Race and Mental Illness in the United States

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Abstract

This research is about putting it on record that the application of who gets outfitted with a mental illness and who does not may has some essence of bias that makes race and mental illness an unusual complement. The thesis is that given the historic racism and degradation of Blacks in the United States, a mental illness diagnosis is applied to Blacks in regards to criminal offenses, whether it is a clinician's doing or a legal decision maker's. There is some disparity in whether a Black defendant is given a psychiatric moniker as a reason for his crime, as opposed to his rationality leading him to do it. It is important that all are treated equally under the law if the United States ever hopes to live up to the equality dictum of the Declaration of Independence, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are Life, Liberty, and the Pursuit of Happiness." The thesis is verified by comparative approach of studies done using interviews and medical records of offenders that cite a psychiatric evaluation. The point of the research is to ascertain whether there is a link between race and mental illness diagnosis in regards to the criminal justice system. Whether one is pro or con for criminal justice reform, activism towards how Blacks are treated by both law enforcement and clinicians is necessary in order to right any wrongs that might be based on the degree of one's melanin.

Introduction

They both sought to undertake the impossible: overcome gravity and the limitation of our human species by scaling monuments of steel and glass. Carefully putting one foot in front of the next, going higher each time, they both attempted a nearly impossible feat. Both hoped to bring awareness to their special causes, one for eradicating malaria in the world, the other for the awareness of global warming. Both were intercepted by law enforcement. However, this is where the similarities end. One was merely arrested, while the other was sent to Bellevue in New York for a psychiatric evaluation, in addition to his arrest. What could possibly be the reason for this differential treatment? Well, here is where a key difference comes into play: one climber was a White Frenchman, and the other, the one who got sent in for a psychiatric evaluation, was a Black native New Yorker (https://www.nytimes.com/2008/06/06/nyregion/06climber.html). This incidence spawned in me a wonderment of curiosity, leading me to ask this question: is there a link between mental illness and skin color, which leads members of law enforcement or those in criminal justice to treat Blacks differently than Whites**?**

This research will focus on the link between race and mental illness and how this relationship plays out in the criminal justice system. If there is a link, how we can ameliorate this situation in the future. This is an important topic for the author is a Liberal Studies candidate whose goal is to become a physician. In addition to this life goal, the author also wants to study public health in graduate school. This is a public health issue. If we can practice equality in the healthcare system, that is, ensure that when it comes to who gets diagnosed for which mental illnesses and thus treated, that it does not unduly affect the just and equal care that should be afforded to all individuals regardless of their race, sex, gender, socioeconomic status, religion, sexual orientation or any other demographic factors. To decide where to can go with this issue,

that is, its significance, first it has to begin with a historical tour of the issues. We should first start with a defining of key terms.

According to Webster's Third New International Dictionary, race is defined as: "the descendants of a common ancestor: a family, tribe, people or nation belonging to the same stock…," "a division of mankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinct human type." Thus, according to our definition, ethnicity would be included in this. Furthermore, the US Census Bureau defines race as the self-identification of an individual to one or more particular social groups (www.census.gov). Such groups include Black, white, Latino, Asian, and Native American This paper will not delve into whether a grouping is a distinct racial type, but chooses to use the common groups to designate distinct racial groups. The American Psychologist journal explores the definition of race, noting its biological and social constructs. From a psychologist's viewpoint, a particular race is ascribed to people who share similar biological characteristics, and also on a social scale have undergone such events as collective discrimination (1995). This article did not go into depth as to what differentiates ethnicity from race, but concluded that race is more biologically or genetically based, whereas ethnicity depended on the environment to which one was exposed.

As the Black ethnicity evolved, so did the other races: Caucasian or European-American, Latino, Asian-America/Pacific Islander, and Native American. Usually when one encounters disparities in the health care system (or anywhere for that matter), it is usually posited in a Black versus White context. Since most of the research found usually compares Blacks to whites, since Blacks tend to get an unequal share of anything that is bottom-feeder or lower than par, this research will focus predominately on the relationship between Blacks and whites in the health care system. For clarity, when possible Black, the more inclusive term, will be used instead of

African-Americans, even though the majority of research focuses on Blacks in America, without regard to ethnicity (Caribbean, African, etc.). The term "Whites" will also be used for simplicity. This is not meant in any way to disparage any group, but to be in alignment to the terms most of the extant research uses.

Just like race, there needs to be a clear definition as to what constitutes mental illness. Britannica defines mental illness (or disorder) as "any illness with significant psychological or behavior manifestations that is associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning," Examples of mental illness include depression, anxiety, schizophrenia, and bipolar. For a fuller scope of mental illness, the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) lists a slew of disorders. Such disorders include schizophrenia spectrum and other psychotic disorders: schizotypal (personality disorder), delusional disorder, brief psychotic disorder, schizophreniform disorder, schizophrenia, schizoaffective disorder, substance/mediation induced psychotic disorder; bipolar is between schizophrenia spectrum and depressive disorder, where there is increased activity of psychomotor agitation; depressive disorder (which affects the mood), anxiety disorders (which is associated with fear); obsessive compulsive disorders; trauma stress related disorder; dissociative disorders; paraphilic disorders (disorders with a sexual fixation); and personality disorders (Nuckols, 2013). This list is not meant to be exhaustive, but is a god place to launch a race-based mental illness dichotomous argument. These illnesses are particularly interesting because of the anecdotal experiences others have had with these issues, as well as the author's observations of how the media and law enforcement deals with mental illness and race.

This proposal should be approved because of the prevalence of mass shooting and mass incarceration and how the government officials have brandished mental health treatment as pertinent to the problem. In the media mass shootings have become increasingly common. The majority (if not all) of these shootings have been committed by Caucasians. The President and Congress have flaunted mental illness as the direct reason for such behavior, and not firearm access. The author hopes to find statistics, research, and other sources to highlight the race-tinged influence of whether someone is responsible for their crime based on a mental illness diagnosis. For this research to be effective, a link between race and mental illness does not have to be found. It could be uncovered that there is no link between race and mental illness in the criminal justice environment. However, after being in this country many years, the researcher for one has not drunk the kool-aid, and thinks race is at the forefront of just about every man-made problem in this country. If no link is found, as an ethical researcher the author is prepared to be humbled as well as educated. The researcher takes this issue seriously because effective social justice campaigns depend on it, which will be the conclusion. Before the conclusion, though, a couple of questions need to be answered through the research.

What determines who gets diagnosed with a mental health illness and how they are treated? What part of a diagnosis or treatment is more prevalent in one group versus another? How does the current healthcare system contribute to the disparity in mental illness diagnosis and treatment? How does mental illness differ in Blacks versus non-Blacks? What if treatment or diagnosis of mental illness was colorblind? What might that look like for the mentally ill? How are mental illness diagnosis or treatment alike or different due to race? These questions are preliminary. Through research it is expected that new questions will be found, and the researcher is prepared to abandon questions where there is no correlation between race and mental illness.

The purpose of this research is to arm the reader with the facts and ammunition needed to arm a strong activism front to bring justice to the criminal justice system, both to those who are the officiants of justice, whether police, lawyer, or judge, and those who aid legal decision makers like the clinicians who perform psychiatric evaluations. To begin with, it is wise to learn how Blacks are treated in the mental health realm.

To understand the mental health of Blacks one must first understand the placement of Blacks in the health care system. Blacks tend to seek health services less often than non-Blacks. According to NAMI, the country's major mental health clearinghouse, in 2017 11% of Blacks had no health insurance. And when there was access to health care, there were problems between the patient and the clinicians. Blacks with white therapists report experiencing racial microaggressions, stereotypic assumptions, color blindness, and patronization (Holley et al 2016). Yet, Blacks do not have much in the way of options, given the low percentage of Black therapists. Thus, if Black patients are dissatisfied with their white therapists because of anything like mistrust or lack of cultural relevance, they merely drop out of therapy, discontinuing treatment altogether. Lack of diversity in the healthcare profession contributes to the disparity that Carpenter-Song et al. admits is rampant in the mental health care system. They offer ways to ameliorate the situation, which can be explored further in the conclusion.

The thesis that there is a link between race and mental illness is getting confirmation from some of the research out there. Already there is affirmative research from Carpenter-Song et al. that there is a link between one's race and the pedigree of care given that person (2011). The nature of the mental illness also influences this link between race and mental illness. Now would be a good time to define key terms within mental illness itself, specifically the distinguishing between affective and psychotic mental illnesses.

Affective disorders include major depression, bipolar, anxiety, and adjustment disorders. Psychotic disorders include schizophrenia, schizoaffective disorder, dementia and psychosis (Perry et al. 2013). The distinctions are important, because Blacks are 10-40% more likely than whites to be diagnosed with a psychotic disorder (ibid.). This fact is very important when it comes to who gets made responsible for his or her crime, which will be discussed in the Results section.

The comparative approach was used for the Methods section. Three main methods were used. The chief method, used in two case studies, was the analyzing of a state agency's medical records as it related to incarcerated persons, and then subjecting that data to statistical analysis (Lo et al., 2014; Thompson, 2010). The demographics of the participants were segregated to provide dependent variables for analysis in the study. Another method used was the interview. One other method was to use a national clearinghouse's survey to explore mental illness: the variables used were 1) duration of mental illness, and 2) the presence of chronic condition resulting from severe mental illness (SMI). These groups were then segregated by race, Black and White.

Literature Review

The literature review begins with a mental illness definition. This relates to the research because it will help in laying the groundwork for the rest of the paper. Understanding what mental illness is and the different demographics surrounding it helps ground us in the task at hand (Brittanica.com, *The Diagnostic and Statistical Manual of Mental Disorders*).

The NY Times article on the two building climbers who were treated differently by law enforcement sets the scene for the motif from where the researcher is coming. It gives a factual situation instead of theory that there does exist a link between one's race and how one is treated based on the premise of a mental health evaluation (Barron, 2008). It demonstrates that Blacks will be treated differently in regards to whether they are responsible for their crime, versus Whites who are found culpable for their crime sans a mental illness diagnosis.

The research of Carpenter-Song et al. is about reducing disparities in mental health care among minorities, with a special focus on Blacks (2011). For instance, only 3% of psychiatrist, 2% of psychologists, and 4% of social workers are Black. On the other hand, 81% of psychiatrists, 93% of psychologists, and 92% of social workers are white (Carpenter-Song et al. 2011).The Dartmouth-Howard collaboration presented seminars to highlight prominent themes on the subject of health disparity. This includes situating the research in the context of social justice, promoting an understanding of "culture" and its role in disparities, and critically assessing strategies that attempt to mitigate disparities. This is a very useful article for the present research because it admits there is a disparity in mental health treatment among Blacks.

Lo et al. (2014) examines race differences in the prevalence rate of serious mental illness and its relationship to markers like social status. It will inform as to who gets diagnosed for a mental illness and why. This can be used in the body of the paper. According to Lo et al. (2014) Blacks tend to rely on their strong religious faith, social support networks, and their high resiliency in lieu of traditional health services. This has helped them in the past. However, mental illness among Blacks is pervasive, especially if not treated for a long time. Lack of

treatment could also be because of socioeconomic reasons. Nevertheless, these elements act in tandem to put Blacks at a disadvantage in the mental health landscape.

Perry et al. (Dec 2013) makes use of medical charts to gather forensic psychiatric evaluations to compare mental illness culpability between Blacks and Whites. This information can be used to contrast with other research which says that Blacks are found not likely to be responsible for their crimes by a psychiatric evaluation. This can be used in the Results and Conclusion sections.

Typifications of African-Americans as “criminals” and women as “mentally ill” influences the court’s perceptions of the rationality of one’s crime. The author defines typifications as a kind of shorthand law enforcement or legal handlers use to make a quick judgment of “what types of actors are likely to commit what types” of deviant behavior (Thompson, 2010, p. 104). The study was done in a large Midwestern county. The authors found that mental health status is the best predictor of psychiatric evaluations, but the criminal justice system’s decision-making as to responsibility for a crime is based on stereotypes of race and gender. According to them crime is based on race, not mental health status, so this can be used to compare and contrast with other research here.

Holley et al. (2016) found that people of color with a White therapist experienced condescension, being ignored, lack of respect, and being treated as a child from their therapists. They also experienced microaggressions, increased minimization of racial-cultural issues, stereotypic assumptions, color blindness and patronization (Holley, 2016).

The current research proved a veritable source of information. Yet, there are gaps in the research. The sources managed to find a link between race and mental illness, even if some uncovered Blacks as not being culpable for their crimes due to a mental illness, as opposed to those who saw Blacks as responsible without a mental illness diagnosis. Also, the majority of the research that saw a link between race and mental illness failed to frame it within a forensic context. However, it is important that the criminal justice system is taken into account, since many Blacks with an undiagnosed mental illness do not seek treatment until their crime forces them to do so; many Blacks first treatment of their mental illness is through the criminal justice system (Lo et al., 2014). By this time, the illness has turned chronic.

The section for the research (the body of the paper) includes a Methodology section, using a comparative focus. It will reveal the findings of the research concerning whether there is a link between race and mental illness. To top it off, the application of culpability in the criminal justice system due to this link will also be revealed. The Analysis of Findings and Conclusion will deal with where one goes with this information. The reader can never say that he or she was not informed concerning this delicate issue. Thus the only way to go is up, which is activism on this issue so that all can realize the American chant of "Justice for all." It is important that in the legal system and elsewhere in the country all are treated equal under the law. If the democracy that is the United States ever hopes to become it most utopian ideal, the nation as a whole needs to wake up and fix this debacle that allows a link between race and mental illness. All should be treated equally in healthcare and criminal justice institutions.

Methods and Methodology

One method used by one of the researchers was the interview method. One particular question asked was whether the participant had experienced or saw prejudice or discrimination in their behavioral health treatment (Holley et al., 2016). If the answer was affirmative, they were told to give an example. In total 18 face-to-face interviews were conducted, and the resulting information was put in the form of a table for data analysis. Besides interview, there are other methods for gathering useful data, such as analyzing records compiled by others.

Perry et al. (2013) picked and perused approximately 131 cases from medical charts containing information about criminal responsibility compiled by the Kentucky Correctional Psychiatric Center (KCPC), and a database was created from these records. This database then contained information about race, mental illness, and criminal offense. The information was similar to that of the researchers that used Florida and Texas samples, and were limited to a particular region, too.

Constantine et al. (2012) used information from two counties in Florida and Texas. A pool of individuals were taken including individuals 65 years old and under who were in county jail between July 1, 2003-June 30, 2004. Furthermore, from these individuals were chosen those with a serious mental illness (SMI) diagnosis during the 4-year period beginning July 1, 2002-June 10, 2006, in Panellas County, Florida. An SMI includes diagnoses like schizophrenia, schizoaffective disorder, delusional, other psychotic disorders, and bipolar and bipolar mood disorders. In Texas the criteria for chosen participants included all clients of Harris County Agency, 18-64, with a mental illness from October 1, 2004-September 15, 2007, and those with an SMI who were arrested from October 1, 2005-September 30, 2006 (2012). From the Florida pool of participants 75% were white, 20% were Black, 5% Hispanic, and 1% other. In Texas 47% were White, 49% were Black, 3% Hispanic and 1% other. There were 3,769 offenders in

FL who were treated with a SMI. In Texas the pool delivered 7,755 with SMI who were served my Harris County mental health agency. The Texas and Florida pool was not the only instance of medical records being used to gauge the relationship between criminal justice and mental health diagnosis.

Data was gathered from 2009 National Health Interview Survey (NHIS), a national study of households conducted since 1957 (Lo et al., 2014). This was a larger sample than that of the interview or regional studies. It used variables that distinguished between the severities of a mental illness. The search produced data from 10,541 adults. The variables used were: 1) duration of mental illness, 2) and presence of chronic condition resulting from mental illness. From these samples, including taking race into account, 2.8% of the total sample had a chronic mental illness, 3.5% of the Black sample and 2.6% of the white sample. Use of bivariate and multivariate data analyses were used to evaluate social status factors and health service related factors. Another method of gathering information also looked at medical records and relationship between criminal offense and psychiatric evaluation.

Melissa Thompson viewed medical records maintained by County Psychological services in Minnesota. The cases included every adult felony criminal defendant who was referred for a 20.02 evaluation from 1993-2001 for a total of 412 cases. A 20.02 evaluation in the state of Minnesota "intended to determine the defendant's mental state at the time of the offense" (2016, p. 106). After a referral an evaluation was done and a file prepared. Thompson gathered information on psychological and criminal history. The control group, for comparison, consisted of individuals who had not received psychiatric evaluation as part of their criminal processing intake. This selection procedure is called a cross-sectional methodology. Such method is widespread in epidemiological and biostatic research, especially when ethics prevent

experimental trials (2010). The dependent variable is whether a psychiatric evaluation was ordered by the court. 44% of all defendants in the sample received a psychiatric evaluation. The independent variable included gender, age, and race, to determine whether typifications on social grounds had anything to do with the odds of being evaluated. Also included in the independent variable were past criminal behavior/arrest, history of mental illness, and defendant's behavior at the time of arrest.

All these methods illustrate various ways the researchers studied the effect between mental illness and race. These methods were quite useful to generate pertinent data to be used for findings. However, the researchers themselves were quick to admit the limitations of their methods (Perry et al., 2013). For instance, for the case studies utilizing medical records, the researchers were dependent on medical records, which were constructed and compiled by clinicians who may be biased in their assessment of an individual, or omitted or added information that could have flawed the record. Using original research may be time consuming, expensive, or complex, but one insures that the information gathered is fresh and as accurate as possible. Nevertheless, since not all researchers are gifted clinicians or law enforcement professionals but probably social researchers, they might not have the know-how to conduct the research on their own, so the medical records are convenient material for them to work with. Others' research does provide objective data that can be easily analyzed, unlike interviews which can provide much subjective data, but does have some advantages.

On the other hand, interviews are an effective method for researchers who want to control the administration of their research in terms of the questions asked, the participants chosen, and the manner in which the information is collected. It provides the researcher with original data that they can manipulate as they see fit, providing subjective information that can be subjected to

analysis. This can eliminate perceived bias from other information gatherers (although research bias may still exist, but the researcher is in position to prevent this). The problem with interviews is that you are limited by time and data management as to how many participants can be included in a research pool, unlike medical records that can include hundreds or thousands of records to be analyzed. More is not necessarily better, but a larger research pool does increase the probability that one would get a more diverse sample in terms of race, class, and serious mental illness. Another limitation of the use of the medical records is the geographic limitation.

The case studies were originated in Kentucky, Florida, Minnesota, and Texas, as well as one constructed from national data. The case studies in the four states may be limited by class, race, or gender in their samples. According to www.kff.org "Population Distribution by Race/Ethnicity" (2017), these were the demographics by race in the aforementioned states:

Table 1 Demographics of Select Studies States

State	White	Black	Latino	Asian	Native American	Native Hawaiian/ Pacific Islander
KY	85%	8%	4%	1%	<1%	N/A
FL	54%	15%	26%	3%	<1%	<1%
MN	80%	6%	5%	5%	1%	N/A
TX	42%	12%	40%	5%	<1%	<1%

Results

The conflation of race and mental illness needs to be rectified before there can be a determination as to its entry point in the criminal justice system. The interviews that Holley at al. (2016) carried out proved to be helpful in accomplishing this. The interviews revealed that there was institutional discrimination in the mental health profession for those of color. Such apathy in

care included on the part of the clinician such peeves as busying oneself with paperwork while communicating with the client; not offering alternatives to medication when they were available; and failure to utilize diversity efforts in the care of the client. Such lax in care and regard can leave some people not continuing with care, which can escalate to chronic conditions, possibly contributing to behavior that leads to interaction with the criminal justice system. As far as a relationship being seen in individuals diagnosed with a mental illness and consequent arrest or incarceration being influenced by race, the results were mixed, depending on the researcher's findings, which were influenced by the region the data came from.

In Perry's et al. (2013) research, those white offenders that were psychiatrically evaluated were more likely to be held responsible for their crimes than Black offenders. This research was done in Kentucky, which has only an 8% Black populace, but an 85% white population. This responsibility attribution means that it was deemed that there was no mitigating factor of a mental illness to absolve the white offender of being held liable for his crime. Moreover, whites were 78% less likely than Blacks to be diagnosed with a psychiatric disorder (2013). In addition Blacks were 3-4 times as likely as whites to be diagnosed with psychiatric disorders, such as schizophrenia, and Blacks 10-4-% more likely to be diagnosed with psychiatric spectrum disorders than whites (2013). Thus, in light of these findings it seems that the psychiatric establishment thinks that Blacks have psychiatric afflictions that would predispose them to commit crimes, and that it is not of their own volition. Nevertheless, the authors are quick to admit that how or whether race influences responsibility for one's crime for those with a mental illness, is "not well understood" (2013, p. 241). In another study, there was also found a relationship between race and mental illness diagnosis in criminal justice environment.

The research that used Texas and Florida medical records to check if there was a relationship between race and a mental illness diagnosis and responsibility for one's crime, found that one's race and a severe mental illness (SMI) diagnosis contributed to the association with increased risk of arrest in a limited fashion. According to their standards of research, using whites as the standard, whites had a 1.00 chance of mental illness contributing to crime, Blacks 1.09, Latinos 1.07, and other 0.67. In laymen's terms, these results mean Black only have a slim increase in being arrested because of a mental illness compared to whites, and Latinos slightly less so, while "others" have an even less chance than whites of a mental illness diagnosis affecting their likelihood of being arrested for a crime. This same study found that there was an increase in arrests for those with ER or in-patient services, but it was not mentioned whether there was a racial link to this piece of information. Even though it is only small increase in rate of arrest for those with SMI for Blacks compared to whites, the fact that there is a discrepancy, no matter how small, says that measures need to be put in place so that there is no linking of race and mental illness in a criminal setting. Being accused of the crime is hard enough. The fact that both Florida and Texas have sizeable Black populations of 15% and 12%, respectively, does say something about the likelihood of a link between race and mental illness in crime, as the gleanings from Minnesota show.

In Thompson's study (2010) of the non-Whites (excluding Blacks) with no history of mental illness, 45.5% of them are likely to get a psychiatric evaluation compared to 30.8% of the Black sample. However, when there was a history of mental illness for the offender, there was little difference between the ethnicities and Blacks in whether one gets a psychiatric evaluation following arrest. Thompson also found overall that Blacks were in general less likely to be referred for a psychiatric evaluation; thus, the criminal justice department deemed them

responsible for their crimes. The state which these samples came from, Minnesota, has an 80% white population, and a 6% Black population. Compared to the regional studies, the national database did not investigate mental illness and race as it affected criminal justice decisions, but proved useful nevertheless in what it did uncover.

Of the total sample in the NHIS data, there was a connection between social status and race, and therefore mental illness (Lo et al., 2014). For instance, there was a relationship between SMI and inability to afford mental health services—barriers to health care were found regardless of race. Also, Blacks are likely to have failed to obtain necessary healthcare. Blacks, some of who are at a lower socioeconomic status (SES) are sometimes up against two whammies of race and class, affecting their health care. And if there is a mental illness (especially undiagnosed), this can affect behavior that can lead to entanglements with the criminal justice system.

Analysis of Findings

The research with the different regional information showed mixed views on whether there is a link between race and a mental illness diagnosis within the criminal justice system. The majority showed a link between race and whether a mental illness diagnosis made one more liable for one's crime. The criteria that dictated whether research found a link between race and mental illness and influence on one's crime was whether there was a significant amount of Blacks in that region. For instance, in those states with a sizeable Black population, like Florida (15%), Texas (12%) and Kentucky (8%) there was a link between race, mental illness and liability. However, in a state like Minnesota, which sported the lowest percentage of Blacks compared to the other states, with a 6% Black population, there was no link between mental

illness diagnosis and race in being held liable for one's crime. Thompson (2010) commented on the use of typifications in law enforcement making the decision whether to refer an offender for a psychiatric evaluation. In the absence of veritable information in making this decision, the authority might rely on stereotypes to make that call. However, in the states with a sizeable Black population, history of racism might have contributed to how the law enforcers might see Blacks and thus treat them as someone with a mental illness, like schizophrenia or other major psychotic disorder. The example mentioned in the introduction of the two gentlemen who were arrested, with only the Black man being sent for a psychiatric evaluation, happened in New York. New York has a sizeable Black population, and also a history of racism. This is not to say that Minnesota has no racism or treats Blacks more equitably; however, the studies show that at least in states with lower population of Blacks compared to whites Blacks would be held liable for their crimes. They are saying that Blacks committing crimes are willfully acting outside of any psychological illness. Now that it is known that there is a link between race and mental illness within the criminal justice system, whether showing liability for one's crime or responsibility for one's crime, both decisions are race-linked with a mental illness. If the country is to live up to its ideal of liberty and justice for all, reforms must be made in the mental health and criminal justice arenas. This is where activism towards this situation can make a difference.

Conclusion

In light of the results that show a link between race and mental illness diagnosis as it relates to crime, there should be reforms made in the criminal justice system and mental health establishment to ensure that there is equity when an offender is processed for his or her crime.

Some researchers, like Lo et al.,cited the need that mental health services need to be available if effective treatment of patients who need it is to be made (2014). If there is high incidence of Blacks being targeted for a mental illness diagnosis in regards to their crimes, changes need to be made in the clinical department, and criminal justice system. In states with a higher population of Blacks, changes need to be made so that Blacks are not considered psychotic beings that are absolved of wrong-doing because of how they are perceived. This diagnosis does nothing for Blacks but helps to pigeonhole them into a category they might have less inclusion in if there was less bias in health care. There needs to be more empathy in the patient-clinician relationship. This can encourage rapport so that clinicians can accurately diagnose a mental illness, if there is one present, instead of painting a broad stroke of a psychotic disorder over the Black patient or client. Such situations are where activism can make an impact.

In a pluralistic nation like the United States, there needs to be a voice for Blacks who are charged with a crime at the onset of their arrest. Each criminal justice division in the states should have some sort of Bill of Rights for all offenders such that all offenders are treated humanely. If a person's mental health status is unknown, care should be taken to acquire medical records to see if there is indeed a history of mental illness, before referring offender for psychiatric illness. If this is not expedient enough, there should be training in medical school and the police academy as to how to proceed and treat an offender who most likely acted willfully in committing his crime. Black people and other minorities are not instinctual apes who act on the fly, but are sentient beings capable of acting independently, and thus can be responsible for his crime. Such stereotypes not only hurt Blacks, but white offenders as well who are seen as liable for their crimes, even if there is a mental illness diagnosis. This paper is not arguing against a mental illness diagnosis in regards to criminal offenses, but is pointing out that it is racism at

play when all offenders are not treated equitably and some are diagnosed as psychotic or with schizophrenia, when their white counterparts are not treated similarly. Activism along these lines would really help eliminate racial discrimination in health and criminal justice arenas, which can ultimately metastasize to other areas and institutions in the US.

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