



**Enriching Our Perspective and Work:
An Overview of Critical Race Theory**

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Models of Mental Health

- Medical Model
- Recovery Model

How do these different models impact cultural competence in the mental health system?

Lenses Used to View Mental Illness

- Psychiatric-Taxonomic
- Neuro-Biological
- Situational-Environmental
- Developmental-Adaptive
- Political-Economic
- Socio-cultural

Brief History of Critical Race Theory

- Developed at Harvard Law School in response to the lack of diversity in faculty and student body.
- Argued that formal cultural competence policies and practices did not always ensure actual equality and could even mask substantial inequality.
- If the school was colorblind, and by extension the field of law and the government itself, why were there so many disparities?
- Linked current manifestations of group advantages and disadvantages to history and modern practices.
- CRT spread across disciplines and is now regularly taught in law, education, and social work fields.

The Critical Race Theory Perspective

- **Endemic Racism:** Racism is an ordinary and pervasive, everyday occurrence. Racism is institutionalized in society; because it is so deeply embedded, its effects often go unnoticed, which maintains institutional racism.
- **Race as a social construction:** Race is a socially constructed category that society invents, manipulates, or retires when convenient.
- **Differential racialization:** Groups are racialized in different ways, at different times, to benefit the majority group.

Endemic Racism: Microaggressions

- **Brief and commonplace** daily verbal, behavioral, and environmental indignities.
- Can be intentional or unintentional.
- Communicate hostile, derogatory racial slights and insults. Can also be related to gender, sexual orientation, nationality, consumer status, and other "minority" identities.
- Potentially have harmful or unpleasant psychological impact on the target person or group.
- In mental health, can lead to marginalization, distrust, early termination, stress, etc.

Sue, Bucceri, Lin, et al. (2007)
Also visit: Microaggressions.com

The Critical Race Theory Perspective

- **Interest convergence:** Racism and oppression advance the dominant culture, and as a result, movement for change is more likely to occur when it benefits those with privilege. (Civil Right's Movement, women's rights, consumer rights, etc.)
- **Voices of Color:** CRT refutes claims that primarily-white institutions make towards objectivity, meritocracy, colorblindness, etc. CRT argues that narratives from communities that have been oppressed is invaluable to understanding and analyzing systems of inequality. (eg. consumer narratives, "nothing about us without us")
- **Anti-essentialism/Intersectionality:** Social and cultural categories (gender, race, class, ability, etc.) interact on multiple and simultaneous levels to create multiple forms of systemic social inequality.

Intersectionality

Interlocking Dimensions of Privilege and Oppression

- A theory to understand how social and cultural categories intertwine. Developed by critical feminist theorists; primarily women of color.
- No social group is homogenous. It is possible to have privilege in one intersectional dimension and lack privilege in another.
- How do the relationships between gender, race, ethnicity, disability, sexuality, class, nationality, and other identifications impact a person as they experience the mental health system?

- I am often the only person of my race or ethnicity in a room full of people.
- When people ask me "Where are you from?" they usually don't mean what city I am from; they are asking to try and figure out what my ethnic background is.
- People feel compelled to inform me that they have friends or family members of the same race or ethnicity as me.
- I have been complimented for being articulate or speaking great English.
- People have greeted me with a foreign language that they assumed I knew how to speak.
- People have attributed my abilities or lack of ability to my race or ethnicity.
- People sometimes ask me to provide an opinion speaking for all members of my racial or ethnic group.
- I can easily find a billboard, magazine, television show, or movie prominently featuring someone who shares my ethnicity
- People have assumed that I am one ethnicity when I am actually another.

Does race or culture impact how often these experiences occur?
How do you experience every day life?
How do you experience the mental health system?

- If I wished, it would be easy for me to find a therapist who shares my culture.
- I worry about encountering microaggressions from my therapist. I worry about encountering racial microaggressions from my therapist.
- My intersectional identity may significantly impact how I am diagnosed or treated, for the worse.
- It would be easy for me to find a therapist for my parents or other family member—a therapist who is from the same culture and speaks the same language.
- I will face stigma from my community if I seek mental health services.
- I or my family will be able to communicate with mental health professionals or law enforcement personnel in their native language.
- I or my family can easily access online or in-person resources to learn more about my mental illness.
- I can afford the costs of mental health treatment (financial, time, transportation, etc.)

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Cultural Competence Continuum

CULTURAL DESTRUCTIVENESS

- Attitudes, policies, and practices that are destructive to cultures and individuals within the culture.
- Assumptions that one's own race or culture is superior to another and that "lesser" cultures should be eradicated because of their perceived subhuman position.
- Bigotry coupled with vast power differentials allows the dominant group to disenfranchise, control, exploit, or systematically destroy the minority populations.

CULTURAL INCAPACITY

- View that individuals and organizations lack the capacity to help individuals, families, or communities of color.
- Extreme bias, a relief in racial superiority of the dominant group, and a paternal posture are evident.
- Resources may be disproportionately applied; discrimination and practices, subtle messages to people of color that they are not welcome or valued, and lower expectations of minority clients are seen.

Cultural Competence Continuum (cont'd)

CULTURAL BLINDNESS

- Ignores cultural differences, holding an expressed philosophy of being unbiased, and perceiving all people as the same.
- Believes that helping approaches traditionally used by the dominant culture are universally applicable, ignoring cultural strengths.
- Assimilation is encouraged; operating from the view that problems are the result of inadequate cultural resources.
- Institutional racism continues despite participation in special projects for clients of color when funds are available.
- These projects may take a "rescuing approach" that does not include community guidance and that may be canceled when funds run out.

CULTURAL PRECOMPETENCE

- Individuals and organizations recognize their weaknesses in serving people of color and attempt to improve some aspects of their services to a particular population.
- There is a desire to deliver high-quality services and a commitment to civil rights.
- Organizations may hire people of color; staff may be trained in cultural sensitivity; and people of color may be recruited for agency boards or advisory committees.
- Tokenism used to demonstrate organization's commitment to diversity.
- If an activity or program is undertaken and fails, there may be a reluctance to try again
- Initiation of one program or activity to serve the community may be seen as fulfilling the obligation to the community.

Cultural Competence Continuum (cont'd)

CULTURAL COMPETENCE

- Respects differences and is attentive to the dynamics of difference
- Involves continuing self-assessment regarding culture.
- Seeks continuous expansion of cultural knowledge and resources
- Offers a variety of adaptations to service models to meet the needs of people of color who receive services.
- People of color have a say, voice, and influence in services.
- Representatives from community are brought in to share experiences.

CULTURAL PROFICIENCY

- People of color are fully welcome, have a full voice, and have equitable outcomes.
- Ideas, perspectives, voice, culture are valued and a full part of the system.
- People of diverse backgrounds have a role in all levels of the organization.
- Organization is proactive instead of reactive.
- Organization is aware that prejudices and stereotypes that affect people's experiences in society are also present in the organization and must be mitigated.
- Members of the organization understand how their own backgrounds and biases can impact service delivery.

Adapted from Chao, Y., Riosmena, B., Daniels, K., & Ramirez, M. (1998). Towards a Culturally Competent System of Care. Volume 1. Washington, DC: CASPP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, and Equity Consortium for School Based Programming, Just Communities Center Grant, 2011.

Wrap Up

- Different lenses are used to conceptualize mental health and some lenses are more oriented towards cultural competence than others.
- Critical Race Theory is a multi-disciplinary framework and perspective that can help deepen our cultural competence work.
- **Microaggressions** can greatly impact how a person of color experiences the mental health system.
- There are a multitude of ways in which we are all alike and also unlike. Some aspects of our identities have profound effects on our opportunities and experiences (intersectionality), more so than others.
- The California Mental Health Planning Council must continue to advocate for cultural proficiency, not just cultural "competence."