

Race for the soul of the profession - tackling racial inequalities in the counselling professions

1. Foreword - David Weaver, BACP President

Within my final year as BACP's President, I am proud to have led on the development of this important analysis of racial inequalities and the counselling professions. It is my sincere hope that this will promote awareness and contribute to a legacy of meaningful dialogue and collective action to address the systemic racism, which prevents so many people and entire communities from fulfilling their potential.

This is a fight for the very soul of the counselling professions. Inequalities are a serious driver of mental ill-health, and existing barriers prevent many Black, Asian and ethnic minority people experiencing the many life-changing benefits that counselling can deliver. Whilst this is a fight that I have been on for the entirety of my career, it is also an opportunity which we need to grasp now, given the current increased policy profile on both mental health and racial injustice, as well as being so central to our recovery from the pandemic.

The past two years have brought to bear the deep-seated injustices so many people are facing across our society. The UK's Black, Asian and ethnic minority communities have been disproportionately hit very hard by the pandemic. This has brought an unequal legacy of complicated bereavement, trauma and economic repercussions, alongside existing social and economic disparities that these communities continue to face.

The racist murder of George Floyd had a profound impact on me personally, as well as the black community and people around the globe. We must be honest that UK society also bares similar acts of shame, as the police responses to the murders of Bibaa Henry and Nicole Smallman in London in June 2020, and the traumatic experiences faced by Child Q in Hackney in March 2022, which highlight the gravity and impact of structural institutional and systemic racism in Britain today.

The publication of this policy paper outlines an important statement by BACP, which provides a renewed focus on working with impacted communities, as well as highlighting the need for radical action within the UK Government. In doing so, we hope this supports addressing the deep-seated and longstanding racial inequalities inherent within our mental health system, including within the counselling professions.

This paper proposes a range of actions for developing a more diverse and ethically grounded profession with the aim to remove barriers which prevent people from accessing therapy. In doing so, this will position counselling and psychotherapy as positive, responsive and sensitive

professions, which respect and strengthen individual identity and improve emotional wellbeing.

We recognise this current climate, in our recovery from the pandemic, as an opportunistic moment to build back, by ensuring that the counselling professions are responsive to the trauma felt by so many people and communities who continue to face longstanding racial inequality and, as a result, are not given the support they need and deserve.

We cannot turn away, the time to act is now. **This is a race for the soul of our profession.**

2. Introduction

The COVID-19 pandemic shone a serious light on the health and mental health inequalities and trauma which ethnic minority groups and communities have faced over many years, and which had begun to be highlighted by the Black Lives Matter movement. Without taking significant action now, these longstanding inequalities will continue to widen, and the human and financial cost of failure to address them will continue to grow.

This policy paper argues that the UK Government's objective to 'build back better' must tackle these inequalities which are inherent within our current mental health system, including the counselling professions. Specifically, we argue that the UK Government attends to the longstanding trauma felt by these communities who experience racial inequality, as race and systemic racism remain to affect individuals psychologically.

This policy paper is part of BACP's programme of work to tackle equality and diversity within the counselling professions and is specifically focusing on issues of racial inequality and social justice, whilst other aspects of our evolving EDI programme focus on supporting all protected characteristics under the Equality Act 2010.

3. Evidence and terminology

This paper draws on the following research, insights and data, to provide a series of practical recommendations for policy makers and the counselling professions which are firmly rooted in evidence:

1. Official data on the mental health impact of COVID-19 on racialised communities - and disproportionate impact of trauma facing these communities.
2. Longstanding and current evidence of racial trauma impacting Black and minority ethnic communities.
3. Analysis of inequalities impacting on both entry to the counselling professions and training, including data on ethnicity of professionals (Workforce survey).
4. Evidence on culturally appropriate therapy (what it looks like and its availability).
5. BACP President's Event - Race for the Soul of the Profession - online discussion October 2021.
6. Examining the risks of doing nothing, including the various costs of failing to act on this critical agenda, including opportunity cost.

BACP recognises the limitations and problems of using catchall, umbrella terms such as Black, Asian and Minority Ethnic (BAME). For the purposes of this policy paper we are adopting terminology recommended by The Centre for Mental Health, and are using the term 'marginalised and racialised communities' and 'Black, Asian, and ethnically diverse communities'. However, we recognise that there are distinct and unique identities and challenges facing people from different communities and backgrounds, that there are limitations to all race and ethnicity terminology, and that organisations and individuals may choose to use different terms and language.

4. How the pandemic affected the mental health of racialised communities

According to analysis by Public Health England (PHE)¹ and a range of academic papers²³⁴⁵, the COVID-19 pandemic has disproportionately affected people from Black, Asian, and ethnically diverse communities, who consistently present higher rates of infection and death than the wider population.

Analysis by the Office for National Statistics (ONS) found that black people in England and Wales were more than four times as likely as white people of the same age to die from COVID-19⁶. The ONS adjusted its figures to filter out the effect of the region where people lived, deprivation, household composition, socioeconomic status, education, and health and disability. Once these factors were adjusted for, there were still disproportionate deaths among black and Asian people. Analysis from PHE was also stark among black people, who presented the highest age-standardised rate of infection.

Death rates have been higher across all Black, Asian, and ethnically diverse communities. PHE found higher death rates among Bangladeshi, Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity groups compared to White British people. Given these disparities, it is not surprising to find higher rates of anxiety and mental distress among racialised communities as a consequence of the pandemic.

For these communities, the pandemic intensified the level of risk, the precariousness of maintaining good mental health, and difficulties accessing the right support at the right time. In testament to the pervasiveness of mental health inequalities, the people who have historically endured the biggest risks for poor mental health, including the worst access to and experiences of support, were those most exposed to the immediate shock of COVID-19. These same people are also vulnerable to mental health difficulties in the longer term, as the pandemic leaves behind an unequal legacy of bereavement, trauma and economic repercussions.

People from Black, Asian, and ethnically diverse backgrounds are more likely to be engaged in jobs, such as public transport driving, cleaning, caring and Band 5 nursing - occupations which cannot be done from home. Hence, an ONS report showed a higher death rate from COVID-19 among social care workers, nursing auxiliaries, taxi drivers, chauffeurs and security guards⁷. The higher death rate among these groups of workers may be linked to a higher risk of exposure to COVID-19, due to difficulties of implementing safe physical distancing measures.

A July 2020 Mind survey⁸ found:

- Almost one in three (30 per cent) of Black, Asian, and ethnically diverse people described housing difficulties, which made their mental health worse during the pandemic, compared to almost one in four (23 per cent) of white people.
- Worries over employment have negatively affected the mental health of 61 per cent of Black, Asian, and ethnically diverse people, compared to 51 per cent of white people.
- Concerns about finances worsened the mental health of 52 per cent of people who identified as Black, Asian, and ethnically diverse, compared to 45 per cent of those who identified as white.
- Other issues saw a similar pattern, including getting support for a physical health problem (39 per cent vs 29 per cent) and being a carer (30 per cent vs 23 per cent).

The disproportionate impact of COVID-19 on the mental health of Black, Asian, and ethnically diverse people is also likely to worsen pre-existing disparities which these communities experience surrounding mental health care. Longstanding evidence shows that racialised communities are less likely to seek help for their mental health⁹. Research has identified factors of: cultural stigma associated with help-seeking, feeling that clinicians have a poor understanding of different cultural needs, and even expecting or experiencing racism within these services. Moreover, evidence shows that Black, Asian, and ethnically diverse communities are less likely to be offered suitable support. In particular, Black individuals are more likely to be involuntarily hospitalised or over-medicated in UK mental health services.

In a Which? survey, 49% of Black, Asian, and ethnically diverse respondents said their mental health was negatively affected by recent global events highlighting structural racism. Furthermore, 35% felt the mental health system had been discriminatory to them over the past year and 25% said they would have preferred culturally specific therapy but could not access it¹⁰. As such, the COVID-19 Trauma response group reported that if a mental health crisis were to occur due to COVID-19 amongst racialised communities, this would be exacerbated, as they may not seek support from services due to their currently being ill-equipped to respond compassionately or appropriately.

Whilst all sections of UK society experienced a downturn in their mental health during lockdown, people with fewer resources and opportunities, such as those from less affluent backgrounds, fared worse - this includes disproportionate numbers of people from Black, Asian, and ethnically diverse communities. For some, limited access to physical areas which have been proven to mitigate against emotional distress, such as green spaces and private gardens, increased the strain of COVID-19 lockdown. A survey by Natural England found people of Black ethnicity were nearly four times as likely as white people to have no outdoor space at home (e.g., no private or shared garden, a patio or a balcony)¹¹. These figures were further analysed to see if the differences could be explained by age, social class, where people lived and/or whether they had children. Those of Black ethnicity were still 2.4 times less likely than those of White ethnicity to have a private garden.

In December 2021, the UK Government undertook further analysis on the risk factors affecting ethnic minorities during the pandemic¹². This concluded that 'The main factors behind the higher risk of COVID-19 infection for ethnic minority groups include occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely populated urban areas with poor air quality and higher levels of deprivation'.

The report also included a number of recommendations to address some of the discrimination faced by ethnic minorities during the pandemic, including:

- Ensuring the success of vaccination deployment is carried over to other public health programmes, such as winter flu and COVID-19 booster vaccinations. This includes continuing to use respected local voices to build trust within ethnic minority groups and to help tackle misinformation
- Not treating ethnic minorities as a homogenous group. COVID-19 has affected different ethnic groups in different ways throughout the pandemic and a 'one size fits all' approach is not an effective way of tackling public health issues

- Avoiding stigmatising ethnic minorities by singling them out for special treatment, which could be taken to imply that they are vulnerable or, in the case of COVID-19, were somehow at fault for the spread of the virus
- Improving the quality of health ethnicity data so that patterns and trends can be spotted quicker in future.

5. Longstanding evidence of racial trauma and the need for appropriate counselling provision

Issues surrounding accessibility of appropriate mental health support are longstanding. A 2002 study, 'Breaking the Cycles of Fear'¹³, concluded that Black people 'are put off from using services because of an understandable and realistic fear of heavy-handed treatment, as well as the fear that our mental health status will lead to stigma and discrimination from all communities'. As a result, Black people are deterred from accessing support where it is available and are more likely to reach a crisis stage, resulting in hospital admission and experiences of traumatising responses from services and/or the police. The emerging evidence on the vaccine uptake or vaccine hesitancy within minority ethnic communities could be hypothesised as the community's lack of trust with the statutory services based on historical experiences of fear and discrimination¹⁴.

People from all communities have benefited from increased availability of evidence-based therapies. However, across the UK, members of minority communities with mental health problems are currently less likely to access therapy, less likely to have good outcomes and more likely to report negative experiences in therapy, compared to white service users^{15 16 17}. Data from the Improving Access to Psychological Therapies (IAPT) programme¹⁸ suggest that, compared to people from white backgrounds, people from most Black and ethnic minority communities are less likely to use IAPT services, complete treatment, and reliably improve and/or achieve full recovery.

Furthermore, given the disparate impact that COVID-19 has had on Black and ethnic minority communities, it is likely that these communities will need support as the country continues to manage the mental health impact of the pandemic. For many Black and ethnic minority communities, the mental health impact of changing work and family circumstances, financial insecurity, isolation and bereavement have taken their toll. In its 2021 report 'Trying to Connect', the UK-based charity Mind presents data which suggest people from Black, Asian, and ethnically diverse communities are open to accessing therapy remotely (by telephone or online). However, further research is needed to increase our understanding of the factors influencing such preferences¹⁹.

Ethnic minority people, compared to White British people, are more likely to report adverse, harsh or distressing mental health experiences and poorer outcomes during their contact with mental health services. These experiences are persistent and driven by societal disadvantage, framed by institutional and interpersonal racism²⁰. Research has also shown that a Black client's experience can be misinterpreted by a white therapist and lead to dangerous misdiagnosis²¹. According to an independent review of the UK's Mental Health Act in 2018, profound inequalities were found to exist, with Black British people four times more likely to be sectioned than white people and more likely to be given psychoactive medication instead of a talking therapy²².

Racial disparities and their impact have reach into all nations of the UK. The Westminster Government's Northern Ireland Affairs committee has found that people from marginalised community backgrounds are often overlooked in public policy decision-making. Furthermore, health services are found to not meet the needs of people from outside the two communities ('Green and Orange') that continue to dominate the political discourse in Northern Ireland^{23 24}.

A 2021 report found differences in the ways the Mental Health Act is applied when people from ethnic minorities are detained compared to white Scottish people, particularly between Black women and Scottish women²⁵.

In Wales, analysis conducted by ITV Cymru Wales found that people from BAME backgrounds are less likely to access counselling despite being more likely to develop mental health conditions²⁶. In response, Diverse Cymru's acting joint CEO Zoe King responded, "It's a perfect storm of COVID and racism. We need to be more open in the community about mental health and make sure people receive the support they need around the time that they need it."

6. The need for culturally appropriate therapy

BACP believes that it is beneficial for the therapeutic relationship to offer clients full and informed choice when accessing psychological therapies. This should include choice around therapists, based on those characteristics protected in the Equalities Act 2010, as well as therapy type, appointment times and location of intervention.

BACP is committed to leading on change within the counselling professions. Although we do not currently have accurate data on the demographic make-up of the counselling professions, we know from other published data that people from racialised backgrounds are poorly represented amongst psychological therapists. Only 9.6% of qualified clinical psychologists in England and Wales are non-white, in contrast to 13% of the population^{27,28}. The impact of not seeing yourself reflected in the mental healthcare system can be experienced as isolating, and can therefore prevent people from getting the help they need.

These challenges long predate the pandemic. A 2019 Mental Health Foundation report²⁹ found that people from Black, Asian, and ethnically diverse communities in the UK are more likely to experience a poor outcome from mental health treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health. The report concluded that 'Mainstream mental health services often fail to understand or provide services that are acceptable and accessible to non-white British communities and meet their particular cultural and other needs'.

In its 2019 report³⁰, the Race Equality Foundation calls upon policy makers and commissioners to provide better access to talking therapies in response to local need and engagement with Black and minority ethnic communities. Specifically, the report encourages practitioners in all disciplines to increase understanding of cultural and faith beliefs of Black and minority ethnic communities, and how this impacts beliefs and behaviours surrounding mental health. In doing so, this may ensure that therapies are culturally appropriate and geographically accessible. The report also recognises the importance of the role of the voluntary, community and social enterprise sectors in supporting people from racialised communities, as they support in filling the gap where statutory services are missing and/or inadequately meeting the needs of this population.

Pattigift Therapy is a BACP accredited service in Birmingham, which specialises in working with persons of African ancestry, founded on an African-centred psychological understanding. Rameri Moukam, co-founder of Pattigift, talks of the importance of this culturally sensitive approach in supporting a client's journey:

“Being Black in a majority-white community includes having a racialised identity and being ‘othered’ by the white majority. At Pattigift a client is free to step away from and challenge the definitions and identities that others give them and bring their true self into therapy. In their therapist, a client will have someone who has significant shared experience and connection - the absence of which can ruin a therapeutic experience”.

BACP believes in shaping a diverse and ethically-grounded profession that will strive to remove barriers that prevent people accessing therapy. This will contribute to positioning counselling and psychotherapy as positive, responsive and sensitive services that respect and strengthen individual identity and improve emotional wellbeing.

7. Inequalities impacting entry to the counselling professions, training & employment

In response to the disproportionate impact of COVID-19 on people from Black, Asian, and ethnically diverse communities, BACP held a roundtable discussion to listen to ways in which its impact continues to be experienced among Black and minority communities. We further sought to understand the role that we play as a profession. BACP members responded by highlighting difficulties in accessing professional training among minority groups - in other words, the profession being seen as one for those who can afford to train. For the members who were able to train, the feedback was clear:

- Training is seen as Eurocentric and doesn't sufficiently cover equality and diversity issues.
- There's no support for trainees from minority backgrounds, with issues around the curriculum, trainers' and trainees' experience.

A common theme identified in BACP's Roundtable discussions on Race and Racism is the role that mentoring can play in supporting trainees. Mentoring involves primarily listening with empathy, sharing experience (usually mutually), professional friendship, developing insight through reflection, being a sounding board, and encouraging³¹.

Stakeholders also asserted the need for BACP to take action through a clear and accountable plan which is adequately resourced, maintains momentum, and delivers change over the long term. It was clear from the discussion that BACP, and the wider counselling profession need to work together to respond to these challenges, with training, mentoring and the career trajectory as key themes.

There is also a key role for employers within counselling services. The NHS Confederation agree on the importance of diversity³², as a diverse workforce is well placed to build trust and confidence among service users. Doing so shows inclusiveness, supports organisations to understand the local community and aids the delivery of outstanding support.

8. The risks of doing nothing

The evidence in this paper clearly shows that members of minority communities with mental health problems in the UK are less likely to access therapy, experience/present good outcomes, and more likely to report social exclusion and negative experiences in therapy compared to white majority service users. Black and minority ethnic groups in the UK are also more likely to disengage from mainstream mental health services, leading to deterioration in their mental health.

Failure to tackle mental health needs further compounds existing inequalities and poorer outcomes. The Lammy Report³³ highlights that the failure of mental health services to serve Black, Asian, and ethnically diverse communities has led to an overrepresentation within the criminal justice system. The economic cost of Black, Asian, and ethnically diverse overrepresentation in our courts, prisons and Probation Service is estimated to be £309 million a year. Without concerted action to tackle underlying mental health needs, this cost will continue to grow.

The Health Foundation's 2021 report Unemployment and mental health highlights the impact of the pandemic on minorities was further compounded, as the relationship between mental health and unemployment is bi-directional. Good mental health is a key influence on employability - specifically, finding a job and remaining in that job. Unemployment causes stress, which ultimately leads to long-term negative physiological and psychological health effects, including depression, anxiety and lower self-esteem. The Health Foundation concludes that failing to tackle poor mental health will impact on our future prosperity, noting that 'upstream action and investment in mental health can prevent further financial and capacity burdens on already overstretched services'.

When considering costs, we must also acknowledge the opportunity cost of inaction. The McGregor-Smith Review into Race in the Workplace (2017) found that, through investment in services to boost participation and progression, tackling the racial disparities in the UK labour market could result in an annual economic boost worth £24bn to the UK Economy.

In its 2019 report 'Racial disparities in Mental Health³⁴', it encourages practitioners in all disciplines to increase understanding of cultural and faith beliefs of Black and minority ethnic communities and how this impacts on beliefs and behaviours around mental health. The report also recognises the importance of the role of the voluntary, community and social enterprise sectors in supporting people from Black, Asian, and ethnically diverse communities, filling the gap where statutory service is missing or inadequate to meet needs.

The pandemic needs to be a turning point. This paper highlights the need to tackle the deep-seated racial injustices which prevent our most vulnerable citizens from accessing life-changing counselling and psychotherapy services, which they need and deserve. In order for the UK Government to 'build back better', this ambition needs to be more than a slogan. Timely, effective, culturally appropriate mental health services require real and sustained investment tailored to counteract the impact of trauma and multiple disadvantages still pervasive in our society. These should be delivered alongside sustained action to address diversity within the mental health workforce.

Additionally, the counselling and psychotherapy professions need to take radical steps on a systemic level to address financial and cultural barriers to entering the profession - this includes

providing appropriate training and mentoring opportunities. Furthermore, working with specialist providers within communities will help build a profession that is reflective of the demographic make-up of the communities or area it serves, and to evaluate the efficacy and impact of their work.

The BACP Board has agreed that equality, diversity and inclusion is a priority for BACP, and this will be a thread that runs through every workstream and department. In developing its Equality, Diversity and Inclusion strategy, BACP is unequivocal in the belief that race and racism are of paramount importance. This requires distinct focus and resource that addresses inequality in relation to entry into the profession and access to psychological support.

9. Actions and Recommendations

The COVID-19 pandemic has shone a light on the serious health and mental health inequalities in UK society in a way we've never seen before. There is an urgency and a need for Government and BACP to lead on preventative work and long-term, culturally relevant support in order to address issues around stigma, fear and barriers to access.

Therefore, BACP will:

- Develop a discourse with diverse organisations with experience and expertise in delivering counselling services to their communities, learning from them to understand their needs and identify opportunities to increase reach and impact to support equality of access to counselling and psychotherapy.
- Commission local and focal projects that allow access to therapy for diverse and/or disadvantaged communities by piloting and evaluating an 'in-reach' project delivered in partnership with a diverse community organisation: to test strategies and approaches to increasing the accessibility and acceptability of counselling to people in marginalised communities who have found barriers to engaging with mainstream services.
- Pilot a Mentoring scheme to support trainees from marginalised communities through their training programme to provide professional friendship, developing insight through reflection, offer a sounding board and encouragement throughout the training journey.
- Work with the Diversity and Inclusion Coalition, which represents professional bodies and organisations wanting to improve diversity in the counselling professions to better reflect the demographic make-up of the communities or area they serve. The Coalition will develop a toolkit to support the development of skills, knowledge and understanding for delivering training in working 'within diversity', which will recognise and address that in delivering such training, all areas of the training environment need to be considered to both deliver training in anti-oppressive practice as well as model this in best practice throughout the training.
- Commission external support to help identify options that facilitate improved access to the counselling professions for disadvantaged communities and to inform our strategic thinking in relation to what a representative membership should look like.
- Pilot a scheme which provides funding for bursaries to train as a counsellor or psychotherapist. The seed-corn funding would give BACP the opportunity to pilot an option to

encourage people from under-represented groups into the counselling professions, or those who require financial support.

- Continue to campaign to call on the four Governments of the UK to invest in addressing longstanding mental health inequalities faced by people from racialised community backgrounds by investing in community level, accessible and appropriately culturally sensitive therapy. Opportunities to drive change include the formation of Integrated Care Systems and the UK Government's plans to develop a new Ten Year Mental Health strategy for England, the implementation of the Northern Ireland's new Mental Health Strategy and the enhancement of mental health provision in primary care in both Scotland and Wales.
- Work to influence NHS Workforce plans in each nation of the UK to include clear targets on representation within training and recruitment across mental health provision, including IAPT, to address longstanding workforce inequalities and provide a mental health profession which reflects the diverse communities it serves.

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