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Editorial

Implications of ethnicity/race on public mental health

Implicaciones de la etnia/raza en salud mental pública



In Colombia, the 2022 presidential campaign has revealed structural racism within Colombian society, in an electoral process featuring pre-candidates and candidates of African descent and of indigenous origin, many of whom are also victims of the Colombian internal armed conflict.

“Race”, as a relevant variable, has been neglected in Colombian mental health studies, as has the mental health of people and communities affected by sociopolitical violence,¹ sometimes mentioned as part of the social determinants of mental health within a risk management approach.²

The concept of “race” as a social construct has been used to highlight biological differences between human beings based on skin colour and the presumption that people with dark skin are inferior to those with light skin.^{3,4} All racial groups share more than 99.9% of their genes. Consequently, “race”, as a reference to a specific genetic group, is inadequate and very limited.⁵ Physical appearance does not necessarily signify genetic similarity in population groups.⁶ However, “scientific racism” has been encouraged and perpetuated in medical publications.⁷ Generally, emphasis is placed on race as a characteristic, and the cultural (ethnicity), social and intersectoral aspects involved in this association are minimised.^{2,6} This is highly relevant in a diverse country like Colombia, and even more so when talking about mental health, if we consider that diversity is one of the expressions of individual and collective mental health and it is a heritage of public mental health.⁸

The traditional view on ethnicity/race often ignores the syndemic aspects related to health.⁸⁻¹⁰ Syndemic refers to how health-related issues interact with each other and also with social, historical, cultural, environmental, political and economic factors, such as poverty.^{8,9}

It is necessary to look at health as a whole, considering both physical and mental aspects, from a syndemic approach:

consider the interaction between social problems that people of African descent and people from indigenous populations face and the related cultural aspects, such as the stigma-discrimination complex.^{3,6} It is important to consider that stigma-discrimination based on ethnicity negatively affects the “vivir sabroso” (harmonious life), and the “buen vivir” (good life) or mental health of stigmatised-discriminated, excluded and marginalised ethnic groups.^{10,11}

It is time to put an end to stigma-discrimination in mental health and the pathologisation and psychiatrisation of skin colour and other characteristics, such as palpebral fissure, epicanthus or the particularity of hair texture or colour.¹² In Colombia, racism is still present in all areas of society, especially in school, work and social settings, which adversely affects the mental health of Colombians of African descent, and from indigenous communities, etc.¹³ It is necessary to focus more on the social and cultural aspects that affect the mental health-mental problem/mental disorder-healthcare process and make more frequent use of the concept of ethnicity instead of race. It is also important to bear in mind that the health situation of the communities, including whether or not they meet the diagnostic criteria for a mental disorder, is mediated through their living conditions, habits, customs, culture and social conditions.¹⁴ Findings from clinical and epidemiological research relating to ethnicity must be interpreted much more carefully given the presence of structural racism, even in the scientific field.¹⁵

People of a particular ethnic origin who meet diagnostic criteria for a mental disorder suffer from double stigma-discrimination: the intersectionality of the stigma-discrimination complex that occurs when different stigmatised characteristics, conditions or situations, such as gender, sexual orientation, social class, financial income, or displacement due to sociopolitical violence, converge.¹⁶

To conclude, inequalities in the mental health of ethnic groups outside of political and economic power are mainly the result of social exclusion and not genetic differences.¹⁷ Colombian psychiatry must be committed to promoting mental health as a right and must take steps to implement the differential approach of Colombia's General System of Social Security in Health,¹⁸ moving away from just an idea expressed in speeches towards actually putting it into practice in the field of mental health, where recognition and respect for diversity play a central role that should not be subsumed by medicalisation, psychiatrisation or psychologisation.^{8,17}

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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