



Impact of Racism on the Use of Intrusive Interventions



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ABSTRACT

- The American law enforcement's disproportionate maltreatment and violence against the BIPOC community has become a mainstream social issue. As racism and discrimination have been interwoven into American society since the country's origin it is negligent to think that differential and unfair treatment starts and ends with police. Using the data from this study we will examine the relationship between racial minority status and the rate of use of intensive interventions and seclusion in inpatient mental health facilities.

INTRODUCTION

- Implicit Bias: stereotype-based associations that alter cognitive processes which produces overt behaviors (Ito et al., 2016)
- Racism: an ideology, or belief system, designed to justify and rationalize racial and ethnic inequality (Huckshorn, 2006).
- Discrimination: behavior aimed at denying members of particular ethnic groups' equal access to societal rewards (Huckshorn, 2006).
- Seclusion and restraints are some of the most controversial interventions used in the mental health field (Steele, 1999). These are both currently considered to be high risk, problem-prone interventions that can be dangerous to both the client and the staff administering them. Despite these risks remain they are still among the most inconsistently regulated, and under-reported interventions used in the healthcare field today (Huckshorn, 2006). While there is controversy around said intervention not much research has been devoted to examining which clients are the most at risk for receiving these interventions.
- Implicit bias, racism and discrimination are likely the cause of differential and unfair treatment within inpatient mental health. This may cause the overuse of restraints and seclusion with BIPOC clients. Not only is this traumatizing but it is also an unethical practice and use of power. We must look to see if this is occurring to subsequently alter said practices in order to mitigate racial trauma.

PRIMARY AIM AND HYPOTHESES

- RQ1: Are more intensive interventions such as medical or physical restraints and seclusion used at higher frequencies for BIPOC clients in inpatient mental health settings?
- H1: I hypothesize that more intensive interventions are used at a disproportionately higher rate for BIPOC clients when compared to White clients.

METHODS

Participants

- I am interested in a sample of 500 clients who have been in inpatient care for at least 1 year.
- All ages, genders, and ethnicities will be included in this sample.

Procedures

- Data will be collected by pulling all incident reports over the last 12 months for every client in each participating facility.
- Participants will be recruited by their admittance to the participating facilities.
- All participants or their legal guardians will be asked to sign a Release of Information (ROI) to gain legal consent to access the participant's medical and/or institutional records.
- Each individual intervention will be allocated a specific code depending on type and severity. Such will include medical restraints, physical restraints, partial seclusion, complete seclusion, and other interventions specific to the institution that may fit under the categories of seclusion or restraint.

MEASURES

Number of Intensive Interventions

- The variables being examined are the number of times of intensive interventions were administered to BIPOC clients as compared to the number of interventions administered to white clients over a period of 12 months. These will be measured by the number reported by the incident reports filed in each client's medical or institutional records.
- A kappa calculator will be used to assess the inter-rater reliability between codes
- All the kappa coefficients will be evaluated using the guideline outlined by Landis and Koch (1977)

RESULTS

- RQ1: An ANOVA test will be ran to determine the group differences. The results for BIPOC participants from the ANOVA test will be compared to those of White participants to determine the frequency of the intrusive interventions applied to the different racial groups.
- The results of the test will show if the frequency of interventions such as seclusion or restraints are given more frequently to BIPOC clients and if the amount is statistically significant.

Discussion

- The social implications of this work will be to offer more reinforcement of the fact that implicit biases impact the work done in every field, and that mental health is not exempt. Though the work done by most people in this field is done to better the lives of others the results of this research could help turn the scope on the harmful actions that occur as result of biases that have not been examined or thoroughly worked on.
- Future research on this topic should include qualitative studies to determine how these interventions impact BIPOC clients and additionally how they could potentially negatively impact their psychological well-being as well as their treatment.
- Implications for clinical practice from this study could include how inpatient facilities train, hire, and manage their staff. While implicit racial bias exists in most people, if BIPOC clients are being intervened with more aggressively more frequently within facilities exposure, training, or other institutional policies should be adjusted to make their practices more equitable.