RACIAL AND MENTAL HEALTH PROFILING IN ONTARIO: EXPLORING THE LINKS

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The Canadian Mental Health Association (CMHA) works toward a single mission: to make mental health possible for all. The vision of CMHA Ontario is a society that believes mental health is the key to well-being. CMHA Ontario works closely with 31 local branches in communities across the province to ensure the quality delivery of services in the areas of mental health, addictions, dual diagnosis and concurrent disorders. Through policy formulation, analysis and implementation, agenda setting, research, evaluation and knowledge exchange, we work to improve the lives of people with mental health and addictions conditions and their families.

In this exploratory paper, we identify areas at the intersection of racial profiling and mental health, including key settings within the health care and justice systems. People often experience both mental health issues and additional inequities, such as poverty, racialization, or homophobia, simultaneously. Intersectionality creates unique experiences of inequity that pose added challenges at the individual, community and systems levels. We examine the distinct negative implications of mental health and racial profiling in these settings, and make recommendations for further research on this intersection.

RACIAL PROFILING AND MENTAL HEALTH

Racial profiling both reproduces and is a product of racialization, the social construction of races as real, biological, fixed and unequal. Two dimensions of the relationship between racial profiling and mental health require attention:

1. RACIAL PROFILING NEGATIVELY IMPACTS ON THE MENTAL HEALTH OF RACIALIZED INDIVIDUALS

In 2002, the OHRC conducted an inquiry into the effects of racial profiling on individuals and communities in Ontario. In its report (2003),i it identified mental health related impacts of racial profiling on individuals as well as on broader society, including post-traumatic stress disorder and other stress-related disorders. These findings are consistent with CMHA Ontario's understanding of how inequities impact on marginalized individuals and communities. Due to decreased access to the social determinants of health, marginalized communities are more likely to experience poor mental health and in some cases mental health conditions (CMHA 2014).

2. RACIALIZED PEOPLE WITH LIVED EXPERIENCE OF MENTAL HEALTH ISSUES (PWLE) MAY EXPERIENCE BOTH RACIAL AND MENTAL HEALTH PROFILING

The OHRC defines mental health profiling as "an action taken for reasons of safety, security or public protection that relies on stereotypes about a person's mental health and addiction instead of on reasonable grounds, to single out a person for greater scrutiny or different treatment" (Fact Sheet).

A common assumption made during mental health profiling is the individual will be violent, despite evidence that PWLE are no more likely to engage in violent behaviour than the general population and actually are more likely to be victimized (CMHA 2011). Recent data from Statistics Canada (2015) has identified that Canadians with mental health disabilities or who report poor or fair mental health experience four times the rate of violent victimization compared to people who report good to excellent mental health. These misperceptions about the relationship between mental health and violence contribute significantly to the stigma, discrimination and social exclusion faced by PWLE, which poses barriers when accessing housing, employment, education, justice and further contribute to poor mental health (CMHA 2011).

Intersecting identities create unique experiences of inequity. Racialized PWLE may experience both mental health profiling and racial profiling simultaneously or at different times in different contexts. It may be difficult or impossible to determine whether just racial profiling or mental health profiling or both are at play. As noted above, however, experiences of racial and mental health profiling can contribute to poor mental health or mental health conditions for racialized PWLE, but they can also pose challenges in accessing much needed social determinants of health. This dynamic can further entrench the cycle of marginalization.

KEY SETTINGS

Healthcare and justice settings are identified because they are critical junctures where racialized people with mental health disabilities are most vulnerable and there is a risk of short- and long-term negative outcomes.

THE HEALTHCARE SYSTEM

The healthcare system is a significant setting for PWLE. Having access to a continuum of safe, effective and equitable mental health services and supports is essential for recovery.

It is critical to better understand if and how racial and mental health profiling occurs within the healthcare system. In an article featured in the *Canadian Journal of Psychiatry*, Layla Dabby *et al*. (2015) found that Canadian psychiatrists and residents have relatively negative attitudes towards patients with schizophrenia. More research is needed to identify whether and how these attitudes could impact on service delivery, including whether profiling occurs, and how it intersects with other forms of identity such as race.

In 2013, CMHA Ontario participated in an initiative to better understand how racialized PWLE use hospital emergency departments. Consultations with racialized PWLE found that use of force by hospital security staff was a significant concern. Consultation participants were often unable to distinguish between hospital security or police services, and felt that both racialization and mental health status played significant roles in the interactions (Wong *et al.* 2014). Consultations with service providers also raised additional issues to further investigate, including discretion around the use of physical and chemical restraints (Wong *et al.* 2014).

THE JUSTICE SYSTEM

Police, by virtue of their role as emergency responders, are often first on the scene to support someone experiencing a mental health crisis. These interactions can have a significant and lasting impact on people's lives. How mental health factors into racial profiling has been less investigated and may be difficult to measure due to the complexity of intersecting identities. The research that does exist in this area points to the need for further investigation. A 2005 Montreal-based study found that even while controlling for age, gender, marital status, and number of psychotic symptoms, being African-Canadian was independently and positively associated with police or ambulance referral to emergency services. The study concluded that African-Canadians admitted to the hospital with psychosis are overrepresented in police and ambulance referrals to emergency psychiatric services (Jarvis *et al*. 2005).

INTERSECTION OF HEALTH AND JUSTICE

Determinations of consent and capacity (whether an individual has the legal capacity to make decisions) happen at the intersection of the healthcare and justice systems. These determinations are often informed by psychiatric diagnosis. Stereotypes, assumptions or misunderstandings by psychiatrists can significantly impact on this process. In her analysis of decisions made by the Consent and Capacity Board of Ontario, Ruby Dhand, a professor of law at Thompson Rivers University explains that stereotypes about race can lead to errors in diagnosis. For example, Dhand quotes a psychiatrist as saying:

> "If African patients are uttering to the sky, we may diagnose them as being psychotic, but really they may be chanting. In these cases, we over-diagnose. With Chinese patients who are very quiet and don't say much. They are totally psychotic in their head and they don't tell you. And we think okay – they can go home." (Dhand 2011).

In this quote, the psychiatrist acknowledges the need to understand how racialization impacts on mental health, but also makes assumptions or stereotypes about racialized people.

NEXT STEPS

As the OHRC moves to further respond to racial profiling, it is imperative to consider intersections with mental health. This paper explores why this work is needed and key settings to examine. Three recommendations emerge from this discussion:

- More research is needed on the intersection of racial- and mental health profiling
- Consistent and effective collection of socio-demographic information, including about race and mental health disability, in the areas of policing, justice and healthcare service provision. For example, the OHRC recommends that data collection about the circumstances related to police use of force be expanded province-wide and include collecting data about use of force in scenarios where the police are interacting with persons who have, or who are perceived to have, mental health issues or addictions.
- Engage all relevant sectors and stakeholders – including PWLE, policing, justice and healthcare system stakeholders – to identify key priorities and develop a shared commitment to build evidence and action for change.

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