



RECOVERY IN MOTION



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August 2020 Edition



Discrimination and Racism in the History of Mental Health Care. By Kylie M. Smith, Ph.D.

People with mental illness have always been discriminated against. They have been denied full participation in society and labeled as dangerous and criminal. Many have been locked in institutions that acted more like prisons designed to punish than hospitals designed to treat.

In the 1960s, a series of federal legislation and court cases tried to end this discrimination. In the process, these cases revealed how deep the inequalities ran. And as bad as they were for anyone with mental illness, they were even worse for the most marginalized people in the system, African American men, women, and children.

These problems continue today due to a history of systemic discrimination.

Continued on page 2

Claiming that Segregation Was “Medically Necessary”

In 1963, the Community Mental Health Centers Construction Act (CMHA) was passed to change the way people with mental illness were confined. CMHA recognized that hospitals were too often places of custody rather than care and provided money to states to build new community-based services.

When the Civil Rights Act was passed in 1964, it included a clause, Title VI, that declared it illegal for any facility or service receiving federal funds to discriminate on the grounds of race. Some states that were still actively pursuing policies of racial segregation were in danger of losing existing funding and of not receiving any Medicare funding.

Rather than accepting these rulings and finding ways to end discrimination and segregation, states like Alabama and Mississippi chose to fight the federal government in court. They claimed that it was their right to run state services free of federal interference and that it was medically necessary to segregate patients along racial lines.

Using Psychiatry as a Justification for Mistreatment

The idea that segregation was medically justified was based on a long history of racist ideas in psychiatry. Physicians and psychiatrists argued from the early 1800s that African Americans were biologically “inferior”. The most infamous of these, Samuel Cartwright, argued that slavery was their natural state because they benefited from the hard work and were incapable of looking after themselves outside the system. In 1851, Cartwright published a report where he invented two “psychiatric” disorders, *draeptomania* and *dysaesthesia aethiopica*, to explain the tendencies of enslaved people to run away or to resist hard work as mental illness.

Cartwright also claimed that enslaved people demonstrated child-like simplicity and lack of complex emotional processes which were characteristics of their entire race. Hospital superintendents used these ideas to justify a lack of any real therapeutic treatments for African American patients. This led to a dual system in many hospitals where Black patients were kept in separate substandard facilities and put to work in the hospital laundry, kitchen and fields.

These conditions were not seriously challenged until the 1960s. Inspired by new Civil Rights legislation, lawyers and activists fought for an end to racial segregation in all the country’s hospitals, including its psychiatric ones. In 1967, the Office of Equal Health Opportunity within the Department of Health, Education and Welfare (HEW) inspected facilities in the South, and found that psychiatric hospitals (particularly in Alabama and Mississippi) continued to operate in breach of the Civil Rights Act.

The HEW inspector, Marilyn Rose, wrote that, “the general wards were horrid.” She explained that “there were only five doctors, four of whom were foreign. They were not licensed in the U.S. and did not have credentials as psychiatrists in their native country. The fifth psychiatrist was the administrator, obviously not conversant with modern psychiatry, and seemed to be running a southern plantation.”

Behind these harmful practices lay the idea that Black people were somehow less than human, that they didn’t feel the same way that white people did, or that they weren’t suitable for things like psychoanalysis or group therapy.

(Continued page 3)

How These Practices Define Psychiatry Today

What makes this kind of discrimination possible? When I talk to people about my research, some of them, especially ones born in the South, say “oh but that’s just how it was back then.” Yes, but that doesn’t make it right. People at the time knew it wasn’t right, and the NAACP Legal Defense Fund went to court to end these discriminatory practices.

In the case against Alabama, the judge drew on expert testimony from black and white psychiatrists who said there was no medical justification for segregation or discrimination. Sadly, racism in psychiatry did not end with these cases and the later deinstitutionalization movement.

Recent work by historian and psychiatrist Jonathan Metzler shows that the ideas that underpinned these past practices merely shifted terrain in the 1970s. For example, psychiatrists added the word “aggressive” to the definition of schizophrenia, and marketed pharmaceuticals directly at black patients who they felt were more “out of control.”

The long-term effect of this shift has been a disparity in diagnostic rates. Black men are more likely to be diagnosed with schizophrenia than white, with no scientific basis. Black patients continue not to seek mental health services. And the criminal justice system continues to push black people with mental illness into prisons.

How History Can Help Us Understand the Way Forward

While this history is tragic, it doesn’t mean things are hopeless moving forward. Federal agencies are funding more research to try and understand the causes of disparities in access, treatment, and care. But it’s important to remember that biology or genetics do not cause those disparities. It is history, culture, and politics that treat people differently.

We need to teach this history to our practitioners, so they understand what factors have shaped the way people approach mental health. And we need to recognize the impact of this history on individual wellness. To be actively discriminated against, to be thought less of, because of the color of your skin is both stressful and traumatizing.

In 2003, the Human Genome Project found that human genetics are 99% the same. In 2020, it’s time to let go of old ideas about human difference, and make sure that everyone has access to the mental health services they need and deserve.



August Updates

- Unfortunately, we remain closed for business at the church at the time of this publication. The rise in local and statewide Covid cases is such that the Administration of Agape has decided to continue with distance groups. We are constantly re-evaluating, and you will be notified when we feel it is safe to re-open the Center.
- We have plans to increase our interaction with Agape members. We will add a group every Wednesday at 1:00 pm. We will mostly be doing tele-groups at the **(720)-740-9050** number. We will be adding back into our Tuesday/Thursday mix, some video groups for those who have Facebook messenger, and we will be doing home visits from time to time. Please check the calendar for specifics.
- The staff have lists of Agape members phone numbers and are calling to check on members once or twice a week. If you need assistance, please don't hesitate to call **Tony@ 335-5896** or **Becky@ 676-7356** or **Gerri@ (940)-273-6935** or contact us on Facebook. If you would like a personal face to face visit, let your phone contact Agape Staff know.
- We will be handing out **Care and Activity packages** in early August. Stay tuned for that.
- **We are excited to announce another Contest for group attendance.** Contest starts August 4th. First, second, and third place prizes in the form of gift cards will be awarded at the end of the month. Join the groups, join the fun!!!
- Please try to keep your calls to staff during business hours. Mon – Fri, 9-5. Staff needs their rest time to be effective in caring for all the members during the challenging times we live in.
- If you are experiencing an emergency and feel isolated, very depressed, suicidal, or anxious and need to talk to one of the Agape staff after hours, call one of the phone numbers listed above. Or you can call the **crisis line @359-6699 or (800)-273-8255**.
- Contact the staff if you need a mask. **Do your part. Stop the Spread!** Wearing a mask and practicing 6 foot or more of social distancing is going to be one of the re-opening practices of the Agape Center to keep everyone safe.



Emily Dickinson - 1830-1886

The Soul has Bandaged moments

The Soul has Bandaged moments –
When too appalled to stir –
She feels some ghastly Fright come up
And stop to look at her –

Salute her, with long fingers –
Caress her freezing hair –
Sip, Goblin, from the very lips
The Lover – hovered – o'er –
Unworthy, that a thought so mean
Accost a Theme – so – fair –

The soul has moments of escape –
When bursting all the doors –
She dances like a Bomb, abroad,
And swings upon the Hours,

As do the Bee – delirious borne –
Long Dungeoned from his Rose –
Touch Liberty – then know no more,
But Noon, and Paradise –

The Soul's retaken moments –
When, Felon led along,
With shackles on the plumed feet,
And staples, in the song,

The Horror welcomes her, again,
These, are not brayed of Tongue –



Agape Center Artwork

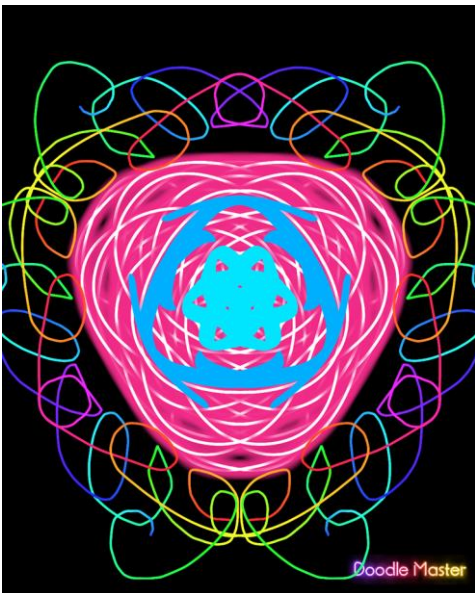
Real Artwork done by Agape Center Members



Song Bird - EV



No Health without Mental Health - LH



Doodles - SC



Immigrant Child - TF

Enter The Agape Center Raffle



Members who attend the most groups in August have a chance to win prizes! Those who are 1st, 2nd, and 3rd place according to attendance will have their names placed in a raffle, and the Agape Center Staff will give out prizes to the lucky winners



August 2020 Calendar
Telegroup Number: 1-(720)-740-9050

MON <i>AGAPE Hrs:</i> 9am – 4pm	TUE <i>AGAPE Hrs:</i> 9am – 4pm	WED <i>AGAPE Hrs:</i> 9am – 4pm	THU <i>AGAPE Hrs:</i> 6:00pm-8:00pm	FRI <i>AGAPE Hrs:</i> 9am – 4pm
<u>3</u> Closed	<u>4</u> Fact Checking Misinformation <u>10:00 – 11:00</u> NAMI Connection Telegroup <u>1:00-2:30</u>	<u>5</u> Trivia Game <u>1:00 – 2:00</u>	<u>6</u> Personal Hygiene <u>10:00 – 11:00</u> Building Relationships <u>1:00-2:00</u>	<u>7</u> Closed
<u>10</u> Closed	<u>11</u> Healthy Boundaries <u>10:00 – 11:00</u> NAMI Connection Telegroup <u>1:00-2:30</u>	<u>12</u> Healthy Eating & Nutrition <u>1:00 – 2:00</u>	<u>13</u> Home Hygiene & Hand Washing <u>10:00 – 11:00</u> Trivia Game <u>1:00-2:00</u>	<u>14</u> Closed
<u>17</u> Closed	<u>18</u> Depression Group <u>10:00 – 11:00</u> NAMI Connection Telegroup <u>1:00-2:30</u>	<u>19</u> Coping with Addictions <u>1:00 – 2:00</u>	<u>20</u> Mental Health Hangman (Facebook Video) <u>10:00 – 11:00</u> How to Avoid Boredom <u>1:00-2:00</u>	<u>21</u> Closed
<u>24</u> Closed	<u>25</u> Budgeting your Stimulus Check <u>10:00 – 11:00</u> NAMI Connection Telegroup <u>1:00-2:30</u>	<u>26</u> Pets as Antidepressants (Facebook Video) <u>1:00 – 2:00</u>	<u>27</u> Share & Care Group <u>10:00 – 11:00</u> Trivia Game <u>1:00-2:00</u>	<u>28</u> Closed
<u>31</u> Closed				



AAMHC

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Physical location:

1401 S. Polk St.

(Polk Street United Methodist Church, 4th floor)

RETURN SERVICE REQUESTED

AAMHC Board of Directors

Chairman: **Kirsten Williams**

Vice Chairman: **Open**

Secretary: **Vickie Lee**

Treasurer: **Open**

Asst. Treasurer: **Open**

Asst. Secretary: **Open**

Advocacy Committee Chairman: **Open**

Angel/Outreach committee Chair: **Open**

Program Chairman: **Lola Lorthridge**

Member-at-large: **Ann Rush**

Member-at-large: **Open**

Member-at-large: **Open**

AAMHC Staff & Volunteers

Executive Director: **Tony Foster**

Center Director: **Gerri Steele**

Center Director Assistant: **Jacque Raines**

Administrative Assistant: **Becky Irvine**

Computer Lab Technician: **Glenn Truett**

Computer Lab Technician Assistant: **Open**

Progress Note Assistant: **Roberto Padilla**

Van Driver: **David Steele**

Art Teacher: **Linda Hilario**

Yoga Instructor: **Margie Netherton**

GED Teacher: **Tony Foster**

Newsletter Creators: **Tony Foster, Becky Irvine**

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