

Structural racism contributes to the racial inequities in social determinants of psychosis

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The legacy of systemic racism in the U.S impacts psychosis risk at the individual and neighborhood level, according to a definitive review published online today. Researchers examined U.S. based evidence

connecting social and environmental factors with outcomes relating to psychotic experiences, including schizophrenia.

The review examined potential risk factors and influence of structural racism within three key areas. These included disparities in neighborhoods; trauma and stress experienced at both collective and individual levels; and complications experienced around pregnancy.

- Disparities in U.S. neighborhoods perpetuate disadvantage for racially minoritized communities through inequitable access to healthcare, healthy foods, education and employment opportunities, and safe housing, the authors note. These disadvantages are associated with cumulative stress and, some research suggests, heightened risk for psychosis.
- A history of trauma is common among people with schizophrenia and more than 85% report at least one adverse childhood experience. Research has associated multiple trauma experiences with increased risk of psychosis. Among people experiencing psychosis, rates of trauma and adversity are significantly higher in marginalized [racial groups](#) compared to white people.
- Several [obstetric complications](#) have been associated with increased risk for psychotic disorders, such as infections, maternal stress and an increase in maternal inflammation. Black women in the U.S. are at substantially increased risk for many obstetric complications compared to white women.

"Being a particular race in and of itself is not the determinant; the systematic racism that constructs the social milieu makes it relevant," the authors conclude.

"Our review suggests the legacy of structural racism in the U.S. is a fundamental cause of racial inequities in social determinants of psychosis," said lead author Deidre M. Anglin, Ph.D., with City College

of New York, City University of New York. "Funding priorities, training, and intervention development in North American psychiatry must shift to reflect this evidence."

More information: *American Journal of Psychiatry*, 2021. [DOI: 10.1176/appi.ajp.2020.20071091](https://doi.org/10.1176/appi.ajp.2020.20071091)

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