

The intersection of race and mental health: Beyond the stigma

Wednesday 6 October 2021, 1.00 – 2.00 pm BST

Key statistics to consider

- There can be a higher prevalence of mental health problems in Black and Asian communities.
- Black people are almost **5x** more likely than white people to be sectioned under the Mental Health Act. This entrenched disparity has persisted for decades, long before the implementation of the Mental Health Act in the early 1980s.
- Women are overall more likely than men to experience so-called "common" mental health disorders (depression and anxiety) and amongst women, Black women have the **highest** rate of such mental health disorders, followed by mixed heritage and Asian women (note that the data does not distinguish between East Asian and South Asian women).
- 50%** of Black Britons believe they are as likely to experience racism in the workplace as they do outside of work.
- Individuals with Asian/African sounding names have to send their CVs **2x** as many times as others in order to be invited to interview.
- Over 70%** of racialised communities have experienced racial harassment at work.

How do race and mental health intersect?

- There are two key drivers as to why such disparities exist: (i) issues affecting communities and the dynamic within communities; and (ii) the broader reality of living a racialised life and the mental health implications this has.
 - Issues affecting communities:** Within some communities, there are different forms of stigma associated with mental health problems. This may have implications for an individual's ability to speak out, create a sense of shame about having a mental health problem, or be minimised as a form of stress they are expected to cope with. In addition, for many individuals, the stress of trying to make your way in a new country creates stress that many people take as a given.
 - Living a racialised life:** Navigating racism and discrimination (both direct and indirect) throughout your life can have mental health implications. Such experiences have their own stresses and pressures which can prompt and be a cause of mental health problems. The stereotypes often associated with Black people (e.g., that Black people are dangerous and threatening) intersect with the application of the Mental Health Act and feed into such inequities within the wider environment.

Why is there a stigma surrounding mental health in the Black community?

- Often, cultural beliefs (social customs and beliefs) hinder an accurate recognition of mental ill health. Such issues are stigmatised and are not discussed openly in order to avoid being stereotyped or labelled negatively within communities. Some beliefs are outdated and we need to consider how to address that as a community. Barriers exist but within the Black community, we need to better educate ourselves on what it looks like to get that help, how to support each other, and how to have conversations around what mental health looks like.
- It is important to be clear that the responsibility to fix things does not fall on those that are not the architects of the situation. However, self-help is critical - it is important for individuals to tap into their own resources to understand what effective mental health support looks like. Similarly, individuals outside of the Black community can educate themselves on the issues and consider how to become an active ally or 'co-disruptor'.

Are organisations equipped to deal with the nuances that exist in relation to mental health and race?

- The short answer is "not yet". Organisations are just beginning to get to grips with understanding race in the workplace, i.e., what micro-aggressions are, how they are used unknowingly and knowingly, addressing complaints in the context of race when they arise - it is still, for the most part, unknown territory. For organisations, combining that understanding with the mental health issues certain groups experience will take time. However, it will happen and needs to, in order to ensure a better workplace culture and high performing teams.
- The structure of wellbeing services in organisations is too standardised and doesn't accommodate the nuances of mental health and race. Those services need to be reassessed in the current climate. The last two years have been pivotal in terms of

heightening an awareness of issues that have not been spoken about enough before and organisations are grappling to figure out how to bring that to the fore.

- Before dealing with such nuances, it is important for organisations to take a step back and think about the environment they are trying to create, and how to create a workplace where mental and physical health are valued. When thinking about what the organisation's wellbeing strategy should look like, think about the culture you want to create - it will change and develop depending on who you hire and their experience. Ultimately, the wellbeing strategy employed will depend on what is best for your organisation.
- It is important to be proactive in thinking about intersectionality and diversity regarding the recruitment of Mental Health First Aiders (MHFAs) and how to support those who come from underrepresented backgrounds - you cannot pour from an empty cup. An internal support network that allows people to share their lived experiences voluntarily will lessen the burden on MHFAs. When people see their communities experiencing challenge, they often feel a personal drive to make change, but many do not realise that the secondary trauma this can create can be debilitating, and may lead to "compassion fatigue" - the strain that comes from helping others deal with their emotions by inadvertently taking them on yourself. Support for MHFAs must be embedded in the infrastructure of the workplace.

What tips do you have for organisations to better protect the mental health of their employees of colour?

- Being committed to supporting staff around mental health is critical to building trust and to people feeling like they can be themselves. It is powerful to be honest about where you are as an organisation - people trust when things are not perfect, but an effort is being made to improve.
- You need to ask *why* you are embarking on the journey - what are you trying to achieve? If not, there is a risk that your actions are performative. If the driver is risk management and you are simply responding to noise and pressure, that will lead to a certain level of change but will not be transformative.
- Howlett Brown has conducted research into intersectionality and mental health and has highlighted the following key tips for organisations:
 - A robust educational programme** - this will allow staff and leaders to understand how behaviour has an impact in the context of identity (race, gender including those that do not align with a specific gender, disability);
 - Equipping stakeholders** - managers and HR should be equipped to spot intersectional mental health issues and should have support to take action. A structure must be in place to allow people to feel confident taking action.
 - Vetting mental health providers** - mental health providers should be vetted in the same manner as other providers. Organisations should ask wellbeing providers how they can demonstrate an understanding of the intersectional needs of staff in order to ensure they are equipped to navigate the tensions emerging amidst our experiences over the last two years.
- When thinking about the employee lifecycle, from attraction to exit, organisations should consider what they need to do differently in order to ensure there is intersectional equity. Commitments are the starting point, and allow staff to hold organisations accountable, but they are not the end point in making change.

What role can allies play in supporting colleagues?

- Allies should listen - not to respond, but to educate themselves about experiences, and take action and speak up when needed. For a long time, people have chosen not to intervene because they believe they do not have the right words to use.
- When thinking about how to respond to a situation (i.e., whether to intervene or advocate), consider these three points:
 - the situation;
 - the person; and
 - the desired result.
- Everyone is responsible for creating a culture of inclusion and wellbeing, and some have more responsibility than others. In most workplaces, those that tend to have the most influence are white colleagues. Thinking about your privilege requires deep reflection inwards on oneself - how good are you at identifying a lack of awareness of your own privilege? In order to be more than just a performative ally, you must ask yourself that question every day.

Chaired by:



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Keynote:



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