

Resources on Racism 05 30 20

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1. <https://www.msn.com/en-us/news/us/racism-doesnt-stop-at-police-brutality-neither-can-reform-opinion/ar-BB14VGT5?ocid=spartandhp>
2. <https://www.msn.com/en-us/lifestyle/shopping-all/its-time-to-have-the-talk-with-your-kids-and-these-books-about-racism-will-help/ss-BB14VGJN?ocid=spartandhp>
3. <https://www.msn.com/en-us/news/world/13-documentaries-about-race-you-need-to-see-if-you-havent-yet/ss-BB14Wysb>
13 Documentaries About Race You Need to See If You Haven't Yet
4. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31130-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31130-9/fulltext)
Police Killings and their spillover effects on the MH of Black Americans- David Walker – Harvard.
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31130-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31130-9/fulltext)

Summary

Background

Police kill more than 300 black Americans—at least a quarter of them unarmed—each year in the USA. These events might have spillover effects on the mental health of people not directly affected.

Methods

In this population-based, quasi-experimental study, we combined novel data on police killings with individual-level data from the nationally representative 2013–15 US Behavioral Risk Factor Surveillance System (BRFSS) to estimate the causal impact of police killings of unarmed black Americans on self-reported mental health of other black American adults in the US general population. The primary exposure was the number of police killings of unarmed black Americans occurring in the 3 months prior to the BRFSS interview within the same state. The primary outcome was the number of days in the previous month in which the respondent's mental health was reported as “not good”. We estimated difference-in-differences regression models—adjusting for state-month, month-year, and interview-day fixed effects, as well as age, sex, and educational attainment. We additionally assessed the timing of effects, the specificity of the effects to black Americans, and the robustness of our findings.

Findings

38 993 (weighted sample share 49%) of 103 710 black American respondents were exposed to one or more police killings of unarmed black Americans in their state of residence in the 3 months prior to the survey. Each additional police killing of an unarmed black American was associated with 0.14 additional poor mental health days (95% CI 0.07–0.22; $p=0.00047$) among black American respondents. The largest effects on mental health occurred in the 1–2 months after exposure, with no significant effects estimated for respondents interviewed before police killings (falsification test). Mental health impacts were not

observed among white respondents and resulted only from police killings of unarmed black Americans (not unarmed white Americans or armed black Americans).

Interpretation

Police killings of unarmed black Americans have adverse effects on mental health among black American adults in the general population. Programmes should be implemented to decrease the frequency of police killings and to mitigate adverse mental health effects within communities when such killings do occur.

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Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study

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Introduction

Public awareness of police killings of unarmed black Americans has been galvanized by the high-profile deaths of Oscar Grant, Michael Brown, Eric Garner, Walter Scott, Freddie Gray, and Stephon Clark, among others. Black Americans are nearly three times more likely than are white Americans to be killed by police—accounting for more than 40% of victims of all police killings nationwide—and five times more likely than are white Americans to be killed unarmed.^{1–3}

Beyond the immediate consequences for victims and their families, police killings might also affect the mental health of people not directly connected to the killings or to the people involved. Racism, like trauma, can be experienced vicariously.^{4,5} Police killings of unarmed black Americans might compromise mental health among other black Americans through various mechanisms, including heightened perceptions of systemic racism and lack of fairness,⁶ loss of social status and self-regard,⁷ increased fear of victimisation and greater mortality expectations,⁸ increased vigilance,⁹ diminished trust in social institutions,¹⁰ reactions of anger, activation of prior traumas, and communal bereavement.¹¹

A large literature has shown associations between racism and health outcomes,^{7,9,12,13} emphasising the pathogenic roles of discrimination and differential access to socioeconomic opportunities.¹⁴ However, a causal link between racism and health outcomes has been difficult to show. Police killings of unarmed black Americans have been interpreted by many as an expression of “structural racism”,^{15–18} defined by Bailey and colleagues as “the ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems that in turn reinforce discriminatory beliefs, values, and distribution of resources”.¹⁴ Police violence disproportionately wielded against black Americans has been linked in part to the ways officers are trained, methods of identifying and engaging suspects, and uneven enforcement and punishment.^{19–21} Negative interactions with police have been associated with worse mental health among black men.²² Descriptive studies suggest an elevated prevalence of depression and post-traumatic stress disorder among black Americans living in communities where specific police killings of unarmed black Americans have occurred.^{23,24} Anecdotal evidence from traditional and social media suggests adverse mental health impacts in the wake of these events. However, the population-level health impacts of police killings have not been quantified in nationally representative data.

Our study aims to fill this gap. We estimated the impact of police killings of unarmed black Americans on self-reported mental health of black American adults in the US general population. We used newly released data on police killings combined with nationally representative survey data from 2013 to 2015. We employed a quasi-experimental design that leveraged state and temporal variation in police killings of unarmed black Americans to estimate causal effects.

Discussion

Police killings of unarmed black Americans were associated with worse mental health among other black Americans in the general US population. These findings were robust to a wide array of specification checks. Our use of a quasi-experimental methodology, coupled with empirical interrogation of potential violations to the unconfoundedness assumption, allows for a causal interpretation of these estimates.²⁹

Our estimates suggest that police killings of unarmed black Americans have a meaningful population-level impact on the mental health of black Americans. Specifically, our estimates imply that police killings of unarmed black Americans could contribute 1.7 additional poor mental health days per person per year, or 55 million (95% CI 27 million–87 million) excess poor mental health days per year among black American adults in the USA (calculated on 33 million black Americans affected by four killings per year, leading to 0.14 excess poor mental health days per month for 3 months after each killing). To contextualise this aggregate estimate, we compare it with the mental health burden of diabetes: people with diabetes have been shown to experience 11.0 additional poor mental health days (95% CI 9.6–12.5) per year.³¹ Extrapolating this finding to the 20.6% of black Americans with diabetes,³² we estimate that diabetes might be responsible for an additional 75 million poor mental health days among black Americans. Our estimates therefore suggest that the population mental health burden from police killings among black Americans is nearly as large as the mental health burden associated with diabetes.

This substantial burden is even more striking given that our results might underestimate the true mental health spillover effects of police killings of unarmed black Americans. First, many of the killings in our sample received nationwide media coverage, and, consequently, there might have been spillover effects of police killings on mental health among black Americans living in other states. Those mental health spillovers are excluded from our estimates. Second, because these states form the comparison group for our exposure, any spillover effects in other states would bias our estimates of within-state effects toward the null. Third, police killings are systematically under-reported in official sources,²⁵ and it is possible that some killings that were not well publicised were missed even in the MPV database. In our sample, race or ethnicity was unknown for 7.3% of killings of unarmed victims and these were excluded. To the extent that these missing events have mental health consequences of their own, omitting them would bias downwards our estimates of the population mental health impact of police killings. Misattribution of the armed status of a victim, if random, could also bias our estimates toward the null.

Our findings illustrate the generalisability of small-scale studies^{23,24,33} of mental illness after police violence in exposed communities and support recent calls to treat police killings as a public health issue,¹⁷ given the improvements in population mental health that would be likely to accrue if these killings could be averted. Such interventions might be best applied as part of a broader reform package in the criminal justice sector, given growing evidence about how other elements of the criminal justice system (eg, mass incarceration) undermine population health in communities of colour.³⁴ Our findings also highlight the need to implement public health programmes that mitigate adverse mental health spillover effects within these communities when police killings of unarmed black Americans do occur.

Our results point to the importance of structural racism as a driver of population health disparities.¹⁴ The striking specificity of the findings—ie, that no spillover effects were observed among white respondents, nor among respondents of either race in response to police killings of unarmed whites or of armed black Americans—suggest that the meaning ascribed to police killings of unarmed black Americans, in light of the historical and institutional context in which they occur, probably mediates the adverse mental health effects of these events on black Americans.

There is strong evidence of systematic targeting of black Americans by police in the identification of criminal suspects, as well as in their prosecution, conviction, and sentencing in the criminal justice system.^{19,20,35} Moreover, police officers who have killed unarmed black Americans are rarely charged, indicted, or successfully prosecuted.³⁶ Racial disparities in law enforcement and legal treatment have a long history in the USA, and state-sanctioned violence in particular has been used to terrorise, dehumanise, and subjugate black Americans.^{15,20,37} In this context, police killings of unarmed black Americans are perceived by many as manifestations of structural racism and as implicit signals of the lower value placed on black lives by law enforcement and legal institutions—and by society at large.^{15,38}

How does structural racism—represented in racial disparities in police killings—get under the skin and exert its corrosive effects on mental health? The observed adverse mental health spillover effects of police killings of unarmed black Americans could result from heightened perceptions of threat and vulnerability, lack of fairness, lower social status, lower beliefs about one’s own worth, activation of prior traumas, and identification with the deceased.^{6,7,9,12,39,40} Future research could illuminate the relative importance of these and other pathways.[Status, in society in a community in an occupation which may all be the result of disparities in Law enforcement strategies and enforcement enforce by class and legal systems have profound effects directly and indirectly on individual from the time before they are born through child and early adult food leading to shortened lives resulting from the multiple profound psycho-physiological impact of trauma and adverse SDoH adverse childhood experiences. VM]

In this vein, the results provide rare causal evidence about the impact of events widely perceived to reflect structural racism on the mental health of black Americans. While a small literature has identified causal links between historically racially segregated institutions and health,^{10,41} little—if any—causal evidence exists about the spillover consequences of contemporary events widely perceived as manifestations of structural racism. Our findings have important public health implications given the ubiquity of exposures to racism: 92% of black Americans in a 2017 survey believed that discrimination against their racial group existed today, with at least half reporting personal experiences of discrimination in the workplace or with police.⁴² Viewing our results in the context of the widespread prevalence of events perceived as originating from structural racism reinforces arguments that the health consequences of racism are likely to be large and pervasive.¹⁴

Our study had several limitations, **many of which should motivate further research.**

First, the assignment of exposure was limited by the fact that geographical identifiers in the public use BRFSS files were limited to the state level. We did not have information on the extent to which BRFSS participants were directly aware of police killings. Given that some respondents exposed to a police killing in the same state 3 months prior to the survey might not actually have been aware of the police killing, our estimates have an intention-to-treat interpretation. Our findings provide a valid measure of population impact, but do not capture heterogeneity in individual-level exposures and their mental health consequences. Localised communities, for example, might experience substantially larger effects.

Second, despite our quasi-experimental design, it is possible that unmeasured confounders varying at the state-year-month level—and deviating from normal state-specific seasonal patterns—could have biased our estimates. However, our results were robust to further covariate adjustment, and a falsification test provided no evidence of residual confounding.

A causal interpretation is further supported by the specificity of the results, consistent with our a-priori hypothesis that police killings of unarmed black Americans have distinct spillover effects on the mental health of other black Americans. Any putative confounder that would bias our primary estimates away from the null would also be expected to bias the other five regression estimates away from the null.

Third, although the mental health measure used in the BRFSS has been validated in different contexts, **the self-reported nature of our primary outcome is a limitation.**

Future research should assess spillover effects of police shootings on a wider variety of mental health outcomes (eg, depression and anxiety), mental health service use, adverse stress-related behaviours, and physiological reactions (eg, cortisol levels).

Fourth, our study does not focus on other ways in which the criminal justice system disproportionately targets black Americans. It is likely that other forms of structural racism—such as segregation, mass incarceration, and serial forced displacement—also contribute to poor population mental health.^{7,34}

Fifth, our focus on individuals who self-reported their race as “Black/African American” in the BRFSS data—and on those identified as “Black” in the MPV database—draws an artificial boundary that masks heterogeneity within this population. For example, more recent black immigrants or naturalised black Americans from Africa or the Caribbean might experience mental health spillover effects of police shootings differently from other black Americans.

However, recent work suggests that Caribbean blacks and black Americans are equally likely to face discrimination.⁴³ Although the racial categories used in this study obscure such complexities, it has been argued that, to the extent that racial classifications are meaningful at all, they have utility in describing shared experiences of racism.⁴⁴ Sixth, although we were underpowered to examine mental health effects of police killings among other vulnerable populations, such as Hispanics and Native Americans, investigating these relationships is an important direction for future research. Finally, prior evidence suggests that police killings might have adverse mental health impacts on the police officers themselves.⁴⁵ We did not have the data to estimate these effects. Understanding the extent to which these effects are moderated by the race or armed status of the deceased is an important area for future research.

In our nationally representative, quasi-experimental study, police killings of unarmed black Americans had adverse effects on the mental health of black Americans in the general population. These findings bolster calls to more accurately measure police killings and provide an additional public health rationale to better understand and address the potential pathogenic effects of police killings of unarmed black Americans and other manifestations of structural racism in the USA.