

Speaking our Mind

**The Impact of Racism and Race on
Young Black people and young People of Colour
in Scotlands Mental Health Needs**

Written and Developed by
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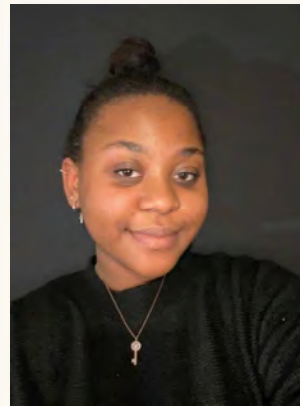
**This is a
movement.**

FOREWORD

We are Sara Demnati and Kuziwa Mukahadzi, two 6th year students from Liberton High School who recently took part in a mental health consultation organised by Intercultural Youth Scotland.



Sara Demnati



Kuziwa Mukahadzi

As two young People of Colour from a primarily white school, we were keen to see how other people with similar experiences to us felt about race and mental health, in particular how to access mental health resources and use them to our advantage. Both of us felt that the topic of mental health was unspoken at our school as well as at home, and therefore the consultation was a great opportunity for us to express our thoughts on mental health in a safe environment. In relation to our work as Ambassadors at our school, we find it extremely important to constantly improve our knowledge on all aspects of racism and pro-Black education in order to provide useful and accurate information to those around us, such as other pupils and even family members.

We were asked a series of questions to do with our experiences and knowledge on mental health, which were developed together with a team of Ambassadors. Each person wrote down their answers anonymously and then we all discussed our thoughts and views on the different questions asked, which ranged from our experiences with mental health resources to how our families react to mental health. The process was overall an extremely positive experience for us as it taught us the importance of speaking up and not letting emotions manifest into dark thoughts. It was a privilege to offer our help to such an important issue and cannot wait to see how this will unfold in the future.

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EXECUTIVE SUMMARY

Intercultural Youth Scotland (IYS) has produced a first of its kind report on Black and People of Colour (BPoC) children and young people's mental health - which advocates for the development of a specialised response to the significant but hidden, impact of race and racism on mental health.

The report is based on consultations undertaken with BPoC children and young people in February 2021, as well as feedback from counsellors who are involved in IYS' Mental Health service, which so far has supported approximately 30 BPoC children and young people (aged 12-24) in the first quarter of 2021.

Key findings of the report

- ◇ **Encountering racism and hearing about racism against others had a clear negative impact on many of the children and young people's mental health.** This manifested in various ways, including feelings of isolation, hurt, anger, loss of motivation; constant worrying; hypervigilance; unsettlement; and self-doubt.
- ◇ While some children and young people said their families supported them in their mental health needs, overall, the young people described their difficulty in speaking about their emotions with their families due to **stigma and lack of acknowledgement of mental health difficulties within some communities.** Instead, those suffering from poor mental health were encouraged to 'be strong', 'get over it' or 'pray'. Older generations' attitudes were linked to the **survival hardships and structural and interpersonal racism** they experienced, which may also contribute to **intergenerational trauma.**
- ◇ Worryingly, most children and young people did not feel they could discuss race and racism and their effect on their mental health with school staff or other adults with authority. Reasons included that they **did not feel they had a safe space to do so and that racist incidents were not taken seriously by school staff and other adults.**
- ◇ Some children and young people's mental health was also negatively affected by **cultural expectations**, especially gendered ones, and by the **challenges of negotiating identity and belonging** as second- or third-generation immigrants.
- ◇ BPoC children and young people experience **a wide range of barriers to engaging** with mental health services, including thinking the problems they face are not serious enough to merit engaging with mental health services; not acknowledging mental health issues until they reached a breaking point; lack of knowledge about available services; and misunderstandings of counselling. Altogether, these barriers reflect the **hidden dynamics of structural racism in the mental health sector – the alienation and marginalisation of BPoC children and young people.**

In their past experiences with mental health services, some young people felt they could not bring up race and racism because it was not explicitly designated as a space to discuss such issues.

Despite these barriers, BPoC children and young people engaged with IYS' Mental Health Service based on pre-established trust in IYS, and because the service was explicitly committed to openly talk about race and its impact on their mental health.

Some children and young people **preferred to have a counsellor who is BPoC** or from their own specific culture as they believed this could engender a deeper understanding of the issues they are contending with. BPoC counsellors also highlighted the positive impact this shared experience had for many of the service users. Regardless of counsellors' background, **race and structural racism was directly addressed by counsellors in all cases, to better enable discussions of race and its impact on users' mental health.**

In relation to potential formats for mental health support, two clear strains developed through this research. The level of interest in IYS' Mental Health Service, and feedback from the delivery of the service, reflects that a clear need is being met for a 1 to 1 counselling service specialised in the mental health of BPoC children and young people. However, the BPoC children and young people who participated in the consultations (most of whom had not made use of mental health services before) saw the 1 to 1 counselling format as stressful, and preferred different types and formats of services, such as group support, informal chats, empowerment programs or a drop-in service. These two strains of feedback reflect **a clear need to combine traditional – but specialised – delivery of mental health support with more accessible and informal spaces, both to demystify mental health and to provide more holistic support.**

RECOMMENDATIONS

The following recommendations are based on: suggestions made by BPoC children and young people in Scotland, findings from the consultations and IYS' Mental Health Service; and expert opinion was provided by the counsellors in IYS' Mental Health Service and the IYS team who developed the report, including members of the IYS Anti-Racist Ambassadors youth group.

Recommendations for Current and Future Mental Health Services

- ◇ Across the sector, we need **to tackle institutional racism and racial inequalities in healthcare, and specifically mental health services**, through anti-racist policies, procedures and training developed together with BPoC users and potential users as well as anti-racism experts and practitioners.
- ◇ A specific programme of reform - akin to a charter mark - should be developed **to transform mental health organisations into truly anti-racist and intersectional spaces**, where BPoC children and young people can go for support without fear of discrimination. Such a programme would include in-depth anti-racist training **delivered by people with relevant lived experience and expertise**, followed by an ongoing system for anti-racist reforms and health checks.
- ◇ When signposting BPoC young people to mental health services, the healthcare sector, education institutions, third sector organisations and other actors should ensure that these **services adequately engage with the intersections of race, racism and mental health**.
- ◇ **Mental health services should implement a holistic and flexible approach to addressing BPoC children and young people's diverse mental health needs.**^[1 2 3]
 - ¹ Services should include (but not be limited to): 1-1 counselling; group support based on mutual sharing and learning; psycho-education programmes; dedicated helplines; art therapy; skill-building workshops; and empowerment programmes. These services should be culturally appropriate, facilitated by mental health professionals and young specialised youth workers, and available through a variety of channels, including face-to-face, phone-based and digital support. Services should incorporate drop-in options and anonymous participation, and be flexible to varying degrees of commitment from service users.
- ◇ A concerted campaign should be developed across the sector **to tackle the pattern of alienation and distrust of mental health services as well as misunderstandings of mental health difficulties among BPoC communities, which stem from historic and present structural racism**. This should center on encouraging open and supportive discussion of mental health and the mental health impact of racism; countering stigma regarding mental health and the use of mental health services; and promoting a better understanding of counselling, particularly the issue of confidentiality.

◇ Mental health services should be provided by **professionals who can speak fluently in the primary language of the service user**. When this is not possible, a specially trained interpreter should be available and there should be careful consideration of how the interpreter and the interpreting process might affect the counselling dynamics and process.

◇ Services should be **free of charge or offer sliding scale fees** so that users' socio-economic status will not serve as a barrier to accessibility.

◇ Links between mental health services and voluntary sector organisations working with young BPoC must be strengthened, in order to share best practices and to raise awareness of services available, as **young BPoC are more likely to access services through established relationships based on trust**.^[34]

◇ Alongside the continuing necessity to improve existing services, **specialist mental health services need to be developed and funded to tackle the particular intersection of race, racism and mental health that BPoC children and young people face**. Such services need to establish a foundation of trust with BPoC children and young people, and explicitly engage with race and racism as part of their support. A key step in doing so is ensuring that counsellors and youth workers have both the insight gained from lived experience of racialisation as well as adequate anti-racist training and knowledge. BPoC users are more likely to engage with services offered through organisations which they already trust and which they believe will offer them an anti-racist safe space to talk. **Importantly, all such responses and services must be developed in collaboration with BPoC children and young people**, to ensure that the service ultimately lives up to their insights and concerns.^[4]

◇ Mental health services aimed at BPoC children and young people must be **committed to speaking openly about issues of race, racism and how those affect users' lived experience and mental health**. Moreover, these services must explicitly state that they provide a space to talk about these issues.

◇ Mental health services aimed at BPoC children and young people should put particular effort into **engaging parts of the community underrepresented amongst service users**, including BPoC boys and young men as well as BPoC LGBTI+ and Queer youth.

◇ Long-term services should be offered in acknowledgement that deep-rooted experiences of trauma cannot be adequately addressed in short term therapy interventions. These services should ideally be open-ended but need to be balanced with ensuring manageable waiting times.

◇ Mental health services aimed at BPoC children and young people should emphasise the relevance of race and racism to the mental health of users, and explicitly acknowledge that the racial trauma they experience and **their feelings and struggles regarding racism and race are valid** and deserve to be addressed.

◇ Mental health services for BPoC children and young people should be **advertised through different channels, especially social media** as well as educational institutions and third sector organisations.



Recommendations for Mental Health Professionals’ Training and Ongoing Work

- ◇ Mental health professionals must acknowledge and seek to understand how BPoC children and young people’s identity shapes their lived experience; how racism, cultural background, cultural and societal expectations and structural racism affect their mental health; and be familiar with relevant concepts such as racial trauma. ^[1, 5] Reading this report is a necessary first step to do so, but it is only the first in a series of necessary steps, which include continuously engaging with other relevant reports and literature and undergoing training as detailed below.
- ◇ All mental health training and services should include ongoing anti-racist training, training to unlearn implicit racial biases and training about how cultural identity, race, racism affect mental health. ^[3,6]
- ◇ Programmes should be implemented to encourage, fund and support BPoC individuals in choosing careers as mental health professionals. This of course necessitates tackling the institutional racism in mental health career education and training programmes.
- ◇ BPoC children and young people accessing mental health support should be given the choice to work with a BPoC mental health professional, as some feel that a BPoC mental health professional will understand them better due to their lived experience of racialisation. ^[3]
- ◇ Counsellors should explicitly acknowledge issues of race and racism, as it may also pertain to power relation between counsellors and service users. In particular, white counsellors should acknowledge race in their counselling, including differences in lived experience between them and BPoC users, to allow for trust to develop and enable an open conversation about issues of race and racism.^[6] In general, counsellors should be responsive, understanding, patient and show a willingness to learn from the particular experiences of the service users.
- ◇ A dedicated space should be developed for mental health professionals who work with BPoC people to engage in ongoing and critical reflection about their work, discuss common themes they have found and/or issues they are facing, to engender mutual learning and affect wider change. This will engender a life-long learning experience.
- ◇ Mental health professionals should be made aware of additional resources and services they can direct service users to.

Additional Recommendations

- ◇ Schools and other educational institutions should cultivate young people's awareness regarding racism, mental health and how the two intersect in BPoC children and young people's lives.
- ◇ Schools and other educational institutions should tackle institutional racism as well as develop an anti-racist framework which will include a policy to address racist incidents, ongoing training for staff on how to do so satisfactorily and sensitively and guidance for students on how to engage with the policy. For further recommendations on these matters, see IYS' In Sight Report.^[8]
- ◇ Institutions must listen to the voices of BPoC children and young people, especially regarding the racism they experience, and should believe them and properly address issues they raise about the institutions' wrongdoing, both past and present.
- ◇ Further research should be conducted to map and understand the unique mental health needs of young people from differing cultural and racial backgrounds and the specific barriers they face in accessing mental health services in Scotland. The intersectional nature of BPoC experiences should be given special consideration.^[9] All research of this kind should be developed together with BPoC children, young people and adults.

"School systems need to hear the stories of what they did to approach the issue of racism and how it was wrong because it didn't make the other people feel what they were saying was being heard. They need to listen and research and see what has failed and what they need to tweak and change. They need to give us the voice and then sort it out rather than have us fighting to be heard. They need to hear us talk and they do the actions."

– She / her, 17.

"It's not like you're telling them, it's more like you're trying to defend yourself. If you have a problem and you're trying to communicate it to someone you shouldn't think they wouldn't believe you and feel dumb. In my school racism happened and it got swept up under the rug because they said they haven't heard the whole story but they shouldn't have to."

– She / her, 17.

Statement from Founder

I commissioned this report because of my experiences as a parent who has been hopelessly navigating a system that does not work for young Black and POC Scots.

Social connection shapes our everyday lives and well-being. Young people desperately want and need to connect. The alienating effects of racism separate Black and POC Scots from themselves and others, resulting in severe consequences for their wellbeing. When our wellbeing suffers, we lack the resources to function fully and engage with those around us. I'm writing not just about physical separation, but the experience of feeling misunderstood and disconnected from others.

Feeling socially connected - especially in the context of repeated lockdowns, uncertainty, and isolation - is more important than ever. Culturally appropriate relationships with professionals can play a crucial part in protecting young people against suicidal thoughts and behaviours, and poorer mental health outcomes.

For me and my colleagues at IYS, this is a safeguarding issue of great importance. I am afraid. Daily humiliations, micro-aggressions, racial hatred, and existing inequalities in housing, employment, finances, and many other issues, have led to a greater impact on Black and POC young people's mental health during the coronavirus pandemic compared to their white counterparts. This is not seen or felt at decision making tables.

We stand on the shoulders of our ancestors who have lifted us to where we are today, but we continue to need radical transformations to our social structure. Black and POC young people are so much more than they have been taught they are. We are living in the afterlife of wrongs, and still overcoming intergenerational traumas. We cannot continue to accept those wrongs any longer. Scotland needs to take actionable steps to support and amplify Black and POC voices and commit to a fairer, more equitable system for communities left unserved by mental health support and services.



**This is a
movement.**

Khaleda Noon

Founder & Executive Director

Introduction

Based on our experience working with BPoC children and young people, IYS has recognised a clear unmet need in terms of mental health support that acknowledges their experiences, challenges and traumas.

Working with a counsellor specialised in racial trauma, and funded by the Scottish Government Equalities Unit, IYS have developed and rolled out a specialised Mental Health Service for young BPoC Scots aged 12 to 24. Additionally, in February 2021, IYS conducted consultations to explore the impact of race on BPoC children and young people's mental health, their understandings of mental health and the barriers they face in accessing mental health services.

The findings from the service and the consultations inform this one-of-a-kind report on the interactions of race and mental health in young BPoC Scots' lives.

Research has found that the Covid-19 pandemic has had a particularly adverse effect on BPoC mental health in the UK.^[10,11,12,13] The murder of George Floyd in May 2020 and subsequent Black Lives Matter protests also took their toll on BPoC's mental health.^[1] More broadly, studies have begun to explore the unique effects of racism, experienced both directly and indirectly, on the mental health of BPoC adults and children,^[2,3,4,6,14,15] which can result in racial trauma.^[1,5]

There have been some UK studies of the under-researched topics of BPoC perceptions of mental health, experiences of mental health services and the specific barriers they face in accessing such services.^[6,7,9,16,17,18] With a few notable exceptions, these studies have focused on those who are over 18, thus neglecting BPoC children and young people's perspectives and experiences.^[3,4] Not only are the voices of BPoC children rarely heard in public policy and service provision, but the over-representation of some BPoC groups as mental health in-patients is partly a result of them not receiving appropriate interventions at a younger age.^[4] Among their findings, these studies pointed to inequalities and institutional racism in mental health services^[2,3,6] as well as a lack of culturally appropriate services and mental health professionals' understanding of users' cultural and racial background and needs.^[3,4,17]

The findings of studies on BPoC children and young people's mental health^[3,4] echo many of the findings presented in this report. However, the fact that these studies were published more than a decade ago indicates that they have not been sufficiently implemented and that there is a need for more up-to-date data.

Moreover, these studies were conducted in England and Wales, whereas Scotland's racial demographics and history result in experiences which are different from those in the rest of the UK.^[19]

Methodology

The findings of this report came out of consultations IYS undertook with young BPoC Scots, as well as feedback and reflections given by the counsellors who were part of IYS' Mental Health Service.

Consultations with Young BPoC Scots

The consultations were developed in January 2021 by a team consisting of the IYS Policy Coordinator & Anti-Racist and Pro-Black Educator, specialised IYS youth workers, a PoC counsellor specialised in racial trauma, a researcher and four members of IYS' Anti-Racist Ambassadors youth group programme. This programme is a youth-led activism platform for young BPoC Scots aged 12-24 aimed at community empowering and influencing societal change across Scotland. In January 2021, a session of the programme was dedicated to introducing and discussing the topic of mental health. Ambassadors were later asked to choose a focus for the activism they will undertake as part of the programme, from which four opted for this area and therefore participated in the production of this report. The design of consultations consisted of coming up with initial themes and questions for the consultations; receiving feedback from the Ambassadors team on the themes and questions and discussing with them the best ways to deliver the questions; and finalising the structure and content of the consultations.

At the beginning of February 2021, two consultations were undertaken with a total of eight IYS Anti-Racist Ambassadors. The consultations were conducted in an online safe space with only BPoC people present, were facilitated by specialised IYS youth workers and the IYS advocacy lead, and were observed by a BPoC counsellor and the researcher. To safeguard the participants, a trigger warning was given at the beginning of each consultation and the participants were encouraged, both at the beginning of the consultation and at the end, to contact the counsellor should they feel distressed by the conversations that occurred. At the end of the consultation, the participants were also provided with information about relevant helplines as well as IYS' Mental Health Service.

The themes explored in the consultations were: the effect of racism on BPoC mental health; discussing race and racism with trusted adults; understandings of mental health and counselling; experiences of mental health services and engagement barriers; and recommendation for mental health services suitable for BPoC children and young people. When questions touched on sensitive subjects, the Mentimeter application was used to enable participants to answer anonymously.

The participants' ages ranged from 14 to 20. 6 participants identified with she/her pronouns and 2 participants with he/him pronouns. The participants were of South Asian and African descent. To be clear, this makeup does not represent all BPoC identities and the small sample size and qualitative nature of the consultation limit our ability to generalise these findings, but their in-depth nature provides useful insight into the mental health needs of BPoC children and young people. While this research design helped young BPoC Scots make their voices heard^[4] and resulted in rich findings, a strong need remains for further research, with a more explicitly intersectional lens. Relatedly, when participants were asked to describe their identity, none identified as LGBT+ or Queer and LGBT issues did not come up in the discussions. Moreover, there was a small proportion of boys and young men who participated. These perspectives are therefore missing or underrepresented, respectively, and future research should make significant efforts to engage with these groups as well with BPoC communities unrepresented in these consultations.

The first draft of this report was presented to the Ambassadors to get their feedback, make sure it accurately reflected their views and make adjustments if necessary. The Ambassadors made some minor suggestions regarding the order of the findings in the executive summary and the recommendations yet were otherwise very pleased with the outcome of their work. Those who participated in the consultations felt that the diverse opinions they voiced were accurately represented. One Ambassador who could not attend the consultation remarked that everything they had planned to say in the consultation was reflected in the report, which indicates the report's validity.

The findings of this report will form the baseline of IYS' advocacy in this area, as part of our aim to ensure that our work with the Anti-Racist Ambassadors youth group translates into tangible action.

IYS' Mental Health Service

The unmet mental health needs of BPoC Scots children and young people, with its roots in underlying racial health inequalities, was drawn into clear light by the Covid-19 pandemic. Relevant mental health support options for BPoC young people are rare, with previous specialised services struggling to secure stable, long-term funding.

With funding from the Scottish Government Equalities Unit, IYS has set out to establish a reliable, relevant and free Mental Health Service for BPoC children and young people in Scotland. Working with a counsellor specialised in racial trauma, we have quickly developed a specialised 1-1 weekly online Mental Health Service for BPoC children and young people aged 12-24. The service has been operating since January 2021 and is delivered by 3 specialised counsellors. Alongside making the service available to children and young people IYS works with directly first, a robust referral and counselling process was also developed, in conjunction with a social media campaign spreading the word about the service. Each child or young person referred had access to up to 12 counselling sessions, with a planned average of 6 sessions per referral.

The service has been used by approximately 30 BPoC children and young people so far. It is easily scalable based on funding, and IYS expects that a funded service could provide this much-needed mental health support to approximately 100 BPoC children and young people every year.

In mid-February 2021 and in early March 2021, the service team and report team met to hear counsellors' feedback and insights about the service and service users' mental health needs and experiences. This was done in a way that did not compromise users' confidentiality and trust, as counsellors spoke only in general terms about the users' experiences and did not divulge any identifying details.

Terminology

IYS uses the term Black and People of Colour (BPoC) Scots in recognition of the fact that we must be aware of the language surrounding People of Colour and any work affecting them. Terminology like BAME (Black, Asian, and Minority Ethnic), although used widely in policymaking, shies away from the fundamental problem of structural racism and frames the issue as solely one of minority rights and ethnicity.

As a standpoint and for consistency's sake, we also use the term BPoC when referring to resources which use the terms BAME or BME.

Findings



The Effects of Racism on Mental Health

Racism had a negative impact on most of the children and young people's mental health, whether it was by personally experiencing racism, hearing or reading about incidents of racism faced by others (including through online media and news reports). In counselling, children and young people described racism as leaving them feeling isolated, hurt, angry, scared, unmotivated, and pessimistic about their future.

In the consultations, some young people described how experiences of racism continually came back to haunt them, unsettled their sense of self and made them feel vulnerable and hyper-vigilant.

"I received a hate letter from a random person for something I did. It had a picture of me and in it he called me all sorts of name and told me to go back to my country. At first I laughed a lot, couldn't believe someone put in so much work into that. But I kept thinking about it even a week later and then I realised it did affect me. Now I laugh about it but back then it was exams time, I had an exam the day after I got the letter and I thought about it all through the exam. It'll stick in your mind, will pop up in random times during the day."

-She/her, 18

"You might be walking and someone is staring at you and you just think;

'oh, they're looking at me because I'm black'.

It's always there."

- She/her, 17.

"It'll start with one racist comment and it'll stick with you for a really long time. You don't know why they felt the need to say it so you think 'did I do something wrong?'

It just eats at you for a really long time, you end up blaming yourself, you didn't do anything, but they said it, so maybe you did do something. It really takes a toll on your mental health."

- She/her, 14.

As is evident in the above quotes, the negative impact of racism on young people's mental health was exacerbated because in many spaces in Scotland, they are the only BPoC people present.

"I'll have moments or months when I'm fine and getting through. When you experience racism that you get shook, hit almost, 'oh I am different'. It's not that I forget that I'm Black but I forget that in other's people eyes it's a problem. I like to think when people see me they see my personality first, how I am with my friends, but they see me as a Black girl first. If someone said something racist to me today and then I would go on a bus and see a different person, I would think 'is this person thinking what the first person said?'. When I'm going to a party I'm hyper-vigilant because I'm the only Black person there. I feel silly because I laugh it off, try to make a joke about it, make it seem like it's not real, but when I joke about it it's eating me up inside and it's not good. What that person is saying is playing in my head over and over and then I'm vulnerable."

– She/her, 17.

"I feel like every place I go I'm always aware that I'm Black and people might have a problem with this. So I'm constantly questioning: this person who said that to me or looked at me, does he have a problem with me? It's tiring."

– She/her, 17

Relatedly, some young people in the consultations spoke of how they were missing a sense of community, connections with others like them and opportunities to celebrate their own cultures.

In the consultations, the young people described that to deal with experiences of racism and low moods in general they used coping mechanisms such as: not thinking about it; laughing it off; focusing on life goals; scrolling through pictures on their phones; and watching funny TV shows. This shows the remarkable resilience the young people had to develop. Nevertheless, as the above quotes show, these coping mechanisms did not always suffice. In particular, laughing off racist incidents was described as a tactic that stemmed from Scottish culture, where such a practice is common. This can be problematic as it doesn't open up for racism and its effect on the mental health of BPoC children and young people to be taken seriously. As noted by one of the counsellors, these experiences reflect the impact of the dominant model of assimilation and integration which establishes what is considered "normal" and forces young BPoC to deny the parts of their identity that do not fit it. This can lead to unacknowledged racial trauma which manifests in young adulthood and throughout life in various ways, such as a mental health crises or physical health issues.

"At this point I don't even know how to deal with racism. You don't know what to do. I just laugh it off but I don't know what to say."

– She/her, 17

"In Scotland we take a lot of things as a joke, when you're making friends in high school you let things go because you want to have friends."

– She/her, 18

Lastly, young people in the consultations also pointed out that racism does not affect everyone's mental health in the same way because racism has many forms and different groups face different struggles.

Discussing Race and Racism with Trusted Adults

In the consultations, the young people were asked whether they discuss issues of race and racism with trusted adults, such as older family members and school staff.

With regards to family members, some young people said they felt comfortable speaking with their parents and/or older siblings about the racism they experienced and that they received support and assistance from them. Other young people did not feel they could speak about these issues with their family.

Importantly, even the young people who did speak about these issues with their family were reluctant to talk about how racist incidents made them feel. Speaking about emotions and mental health was perceived as making these issues more real, which goes against the coping mechanisms of suppression and distraction that young people employed. They connected this in part to their communities' lack of understanding of mental health, an issue which will be elaborated on shortly.

"I am the youngest of my siblings so I got it easiest. They experienced all the racism and I got the bits that were left. So I was very confident dealing with racism in school, I'd be like 'nu-uh, not with me'. If it was micro-aggressions though I'd let it go. If anything would happen my sibling could sort it out and I could sort it myself. My dad took a lot of racism when he came here so when we told him he could relate and do his best to try and figure things out for us."

- She/her, 18

"My mom is supportive. When it comes to mental health, there's a way she brought me up, you get over it if you try hard, which I'm grateful for. When it comes to racism she is a strong woman, a loud Black woman, she would confront you face to face whereas I'm quiet. Growing up I used to hold stuff back in and when I got home I would be mad. My mom would tell me to calm down, don't fight just confront them. I got used to being more vocal about inequality, every time someone is racist I confront them, I'm grateful for that"

- He/him, 20.

"I'm quite open with my mom, I would talk to her but also I'm that person that I don't like to say everything, to spill how I feel all the time. So when something is really bothering me, I will tell what happened but not how I felt, because if I say it out loud it makes it real, it messed me up but if I push it back and distract myself it won't be as real. I have this outlet but I struggle with it, to utilise my mom and get my feelings out."

– She/her, 17.

"I feel like if I say it out loud I'm almost speaking it into existence. I rely on my dad, when I talk to him about things that are worrying me I don't make it seem like a big deal, just say that it happened, but because I don't make to a big deal he doesn't treat it as a big deal"

– She/her, 17.

While a small number of young people in the consultations said they spoke about issues of racism with school staff or felt that their school is a safe space, most did not feel they could approach their teachers or school guidance counsellor to discuss how racism was affecting their mental health. This was because the young people felt racist incidents were not taken seriously enough by their school and were therefore not discouraged.

"There was an incident when someone said something to me in a joking way but obviously it was racial. I didn't say anything because I just wanted to laugh it off but a white teacher picked up on it because it didn't sit right with her and it shouldn't. She tapped me on the shoulder in the hallway, where people were still walking by. She didn't take me to her office, sat me down like they usually do when things happened. I felt she didn't take it seriously. She said she heard what happened and asked if I wanted to take it further. I did open up to her because it was racist, but her question of taking it further made me feel like maybe I'm making a big deal out of it. It was a boy who did it and she viewed it as 'boys being boys' and it made me feel like what I say won't be as important to them. Gave it a stigma in my head, I never want to talk to someone either at school or a mental health professional because of this experience. If she acted this way they're all going to act this way or view what I say in the same manner."

– She/her, 17

These views are similar to findings presented in IYS' 'In Sight' report, where many BPoC respondents believed their school will not respond effectively to concerns about racism and discrimination and felt unable to tell their teachers about a racist incident they experienced.

^[8] These experiences also echo those of some of the users of IYS' Mental Health Service, who were hesitant to reach out to a trusted adult for fear of not being understood because the space was often occupied by a white person and those who did reach out felt that the impact of racism on their mental health hasn't been taken seriously.

It was also mentioned in the consultations that lack of awareness regarding racism resulted in BPoC children and young people not understanding that they have experienced racism and thus that this is what has impacted their mental health.

"A lot of people don't realise they're experiencing racism, maybe if it's coming from a friend or adults. You try brushing it off as nothing but you think about it a lot but because you're brushing it off you feel annoyed at yourself for making a big deal out of it."

– She/her, 14

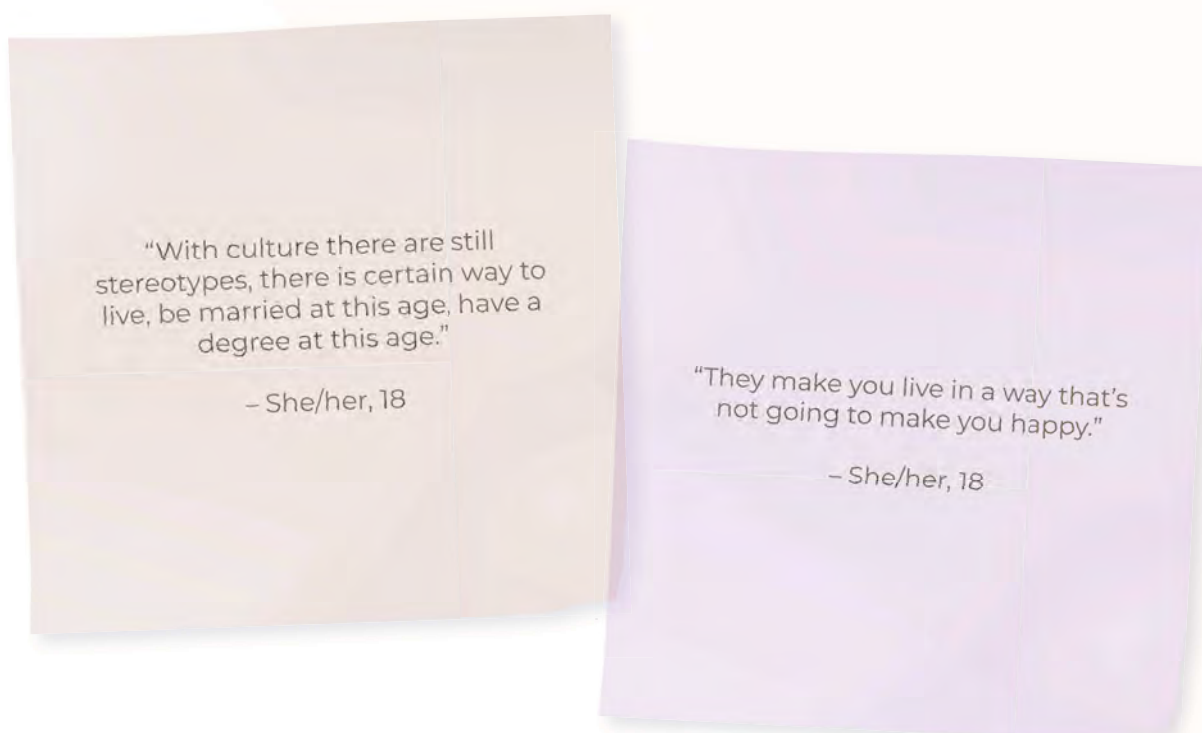
"I think if we were taught about this at a young age we would understand it's racism that I'm feeling this way rather than other factors."

– She/her, 18

Some young people were even reluctant to speak about these issues in the consultations themselves, which attests to how hard it is to overcome this barrier, even in a relatively safe space with only BPoC people present, and that a long-term process is needed to address this issue in a significant way. In the counselling sessions of IYS' Mental Health Service, some users did speak about how racism affected their mental health. The counsellors attributed the success of the engagement with the service to the users' trust in IYS and to the commitment of the service to openly talk about these specific issues.

Effects of Cultural and Societal Expectations on Mental Health

Some of the young people, both those who participated in the consultations and users of IYS' Mental Health Service, discussed how they experienced cultural expectations of older generations as pressures that affected their mental health. These cultural expectations were often related to issues of gender. Moreover, most of the participants in the consultations and the users of IYS' Mental Health Service were girls and young women. This may reflect common trends of boys and young men experiencing particular difficulty in discussing their mental health, perhaps due to cultural and societal expectations of masculinity. One young person also mentioned struggling with religious expectations. While the consultations briefly touched on the intersectional aspects of BPoC children and young people's mental health needs and experiences, it was beyond their scope to engage deeper with this issue. Future research is therefore needed on this point.



Many users of IYS' Mental Health Service were trying to understand who they are outside the pressure of their home and their family expectations and to express their authentic self, especially in relation to identity aspects such as gender, culture, sexuality and race. One of the counsellors commented that such struggles are common for second and third-generation immigrants who feel pressure because they belong both to their racial community and their local (in this case Scottish) community yet feel like they don't fit in either and are trying to contend with identity issues.

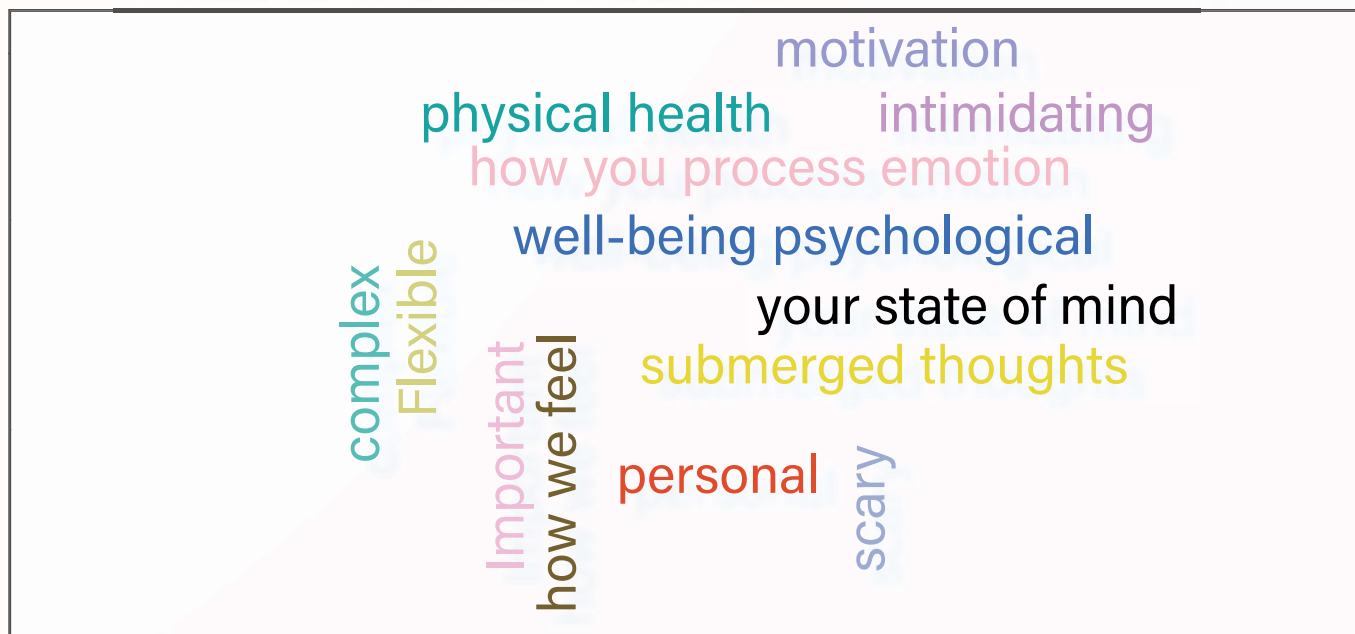
Some service users also described how their mental health was affected by them feeling responsible to represent their community well and disprove society's expectations of that group.

Cultural Understandings of Mental Health

In the consultations, the young people were asked to anonymously answer ‘What is mental health?’ and a word cloud was subsequently created out of their answers.

Below is a word cloud composed of the various word clouds produced at the consultations:

What is mental health?



While many of the descriptions seem to reflect the dominant conception of mental health, a few stand out, such as “scary” and “intimidating”. These indicate some of the unique conceptions, experiences and barriers relating to BPoC children and young people’s mental health presented throughout the report.

The young people were then asked to answer anonymously what their family and community thinks of people who experience difficulties with their mental health and/or go to counselling as well as if they think their family and community think it is acceptable to go to counselling. This led to a discussion of this issue. The young people’s answers, as well as themes that emerged in the subsequent discussion, echoed the experiences of some of the users of IYS’ Mental Health Service.

While many young people stressed that their family thinks it is acceptable to go to counselling, some were unsure and most of them also said that their family and community **do not understand the concept of mental health and purposefully do not discuss emotions and mental health difficulties.**

"In my family we never talked about stuff therefore I didn't feel like I could talk to a teacher. My mind would say 'don't think about anything that is happening to you, be grateful for everything God gave you, get a career, you are privileged'. In my family we don't talk about emotions, don't really talk about mental health other than 'get it out of your mind.'"

- She/her, 18

The young people attested that as a result of these attitudes, mental health struggles are not recognised as such and are instead perceived as exaggerations or are given interpretations such as having a problem with one's faith, being lazy or weak or not eating or sleeping well. Young people described how family and community members expected them to "get over it", "get on with it" and "be strong".

"I'm privileged to have an open family where it's okay to go to therapy if you need to. But for many South Asian Muslims the response is 'Oh you don't have depression. Read some Quran and you'll feel better'. There's a certain extent to how faith can comfort you. If you're beyond that of course you need professional help. If they don't have this sense of safety like with my family it can be a hard thing to deal with."

- She/her, 18

"If someone were to take time off of work or school they'll see it as being lazy. (They'll say) 'it's not mental health, you don't want to do it, don't have the ambition'. If school takes a toll on your mental health and you choose to take less subjects or not go to university immediately they'll see it as you having no drive."

- She/her, 17

Moreover, the young people spoke of how their communities perceive mental health difficulties as something that should be hidden and how people who seek therapy are labelled as "crazy" and gossiped about. It was also mentioned that there was no distinction between different mental health difficulties.

"If someone is struggling with their mental health they wouldn't say 'it's mental health and you should go to therapy', they just don't see therapy as a real thing, it's something for people who are crazy, if you think about going to therapy you have demons in your head and you are not well."

– She/her, 17

"(The community thinks that) mental health is an umbrella term. They don't have depression or OCD. If you go to therapy for mental health people think you are crazy, not tough enough, it's permanent, can't be treated, you're just crazy."

– She/her, 17

The young people were also highly perceptive of why these attitudes were prevalent in their communities. They spoke of a lack of education and awareness of these matters, especially for older generations. They also saw the older generations' inability or refusal to speak about emotional issues and mental health difficulties as a result of the tremendous immigration challenges they faced. The counsellors noted that first-generation immigrants' efforts are centred on survival and material concerns and this leaves less room for contending with emotional difficulties and may also contribute to intergenerational trauma. As a result, there is a lack of understanding when such issues do come up for the second and third generation; high expectations from BPoC children to succeed; and pressures to be strong, keep family secrets within the family, work hard and be self-reliant.

"I feel like they weren't educated about it. If someone in my family had mental health issues they wouldn't know how to deal with it. Going to therapy would travel, people will be talking about it. They don't understand it and don't want to deal with it so they push it aside."

- She/her, 14

"It's just not talked about. They just don't understand because they haven't talked about it."

- She/her, 17

"Older generations had deeper struggles back then, trying to get a life for us now. They say 'you didn't go through what we did, the struggles', they went through a lot but when you compare, they said they didn't have mental health stuff when they were going through much worse."

- She/her, 17

According to the young people, and as indicated in the above findings, younger BPoC generations seem to have more awareness and understanding regarding mental health. Nevertheless, as will now be discussed, they still face unique barriers to accessing mental health services, which also partly stem from older generations' attitudes towards these issues.

Barriers to Accessing Mental Health Services

Most of the young people who participated in the consultations attested that they have never accessed mental health services and that they don't know of anyone who has. They discussed the myriad barriers that BPoC children and young people face in engaging with mental health services. They described how BPoC children and young people either do not feel comfortable discussing their emotions and mental health difficulties; do not think the problems they face are serious enough to merit engaging with mental health services; and/or do not recognise they are suffering from mental health issues until they reach a breaking point. All of these barriers were linked, at least partially, to their families and communities' avoidance of speaking about emotions, negative attitudes towards mental health difficulties and the significant struggles they have faced.

"Some families don't talk about emotions at all so to go to a stranger about it would be weird."

– She/her, 18

"Struggling to reach out to people because we think 'my problems are not big enough, in compared to what my parents went through, what I'm going through is not as important for going to therapy'. Or Childline, I always thought I'm not going to call one of those lines because those people will be wasting their time talking to me when I don't even know what's wrong with me, when maybe other people need it more than me. The way you grow up and how they talk about mental health is a barrier in itself, stops you from reaching out."

– She/her, 17

"Culturally we are brought up in a way that means we don't realise something is wrong until we break. You don't understand what you're feeling and how you're feeling that."

- She/her, 18

"Another reason is they don't realise they have mental health problems because it's always suppressed, not being able to see there is an issue, because of how they are raised or other reasons."

- He/him, 20

"How people are brought up means they don't realise how much they're hurting. When they compare it to someone else's problem it's not worth to call and have someone listen to your problems. You will be wasting someone's time. You are brought up how your parents were brought up so it's a cycle of thinking it's not worth it."

- She/her, 14

As is evident in the above quotes, another barrier that BPoC children and young people face is a lack of knowledge about the mental health services available to them and a lack of understanding that their struggles are valid and worthy of being talking about through these services. When anonymously asked in the consultations if they know what services they can access if they wanted to get help, 4 answered "no", 2 answered "I don't know", 1 answered "yes" and 1 did not answer the question.

"Lack of knowledge. I didn't know anything about mental health services until Covid, when everyone has been posting about helplines. I thought getting help is only going to see a therapist or when it's drastic you call Childline. Or going to the GP and being referred. I never knew that even if you're not going through abuse or something dramatic you can still talk to someone."

– She/her, 17

Other significant barriers mentioned were the institutional racism present in healthcare systems, as well as the cost of mental health apps and other mental health services.

"We all heard about how PoC aren't treated well by health professionals. Some medical professionals don't treat PoC's, and especially Black people's, pain seriously and so on. That's already a barrier, you're already afraid you won't get a similar treatment to a white person. You already know you won't get something out of it."

– She/her, 17

Finally, negative past experiences and the identity of the counsellor can also serve as barriers to engaging with mental health services, as will be elaborated on in the next section.

Barriers to Engagement within Mental Health Services

Most of the young people who took part in the consultations attested that they have not accessed mental health services. However, a few who did write anonymously about their experiences noted that “it was comforting getting to share” and “it was private and admittedly started off quite awkward but also was nice to use as a window of escape and to get stuff off my chest”.

With regards to IYS’ Mental Health Service, the counsellors described how for many users this was their first experience of using a mental health support service. For those who did engage with mental health services in the past, the experience was mixed. Positive past experiences were associated with going through a therapeutic process and actively working on relevant issues. Negative past experiences were the result of various reasons: users feeling that their identity was not addressed in its entirety and that the impact of racism on their mental health was not taken seriously; lack of understanding of the users’ cultural values; an agenda that did not fit their needs; not feeling they are in a safe space when speaking to a white person; not feeling that they were really listened to; and the limited time of the engagement. Moreover, some users felt that in their past engagements with mental health services they could not bring up issues of race and racism because the services were not explicitly framed as a space where such issues can be discussed.

Engagement with IYS’ Mental Health Service led to positive experiences for the users, evidenced both by users’ feedback and their recurring attendance in the meetings. The decision to engage with the service as well as the positive experiences it engendered were attributed by users to the trust they had in IYS to safely and properly direct the service, as well as the service’s framing as a space where race can be discussed openly.

The identity of the counsellors’ themselves in IYS’ Mental Health Service was significant for some service users and less for others. Some users found it useful to have a BPoC counsellor as they were seen as more likely to understand the nuances when discussing race. One young person expressed that although they initially thought they would prefer a counsellor who was BPoC, in their experience of the white counsellor they felt more able to talk about the internalised racism experienced by members of their family, as the young person said they would have felt too embarrassed or ashamed to share this with another BPoC person. The white counsellor made a point to acknowledge the differences in experience between her and the users (specifically in terms of race and age) from the outset. This transparency tended to surprise the young people, some smiling at this acknowledgement, which in turn enabled further discussions in particular with regard to race.

The young people in the consultations had mixed and complex opinions regarding whether the racial identity of the counsellor matters to them. Many believed that having a BPoC counsellor or one from their own culture will enable a better understanding of them and their experiences.

"A therapist of colour would make a difference because they could relate."

- He/him, 18

"If your therapist isn't of colour they won't understand why your family is like that because they didn't grow up in this culture. There is always a fear of whether they will understand or not."

- She/her, 18

Relatedly, some young people worried that white counsellors would pity them and said that having a white counsellor might make it even harder for them to open up. However, they did not rule out having a white counsellor and instead wanted the counsellor to show patience and an understanding of the difficulties they face.

"It's hard to open up or talk at first, they shouldn't think you don't want to be there or use the services to the full extent. I know who I can talk to about race and who not to because the sympathy I would get is not the same because they don't have the same understanding so I won't bother. So they should know it will take time because you want to see how they will react but you will get there."

- She/her, 17

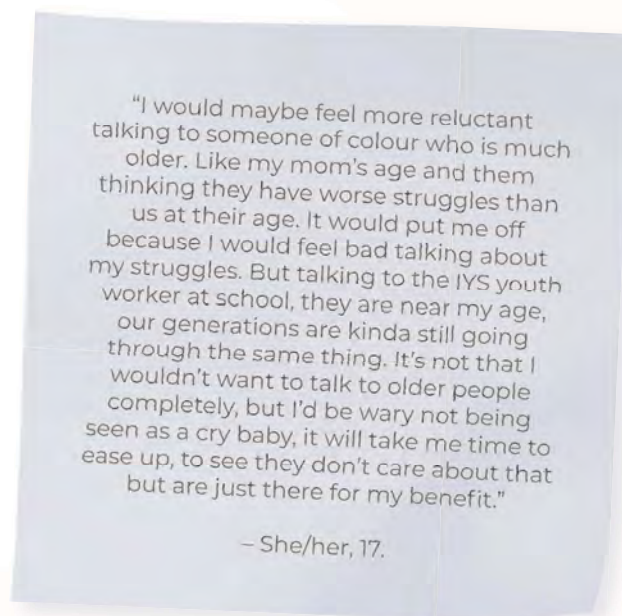
"There are things we won't want to talk about, especially if they're not PoC, you feel like they're giving you pity rather than sympathy. Might be hard to open up at the beginning, not that we don't want to talk about it, just really difficult."

- She/her, 14

Conversely, some young people were worried that a counsellor from their own culture will judge them or that their engagement with the service will become public.

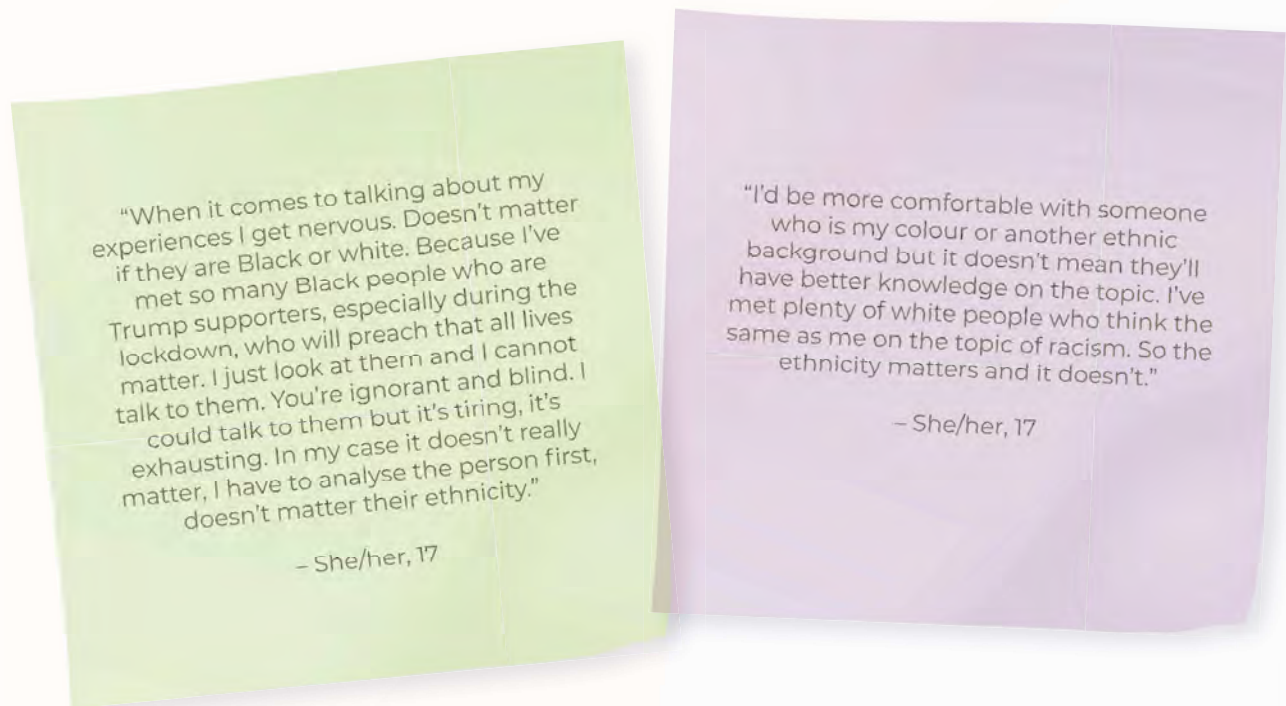


Some of these responses indicate a misunderstanding of counselling, and specifically the important principle of confidentiality – a trend echoed in feedback from the counsellors. While counsellors can never know ahead of time all the intricacies and nuances of the different cultures of their users, they need to be open to hearing, understanding and learning from them.

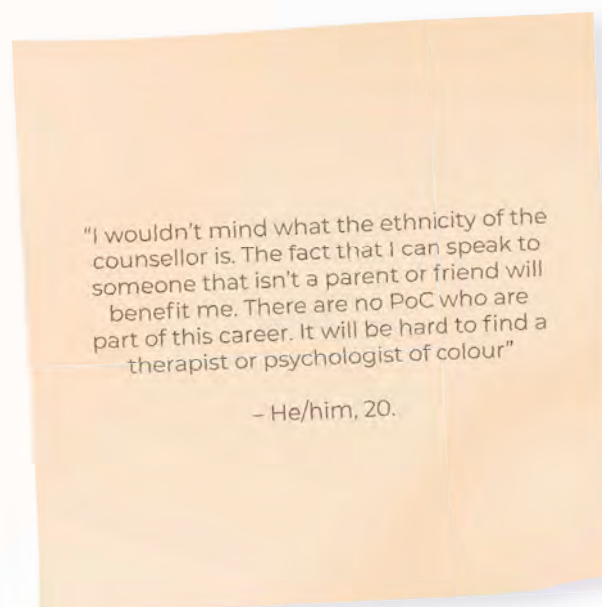


The fact that young people in the consultations attributed their cultures' tendency to judge to older generations also highlights their desire to speak with someone closer to their age, which also relates to the older generations' perceptions of mental health detailed earlier.

Moreover, the young people acknowledged that BPoC counsellors might also be racist or might not have the appropriate knowledge and that white counsellors can be anti-racist.



Finally, it was also mentioned that there is a lack of PoC mental health professionals, which also limits young people's choice regarding their counsellor's racial identity.



As is evident from these experiences and responses, young people should be given a choice regarding the racial identity of their counsellor and, equally important, counsellors who work with BPoC children and young people must undergo anti-racist training and be knowledgeable about the difficulties BPoC children and young people face.

Preferences of Mental Health Services

As was described, the experience of IYS' Mental Health Service was positive. Some users expressed a wish for the service to be long-term and counsellors agreed this would meet some users' needs more by allowing the opportunity to work more on deep seated issues and not only on how to manage their effects and to continue to build trust. While the ideal is open-ended counselling, this needs to be balanced with ensuring reasonable waiting time for new users. The delivery of the service also highlighted a need for counsellors fluent in the primary language of the service users. The counsellors also expressed an interest in meeting together regularly to provide collegial support and critically reflect on their work by discussing themes that arise in sessions whilst exploring ways to feed these themes back to the wider service.

The answers given by the young people in the consultations when asked what kind of service and support they would like to have show that young BPoC's mental health needs are diverse and require varied forms of engagement. Specifically, most of the young people in the consultations viewed regularly scheduled 1 to 1 counselling sessions as stress-inducing and overwhelming. This was also related to the difficulty they have in expressing their emotions and discussing their experiences. Instead, they expressed an interest in informal chats, drop-in options, flexible attendance or open-to-all group settings, where they can meet people similar to them, share their experiences and learn from each other. The counsellors also agreed that some young people might need engagements that differ from standard counselling, show more flexibility and are responsive to young people's needs and communication preferences.

"1 on 1 is seen as more serious, can be quite overwhelming but support groups, with people who are in the same or similar place or path as you, talking about their experiences, seeing and understanding each other, it's a bit more chill and it's really supportive and great things can come out of there."

- She/her, 17

"Training and coping mechanisms would be good. Even having after one session learning coping mechanism will help you deal a lot better."

- She/her, 18

"I like the thought of a group setting. It's not like you have to be there. Nice to know if you have a bad day or week you decide you attend this online session. Gives you time to prepare. Like it better than 1 on 1. And another benefit of a group setting is to learn from other people. I personally feel better if someone is going through the same thing as me I feel like I'm not alone."

– She/her, 17

When asked where they would like to hear about such services, many young people mentioned social media with other suggestions including IYS programmes and the library. When asked where they would like to get this support from and where they feel they have a safe space the answers were not uniform. School was a safe space for some but certainly not for others. Online engagement was usually not preferred, as the home was not seen as a setting appropriate for discussing personal issues relating to mental health or because there was a desire not to stay at home all the time. IYS was considered a safe space by many, because there is a majority of BPoC children and young people present and because there was a general agreement among those who attend IYS activities about how race and racism affect BPoC people's lives. The preference for IYS might also be linked to the fact the organisation is youth-led, as the previous section detailed how some young people preferred to discuss issues of racism and mental health with adults who are closer to their age.

"It might be not for everyone but I feel very safe at school. My worst nightmare is 1 on 1 in my home. I have such a big family and it can be overwhelming because I'm never alone. I've had lots of sessions with guidance counsellors at school. For me school is as safe space rather than home."

– She/her, 14

"Now with Covid I feel like I'm never out of the house. I'm not a fan of the online school aspect. I would prefer the service to come from IYS rather than my school because in my school it will be less organised and it will make me feel anxious, there will be many people and I won't feel I can relate. In IYS I like it better because we're all people of colour so I don't need to censor myself and they won't think it's a big deal. White people sometimes think not everything is about race, in school the majority of people are white rather than people of colour."

– She/her, 17

"IYS is another one of my safe spaces. Since I discovered IYS I feel like a whole world opened, I accomplished many things, took part in many things, it's just a place where I can relate to people more, doesn't matter if we're the same race, gender, country. I feel like everyone there are people who understand what the issue is, and we have fun as well. I met white people in IYS who understand. White people tend to say not everything is about race but I feel like white people in IYS do understand that when you are a person of colour, everything is about race, and that's what I like, it's a place where people understand and listen."

– She/her, 17

"Probably not at school because your friends might see and you might want to keep it confidential."

– She/her, 18

Finally, it seems that the consultations themselves, conducted by IYS in a safe space with only BPoC people present, enabled at least some of the young people to discuss intersections of race, racism and mental health in an open and empowering way.

"I feel like what we talked about today, what we said, I didn't realise it impacted me as it did, didn't know it was a big deal then but the fact I can remember now must have messed me up but I tried to push it back."

– She/her, 17

TO ACTION

We have to make sure Scotland starts taking critical steps to overhaul the current approach to mental health. This report serves as the first step to ensure Scotland becomes a country that cares about the mental health and wellbeing of Black and PoC young people.

2020 was the beginning of an awakening in Scotland to the pre-existing institutional racism present in this country. This awakening came from the beginning of the COVID-19 pandemic and the resurgence of the Black Lives Matter movement globally and within Scotland. This time period saw a critical reflection on the pre-existing power structures, inequality and institutional racism that were present in Scotland and were being exacerbated by these events. What all of this has highlighted is that now is the time to act, now is the time to call for systematic change in all areas of Scottish society. Specifically, we see the area of mental health and wellbeing as a key area that requires significant investment to see measurable change for Black and PoP young people.

The daily lives of Black and PoC young people are being disproportionately impacted by the failed mental health services in this country. Mental health is an area of underinvestment and youth mental health and BPoC's mental health even more so. As a result, mental health support services available to young BPoC's mental health are sorely lacking and inadequate. For too long mental health services for young people have had their funding removed, had inadequate resources and funding and overwhelmingly failed to adequately include and provide equitable access for Black and PoC young people to these preexisting services. Through our report we have come to understand the importance of establishing a holistic approach to mental health services. What we mean by this is that there is no one way to support the mental health and wellbeing of Black and PoC young people and an adequate approach requires offering a wide range of services from 1-1 support to group spaces to informal drop in sessions. We need the understanding of mental health support to change and become flexible so as to allow Black and PoC young people in Scotland to be able to receive the care that fits them on a personal basis. One size fits all approaches simply fail too many.

In our view Scotland's mental health services need a complete overhaul if they are going to support Black and PoC young people in the ways they need. This means ensuring that trauma informed practice understands the impact of racial trauma and that existing white mental health practitioners receive anti-racist training and understand the psychological impact of racial trauma.

Moreover, Black and PoC mental health practitioners need to be elevated and supported and there should be a strategic nationwide approach to bring more people from the Black and PoC communities into the profession of mental health support, counselling and therapy. There should also exist dedicated specialised mental health services led by Black and PoC mental health professionals for Black and PoC young people.

The key and final factor in our view is stressing the importance of bringing young Black and PoC Scots to the forefront of decision making. Youth experts such as Intercultural Youth Scotland's Anti-Racist Ambassadors have been the main driving force behind the success of this report. We need sustainable platforms in which these Ambassadors and other Black and PoC Scots from around the country can contribute to forums, experts reference groups and panels that fund and design the mental health services in this country.

The Scottish Government and public services claim to be committed to ensuring the impact of COVID-19 on Black and PoC young people is minimised. This means investing in mental health services now and in the future. We cannot let the racial trauma of this past year and the pre-existing trauma negatively affect our young people's future. It is not until all of these steps are taken and a strategy is devised that young Black and PoC scots will have the chance at living freely, authentically and healthily.



**This is a
movement.**

Intercultural Youth Scotland

Resources

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The authors note that due to the small sample size of BAME participants, the findings regarding them should be considered cautiously. This is a recurring issue in data collection in Scotland which hinders analysis regarding race and needs to be addressed. For more information see:

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