BLACK MENTAL HEALTH MANIFESTO

Black Mental Health and Wellbeing Alliance

April 2024

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About Us

The **Black Mental Health and Wellbeing Alliance** is a collective of individuals with lived experience and grassroots organisations in the mental health sector, with a primary focus on tackling racial inequalities that disproportionately impact Black people.

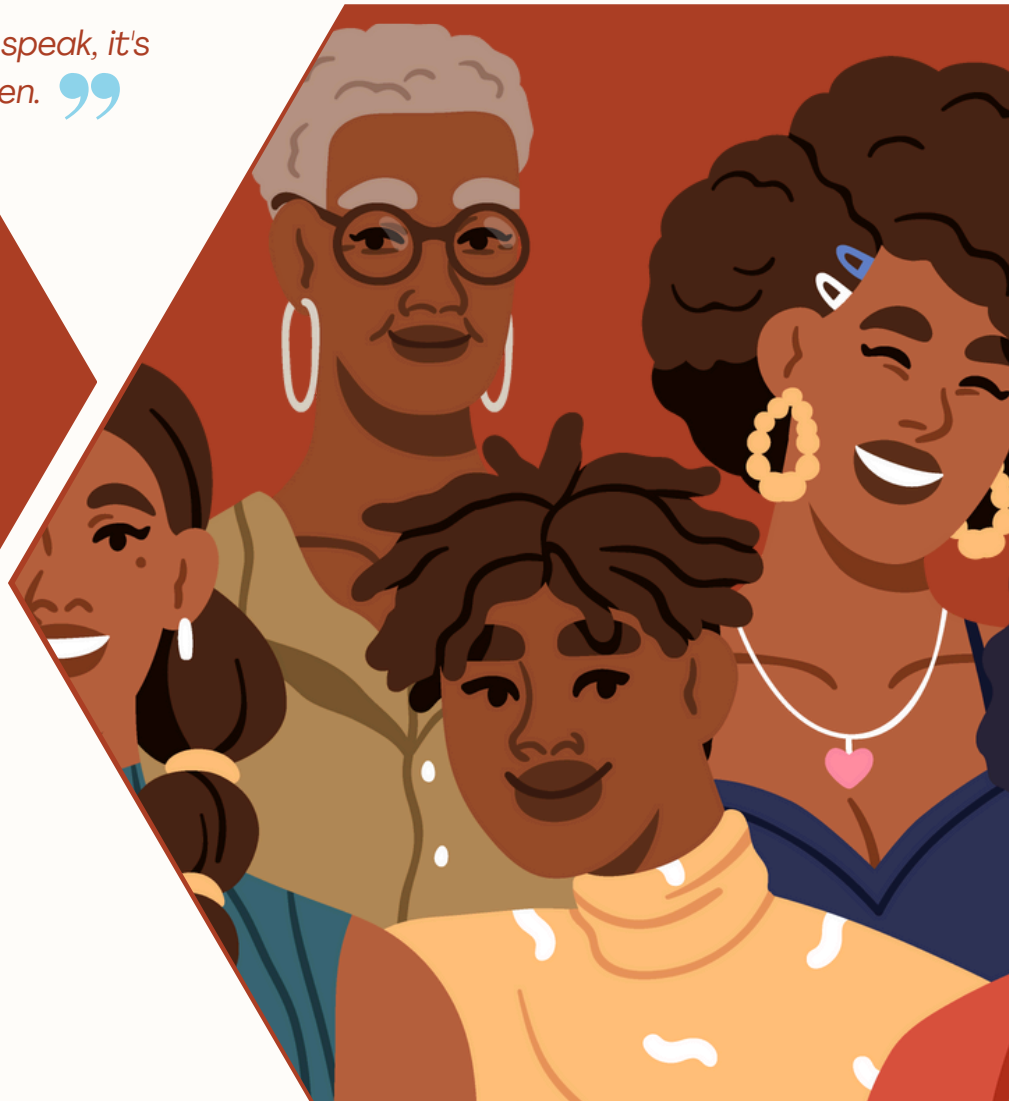
As an Alliance, we have initiated the **Black Mental Health Manifesto** to gather recommendations for enhancing Black mental healthcare into an accessible document. Our objective is to inform and influence national policy and practice.

The Manifesto serves as a convenient point of reference for the Government, health care professionals, those working in education, practitioners, policymakers and anyone involved in or accountable for instigating change.

Through its creation, we are also creating a clear and robust system of accountability to build trust.

Through collaboration, we can dismantle systemic barriers and develop a mental health system that genuinely meets the needs of all communities, including the Black community.

> *When community members speak, it's essential that we listen.*



Setting the Scene

*A note on terminology

Throughout this document we refer to 'Black' people as those having a Black African, Caribbean or any other Black or Black mixed heritage, Black with a capital 'B' is also a political term used to describe those who have experienced colonialism and anti-Black racism. We recognise that 'Blackness' is not a monolith and that there are multiple ethnicities, cultures and identities that shape and influence mental health. To create a more comprehensive picture, there is still more work to be done in disaggregating data on Black people's mental health experiences in the UK. However, action should always be taken to recognise and respond to unique and diasporic experiences.

Although we have made great strides in mental health care in the UK over the last few decades, inequalities in access, experience and outcomes continue to persist. For Black people, these disparities are stark and often rooted in racism and discrimination. The disproportionate economic and health impacts experienced by Black people only serve to highlight the racism inherent in our society. This feeds through to people's experiences of mental health and the mental health system. Despite the recent adoption of some mental health reforms and policies, Black communities' experiences have not yet been sufficiently taken into account.

We know that Black people are more likely to experience a common mental health problem (NHS Digital, 2016), as well as having a higher rate of PTSD and suicide risk, and are more likely to be diagnosed with schizophrenia (Khan et al, 2017). Despite these high prevalence rates, Black adults have the lowest treatment rates (NHS Digital, 2016). The evidence is clear that race and ethnicity are not known risk factors for poor mental health (Synergi Collaborative, 2017), which points to racism, not race, as an undeniable factor in these disparities. It cannot be understated that racism is a public health crisis. Be it experiences of racism and discrimination or the institutional and systemic racism entrenched in our society, the cumulative effects of chronic exposure over time has negative long-term effects on mental health (Wallace, Nazroo & Becares, 2016). Black people continue to receive the brunt of it, taking a toll on our mental health.

Setting the Scene

It is also taking an economic toll, with evidence suggesting that mental ill-health costs the UK approximately £118 billion (McDaid et al, 2022); whereas, flourishing mental health has been shown to have cost-saving effects in terms of health and social care costs (Santini et al, 2021). Knowing that Black people are more likely to experience poor mental health, it is reasonable to assume that there would be substantial cost savings by addressing mental health for Black communities.

Many mental health initiatives, reforms, and services have not yet been able to address the needs of Black people who have a mental health condition in tangible ways. This is because mental health systems, regulations and standards have not been designed with Black people in mind and push harmful interventions that are based on white norms and standards. An example of this can be seen in the government Wellbeing and Mental Health: Applying All Health Guidance 2022 (Office for Health Improvement and Disparities, 2022) which omits racism as one of the social risk factors. With reports going as far back as over 20 years ago with unfulfilled recommendations (Keating and Robertson, 2002), there has been no meaningful change for Black people who need mental health support. The mental health system and its accompanying regulations and standards are not designed for the Black community, nor are other systems; thus, they have failed us and continue to cause harm.

The Black Mental Health Manifesto seeks to address this and to be a catalyst for that change. This manifesto sets out demands to be undertaken by the government, commissioners, local service providers, practitioners, academic and educational institutions, VCSEs, and other relevant bodies in order to work toward the betterment of mental health access, treatment and outcomes for Black people. By taking an approach that centres those most negatively impacted by these systems we will see benefits for other impacted groups, and for society at large, showing that we all benefit when we address the needs of those most at the margins.

Addressing Structural Drivers

It is now increasingly understood that structural inequities contribute to poorer mental health and other adverse outcomes. We know that Black communities in Britain are unfairly and disproportionately impacted by this and are much more likely to be exposed to many of the known risk factors for poor mental health. This includes living in lower-income households and experiencing overcrowded and inadequate housing, as well as facing higher rates of unemployment, domestic abuse, incarceration and school exclusions. All of these experiences are toxic to mental health and create cycles of racism, inequity and mental ill-health and the impact can be felt across the life course from inception through to older age. It must be accepted that racism and discrimination are often at the heart of why Black people face these inequalities and there are growing calls for racism to be regarded as a determinant of health to better understand and prevent this. Action can be taken to break the links between the harmful social determinants and Black people's poor mental health outcomes. It does not have to be inevitable.

Our Recommendations

1. The government should develop and implement a comprehensive strategy to eradicate racism from society and appoint a cabinet level minister to oversee this.

Why? There is currently no coherent strategy to combat racism in the UK despite the wide-ranging disparities and calls from civil society. This has hindered accountability and transparency around decision-making and diffuses responsibilities. Where action is being taken at different levels, these are often carried out in siloes due to the lack of a shared understanding and vision for change. Therefore, we call on the future government to establish and consult on a vision and action plan for dismantling racism that centres communities with lived experience. As part of this, the government should develop a robust system of accountability for implementing anti-racist practices across departments, in partnership with mental health delivery organisations. This could include an incentives and penalties scheme to support compliance. A cabinet level minister should oversee this and be given a remit across government departments including the Department of Health and Social Care (DHSC) to ensure anti-racism is prioritised across government. The anti-racism strategy should set clear expectations for both national and local agencies and multi-level action across key areas such as housing, health, poverty, education, immigration and policing. Progress should be communicated publicly and regularly to ensure accountability and buy-in from communities who need to see change.

Addressing Structural Drivers

2. The government should actively fund and co-design social prescribing approaches to mental health in Black communities.

Why? Historically, traditional and clinical mental health services have not achieved good outcomes for Black communities. Social prescribing encompasses prevention and early identification, decreasing the likelihood of escalation or the need for higher-level interventions at a later stage. Social prescribing that is offered to Black people must be based on their lived experience and be culturally affirming in order for it to be relevant and improve their health and wellbeing. Within the Black community, there are trusted community leaders who unofficially undertake the role of social prescribers. The government should partner with Black people and communities to co-design and fund culturally-informed approaches to social prescribing which are appropriate as a way to bridge the gap between social and clinical models.

The social prescribing approach, which is a non-clinical community-based model, has been proven to not only help individuals in the Black community, but 59% of GPs think that social prescribing can reduce their workload, support community cohesion and greater economic productivity (Open Data Institute, 2021). However, due to stereotyping and misconceptions, there is a lack of financial support and capacity building for Black grassroots organisations that provide social prescribing activities. In addition, cultural awareness and contextual interpretations of the language used in social prescribing is a barrier to engagement by Black communities.

Social prescribing for Black communities offers opportunities to harness the assets that already exist in communities.

Addressing Structural Drivers

3. The government should allocate equitable funding for Black community-led suicide prevention initiatives.

Why? While national suicide rates among Black communities might be lower overall, the associated risks, particularly in low and middle-income areas, are demonstrably higher. The data suggests that people from mixed heritage backgrounds have similar rates of suicide while white people and Black Caribbean men have the highest rates among people from racialised communities (Knipe, 2022). Earlier studies looking at suicide rates and pre-suicide clinical symptoms show that young Black men aged 13 to 24 are the group most at risk (Bhui, K, 2008). Furthermore, while asylum or refugee status are not recorded as part of the death registration process or collected as part of suicide data, there is evidence to suggest that those seeking sanctuary in the UK are also at greater risk (Ah-Wan and Chantler, 2024). This discrepancy stems from complex factors, including the widespread and damaging public health issue of racial discrimination and its associated trauma. Additionally, Black individuals often face greater challenges in accessing culturally competent mental health care, while simultaneously navigating financial instability and exposure to violence. Ignoring these realities leaves countless Black lives at risk.

Investing in local, comprehensive suicide prevention approaches co-produced with Black communities and tailored to their unique needs is paramount. This empowers effective interventions that dismantle systemic barriers and ensure equitable access to culturally competent mental health support. It's imperative to remember that one in five people will experience suicidal thoughts (NHS Digital, 2016), highlighting the dire need for a holistic approach.

4. The government should put an end to 'hostile environment' policies which harm or exacerbate mental health problems amongst refugees, asylum-seekers and migrants in the UK.

Why? Evidence shows that refugees and asylum-seekers are more likely to report mental health problems than the local population. This includes greater levels of anxiety, depression and post-traumatic stress disorder (PTSD) (Mental Health Foundation, 2022).

Addressing Structural Drivers

The mental health of this group has been further threatened by more than a decade of hostile environment policies which have significantly reduced access to basic rights and services for refugees such as employment, education, healthcare and banking. The recent Illegal Migration Act 2023 as well as the proposals outlined in the current Safety of Rwanda (Asylum and Immigration) Bill risk further traumatising refugee, asylum-seeking and migrant communities.

5. The Government must ensure the compensation scheme for the Windrush victims factors in culturally sensitive mental health and wellbeing for the victims and their families, and accelerate compensation for victims who need support to help them overcome the severe mental trauma they have endured from the scandal.

Why? Victims of the hostile environment policies and the Windrush Scandal have endured forced detention, a loss of employment, housing and livelihoods and being forcibly separated from families. This includes sending vulnerable people with severe mental illness from the UK to Jamaica without access to quality care. There is increasing evidence that these actions have contributed to stress, anxiety and severe mental trauma such as depression, and premature deaths for the Windrush generation. This is a group who have contributed greatly to the establishment and provision of universal health services in the UK. Yet the current compensation scheme does not provide adequate and speedy redress for victims, especially for those victims who have suffered severe mental trauma and the survivors who have already waited far too long for justice.

6. Commissioners both in the statutory and philanthropic sectors, should devolve and distribute power, knowledge, resources and funding for organisations led by and for Black communities.

Why? Black-led organisations often have the solutions to the challenges faced by their communities but are held back due to the lack of resources, particularly the lack of sustainable funding. They have a deeper understanding of the intersecting difficulties Black people face around their wellbeing and can help reduce barriers to support. Research carried out by the Ubele Initiative at the start of the pandemic found that 9 out of 10 Black, Asian and Minority Ethnic-led charities were at risk of closure within the first 3 months of the pandemic due to historic short term and precarious funding arrangements (Murray, K, 2020). These organisations have long been marginalised and excluded from decision-making around the design and delivery of services that impact their communities the most.

Addressing Structural Drivers

7. The Government should empower all local Integrated Care Systems to prioritise eradicating health inequalities facing Black communities in access, experience and outcomes through their strategy and implementation plans.

Why? Integrated Care Systems (ICSs) have a legal duty to address health inequalities under the Health and Care Act 2022 and through the delivery of the Advancing Mental Health Equalities strategy. This presents a crucial opportunity to provide Black people with better and more coordinated advice, support and treatment. Integrated Care Boards and Partnerships should work in partnership with Black communities and organisations to fulfil this obligation and to identify priority actions to eliminate these gaps across health, social care, education and other key services across the life course. This should include action from prevention through to acute mental health provision as well as effective pathways for people with neurodiverse conditions and learning disabilities within mental health services.

8. Local public services must ensure that people impacted by mental health challenges know their rights and entitlements by funding and expanding culturally appropriate advocacy services.

Why? In order to encourage and promote equity within the mental health system, it is critical that those within the system know their rights. This is particularly important given Black people are nearly four times more likely to be detained under the Mental Health Act and report worse outcomes during their care and treatment (NHS Digital, 2024). As such, culturally appropriate advocacy services are central for service users and their families to ensure their views, wishes, and needs are taken into account. Additionally, there is a need for clear and comprehensive information and advice, coupled with culturally appropriate advocacy provision.

Improving Ways of Working

Racism permeates the key structures and systems that Black people interact with when they are struggling with their mental health. To truly ensure long-standing change we need to address the various systems which Black people interact with, the strategies that govern those systems, and the practice of actors within those systems. This includes the creation and delivery of robust approaches to anti-racism; revolutionising commissioning, decision-making, and accountability; and addressing practitioners' cultural awareness and cultural competency. We must guarantee that the mental health system, and other intersecting systems, are fit for purpose, making sure any changes in practice are meaningful and have the effect of improving the experience of Black people.

Our Recommendations

9. All NHS Trusts and mental health service providers, including the voluntary, community and social enterprise (VCSE), should implement NHS England's Patient and Carer Race Equality Framework (PCREF) and produce a publicly available action plan by March 2025.

Why? The Patient and Carer Race Equality Framework (PCREF) is an important part of the Advancing Mental Health Equalities Strategy which is aligned with CORE20PLUS. The PCREF provides a systematic and transparent participatory anti-racism framework to drive service improvements for racialised communities. To ensure services are improving and equitable, the PCREF seeks to hold mental health trusts and mental health service provisions accountable to evidence and mental health statistical data (Part 1); that they co-develop measurable and practical improvement plans to deliver the six national organisational competencies (Part 2); and that they use the evidence of patient and carer feedback (Part 3). The PCREF parts work together to inform policy and practice development within all mental health services and includes the development of innovative service models to respond to the needs of racialised communities across the mental health pathways and system.

Improving Ways of Working

10. Cultural competency and anti-racism training must be made mandatory for all practitioners, policymakers, and funders.

Why? Racism is a mental health issue because racism causes trauma. And trauma can contribute to the development and worsening of mental ill-health. With a growing understanding of how racism negatively affects the mental health of patients, mental health professionals are as anxious to act as they are uncertain about the best path forward. This uncertainty persists even though thoughtful, actionable anti-racist recommendations in psychiatry and mental health were made 50 years ago (Sabshin et al, 1970). Mental health professionals can take several anti-racist actions, including acknowledging individual and structural racism through an examination of racist policies and practices, to achieve mental health equity. The mental health sector must take these actions collectively so that history does not continue to repeat itself.

To address this, mandatory cultural competency and anti-racism training must be offered routinely. This should be evidence-based and inclusive of anti-racism theory, practice, and critical psychology. This approach ensures a comprehensive strategy for addressing systemic issues across sectors, including NHS and social care mental health occupations. Additionally, integrating engagement with community research conducted by and for Black communities, supported by active investment from policymakers, academic institutions, and funders, enhances the effectiveness and relevance of the training. Researchers at the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, South London and Maudsley NHS Foundation Trust and Queen Mary University of London have outlined actionable steps to inform anti-racist practices for NHS staff which can be built upon (King's College London, 2022).

11. The Government should work with Integrated Care Systems to increase the numbers of mental health response paramedics and assess their effectiveness.

Why? Paramedics are responding to increasing calls to support people in mental health crises, with recent figures showing 1.8 million hours on call-outs, a 24% rise in 3 years (The Labour Party, 2023). The current data is not disaggregated by race or ethnicity but given that Black people are more likely to be impacted by mental health crises, it is important that paramedics responding effectively meet their needs.

Improving Ways of Working

The six mental health response vehicles manned by paramedics and mental health professionals have seen a reduction in the numbers of A&E admissions, with 16% of patients taken to A&E, which is below the 50% number if the calls were responded to by regular ambulance paramedics. It also helps to reduce the length of time that individuals wait to receive appropriate help. Increasing the number of paramedics receiving culturally relevant training and the numbers of mental health response vehicles could significantly reduce the impact on hospital services and the disproportionate numbers of Black people admitted. A review of the NHS Long Term Workforce Plan is expected to occur in 2025, which presents an opportunity to include the role of mental health paramedics within the scope of the plan.ed aims and better serve the needs of Black people.

12. Policymakers, academic institutions, and funders should actively invest in and engage with community research conducted by and for Black communities in a meaningful way.

Why? Institutional racism permeates all levels of our society, and the research and policy sectors are no exception. Colonialism has had a significant influence on knowledge production and perception of what is deemed to be 'valuable' and 'legitimate', resulting in the establishment of racial hierarchies of knowledge (Almeida, 2015; Ndlovu, 2018). This has meant that particular forms of knowledge and knowledge production may be valued more highly depending on the individual or institution that generated it (Almeida, 2015; Rizvi, 2022). This has played a role from research funding and development through to dissemination and policy influencing. In addition to this, the lack of diversity among researchers in mental health research and UK academia may be a contributing factor to why there are gaps in data regarding the experiences of different races, ethnicities and faith groups. We must actively challenge the racial hierarchies of knowledge production and methodologies that perpetuate racism through centring racially-just epistemologies and culturally sensitive research practices. Community research, particularly within Black communities, can strengthen the evidence base, generate deeper and more relevant insights, build trust with researchers, and address power imbalances.

Improving Ways of Working

13. Diversify and prioritise the inclusion of individuals with lived experience on decision-making boards of key institutions such as NHS mental health trusts, NHS England, Care Quality Commission, National Institute for Health and Care Excellence, National Institute for Health and Care Research, regional and local Integrated Care structures such as ICPs, making sure that those with lived experience of the issue have a voice that is prioritised in decisions and moving towards community-led decision-making.

Why? Current approaches to decision-making reinforce beliefs that Black communities do not know what is best for them and that others from outside the community are better placed to make 'good' decisions. This belief is entrenched in paternalism and beliefs of racial inferiority and strips Black communities of agency and self-determination. In order to truly see meaningful change in Black mental health, no decisions should be made about us without us, particularly those with lived experiences of poor mental health. This also means that there needs to be diversity in lived experience, as Black people are not monoliths.

14. Anti-racism theory and practice must be standard for all NHS and social care mental health occupations. This should encompass the role and practice of critical psychology.

Why? It is well documented that higher education curricula are rooted in colonialism, racism, and other methods of oppression, which includes the field of mental health and psychology. The origins of this area of study can be traced back to eugenic beliefs, by the likes of 'founding fathers' such as Francis Galton, William McDougall, and Raymond Cattell (APA, 2020). There is also a clear history of scientific racism (defined as 'the use of scientific concept and data to create and justify ideas of an enduring biologically based hierarchy') being used to justify beliefs of racial inferiority and slavery (Winston, 2020 and APA, 2020).
Without critique of these origins and how they permeate through to modern day understandings of mental health, it is impossible for practitioners to truly be culturally responsive and resist causing harm to Black people. Having a foundation in critical psychology will allow practitioners to better understand the mental health field as a microcosm of the larger white supremacist, ableist, heteropatriarchal society.

Improving Ways of Working

15. Statutory and non-statutory regulators, bodies and organisations such as the CQC, ICBs, Equality and Human Rights Commission and NICE must have policies and strategies that are explicit about anti-racist practice and undertake audits to ensure accountability.

Why? CQC has been functioning as the independent health and social care regulator for community and inpatient mental health providers since 2009, with the Equality and Human Rights Commission responsible for promoting and enforcing equality and non-discriminatory laws functioning since 2007. In this time, racist practices have continued both within community and inpatient mental health services with no meaningful enforcement to ensure equitable care and treatment for Black people. One of the aims of the newly-established ICBs is to tackle inequalities in outcomes, experience and access. ICBs will not be able to meet their aim of tackling inequality in outcomes, experience and access if policies and strategies which speak specifically to anti-racist practice are not put in place. Regulators, bodies and organisations which are at the centre of regulation, accountability and in a position to rebuild trust with Black people, must have anti-racist policies in place and include frameworks such as PCREF in inspections to rectify systemic inequalities and discrimination faced by racially marginalised people. Bodies such as NICE, which aim to encourage the uptake of best practice to improve outcomes for everyone, must play a key role in promoting best practice. Accountability in the policies developed will be crucial to ensure transparency, effectiveness and responsible governance. This will help prevent the misuse of power, corruption, and negligence, fostering trust between government, service providers and Black people accessing support. With accountability, policies and strategies that are explicit about anti-racist practice will achieve their intended aims and better serve the needs of Black people.

16. The next government must prioritise the reform of the Mental Health Act 1983.

17. To better support people in the here and now, the next government should update the Mental Health Act 1983 Code of Practice to introduce the use of Advance Choice Documents as a statutory offer.

Why? Rates of detention for Black people under the Mental Health Act are significantly higher compared to other groups.

Improving Ways of Working

According to the latest data, the rate for detention under the Act was 3.6 times higher in 2022/23 for Black people than the rate for white people. Black people were also significantly more likely to be detained under Section 136 (detained in a place of safety by the policy) and issued a Community Treatment Order (able to receive support in the community but still detained under the Act) (NHS Digital, 2023). We are disappointed this was not included in the November 2023 King's Speech, despite being a manifesto commitment, and legislation existing in draft form. We now call on all major parties to include such legislation in future manifestos and plans to give people greater choice and control over their treatment, and to protect them from harmful practices that could prove fatal. This must include the statutory offer of Advance Choice Documents (ACDs) to those previously or currently detained under the Mental Health Act so that they can have a better say in the care and support they receive should they ever lose the capacity to decide for themselves. The new Act must also significantly improve provisions and improved support for Black autistic people and those with learning disabilities.

Reimagining Mental Health Support

It is no secret that our current understanding of mental health is rooted in white, Eurocentric norms and values, as well as being deeply influenced by concepts like eugenics. These origins have created an understanding of mental health that focuses on deficit and dysfunction, particularly aimed at Black people and any others who don't fit into societal norms. It is unsurprising that the racist beliefs and ideologies held by founding fathers such as Francis Galton, who introduced the word eugenics, have seeped through into our modern day understanding of mental health and mental health support. These ideas were based on beliefs of the inferiority of Black people, and manifest in our mental health system today in the form of placing the problem within the person rather than within the system. It can also be seen in over pathologizing and overdiagnosing Black people with conditions such as schizophrenia. To truly eliminate the racial disparities and poor mental health outcomes experienced by Black people, we must reimagine how we understand mental health and subsequently mental health support, so that our understanding allows for different ways of knowing and being to be accounted for within. It is also critical to acknowledge and learn from the past so we avoid making the same mistakes. We must utilise and build on the knowledge of the past, held by communities, and the strengths of the present in order to create change that can be sustained, retained, and built upon.

Our Recommendations

18. The government should establish a non-ambiguous definition of mental health and social prescribing, one that is holistic, culturally appropriate, and moves away from culture of blame.

Why? The current World Health Organisation definition of mental health is framed on a model conceptualised with positivity as key factors in mental health, which negates the reality of Black people who have historically faced and continue to face racism and discrimination which impacts on their wellbeing. However, mental health is influenced by the culture in which it is being experienced. Definitions and descriptions on social prescribing are confusing. For example, the use of medical terminology 'prescribing' to describe a referral to non-medical everyday activities does not take account of the mistrust that many Black people have of medicalised interventions. There is also the inconsistency in the job title of social prescribers, who are also called link workers, community connectors, navigators, community development workers and social prescribing link workers, which mean different things to different communities.

Reimagining Mental Health Support

19. The government should invest in culturally responsive interventions made by and for Black people including more Black therapists so Black people can thrive and not just survive.

Why? TThe person who has the best understanding of what is needed is the one with the living and lived experience. White people's mental health has been taken care of for decades because the overwhelming majority of interventions have been created by and for white people, intentionally or unintentionally. The prevailing approach which has been taken when it comes to mental health support for Black people has been to adapt existing interventions which, from the onset were not created for or with Black people. This retrofitting approach to mental health interventions has perpetuated harm, particularly when the responsibility lies with individual providers to deliver training to support the adaptation(s). We must develop new mental health interventions that are imagined outside of our current structures and systems, which from the onset are culturally competent and centre reparative and transformative justice.

These interventions should take an intersectional approach ensuring that disabled, LGBT+, migrant, women and other groups, such as those belonging to faith and spiritual groups or from working class backgrounds, are considered. For example, mental health services should routinely provide high quality translation and interpretation services where language barriers may be a challenge for a person.

20. The government and academic institutions and funders should invest in community-based research into mental health and microbiomes focusing first on diverse communities.

Why? Research findings show the direct relationship between gut health and depression and anxiety, and there is also some research evidencing variations in gut microbiomes based on race and ethnicity (Limbana et al 2020, Yahya, N 2022). In determining the social determinants of mental health in Black communities there is a lack of focus on the impact of the higher levels of obesity and diabetes in the community and the links that microbiome variations have on mental health. Further research on how it impacts and is impacted by race and ethnicity could give a greater understanding of some of the causes of mental health disparities.

Reimagining Mental Health Support

21. The government should allocate funds from prisons, policing and surveillance services into communities and community interventions.

Why? TThe history of police interactions with the Black community have proven time and time again that policing and surveillance systems have been designed against the interests of the community and continuously cause grievous harm. It is very clear that policing and surveillance systems are racist, among other isms. Black people are almost nine times more likely to be stopped and searched than white people and the rate of use of force was five times higher for people we perceived to be Black (NPCC, 2022). We also know that increased negative interactions with police increase the risks of mental health problems like PTSD, depression, anxiety, suicidal ideation, and more (Hirschtick et al., 2020; McLeod et al., 2020). We also know that other parts of the criminal legal system are also rife with racism (Monteith et al., 2022). Black people are 53% more likely to be sent to prison for an indictable offence at the Crown Court (Prison Reform Trust, 2023), contributing to a significant over representation in the prison system of both Black adults and young people.

This further contributes to the increase of mental health problems within the Black community as prisons are a breeding group for creating or worsening mental health problems. From continued victimisation, traumatisation and re-traumatisation, seclusion and restraint, it is no surprise that more than two-thirds (67%) of people in prison surveyed by inspectors between 1 July 2021 and 31 March 2022 reported having mental health problems (Prison Reform Trust, 2023). The mental health impacts of being incarcerated cannot be under-emphasised, meaning that there is also a need to address the root causes that contribute to incarceration in the first place in order to prevent this from happening at all.

Putting further funding into systems and services that actively cause violence and harm to our communities is working against the interests of better Black mental health. It is only through reallocation of funding and resources into the community that appropriate interventions and support can be developed.

Reimagining Mental Health Support

22. The government should work with racialised communities to develop and embed an anti-racist and diverse school curriculum that incorporates the histories and contributions of all racialised communities in the UK.

Why? An anti-racist education system is critical for all learners to develop an understanding and appreciation of the multicultural society and world that they exist in. A survey carried out by Centre for Mental Health and youth-led social action group Not So Micro shows that there is a strong appetite for this currently within the education system. Their analysis shows that while less than a third of teachers have ever received training on racism or microaggressions, nine out of ten (94%) believe it should be given to all school staff (Centre for Mental Health, 2023). Anti-racist educational settings that support student mental health foster a sense of belonging and inclusion and produce a range of positive academic outcomes. The government should work with schools and colleges to ensure they are aware of the intersections between gender, sexuality, race, socioeconomic position, disability, and neurodiversity, and provide support for teachers to work holistically with students.

In addition to this, wider steps should be taken to decolonise the national curriculum to ensure that it encompasses a broader and more representative account of the role and contributions of Black and other racialised communities in the UK. Through rejecting the Eurocentric way in which education and teaching has historically been delivered in the UK, a greater sense of belonging, engagement and attainment can be achieved, particularly for learners from Black, Asian and ethnically diverse backgrounds (Arday, Belluigi and Thomas, 2020). It also helps to ensure that the learning environment is inclusive and nurtures historical literacy which helps learners understand all of Britain's history in relation to the rest of the world in addition to international perspectives, and thereby develop a worldview that is global (Omidire et al, 2019;) (Dennis, 2018). It is important to note that a decolonising education goes beyond historical perspectives, considering other subject areas including literature, politics and current affairs, science, sociology and more. Reforming education in this way will facilitate global citizenship, which is aligned with the UN sustainable development goal of ensuring inclusive and quality education for all and promoting lifelong learning (UN, 2015). This will ultimately empower young people to understand their own rights within educational institutions, the community and on a global scale, and thereby feel empowered to recognise and challenge racism wherever it occurs. These changes are transformational and will increase the likelihood of our children and young people growing up in an anti-racist society that is equitable and fair.

Reimagining Mental Health Support

23. The Government should abolish school exclusions in the UK and implement restorative and trauma-informed responses to behaviour and mental health support in schools.

Why? Black children and young people are much more likely to face racial stereotyping and adultification bias (Davis and Marsh, 2020) from public services, including schools and colleges. This means that they are often less likely to be seen and treated as children and much more likely to face punitive responses to their behaviour compared to their white classmates such as exclusions which harm their mental health and wellbeing (Rainer et al, 2023). Data from the Department for Education finds that Black Caribbean children were nearly twice as likely to be excluded from school compared to their white British peers in 2021-22 (Schools Week, 2023). School exclusions, whether temporary or permanent, have been linked to poor mental health outcomes in both the short and longer term.
For example, research by the University of Exeter has found that school exclusions predict the onset of new mental health problems such as depression and anxiety (Ford et al., 2017). However, an inquiry report by the Children and Young People's Mental Health Coalition found that behaviour and mental health approaches that are rooted in inclusive, restorative and trauma-informed approaches yielded positive outcomes for pupils both in terms of their academic outcomes but also their mental health, behaviour and overall wellbeing (Rainer et al, 2023).

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Black Mental Health and Wellbeing Alliance

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BlackMHManifesto@gmail.com

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