

The importance of diversity in psychiatry

Allison N. Chang, MD

In a sea of blonde hair and blue eyes, my black hair and brown eyes stood out. At the time, I was a medical student and one of the few people of color rotating through the inpatient child psychiatric unit. While I was aware I looked “different,” I discovered that my young patients had an unbridled curiosity about such differences. Common questions I received included “Where are you from? Why are your eyes so small? Is it because you eat rice?” Their questions were never of malicious intent, but rather due to my patient’s unfamiliarity with the Asian-American community and with Black, Indigenous, and people of color (BIPOC) communities in general.

Therefore, it came as no surprise that my BIPOC patients could keenly detect similarities. I could see their eyes widen, a spark of recognition, surprise, or even perhaps relief, when they saw my dark hair or the color of my skin. For members of minority racial/ethnic groups in a predominantly White society, there is a special kinship with other underrepresented BIPOC individuals. We are a community; our shared experiences of discrimination and disadvantages bind us together.

Perhaps it was because of our similarities that my BIPOC patients felt comfortable sharing their most intimate secrets: struggling with social anxiety due to language barriers in school, feeling anxious about balancing their familial expectations vs being “American,” or wishing they were dead due to the color of their skin. It hurt to hear this from my patients. My BIPOC patients’ narratives shared a common theme of

fear. Fear that others wouldn’t understand their experiences. Fear that no one would understand their pain. When I reflect upon my own experiences with racism, from microaggressions to outright threats, I am reminded of my own fears, loneliness, and pain. It is these experiences that fuel every BIPOC medical student, resident, and physician to provide culturally sensitive care to patients and promote greater mental health for the BIPOC community.

Why diversity matters

Diversity is important in health care. Our patients come from various backgrounds and cultural experiences. A 2019 survey recruited participants who self-identified with >1 race or as a member of an interracial family relationship, to evaluate their preferences in clinicians.¹ Through thematic evaluation of participants’ responses, researchers noted that participants expressed a preference for clinicians who identified as a person of color.¹ Participants desired clinicians who were culturally sensitive, who could connect and empathize with their experiences as people of color.¹ Ultimately, by having a diverse array of clinicians, health care systems ensure that medical professionals can



Dr. Chang is a PGY-1 Psychiatry Resident, University of Hawaii General Psychiatry Program, Honolulu, Hawaii.

Disclosures

The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

Acknowledgments

The author thanks Susan J. Sample, PhD, MFA, Director of Initiative in Narrative, Medicine, and Writing, the Center for Health Ethics, Arts, and Humanities, University of Utah Health Sciences, Salt Lake City, Utah.

doi: 10.12788/cp.0351



Discuss this article at
www.facebook.com/MDedgePsychiatry



LET YOUR VOICE BE HEARD

CURRENT PSYCHIATRY invites psychiatry residents to share their views on professional or clinical topics for publication in Residents' Voices. E-mail jbauer@mdedge.com for author guidelines.

Clinical Point

The physician must recognize how the intersectionality of race, sexuality, socioeconomic status, and culture impact mental health

make important connections with patients due to shared experiences.

I remember talking to a mother about her daughter's suicide attempt. During our conversation, the mother began to shake her head. "She doesn't have depression," she exclaimed. "She needs to snap out of it." As I listened to her, I was reminded of my own grandmother.

My grandmother struggled with depression throughout her life, yet she was adamant she was "fine." For my grandmother, her insistence that she did not have depression was rooted in shame. In our community, depression was not viewed as a disease, but rather a moral failing. My patient's mother shared a similar attitude towards depression, believing her daughter was struggling due to her lack of willpower.

As the only person of color on the treatment team, I understood the importance of helping others on the team to also understand the mother's perspective—doing so changed the dynamics of the relationship between the team and the family. Rather than having an antagonistic view of the mother who seemed to be callous of her

daughter's needs, the team viewed her differently; she was now understood as a mother who was overwhelmed and lacked an understanding of the disease. This changed the treatment team's focus. The first step was to educate the family about depression, before providing therapeutic and medication treatments.

To fully understand the patient, the physician must place the story in the correct context, recognizing how the intersectionality of race, sexuality, socioeconomic status, and culture impact mental health. I am now a resident, and as a physician, my primary goal is to be an advocate for patients. To improve patient care, we must continue to find ways to improve diversity in the field of psychiatry. One crucial way is for clinicians to share their stories and be vulnerable with our colleagues, as our patients are with us. Through sharing our personal narratives, we further honor and encourage greater diversity.

References

1. Snyder CR, Truitt AR. Exploring the provider preferences of multiracial patients. *J Patient Exp*. 2020;7(4):479-483. doi:10.1177/2374373519851694