



Race and mental health

Identifying the role of Mind in building the anti-racism
movement within the mental health sector

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Trigger warning

This research contains personal stories and insights about mental health problems, mental health distress, suicidal thoughts, self-harm, racism, discrimination, stigma, hate crimes and more.

About this report



The brief

There are deep-rooted racial inequalities within the mental health system and this must change.

People from ethnic minority communities are more likely to experience a mental health problem, less likely to receive support, and have poorer outcomes from services.

Mind, the mental health charity, is committed to building the anti-racism movement within the mental health sector and commissioned **The Unmistakables**, in partnership with **Spark & Co.**, to research ethnic minority communities across England and Wales to better:

- **Understand their experience of mental health and preferences for future mental health support**
- **Identify what can be learnt from mental health initiatives**

Alongside anti-racism, Mind also commissioned research for its two other strategic pillars: **Poverty and Young People**. Where relevant, this report will signpost findings that surfaced across these other reports.

About us

The Unmistakables

An award-winning strategic consultancy, The Unmistakables delivers inside out inclusion through three key services: Inclusive Cultures, Inside Outsights and Inclusive Campaigns.

Our services are inclusive by design, setting out to build cultural confidence for teams, brands and businesses. This cultural confidence gives you the ability to navigate modern society and different cultures with insight, ease and intelligence.

Spark and Co.

A Community Interest Company, Spark and Co. provides education, information and connection for people in the UK disproportionately affected by the COVID-19 crisis.

For advice and support on mental health tailored to different communities and areas in the UK, please visit the Spark & Co Resource Hub.

Meet the team

THE
UNMISTAKABLES®



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Not another report

This is more than a report.

Our research provides the evidence and insights necessary for Mind, other charities and the whole mental health sector to radically transform how they support people from ethnic minority communities with mental health problems.

This report shares first-hand experiences of people from ethnic minority communities who have interacted with mental health organisations and initiatives. Together they provide a clear picture of the problems and challenges they face, as well as the possible solutions.

Our overall ambition is that no ethnic minority community is denied the mental health support they need and deserve.

The mental health sector must be anti-racist.

We would like to thank everyone who participated in this research. Your willingness to share deeply personal experiences will help the mental health sector to listen, learn and improve.

Key terms

Mental health

- **Mental health:** a general reference to the mind part of a person's general wellbeing
- **Mental health problem:** a common term used by healthcare institutions to diagnose and support a person's mental health
- **Mental health distress:** when a person's mental health is at crisis point
- **Mental health professional:** a person involved with the treatment of mental health problems, such as a GP or therapist
- **VCSE:** Voluntary, Community and Social Enterprise

Focus communities

- **Ethnic minority communities*:** people living in England and Wales who do not self-identify as White British
- **Black:** African, Caribbean, Black Other
- **South Asian:** Indian, Bangladeshi, Pakistani, South Asian Other
- **East / South-East Asian:** Chinese, Thai, Filipino, ESEA Other
- **White Minorities:** White Other, Traveller Communities
- **Vulnerable Migrants:** asylum seekers and refugees

*Replaces 'racialised communities', which is considered othering by focus communities

Anti-racism

- **Discrimination:** unfair or prejudicial treatment of a person based on certain characteristics
- **Hate crime:** any criminal offence motivated by hostility or prejudice towards a person's race, religion, sexual orientation, disability or because they are transgender
- **Intersectionality:** the interconnected nature of social categorisations such as ethnicity, class and gender
- **Secondary trauma:** indirect exposure to trauma
- **Stigma:** a mark of shame or disgrace
- **Vicarious trauma:** when an individual is repeatedly exposed to other's trauma, leading to negative impact on mental health

Key signposts

We signpost to other relevant research and initiatives throughout this report.

By The Unmistakables



Physical Activity / Sport: specific research conducted by The Unmistakables within this report, exploring the role of physical activity for ethnic minority communities with mental health problems



Stigma in Wales: parallel research conducted by The Unmistakables, exploring stigma experienced by ethnic minority communities in Wales to inform the Time to Change Wales campaign

Other research



Young People: a parallel research report conducted by Andthen, on the mental health experience of young people in England and Wales



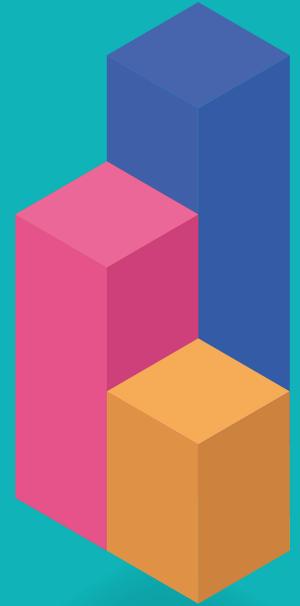
Poverty: a parallel research report conducted by 2CV, on the mental health experience of those living in poverty in England and Wales

By Mind



REMI Blueprint: The Race Equality in Mind Initiative is a transformation programme, led by Mind's Race Equality Board, to become an actively anti-racist organisation

Our research approach



Who we spoke with

Focus communities

Every ethnic minority community is unique. They all have different cultures, histories, beliefs and experiences. It's impossible to capture all their voices in one research report.

This research explores common experiences of mental health shared by six ethnic minority communities in England and Wales:

1. Black women, particularly younger women
2. Young men from ethnic minority communities, particularly Black communities
3. People from South Asian communities, particularly Bangladeshi and Pakistani (especially those living in poverty and poor housing)
4. East / South-East Asian communities
5. Vulnerable migrants
6. Traveller communities and White minorities (Irish, Welsh, Other)

What we wanted to know

Research design

The Unmistakables, in partnership with Spark & Co., developed and delivered a mixed methodology research programme, underpinned by human-centred design principles. The research focuses on people and communities experiencing mental health problems, as well as those delivering mental health support, to understand their:

1. Experiences
2. Preferences
3. Processes

We engaged with the following:

- National and Local Mind colleagues
- Grassroots organisations, charities and social enterprises working in the mental health space
- Sports and Physical Activity organisations
- People from focus communities who have experienced mental health problems

The steps taken



Step 1 - Assess and Diagnose

Mind Audit (Document Review)

Internal, National Mind
via National Mind

25 documents, including:

- Rapid Evidence Review (Overall x1 and Physical Activity x1)
- Key Research Questions (from Mind and project funders)

Complemented by:

- Spark & Co expertise and experience
- Broader desk research

Lived Experience Survey

External, People with lived experience
via Spark & Co network

Survey to those who have disclosed having a mental health problem within the selected focus communities
(no. of respondents)

- Black Women (99)
- Black Men (27)
- South Asian Women (102)
- South Asian Men (55)
- East / South-East Asian (67)
- White Minorities (42)
- Vulnerable Migrants (0)
- White British (61)
- Mixed Ethnicity (77)
- Other / Not Disclosed (60)

Total = 590 people

1-2-1 Stakeholder Interviews

Internal & External, Organisations
via National Mind, Spark & Co network

1-2-1 Interviews (Internal & External)
(no. of participants)

- National Mind stakeholders (4)
- Local Mind (4)
- Grassroots organisations (9)
- Grassroots sports organisations (4)

Total = 21 people

Step 2 - Explore and Validate

Lived Experience Focus Group

People with lived experience

via the Spark & Co network, those who volunteered via the survey, with additional recruitment via outreach partners

Focus Groups x 9

(no. of participants in each group)

- Black Women (3)
- Black Men (7)
- South Asian Women (4)
- South Asian Men (5)
- East / South-East Asian Women (4)
- East / South-East Asian Men (5)
- White Minorities including Travel Communities, mixed (6)
- Vulnerable Migrants, mixed (6)
- Wales, mixed (7)

Total = 50 people

Stakeholder Round Tables

External, Organisations

via National Mind, Spark & Co and TU

Round Tables x 6

(no. of participants)

- Grassroots organisations (6)
- Grassroots organisations: infrastructure and capacity building (3)
- Sports: Institutional organisations (5)
- Sports: Grassroots organisations (4)
- Themed: Language and Linguistics (5)
- Themed: Digital Experiences and Content (6)

Total = 29 people

Disruptors Workshop

External, Organisations

via The Unmistakables x Spark & Co network

Lived Experience Workshop x1

(no. of participants = 5)

Disruptors, experts by experience and leaders in their relative fields with interests in:

- Equitable funding models
- Human Centred Design
- Grassroots organisation/impact
- Grassroots sports organisation
- Grassroots organisation trustee

Total = 5 people

Step 3 - Summarise & Recommend

What Mind wanted

Mind wanted to understand our findings and identify recommendations from and for five distinct perspectives:

1. Experience
2. Preference
3. Process
4. Physical Activity / Sport
5. Wales

Primarily hearing from people from ethnic minority communities with mental health problems, but also from those who currently design and deliver services that are resonating with these communities today.

What we found

We discovered the experiences of people from ethnic minority communities with mental health issues, as well as people who deliver mental health services, don't fit neatly into the five categories listed above.

Therefore, to provide a clear picture of ethnic minority communities' perspectives on the mental health sector, we've shared our findings in the following format:

- **Challenges**
- **Needs**
- **Next steps**

What we found

Executive summary

- Challenges
- Needs
- Next steps

The challenges

What we found

Our research found 9 fundamental challenges that prevent ethnic minority communities from accessing the mental health care they need.

The challenges are:

1. Lack of trust with 'the establishment'
2. Stigma and discrimination from mainstream healthcare services
3. Eurocentric framing of mental health
4. Stigma within some communities
5. Concern about perception and cost
6. Difficulty finding relevant support
7. Support often considered a 'band-aid'
8. Physical activity isn't considered a type of mental health support
9. Difficult for people whose first language isn't English

What's needed

What we found

Our research found 6 common needs and wants from mental health services.

The required changes are:

1. Recognise that mental health isn't 'black and white'
2. More holistic and intersectional support
3. Services led by people with direct lived experience
4. More localised support
5. Services need to be more representative of the people they support
6. Real partnerships with communities

Next steps

What we found

Our research identifies the fundamental challenges in the whole UK mental health sector and changes needed to become anti-racist.

In addition, there are 6 clear steps for Mind to lead this movement:

1. Recognise the complex relationship between race and mental health
2. Recognise internal culture cannot be divorced from the external culture
3. Use your stature, size and power to create a more equitable sector
4. Listen to and be led by lived experience
5. Invest time and resource to restore trust and build credibility
6. Culturally tailor communications and signpost local grassroots organisations

The challenges



1. There's a fundamental lack of trust with the 'establishment'

Austerity, the Home Office's 2012 Hostile Environment Policy, Brexit, Grenfell Tower, the Windrush scandal and COVID-19 have all disproportionately impacted ethnic minority communities. This has led to a decrease in trust towards the 'establishment', which includes organisations and officials working in mental health.

As a big charity, Mind is considered part of the 'establishment' by people from ethnic minority communities.

What was said

“Engaging with the NHS, they are normally very harmful spaces. You know, there's so much evidence that shows how institutionally racist in and of itself, so a lot of Black people don't even want to engage in those spaces.”

Mind Disruptors Workshop

Key stats

Over half of the people we heard from (56%) were unsure whether their experiences are understood by Mind or not.

Lived Experience Survey, c.585 respondents



2. Direct experience of stigma and discrimination from mainstream healthcare services

People from ethnic minority communities shared many examples of direct and indirect discrimination they have experienced within mental health services. These negative lived experiences further erode trust in the system and often deter people from seeking support.

What was said

“Because of the awful experience that I’ve had I haven’t really given, say my doctor for example, I’ve not given them the whole picture so that they can actually give me the actual the exact support that I need. They’ve just been giving me like very basic stuff and just like general things.”

Mind Lived Experience Focus Groups, Female, South Asian

Key stats

Over 1 in 3 people experienced stigma and/or discrimination from a healthcare professional whilst receiving support for their mental health.

13% from a GP, 11% from a therapist/mental health worker and 9% from another type of medical professional.

Lived Experience Survey, c.585 respondents



3. Eurocentric framing of mental health is othering

Ethnic minority communities feel othered with mental health services perceived to be designed through a Western lens. The support feels service and symptom-led, rather than a holistic approach that values the wider lived experiences.

What was said

“The existing resources, there are lots of them, they are very useful, which are great. But the thing is, like it is always being described, or being phrased or prepared in a Western narrative.”

Mind, External Stakeholder Interview

“It’s like, when people judge a book by a cover, then it isn’t me, because they don’t know what’s behind the cover... you get judged all the time in mental health - it prevents people getting help or even speaking about it.”

TtCW Lived Experience Focus Groups, Male, South Asian



4. Stigmas within some communities

External judgments about people from ethnic minority communities with mental health issues are often combined with stigmas from within communities. This prevents people speaking about their mental health and getting the help they need.

Mental health can be synonymous with being 'crazy', 'mad' or having a spiritual 'sickness'. People with mental health issues can bring shame to the family, culture and community.

What was said

“Within the community I'm from, an Indian Gujarati family, it's very, you know, taboo, let's not talk those [about people with mental health], keep everything within the four walls.”

Mind Lived Experience Focus Groups, Male, South Asian

Key stats

Only 30% of ethnic minority communities feel comfortable talking about their thoughts and feelings.

Lived Experience Survey, c.585 respondents



5. Concern about perception and cost

Many people from ethnic minority communities worry that the mental health sector will believe they're exaggerating their needs. In addition, they're also concerned about the cost of support.

What was said

“[Speaking to experience with a counsellor] Actually, I feel that I wasted that time, my time and public resources funding, I won't be going up to those number of sessions. It's a waste of money... I wasted the taxpayers money. Because I didn't gain anything, neither did they, didn't achieve anything... it comes back down to the individual, you know, and obviously depends on the culture and faith they come from, and then willing to have those options available for them.”

TtCW Lived Experience Focus Groups, Male, South Asian

Key stats

60% are unsure if their mental health issues are serious enough to need support; 53% are concerned about the financial cost involved.

Lived Experience Survey, c.585 respondents

6. Difficulty finding relevant support

Ethnic minority communities doubt they can find relevant and tailored support. The lack of support that feels specific to the needs of ethnic minority communities is a further barrier to seeking mental health support.

What was said

“It’s only now that I’m actually finally getting the support I’ve been needing for so long. Because everything’s been either no, you don’t need it or just, short time will be fine for you. But it’s not been fine. For me. It’s not worked. It actually got to a point where it’s like very dangerously, like dangerously unwell.”

Mind Lived Experience Focus Groups, Female, South Asian

Key stats

47% have personal fears and doubts around mental health services, including being unable to find relevant support.

Lived Experience Survey, c.585 respondents



7. Support often considered a 'band-aid'

Most people from ethnic minority communities know the mainstream support options available: drugs and talking therapies. However, these options are often found to be limiting, short-term and ultimately unhelpful, because they sit within a Eurocentric white framework. This often forces people to look for their own support, given the treatments are not culturally tailored to ethnic minority communities and don't get to the underlying causes of mental health issues.

What was said

“My problem with CBT is it's very sort of behavioural, it's sort of like, well, we're just going to stick a sort of band-aid on the bullet wound it to me, that's my how I feel it's very much like, well, we're just going to do CBT is the bare minimum to sort of get you to be in a functioning person again, whereas it doesn't really deal with the underlying issues of why you feel the way you do.”

Mind Lived Experience Focus Groups, Female, Black

Key stats

2 in 3 (65%) people stated a preference in doing their own research when looking for available mental health support; 1 in 2 (49%) would likely to go to their therapist or mental health professional.

Lived Experience Survey, c.585 respondents



8. Physical activity isn't considered a type of mental health support

Although physical activity can improve mental health management, this isn't recognised by ethnic minority communities. Women are also less likely than men to consider physical activity a type of mental health support, often due to their complicated relationship with body image.

However, walking is the most popular physical activity, due to being easily accessible (e.g. time, space and cost).

What was said

“Both my parents, if I say anything is wrong, physical or mental and especially mental, [they will suggest] like do some exercise, go for a walk, and then you'll be okay. Like, I mean, yes, like going outside is nice. But also like, going outside isn't the same as like, you know, getting CBT or getting antidepressants that work.”

Mind Lived Experience Focus Groups, Female, East / South East Asian

Key stats

Only 6% of survey respondents considered sport/physical activity a type of mental health support.

Lived Experience Survey, c.585 respondents



9. Difficulty for people whose first language isn't English

The prevalence of the English language makes navigating mental health services complex for people with a different first language. This can exacerbate feelings of vulnerability for those people, because they're unable to easily communicate their needs.

In addition, many people must first explain their culture and community, before discussing their mental health challenges. This creates a further barrier to support.

What was said

“I use websites a lot. Again, if you know and use English, you're fine. If English is not your first language, then you are doomed.”

Mind, Lived Experience Focus Groups, Female, South Asian

“I was speaking Welsh in Wales [at hospital following mental health intervention] and told you are never going to get anywhere if you speak Welsh... that was so horrible to hear.”

Mind Lived Experience Focus Groups, Female, White Minorities

What's needed





1. Recognise that mental health isn't 'black and white'

People from ethnic minority communities want mental health support that is layered and recognises their intersectional experiences. Otherwise, service design and delivery risks categorising and objectifying people.

What was said

“Feels like it needs to see a person, not a problem.”

Mind Lived Experience Focus Groups, Female, White Minorities

“I think there's a danger in cultural competence that you start looking at cultures as boxes, and you actually objectify people... people end up getting objectified based upon their social, their religious identity, or racial categorization rather than being looked at as a whole person.”

TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots



2. More holistic and intersectional support

People from ethnic minority communities want holistic, intersectional, long-term support rather than short-term interventions. Services need to be developed that are preventative and respond better to the root causes of mental health, such as financial insecurity.

What was said

“We need to start treating people... at a much earlier stage, people shouldn't have to wait to get to crisis before they can ask for help.”

Mind Lived Experience Focus Groups, Female, White Minorities

“I've worked with a lot of young people, a lot of young Black men, and even to my own children, I say to them, I want you to be as complex as you want to be. You know, you're not two dimensional. [I say] we can be as complex as we want to be because [from a young age] we're often boxed and placed in just a few places.”

Mind Lived Experience Focus Groups, Male, Black



3. Services led by people with direct lived experience

Through this research, we identified many mental health grassroots organisations born out of direct lived experience. Communities want services to be co-designed with people that have lived experience. It's crucial that services don't use people from ethnic minority communities to 'tick a box', but rather acknowledge their right to play in creating services that understand the needs of different ethnic minority communities.

What was said

“You try and seek help, because there isn't someone who looks like you, who understands your culture, who understands where you're coming from, it ultimately stops you from actually engaging with the services.”

TtCW Lived Experience Focus Groups, Male, South Asian

“I think people need to take the lead from the people that are most affected because I feel like a lot of people want to speak over the people that know best.”

Mind Lived Experience Focus Groups, Female, White Minorities



4. More localised support

Ethnic minority communities want support centred on trust, community and connection. They value places where they can be themselves without fear of judgement.

Often people gravitate towards activities that aren't explicitly about "mental health problems". Instead, they're shared safe spaces, where people naturally feel comfortable discussing their experiences.

What was said

“We swim up and down London, it's a positive community that uses water to bring people together. I approach swimming from a very, like, Afro Caribbean way. In terms of like, we don't just swim, we have food after every session and stuff like this, it's just like the way we are. It makes that link between swimming and someone's culture a bit easier to see.”

Mind Disruptors Workshop

Key Stats

1 in 3 people do also want to engage with local community groups or people (34%), particularly South Asian Females (42%) and East / South-East Asian communities (42%).

Lived Experience Survey, c.585 respondents

5. Services need to be more representative of the people they support

Ethnic minority communities can't be properly supported unless mental health organisations fully understand their needs. This can only be achieved by increasing the representation of different ethnic minority groups within those organisations. Mental health services will then be able to relate directly to the communities they serve.

What was said

“A lot of it is about representation... there is something in the same lived experience. I used to work near Mind, none of them looked like me, a lot of them reminded me of GPs, solicitors, people who have a certain way and attitude. All White, middle class. Nothing inherently wrong with this, but for people of colour representation is such an important thing for a lot of us. That experience is very relevant to our mental health, showing vulnerability isn't really part of the Black experience.”

Mind Lived Experience Focus Groups, Male, Black

“Ecosystems - this is not a Mind problem, this is a country problem, for and within our communities, so in order to be more effective - we can't just expect to take initiatives as just Mind, let's pull in all the key players - identify the needs and wants - part of this ecosystem is to elevate the voices within these communities to shape what needs to happen.”

Internal Stakeholder Interview



6. Real partnerships with communities

Ethnic minority groups want to collaborate as equal partners in the design and delivery of mental health services. In addition, smaller organisations and grassroots communities want recognition for the trust, knowledge and connection they've created with ethnic minority communities to achieve better mental health outcomes.

What was said

“I would love for a big organisation like Mind, to support smaller organisations like a Chinese community centre and resources in there. Give us a week or something to highlight Eastern / South East Asian mental health. Specifically think things like that where you elevate community centres, like put actual monetary resources and things like that. So you can, you know, integrate yourselves in that community feeling of the communities themselves.”

Mind Lived Experience Focus Groups, Male, East / South-East Asian

“Mind should start engaging their labour, time and money with local grassroot organisations if they are to make any headway in this area.”

Mind External Stakeholder Interview

Next steps



Next steps for Mind

Our research provides Mind with the evidence to build an anti-racism movement within the mental health sector. Key to this is establishing credibility with ethnic minority communities.

Therefore, we've identified 6 practical changes that will help Mind to become a leading anti-racist organisation, by building trust with people from ethnic minority communities.

1

Recognise the complex relationship between race and mental health

"This system is broken. How do we abolish it? And how do we recreate or re-imagine something that's going to be serving our community?"

Mind Disruptors Workshop

2

Recognise internal culture cannot be divorced from the external culture

"It's about changing the organisation so its not racist, so it basically doesn't privilege any dominant ideology or way of thinking. Mind as a big charity has a hierarchy, but if you want to be truly anti-racist you have to completely challenge that and find new ways of being as an organisation, democratic."

Mind Lived Experience Focus Groups, Male, White Minorities

3

Use your stature, size and power to create a more equitable sector

"What Mind does have - money, power, status, influence, trust, access - all of those things that demonstrate how privilege clusters, privilege knows privilege."

Mind Internal Stakeholder Interview

4

Listen to and be led by lived experience

"I think a person centred kind of support. Something that relates that I can relate to, I think, for me, I don't know if everyone thinks like, the way I do, I felt that you helped me when I spoke to a queer woman. Last time, I had a therapy session, and I realised that some of the things I've felt she could relate to some of the things she said, so I think it's a mental health service that is relatable, and especially person centred, would help."

Mind Disruptors Workshop

5

Invest time and resource to restore trust and build credibility

"So I think if they want to be anti-racist, they have to, you know, do the reading, and, you know, ensure that they're held to account as opposed to just doing another diversity plan, and renaming that anti-racism, that's just not gonna work."

Mind Lived Experience Focus Groups, Male, White Minorities

6

Culturally tailor communications and signpost local grassroots organisations

"Better signposting... We are so blessed in this country. Actually, I always say that. We have so much help out there. But it's knowing how to access it."

TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots

Final thoughts

“You’ve managed to get a really excellent group of people in this focus group today. And it’d be good to kind of see if there’s any way of keeping connected because I think we’re all from different parts but collectively we can really shake up some of these organisations, because we’ve had our own experiences, whether it’s lived, or whether it’s institutional. And I think that’s why we could kind of do something quite positive.”

Mind Lived Experience Focus Groups, Male, South Asian

Seen and heard

Many participants said this research was the first time they felt seen and heard, regarding the interplay between ethnic minority communities and the mental health sector. Now their insights have been shared in this report, it's vital we act.

If we continue to ignore their voices, then people from ethnic minority communities will always be denied the vital mental health support they need. And this impacts everyone: friends, families and whole communities.

The Unmistakables and Spark & Co. will continue to support mental health organisations, including Mind, to build the anti-racist movement. It's only by working together we can achieve credible, long-lasting change.

**If you'd like to know more about this report,
please contact research@mind.org.uk**

Where to get support

Helpful resources

During this research, ethnic minority communities recommended different organisations for support, including:

- **Black Girls Hike**
- **Sikh Your Mind**
- **FC Not Alone**
- **Street Games**
- **Boxing Mind Programme**
- **In Your Corner**
- **Couch to 5k**

There are over 100 organisations delivering support, which can be found on the **Spark & Co. Resource Hub**.



SPARK
& ⚡O.

 mind