more side effects.

### **Recommendations for Action**

Policy Summit attendees participated in working groups that were charged with brainstorming about ways to improve the mental health of Black women. One issue the groups addressed was how to raise the profile of the issue of racism's impact on: (1) Black women's mental/physical health; and (2) Black women's inability to access health services. The ideas expressed by the Policy Summit participants included those listed below.

- Identify the needs of Black women.
- Define what racism is and how it is linked to mental and emotional health.
- Determine the connection between physical and mental health.
- Create a model developed by Black women of what mental health means for Black women.
- Implement a marketing campaign that would make seeking mental health services socially acceptable.
- Train and recruit more culturally competent providers.
- Re-educate health professionals about what Black women need and the actions that should be taken to meet those needs.
- Create interdisciplinary teams that include community members, administrators and providers. These teams will develop specific action items about which position papers will be written in order to encourage policymakers to take action to meet the needs of Black women.

As CABWHP further develops our action plan in connection with our Black Women's Mental Health Initiative, we will actively incorporate the ideas expressed by Policy Summit participants. If you are interested in providing input on these issues or participating in our Black Women's Mental Health Initiative, please contact Crystal Crawford at 310-412-1828 x15.