# Women, Race and Mental Health in the UK

## Women of Colour have often been excluded from wider conversations on mental health and wellbeing. This briefing aims to provide an overview of the complicated relationship between experience of mental illness and of societal discrimination and oppression.

There is plenty of evidence that women and people of colour[1] as separate groups have higher rates of mental illness than more privileged counterparts (men and white people) and whilst there has been little research done focusing specifically on women of colour it can justifiably be concluded that they have higher rates of mental health issues.

This is possibly confounded due to their multiple, intersecting oppressions. You can remove neither racism nor sexism from the experiences of women of colour; the interaction is one of the biggest factors impacting on their mental health and wellbeing. Women of colour (WoC) are subjected to compounded racialized sexism and sexualised racism; gendered islamophobia, misogynoir, or other forms of discrimination because of their identities, as well as facing additional barriers that exaggerate their mental health issues and access to treatment.

**"A counsellor once said to me 'it's because I'm a woman' – I'd be more likely to be happier and not anxious if I covered up and didn't show skin, because that way I wouldn't get cat-called or harassed"**

It goes without saying that WoC are not a monolith; there are varying experiences depending on ethnic background and culture among other factors. However, they share some experiences (through their marginalisation) that provide valuable insight into the intersection of mental illness, race and gender. This review explores both the shared and distinct experiences of WoC, how they have caused and are a consequence of mental health issues. This includes stereotypes and societal pressures upon WoC as well as reactions or ways they are treated because of these attitudes.

[1] This briefing uses 'people of colour' or 'women of colour' as an umbrella term. Other terms often used in existing literature are BME or BAME. Where cited, we have retained the terminology as used in the original literature.

## Prevalent issues and data

In the Time to Change report (2009), 740 BME people with mental health issues were surveyed, and it was found that:

- Three quarters (73%) reported having experienced some form of racial discrimination.
- 49% said they experience discrimination (based on their race) from mental health staff.
- A third (32%) reported experiencing either a moderate amount or a lot of discrimination from within their own communities because of their mental health. There is little variation across the groups with Caribbeans at 33%, Africans 31%, Indians 36% and Pakistanis/Bangladeshis at 29%.
- Only a fifth of BME people feel very able to speak to people about their mental health.

This indicates that discrimination is coming from all fronts: from general society; from within their communities, where there is stigma and a lack of support for mental illness; and from the mental health and medical community. There are very few places that are safe and supportive. This is isolating, breeds cultures of silence/repression, and also creates internalised stigma and impacts on confidence, which further exaggerates mental health issues.

People of colour generally experience higher rates of mental illness than their white counterparts[2]. They are disproportionately represented in mental health institutions, particularly African, Caribbean & mixed heritage people, who are also more likely to be diagnosed with violent or more stigmatised conditions. This group is also more likely to be coerced into or experience compulsory treatment, institutionalised, or sectioned under mental health act. According to Black Mental Health UK, people of African or Caribbean descent are 50 percent more likely to be referred to mental health services via the police than their white counterparts.

Alongside receiving harsher or more violent forms of treatment, people of colour overall do not receive treatment and support until at a point of crisis. This included engaging with therapy or counselling. They are more likely to ignore or underplay issues, and often seek community-based support (if they seek any at all), as they are largely not being offered initial support.[3]

There are also differences in referrals to crisis services by ethnicity and region. Indian, Bangladeshi and Chinese groups had consistently lower referral rates to crisis services than the White British group. This was much lower in the case of Chinese people.[4] A recent study of young people of Asian origin in the UK[5] found that the suicide rate of 16-24 year old women was three times that of 16-24 year old women of white British origin.

## How is experience of Women of Colour distinct?

The Mind, BME Commissioning Excellence briefing[6] suggested the following barriers to seeking care:

- Lack of information and awareness of the mental health system, what it offers and how to access it, may prevent people from asking for help.
- Different cultural frames of reference and understandings of mental health may mean that mental health services are not seen as relevant or helpful.
- Health professionals from different cultures may not recognise the mental health element of a person's illness and so not help them access specialist support.
- Individuals may hold off from seeking help for as long as possible for different reasons, such as taboos in the community, use of traditional medicines or faith-based healing, or fear.
- Language differences make it harder to access help both practically and emotionally, when psychological distress needs mother tongue communication.

[2] Institute of Race Relations. Health and mental Health Statistics. http://www.irr.org.uk/research/statistics/health

[3] Mind, Listening to Experience report. https://www.mind.org.uk/media/211306/listening_to_experience_web.pdf

[4] Mind, BME Commissioning Excellence briefing. https://www.mind.org.uk/media/494422/bme-commissioning-excellence-briefing.pdf

[5] http://www.youngminds.org.uk/about/whats_the_problem/mental_health_statistics

[6] Mind, BME Commissioning Excellence briefing. https://www.mind.org.uk/media/494422/bme-commissioning-excellence-briefing.pdf

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
**www.nus.org.uk**

nus women

- Experiences of racism both in the wider community and in mental health services are likely to make people mistrustful and reluctant to seek help.
- A lack of understanding within mental health services about the impact racism has, makes it harder for people to receive appropriate support.

One of the factors it identified was fear: "Fear and dissatisfaction with services have been shown to play a significant part in Black people's interaction with mental health services. Over a decade ago, researchers identified 'circles of fear' that stop Black people from engaging with service."

Another barrier to engaging with services, is that "Black women tend to minimize the serious nature of their problems. Many believe their symptoms are "just the blues" and are not proactive in changing their condition. There also exists a stigma placed on mental health problems within the African American culture that they are a sign of personal weakness, not a sickness."[7]

**"When I told my mum, she said 'no you're not. We're not allowed to be depressed. Black women are not allowed to be depressed, because we can't ever stop.'**

One of the common themes within people's testimonials and discussion of women of colour's experience of mental health issues is bound up in the trauma of racism. A lot of American literature talks about the trauma of being Black or of the African diaspora, from the history of slavery and racism to the continued violence enacted upon people of colour today. This is embodied in the prevalence of police brutality and violence against people of colour and systemic killing of black people.

**"The pressures of being a woman, the pressures of being black, mean if you give how you're feeling a title and speak it into existence then you are not putting put a good fight"**

WoC have very specific experiences and expectations put upon them that create a hostile, isolating and oppressive environment and culture. They receive lower rates of treatment, leading to long-term and often exaggerated and more complex or serious mental health issues. When they do speak out they are ignored because they are seen as fulfilling stereotypes (the loud and 'crazy' aggressive black woman, the 'strong black Woman' or the matriarch, etc.)

Black women feel[8] that they have to dilute their 'blackness' – and deliberately diminish what they perceive to be their "black self" in order to progress. "For black women, I think it's about showing a proxy-self" states clinical psychologist Anu Sayal-Bennett[9]

Women of colour feel as if they are **overlooked and ignored**, especially by and for white colleagues, that people have low expectations of them and are not empathetic towards them. These stereotypes, microaggressions and daily dealing with racism reflect on their self-image and mental health. They are put at odds with their race and cultures, and feel like they do not belong.

The **racist and negative portrayals** of WoC in society contribute to the deterioration of their

[7] George Leary. Black Women and Mental Health http://blackwomenshealth.com/blog/black-women-and-mental-health/

[8] Anni Ferguson, 'The lowest of the stack': why black women are struggling with mental health https://www.theguardian.com/lifeandstyle/2016/feb/08/black-women-mental-health-high-rates-depression-anxiety The Guardian

[9] http://www.cardinalclinic.co.uk/page/196/Anu-Sayal-Bennett.htm from the British Psychological Society (www.bps.org.uk)

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
**www.nus.org.uk**

wellbeing. There are many stereotypes and commonly held racist attitudes: African and Caribbean people are portrayed as 'lazy' and 'uneducated' (or unable to be educated); Asian people are stifled, bookish rule-followers; Muslim women are repressed, powerless or terrorists – all of these are damaging and oppressive.

White **western beauty standards** are incredibly influencing; WoC are told they are ugly and constantly criticised for their bodies, the texture and type of their hair, body hair, the darkness of their skin. The prevalence of skin lightening products or digital editing in the media, the lack of diverse representation of people with darker skin tones, and the general white-washing of society all impact negatively on how WoC view themselves: They are not included, represented, they are told they are not the ideal, and probably never can be.

This is further compounded by **fetishisation, hypersexualisation and exotification**. African and Caribbean Women are generally viewed as sexually aggressive or hypersexual; Native and Indigenous women are portrayed as princesses (exotic creatures to be saved by white men) or squaws (dirty women who need to be enslaved by white men); many Asian women are also hypersexualised (for example, the geisha image or the Indian sex goddess of the karma sutra), but are also infantilised or asexualised. Arab women are also often portrayed similarly.

In any manifestation, WoC are viewed and valued as sexual objects (for white male consumption) even more so than white women, being seen as sexually available, used or even owned by men. Being told you are valuable solely in these ways and that your failure is inevitable because of your race – something you did not choose nor that you have control over – is very damaging to WoC's self-confidence and wellbeing. This has been said by many women to be a huge influencing factor in their mental health.

**"I have quite traditional South Asian parents. I am the oldest and have to deal with all of the pressures of what a woman should be doing in the house and how am I going to get married. I am the only one to have gone to university; I've grown up with that mentality that I have to do everything myself"**

## Student Perspective

The discrimination and oppression that women of colour face in society is reflected also in their experiences in education. Racism and sexism are prevalent and perpetuated throughout FE and HE institutions, where:

- From both staff and fellow students, inside and outside teaching spaces.
- Lack of support has led to high BME drop-out rate and attainment gap.
- There is a serious lack of representation within curriculum.
- WoC are also underrepresented at PG, PhD & faculty levels, with only 17 black women professors in UK.
- There is a lack of culturally sensitive counselling provided.
- The sexual assault & rape crisis on campus disproportionately effects WoC
- There is a lack of understanding of intersectionality. WoC feel have to choose blackness or womanhood – and that is represented in spaces (especially activist spaces).

**"There have been times where I have become disenfranchised with the culture surrounding the arts and university life and could feel myself detaching from the social side which damaged my professional and creative growth"**

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
**www.nus.org.uk**

nus women

## Moving forward

Examples from the literature, from which we can learn and adapt include:

- Creating networks of WoC and communities who can support each other with openness and understanding.
- Supporting and working with WoC-led organisations.
- Centring WoC in campaigns for change so their voice at the forefront and activism coming from them (but supported by allies).
- More representation – this may be generally, in positions of leadership, curriculum, art, and especially within the medical and mental health community.
- Creation of art and culture that reflects diverse experiences.
- Increasing and promoting the conversation, creating the spaces and ability to talk about experiences.
- Pushing for further research and recognition.
- Campaigning for gender and race-specific services (culturally competent care).

**"My first one-to-one counsellor was a woman of colour. I think it helps to have a counsellor who reflects you in some way"**

## Self Care as a radical act

The existing body of work shows us that self-care, self-organisation and a safe space for healing is at the heart of supporting and helping WoC experiencing mental health issues. WoC need spaces that are free from their oppressors, where they can shed the pressures and masks they wear because of and for society, and where they can talk openly and honestly without the explanatory comma, with people who understand and probably share their experiences.

Self-care is crucial to their healing, because the attacks on their existence is a tireless and multi-headed beast. Self-compassion and acceptance is even more important for WoC with mental health issues – it goes beyond the need to heal psychological suffering and trauma, and to the healing of systematic oppressions.

It is important to note that many theories of self-care derive from Black women's thought and feminism. Black women like Audre Lorde, Angela Davis, Maya Angelou, have all discussed and developed thought on the necessity of black women to put their wellbeing first and to protect themselves from the pain of their existence.

**"Self-care is extremely important and we should take time out every day in order to look after ourselves from little things such as getting your nails done to taking yourself on holiday. I needed someone to tell me this as often like many people I used to feel guilty when I treated myself"**

Audre Lorde said that self-care is a "radical act" because to resist oppression and say 'I am important', 'I am beautiful', 'I am intelligent' or whatever statement that resists the narrative of your identity and the history of those like you is revolutionary. It takes strength and vulnerability in equal measure. This is also something we believe in the NUS Women's Campaign, and has contributed to the development of our self-care workshops and toolkits.

If you would like to get in touch with us about our work on Women, Race and Mental Health please contact us at women@nus.org.uk.

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
**www.nus.org.uk**

nus women