Growing racial equity

in youth counselling and mental health support

A co-created review of what works for Black young people

Kahra Wayland-Larty
Soulwork & Co.
October 2025

YOUTH ACCESS

Growing racial equity

in youth counselling and mental health support

Contents

3. Foreword

4. Part One
Introduction & Approaches

11. Part Two
From Deep Roots to Rotten Fruits: exploring racial inequity in therapeutic services

28. Part Three
Fertile Ground: what's working and what needs nurturing

48. Part Four
Tending Change: commitments and recommendations to cultivate racial justice in youth counselling

57. Notes & References

Foreword

Over 2019 and 2020, I was proud to work on pulling together Youth Access' first learning programme for youth practitioners developing 'racially responsive' services. Over four weeks, professionals from youth advice and counselling services came together with their peers and expert guest speakers to dig into the reality of racial inequities in mental health and access to support, and how youth services can meaningfully respond.

There was so much expertise in that space, as well as so many questions and a clear appetite for more. This report feels like the next step in that journey - this time drawing from the expertise of young people, as well as the professionals who support them, to inform what further work in this space should look like. While this project has been about listening, the intention was never to stop there - we are building the foundation for stronger, better-informed and better-resourced action.

As a light-skinned mixed-race woman, my racial identity and experiences of racism are quite different to many of the participants in this piece. I am incredibly grateful that they have trusted me with their stories and perspectives - they have moved me; some weighing heavy, some resonating deeply, and absolutely every one lighting the fire of inspiration. I have strived to enter each conversation with genuine curiosity, patience and humility. I encourage everybody reading this to go in with that same ethos. At times it's not easy reading, but racism and its impacts are real and they are rife, and too many young people are facing the fallout.

Thankfully, there are amazing organisations staffed by totally inspiring professionals who are not just offering vital support to young people facing inequitable systems, but are actively building just alternatives. Alongside them is a generation of young Black people willing to speak out, to be vulnerable, and to help shape the system that they and their peers truly need. I truly hope their words light some sparks in the right places.

Kahra Wayland-Larty, Soulwork & Co.
October 2025

YOUTH ACCESS

SOULWORK & co

KORI YOUTH CHARITY

OTR

BLACK PSYCHOTHERAPY

42ND STREET

Part One

Introduction & Approaches

Growing
racial equity
in youth counselling and mental health support

Introduction

Before we begin

Before we dive into this report, we would like to set a premise, and offer an invitation: to care.

The topic of racial injustice and its intersection with mental health is not a light one. The reality of the inequities rife in the current system and the everyday experiences of young people trying to make their way into adulthood weighs heavy, especially for those of us from Black and other communities of colour. We don't shy away from that, in fact, we encourage those who can - especially white allies - to lean in and share some of that weight.

For readers of Black heritage and from other communities of colour: please recognise and validate your need to lean out. We have set this report out in chapters - firstly outlining the problem, before moving onto solutions/new visions, and then onto commitments and recommendations.

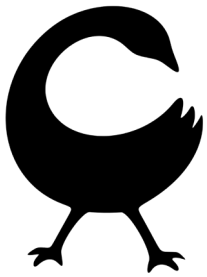
Feel free to skip the first chapter if you are already well-versed in the gross injustices faced by Black people in the mental health system, or don't feel resourced enough to engage with that right now. Wherever you choose to pick up this report, make sure you have time and space to prepare, move slowly, and recover afterwards. There are a few 'rest breaks' dotted throughout the document to support you to take care.

For white allies, this isn't an easy read either. We recognise that if you are reading this report, you probably care deeply about the rights of all young people, are committed to fairness and equality, and consider yourself anti-racist. And yet, we operate within a system that is perpetuating harm specifically upon Black and brown communities. That is hard to reckon with, and will bring up feelings of discomfort, defensiveness and even denial. Acknowledge those sensations when they arise, name them, and engage with the 'rest breaks' throughout the document to help navigate some of these defences.

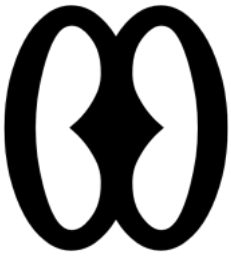
racial equity

An invitation to shared values

When we met as a co-production group to talk through the findings and themes in this report, we built a group agreement based on some African-centred principles. We used 'Adinkra' - ancient symbols originating from the people of what are now known as Ghana and Côte d'Ivoire. As we share our discussions, we would like to invite readers to take on some of the values captured in these ancient symbols.



Sankofa - the image of a bird facing backwards while carrying an egg in its mouth - represents the importance of remembering the past while moving forward. It encourages us to celebrate our culture and history, and not to be afraid to 'go back for that which has been forgotten'. For people of African heritage, the painful past of European colonialism still plays out in present day injustices. Only by acknowledging and working with that in mind can we meaningfully move forward.



Nyama Biribi Wo Soro translates to 'God, there is something in the heavens (pray, let it reach me!)'. It calls us to hope and inspiration. Though this work can be, and has been, difficult, we remain hopeful for change, and inspired by the amazing work of our peers.

Nkonsonkonson represents a chain link - a symbol of unity and human connectedness. It serves as a reminder to contribute to the community, and that strength lies in unity. Driving racial equity needs all of us, and the fruits of this labour will benefit everybody. Thank you to Dr Erica McInnes of Nubia Wellness and Healing for developing the 'Know Thy Self' Adinkra card decks that we used for this activity. We hope that the wisdom of these ancient African symbols can help to drive this vital work forward beyond this report.

Overview

Navigating the journey into adulthood is tough. From sitting exams to entering the workplace, building relationships and managing money, the route is filled with novel challenges and make-or-break moments.

Unfortunately, for many young people, this journey is made even tougher by unfair barriers, experiences of discrimination and systems that fail to meet their needs. For Black and young people of colour (BPOC), these injustices manifest not only as part of everyday life in the UK, but also within the systems and services that are supposed to be supporting them.

Racism - from the interpersonal to the institutional - understandably impacts on BPOC young people's everyday wellbeing, but it also plays very insidious and pervasive roles in exacerbating inequalities in supposedly supportive services, from mental health, to education to policing and justice.

This co-production project brought together learning from four organisations which work specifically with young people of Black heritage, as well as the young people they serve. We wanted to go beyond the statistics to illustrate the specific challenges faced by this community and then understand the approaches most valued by Black young people and the professionals supporting them, to help others in addressing and dismantling racial inequities in therapeutic support.

racial equity

About Youth Access and the aims of this work

Youth Access is the national network for youth advice and counselling services. We believe that every young person should be able to access free, community-based support that meets their individual needs and respects their rights. We represent over 130 youth advice and counselling services across the country , which are rooted in their local communities, offering open-access support on a whole range of issues for young people aged 11-25 from all walks of life.

Our mission is to make these services available and amazing for every young person. In 2022 we set a strategic aim of driving equity in Youth Access member services, meaning that we are focusing on improving our offer for those young people who often face worse outcomes in 'mainstream' settings such as schools, NHS, and the justice system. Through a deep dive into the groups of young people facing such inequalities, we identified five groups that we would focus on in the coming years: young people who are Black and racialised; trans and gender diverse; refugees and newly arrived; Gypsy, Roma and Traveller; and D/deaf.

Building on previous work on racial justice in youth advice and counselling services, this project aims to collate and share insights into what makes emotional or therapeutic support accessible and effective specifically for young people of Black heritage (ie of African descent, including mixed heritage). These insights will be shared with youth services all over the country, and will feed into further strategy, training and projects to build better services.

Approach

Soulwork & Co. was commissioned to bring together this report, using a mix of desk-based research and co-production with young people and professionals, to gather insights and ideas.

A focus on the Black experience

While Youth Access' focus is on racial equity in general, we identified early in the process that:

- Research which generalises experiences across diverse communities, for example Black, Asian, Minority Ethnic (BAME) generalises in a way which often misses key nuances.
- Communities and individuals experience racism in totally different ways, depending on how they are racialised (ie as Black, as Asian, etc) and their connection to their cultural lineage.
- Black people face very specific and often the most acute inequities when it comes to mental health and its determinants.

We decided, therefore, to focus this work on the experiences, insights and needs of Black young people specifically (ie those of African descent, including mixed heritage).

The project used a blend of approaches to gather existing data, incorporate the experiences of young people and professionals, and collectively turn this into a written output. This included:

- Desk research, bringing together key data from existing research to build on what we already know.
- A survey, for organisations and young people to share thoughts, experiences and expertise. Eight young people and 15 professionals completed survey responses.
- Online consultation sessions to discuss experiences, what's working (or not!), what makes emotional support feel accessible, inclusive, and genuinely effective for Black/mixed young people. Six young people and nine professionals took part in consultation sessions.
- An in-person workshop to exchange expertise and discuss the approach to producing the final report. Three young people and four professionals attended the workshop.
- An online workshop to develop recommendations, attended by three professionals (one of whom is also a young person and former user of the service where they work).
- Write up and editing - whereby all participants were invited to offer feedback and suggestions on the content of this report, ensuring it captured their reflections accurately.

Beyond these research methods, we also outlined a values framework and key principles rooted in racial justice to further guide the work:

Decolonising not 'diversifying' - This project isn't looking through the lens of 'diversity & inclusion', but that instead recognises the impact of colonisation and systemic racism in building a mental health system where Black people in particular face massive inequities and injustices. This project aims to identify and apply therapeutic approaches that centre Blackness, acknowledge oppression, and honour collective, cultural and ancestral tools for wellbeing.

Led by lived experience - We're working with specialist organisations and Black young people to inform this work, all of whom were compensated for their time and expertise. Timelines and ways of working have been flexible to participants' needs and capacity. We were also led by Youth Access' 'Guiding Principles for Youth-led Action'.

Care - Discussing the realities of racism has an emotional impact, especially for those from Black and racialised communities. We took time to carefully consider each session agenda, support participants to prepare for difficult conversations, leave space for grounding and decompression, and support aftercare.

"Just adding a Black person into something can make you feel like a token. It doesn't feel genuine either."

- DèJean, Jet 42

Participating organisations

Jet 42, part of 42nd Street, a Youth Access member in Manchester. Jet 42 is a group programme for Black young men, who sign up for a year (though several stay longer), and meet every week to check in, get to know and support one another and work on a group project as well as their own goals. Previous iterations of the group have worked on research projects and co-production pieces such as 'We Tell You' and Film 42.

Project Zazi, part of OTR, a Youth Access member in Bristol. Project Zazi focuses on creating opportunities, building aspirations and empowering young Black people and young People of Colour, supporting individuals in exploring culture, identity and tackling inequality. Young people can access one-to-one talking therapy as well as group projects and sessions offering various activities, opportunities to socialise and the chance to explore identity in an environment of security and belonging.

KORI, based in North London, which provides a range of highly tailored programmes, mentoring, projects, counselling, and respite, rooted in creative facilitation, for young people aged 11-25, from predominantly Black communities.

Black Psychotherapy, a primarily online service providing culturally responsive therapy to racialised communities. Their team of entirely Black and POC therapists take a decolonial and anti-oppressive approach to therapy grounded in the principles of intersectional feminism, Black Liberation and Black Psychology.

Part Two

From deep roots to rotten fruits: Exploring racial inequity in therapeutic services

Growing
racial equity
in youth counselling and mental health support

What We Knew Already

There is already plenty of data illustrating racial inequities in mental health and intersecting systems. It's important to say that race is not a 'risk factor' for poor mental health - it is racism - from the internalised to the interpersonal to the systemic - that impacts mental health and access to support. For example, we know that:

Racialised young people disproportionately face risk factors linked with mental health problems, including[1]:

- Growing up in poverty
- Being excluded from school
- Being in care
- Being involved in the criminal justice system
- Being homeless.

Racism is associated with mental distress:

- Perceived discrimination and reported racism are significantly directly associated with youth mental health symptoms and conduct problems.[2]
- Internalised racism (ie acceptance of negative stereotypes and beliefs) has been linked to low levels of self-esteem, lower career aspirations, increased feelings of hopelessness and stress, as well as psychological conditions such as depression, anxiety and body dissatisfaction.[3]

Systemic racism is a barrier to support, contributing to escalation of issues:

- Thirty-seven percent of young Black young people report experiencing institutional discrimination in their everyday life, including negative school experiences and limited access to services where they live.[4]
- In younger years, being from a Black and ethnic minority community appears to be a protective factor. However, in adult life, African-Caribbean communities in the UK have higher rates of posttraumatic stress disorder and suicide risk[5].
- A 2004 study showed Black and minority ethnic individuals were 40% more likely to be turned away when they ask for help in a community setting than their white counterparts[6]. More recent data shows that Black and Asian people experience longer waiting times, poorer outcomes and are less likely to be referred for talking therapy within the NHS[7].
- By contrast, Black people are disproportionately subject to restrictive and coercive care, being 3.5 times as likely to be sectioned under the Mental Health Act (1983)[8] and 11 times more likely to be given a 'community treatment order' (supervised, and ultimately enforced, treatment)[9].
- Similarly, Black young people represent only 1 in 20 service users in CAMHS (5%), despite making up one in five of the general population at this age. By contrast, Black and mixed-race young people represent 36% of the population detained in acute mental health services.[10]

These are just the fruits of a very rotten tree, of which the roots run deep. We cannot keep picking off the 'bad apples' and hoping something better will grow. We must analyse the entire ecosystem which has allowed such a blight to take hold.

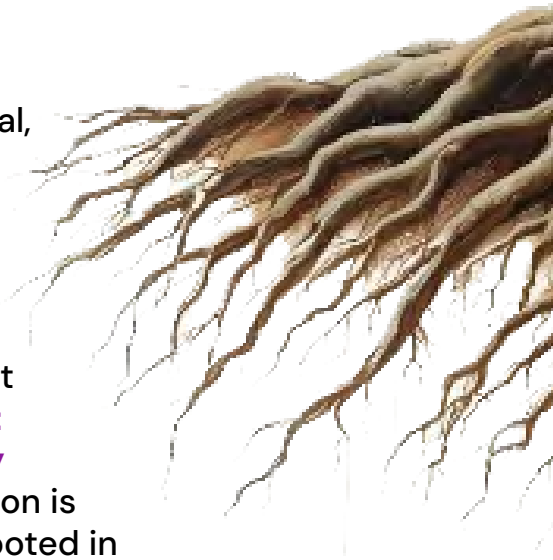
The Problem Tree

After participants had completed surveys, their responses fed into conversations in one-to-one and small group consultation calls. From these calls emerged a set of themes - some illustrating the problems in Black young people's access to and experience of mental health support, and others outlining good practice.

To give these themes some structure and guide conversations in our workshop, a 'problem tree' analysis tool was used. Firstly, participants were presented with a 'problem tree', rooted in racism and injustice, which ultimately bears the rotten fruits detailed above and further illustrated by participants' experiences. Then, we looked at a 'solution tree', bearing the ripe and healthy fruits of a more equitable system.

While none of us working in youth and mental health services today were responsible for planting this 'problem tree', all of us can see how it has grown to produce unacceptably poor outcomes for Black young people. Moreover, we can all take responsibility for sowing the seeds of change.

Under The Surface: The Roots



First, it's important to understand the underlying structural, systemic, cultural, economic, or political context within which this 'problem tree' is rooted.

Whiteness and colonialism

David, a Jet 42 member, explained how even the construct of race feels inauthentic: **"I don't like the idea of race... it makes you less you. Because I'm not me because of my race, or my gender. I'm me because of me."** His frustration is valid of course, because race is a man-made construct rooted in politics, not biology.

Before the early 1600s, people were not described by skin colour, but rather as 'English', 'African', 'Catholic' etc. The British and other European empires sought to justify the atrocities of colonialism - violence, enslavement and land theft - by diminishing the culture and practices of the indigenous people of Africa, Asia and the Americas, as 'savage' and immoral. European norms and associated white skin were positioned as superior, so that the violent oppression of these 'underdeveloped' peoples could be painted as a moral endeavour[11].

Thus, the concepts of 'whiteness' and 'race' have never existed without the ideology of a racial hierarchy, ie the myth of white supremacy[i]. Unfortunately, this is the bedrock upon which today's Britain was built; with whiteness and its associated ways of being positioned as the standard to which all others must comply.

This legacy plays out today, from beauty standards to immigration laws. We see it in diagnostic trends, the disregard for African and other cultural approaches within accepted therapeutic frameworks, and most troublingly, in the dehumanisation of Black young people illustrated throughout this report.

One young person explained how for them, **"The Colonial project, whilst leaving Black and brown and racialised people with our own set of struggles and issues... also created this cage for white people. Whiteness was just as much invented as Blackness...and it's left a lot of white people confused... Now after so long trying to fit ourselves into the mould it's [more like] looking at the whole structure and going "do we even want this?"**

---

i We know that this term scares people. None of us identify as 'racists' and certainly not 'white supremacists' like the KKK and the Proud Boys - who are vocal advocates for a racial hierarchy. But the ideology of racism isn't always vocal - it's embedded into systems, institutions and cultural norms that were built way before our time, and so, become hard to point to. Naming these as white supremacy can be uncomfortable, but necessary, if we're going to challenge those systems, institutions and cultural norms that disproportionately harm Black and people of colour.

Racism & hierarchy/inequality

'Racism' describes the direct discrimination and systemwide disparities faced by non-white people. It is not simply about prejudice based on skin colour, but about the power dynamics embedded over hundreds of years of systematic oppression of Black and brown people.

Alongside the deep-rooted basis of racial hierarchy are also other oppressive ideologies and systems based on, for example, gender, sexual orientation, disability, age, wealth/class etc.

Of course, these forms of oppression can play out through obvious interpersonal interactions like name-calling, but more often, they are covert and unintentional, manifesting as unspoken ideologies, institutional norms, and even internalised beliefs.

Speaking on how the ideology of racism ends up being internalised, one young person said: **"Black people may be portrayed in a very negative light in the media and stuff. And because of generational trauma, a lot of us come from 'broken families'... So that has an effect on us as well. And it affects the way we view the world and society, and even our view of ourselves as well - things like our hair, our skin color... It's very easy to hate yourself because of your experiences with racism and the conditions you live in."**

Individualism

'Western' societies tend to emphasise the intrinsic worth of the individual, placing value in the principles of independence and self-reliance. This is in contrast to collectivist cultures which place more value on community and interdependence.

In the context of mental health, therapy and healing, individualist culture has translated into an individualisation of mental distress - whereby mental ill health is dealt with in a one-to-one setting, focused on the self, often without consideration of the community, social or political context.

Laurie from KORI discussed how **"I've been thinking a lot about neoliberalism and the sort of individualism that we have built into society, and especially wellness, healing, self-care. A lot of the language speaks to this sort of individualism, like 'it's your journey, it's your healing'. And I don't think that's completely wrong, because a lot of important work has to be done by the individual, but...you know, if the individual healing goes too far without the community it doesn't necessarily work."**

The Prevailing Issues: The Trunk

Young people and practitioners described the main visible and measurable structures that seem to grow out of the diseased roots of racism. These core issues were:

Ancestral legacies

Probably the issue that felt the most overlooked and poorly catered to, was the sense of a deep-set, generational, historical and enduring legacy of violence, mistreatment and injustice. People of Black heritage have seen their kin, from their ancestors to their elders and now their peers and themselves be discriminated against, pathologised, coerced and incarcerated. Jade, a trainee psychotherapist with Black Psychotherapy described how, even for mixed race people, **"We carry it in our bodies, in ourselves. No matter how far back, it's still carried through."** This results not only in a justifiable mistrust of mental health and medical institutions, but deep feelings of grief, rage and despair, that are not well captured either in British language nor mainstream therapeutic models.

Language for ancestral legacies: Qaher

The writer khadija muhaisen dajani explains: "There is no English equivalent to the Arabic word qaher رەق. The dictionary says 'anger' but it's not.

"It is when you take anger, place it on a low fire, add injustice, oppression, racism, dehumanisation to it, and leave it to cook slowly for a century. And then you try to say it but no one hears you. So it sits in your heart. And settles in your cells. And it becomes your genetic imprint. And then moves through generations. And one day, you find yourself unable to breathe. It washes over you and demands to break out of you. You weep. And the cycle repeats."

Systemic racism

Even in the absence of conscious racist beliefs or intentions, many systems designed to support everybody are having worse outcomes for Black people. The effects in the mental health system are described in detail in section 2.1.

Importantly, this isn't just within the mental health system, but across multiple intersecting systems and institutions, including education, policing and justice, immigration, and employment[12].

Jet 42 member Evans discussed how **"there are some jobs that I went to apply for where I got the qualification, everything to get the job, but I was rejected... because my thinking was different."**

Several professionals spoke about the treatment of Black children within schools, and how across various institutions they are perpetually criminalised and punished for behaviour which in their white counterparts would be more likely to receive sympathy and compassion.

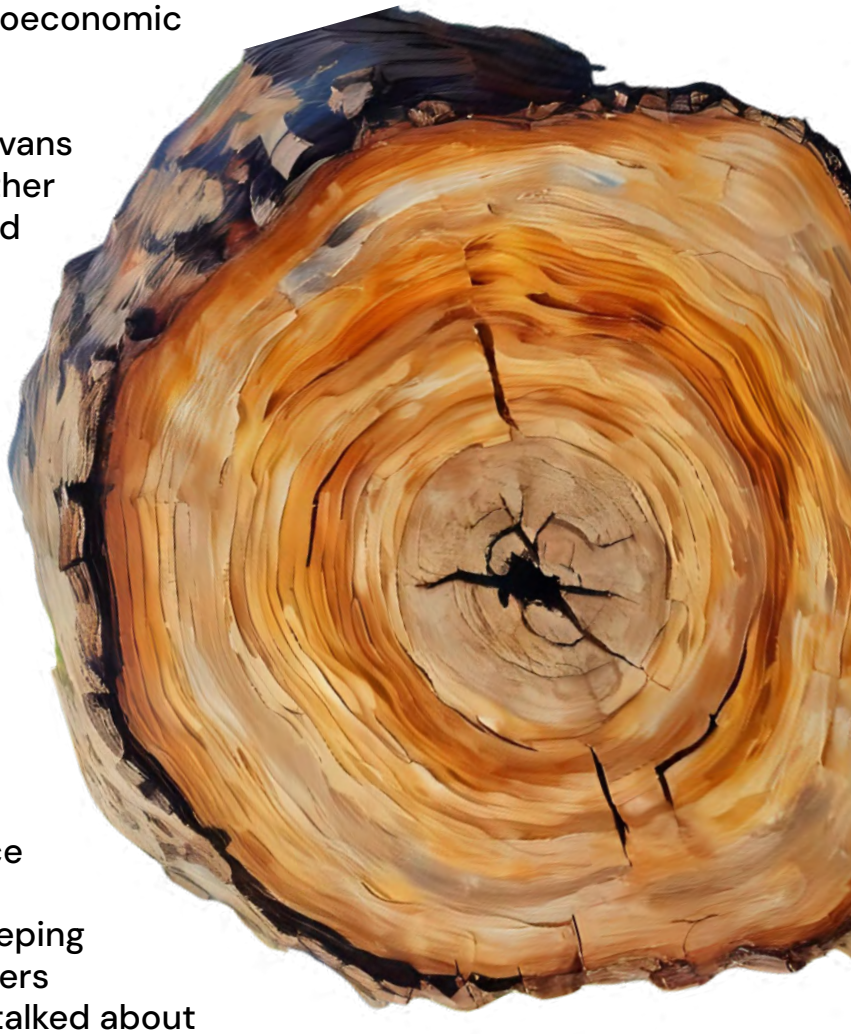
Racial/race-based trauma

Whereas trauma in general therapeutic contexts might be defined in terms of 'acute' one-off incidents (eg surviving a natural disaster, or a violent attack), actually, racial trauma encompasses the perpetual stress of bearing the weight of racism historically and presently, directly and vicariously, across multiple systems, interactions and everyday experiences. It is collective, complex and intergenerational, not only in that trauma responses are passed down through familial and cultural behaviours, but in that even genes can be differently expressed and passed on, generation to generation, as a result of persistent exposure to stress[13].

Intersecting social determinants

For Black young people, their experience of youth intersects with other systems and experiences, including:

- **Racism**, experienced as:
  - **Outright racism and fear of abuse:** One young person explained, "I moved up from London to Manchester in 2021 and it's really different up here... Manchester is really segregated, so that affected me a lot because I started seeing microaggressions and learning about all these different things. I've never really experienced that in London before [things like] not being able to walk in certain neighborhoods because there's a lot of racism in those neighborhoods and stuff like that."
  - **Different treatment – sometimes obvious, sometimes subtle:** This was cited in contexts including the workplace, from neighbours, and at school. Project Zazi member, Alisha, described how "it was like, I was just ghosted or like I was a ghost at work some days," since white colleagues "don't approach me. It's always me having to approach them."
  - **Lack of appropriate response to racism:** Alisha also talked about issues with racist jokes at her workplace from a fellow employee, and the inadequate response from her employer – "I don't feel like I'm over it. I don't think I'll ever get over it. And they just didn't care. Like, the way they sorted it out was just so crazy to me... it was just simply, 'oh, we can't do anything about it...I just feel like they just didn't really care about my mental health"
  - **Lack of interest in Black young people's wellbeing:** Young people not feeling heard, and being 'invisible'. Alisha talked about how "[our mental health] is just overlooked in a way," giving the example of "if I came into work [and] I look down, or if I feel down, no one really asks like 'are you okay?'. But if they saw [my white colleague] with that face, they were like, 'Oh, my God, are you okay?!'."
    Odiri described how KORI serves 'the middle of the class' – young people who are not already in touch with services or acting out from trauma, but "have a lot of trauma going on around them [but] are managing [that]" and ultimately not attracting the appropriate support otherwise. In one case "a psychotherapist [I was meeting with] was signing off a young person because they were 18, saying to me, 'I don't think he needs therapy.' I said this was inappropriate and not useful. Then, within a few weeks of him [going without that support] he became very unstable. It just demonstrated what we felt because we had to [reassure him that we would work to get him] counselling quite quickly, if he wanted it."



- **Lack of opportunities**, poverty/socioeconomic disadvantage.

- **Migration and/or displacement** - Evans talked about how "coming from another country, I don't know this system, and I was much left alone, even though I was in the system for 5 years."

- **Neurodivergence** - this was often cited as being under-identified and under-diagnosed among young Black people, with neurodivergent characteristics instead being treated as 'bad behaviour'. Karina, Service Manager at 42nd Street, reflected on how "it's like it's either mental health or autism - the system won't treat both, or look at how the failure to respond to neurodivergence is impacting on their mental health". One young participant described keeping their autism 'to myself', because others won't understand. One practitioner talked about having "a huge proportion of the young Black women that I've worked with [who are] displaying traits that may be associated with [neurodivergence, but] it's only coming into their remit through what they've explored and stuff on social media, and not because it's been suggested to them, and...their frustration with that."

- **Gender** - with specific expectations and stereotypes for Black men and Black women. Trans and non-binary gender identities can also be seen as mutually exclusive from Blackness, leaving Black trans youth without a sense of community.

- **Experience of being in care** - where research has demonstrated gross racial inequities and knock-on impacts[14].

- **Caring responsibilities** - with one young participant explaining the incredible responsibility he takes on as a young carer for his Mum and younger siblings, and the sense of isolation that this can create. Another practitioner described a situation whereby a young person had had to section their Mum, but risked not getting the right support because "she's going to college, she's beautifully turned out, and she has goals. But she is very vulnerable...and it could become very serious later, without the support around her."

Blackness pathologised - a brief history

To pathologise: to unfairly or wrongly consider something or someone as a problem, especially a medical problem.
- Cambridge Dictionary.

1851 - Drapetomania: The American physician - Samuel A. Cartwright coined the diagnostic term drapetomania - or 'runaway slave syndrome' - to describe the 'disorder' of enslaved people fleeing captivity.

1960s - 'The Protest Psychosis' describes the sudden influx of African American men being diagnosed with schizophrenia based on traits of 'hostility' and 'aggression' (as defined by the DSM-II) related to their beliefs in racial justice and participation in the civil rights movement.

Today - Differential diagnosis, policing of distress and use of lethal force. Black men are more likely to be diagnosed with schizophrenia, though less likely to be diagnosed with depression and anxiety than their white counterparts (this is not the case in Black-majority countries)[15].

People from the UK's African-Caribbean communities are 50% more likely to be referred to mental health services via the police than their white counterparts[16].

The tragic deaths of Sean Rigg, George Nkencho, Kevin Clarke, Leon Briggs, Olaseni Lewis and other Black men experiencing mental distress demonstrate the inappropriate involvement of police in incidents of mental distress and disproportionate use of lethal force for Black people.

Lack of representation

Young people and practitioners described the lack of racial and cultural representation across the mental health system, from the very visible lack of Black and brown faces, to the more covert centring and prioritising of whiteness, including:

- **The demographics of young people accessing certain services.**

- **Demographics of the workforce.**

One practitioner summarised the challenges:
"I think half of the battle is having to go into a therapist's room and explain it all to somebody. Representation is really important, because that's kind of taken away [for Black people]... Sometimes [what is said] can be misinterpreted - it can be seen as hostile or offensive, it can be misconstrued, it can be confusing. So then, the actual intervention or the conversations don't centre on the actual issues or challenges that the young person is facing, but are more to do with the therapist's understanding of what's being said."

"A lot of these people at the top are older white people. So we need to get more people on the board [level], you know. I mean [for example] young people speaking for us, because, unfortunately [when there's not many Black people on the Board] ..they wouldn't know any of our lived experience, you know. They will only know what they know."

- Miracle, Jet 42

- **In positions of leadership.**

Even with a diverse workforce at more junior levels, a lack of Black or POC leadership can undermine an organisation's credibility on anti-racist rhetoric. As one young person said, "the power dynamic is a bit off."

- **In core therapeutic training**, not just in terms of the demographics of trainees, but also in:
  - The experience of those Black and students of colour who are in such a minority, and who are very seldom able to study Global Majority scholars, or explore issues of race during their training. This is seen to create a vicious cycle of poor experiences feeding into mistrust in the community, resulting in fewer BPOC going into therapeutic training. One young person spoke about how "somebody [on a recent mental health course I did] spoke about a course they were running, but everything they were exploring were all white writers or European writers. I was like, well I'm a Black person, mixed race, looking at that course and I'm going, "It's not for me, I'm not centered here at all. So you're not being racist overtly, but there is this sort of hidden exclusion."
  - The competencies, qualities and attitudes that are valued and assessed, which do not necessarily include those that are required to take a genuinely anti-racist or culturally attuned approach.

- **In mainstream therapeutic models and approaches** which are typically white-euro-centric. The mainstream diagnostic frameworks[i] and therapeutic models (for example, Cognitive Behavioural Therapy, psychoanalytical, and person-centred) are based on theories developed by white men within a Western context, whereby 'healthy' is defined as being able to function and thrive within a capitalist economy and a culture where 'normal' equates to being white, British, cisgendered, straight and enabled[ii]. These models generally either ignore or co-opt healing tools developed by Global Majority cultures.

i For example, the The Diagnostic and Statistical Manual by the American Psychological Association, which is generally seen as the authoritative guide to the diagnosis of mental disorders

ii 'Enabled' in this context means somebody who is not disabled. This is used instead of the term 'able-bodied', which suggests that disabled people are inherently 'not able' rather than being made disabled by exclusionary systems and practices.

The Impact We See: Branches, Leaves And And Rotten Fruits

Looking at the everyday impact of these deep-rooted systems and resulting structures, we start to see the lived realities for Black young people and practitioners supporting them with their mental health. The key issues we discussed were:

Poorly-equipped systems and services

Ultimately, we have a system that is simply not meeting the needs of many Black young people. This is not confined to mental health services, but cuts across multiple systems and services designed to support young people. We discussed:

- **Funding and resources** is an issue for most youth services, with associated challenges in sustaining and staffing services. Similarly, many schools and NHS services are overloaded, resulting in delays to proper support. One service lead spoke about how "when you know that a system is backed up - you know, that even if I do refer this young person, it's going to take a while, and so and so is busy, I have to write the report, and... it might take years to refer them... and [the young person] seems to be managing...and [the professionals] are just overwhelmed themselves." While this is a system-wide issue, it was felt that it is more likely to impact Black children, as they are more likely to be living in poorer areas where services are stretched.

- **Lack of youth centres** and services after years of cuts[17]. Many local authorities now have no youth provision[18], and national investment seems focused on government narratives - eg violence prevention and driving employment - rather than young people's rights and wellbeing.

- **Poor access**, including:
  - Young people not knowing where or how to get support
  - Long waiting lists. "I've had to sit in A&E with somebody in a psychotic break and been told 'actually we can't really see you, we recommend you go to your GP', And they [do that] and are told 'we'll put you on the waiting list but it'll take six weeks'... I've seen that situation end up with the person on a [psychiatric] ward."
  - Inaccessible locations
  - Mistrust of mainstream services, due to historic mistreatment, optics (eg all-white staff teams), inaccessible or exclusionary language etc.

- **Inflexibility** in service and therapeutic models, for example:
  - A standard six session model, which practitioners see as limited for working with complex trauma. One stated: "when you come across deeply traumatised young people, six sessions is nothing." Another explained that "[the six session model] has been really problematic for us as a service. It's what spearheaded us to go and get our own counsellor." A young person described how the short

term model opened up significant problems - **"[When I sought support at uni], everyone thought I was just a stressed uni student. But actually, what had been unearthed was a lifetime of trauma. You know, I got the sort of statutory six sessions [but] what the counsellor inadvertently did was give me all of the tools to start investigating my mind, and how it worked, but only the six sessions to do it in. So it was all about, "you're all better now, you could start in a new term." But I had all the tools, and I went "okay, let's keep going and see what we find." And what I found was unbearable."**

- Commissioners' preference for Cognitive Behavioural Therapy (CBT), with little scope for more client-led or specialist approaches which can account for systemic factors. To illustrate, one practitioner discussed how **"when you want to tackle discrimination and racism, or just social inequalities, CBT is a bit too narrow to do it. In CBT, you're focusing on yourself, but [for] someone [who is] struggling because of a system - it's not their fault, it's not them being low, it's not them being lazy. And so in this case, CBT [when] used by people who don't see the bigger picture, who don't understand the burden of being racialised in this world, can be actually pretty dangerous."**

- **White- and euro-centric models**, as discussed above, which:
  - Focus on individualised, rather than collective/community healing.
  - Define 'well' as functioning within capitalism and systems of oppression.
  - Fail to name and challenge the distress caused by oppressive systems.
  - Can be perpetuated by Black/Global Majority as well as white practitioners.

> "Systemic racism leads to these eurocentric models... [Probably most of] our counselling interventions and modalities are eurocentric in nature - the theories and the tests, and all of these hypotheses are all posited on white people, a white population. So it misses out the whole experience of Black people. So then, what it means is that Black people are never going to get the full holistic, rounded intervention that they need, because a part of it is just not for them."
>
> **- Practitioner**

- **Lack of racial or systemic lens**. Oftentimes, neither young people nor professionals are supported to integrate a racial analysis on the causes of their distress or the approaches to healing. Young people talked about how racism is ignored by many services and practitioners. DèJean described how "I joined a [local branch of a mental health charity] therapy support group. And it was good at first, but I realised a lot of my experiences they couldn't understand or empathise with because they didn't go through the same thing. The majority of them are white, so whenever I told them about my experiences with racism and all of that stuff, they would never really understand, or they would kind of brush it off - they would act like I'm being so dramatic about it, or like, it's not about my race is about [those specific] people. So it kind of made me feel even more isolated in a place where I was supposed to be getting therapy... And I try not to look badly at them, because I understand they genuinely can't wrap their head around it. They grew up in a society that provided for them...they never experienced what we have to experience every day."

- **Not accounting for intersecting needs**, including socioeconomic disadvantage, gender and disability. Neurodivergence was an area raised by almost all practitioners and several young people as being overlooked in Black individuals.

- **Poor communication** about the sort of services available, where young people, parents, teachers or professionals can refer to, what is being offered or what a young person is being asked to engage with. One practitioner described how in her school visits, "every time I was speaking to a young person and I asked them 'do you know why we are here, what we're going to do?'... and they were like, "No, I don't." [After this happened] three times it was really clear to me...they are not even aware that they are going to miss one hour per week and go with this lady... and talk about their feelings, and so there's like a lack of communication."

Isolation

DèJean's powerful testimony best summarises the experience of the distress of isolation rooted in racism:

"I've been a young carer since I was 10, and I have two younger siblings as well. I haven't had any family to help. It's just been me doing everything. Now that we're in [a new city], I've been doing everything, and it's like, sometimes I wish I had a community.

"I wish I had neighbours. I have to call the ambulance every month, so [my neighbours] always see. They can hear everything that's going on in the house. They could hear my Mum in pain. They could see how much pain she's in when she's gone to the ambulance, but no one helps.

"Sometimes we don't even have food in the house. So it's like, I really have to be spending every last penny just to survive...I hope I get financial help but it would really be nice to have a community.

"The hospital that we have to go to every month is like, really racist.. like people die in the A&E. So that's how serious it is. And I have to deal with all of that - bad nurses, them denying my Mum medication. I deal with that all by myself. And that's what makes me wish I had a community like neighbours to help. You know things like that. And because I don't have that community, I just feel isolated and bitter as well. And that makes me not trust people.

"So you know other young people that are in that cycle...they're very vulnerable, and it's easy for them to fall into bad behaviors because of that bitterness and anger at the world. And that's not good. It's just perpetuating the same cycle of generational trauma again.

"That's my experience of lack of community. That's why I think I put that above everything else."

Misunderstanding and misdiagnosis

In the form of:

- **Lack of cultural awareness**, resulting in cultural practices, norms etc being pathologised (seen as abnormal).

- **Lack of historical awareness**, resulting in a lack of empathy for communities and individuals who are mistrustful of or disengaged with certain institutions and agencies.

- **Disproportionate diagnosis of psychosis and schizophrenia**, resulting from this lack of awareness. Practitioners discussed how, without the right lens, the symptoms of distress linked to complex, transgenerational rage and grief, can be misdiagnosed as a psychosis. Jade discussed how, as such certain diagnoses serve as **"a label that fits the colonial framework."**

- **Normalisation of trauma** – issues such as discrimination, witnessing of racism, violence, bereavement and complex grief, sexual abuse, deportation and other traumatic experiences can be seen as a 'normal' part of Black young people's lives. In this sense, one practitioner discussed how the young Black people she works with are too often **"invisible unless they're being told off"**.

- **Delayed support** and crisis is often the result of this normalisation of trauma and distress.

- **Adultification**, whereby Black children in particular are more often viewed and treated as adults, with unfair expectations and treatment. David, a Jet 42 member, described how: **"I feel like this thing happens to the younger black people – I mean, like, basically children… and even if I wasn't Black I would be able to see it in how teachers treated certain students compared to others… So, some Black people when they turn like 15/16, they start to grow a lot of facial hair, so they do tend to look older, but the teachers start treating them like they are adults, and not like not like their children, like the rest of the people there."**

- **Punitive treatment**, related to adultification, was discussed by every practitioner as the predominant means used by many schools, police and other institutions in responding to Black young people who are actually demonstrating signs of distress and even SEND. Margot, a trainee Children's Wellbeing Practitioner for Project Zazi described how **"all of my referrals [are] behavioural difficulties – always 'gets into trouble with staff, does not want to do that, doesn't do his homework, doesn't want to wear the uniform…' There's always something wrong with the child instead of trying to understand why, what is happening with the child?"** Another practitioner discussed how **"every action is a reaction, every behaviour reflects a need…."** but only certain children are asked 'what's wrong' whereas others are labelled as troublemakers. Koya, a therapist at Black Psychotherapy talked about how **"we have young people that are traumatised. I've got young men going into school – little boys! – coming into school, who've just been stopped and searched. How are they supposed to then go into class and manage their day?! And this is primary school!"**

We discussed the 'school to prison pipeline', whereby Black children disproportionately face punitive reprimands at school, followed by exclusions then expulsion, resulting in **"[being] put into Pupil Referral Units, or not, which means you could be out of school for the longest period of time, with nothing going on. And then they're left to those people that are out there grooming and doing all of those sorts of things to get them on the roads – county lines, all of those things – just leaving young people open to being taken, to going down that road."** Another practitioner spoke to how **"Black people's pathologies are criminalised before they're therapised."**

We discussed the devastating case of several Black boys in Manchester who were served long prison sentences for a stabbing despite playing no active role; charged under 'joint enterprise' based on WhatsApp messages[19]. **"I guess if it was young white boys there'd probably be a bit more therapeutic intervention, a bit more kind understanding or compassion and empathy to say 'these boys were grieving, they were going through something.' What can we do to support them? How can we learn lessons?"**

A vicious cycle of mistreatment, mistrust and escalation

Often the idea of 'cultural stigma' is used as a blanket reasoning behind 'BAME' communities' (Black, Asian and Minority Ethnic - all lumped into one) lack of engagement with mental health services. In fact, as Koya describes: **"The reason that we have stigma in mental health is not because people don't realise that we have mental health challenges and that people need support. It's [more] like, where am I going to go and get support? Because I might go and talk about certain things, and I might end up sectioned, I might be arrested. Always having to go into these spaces and defend your blackness makes you think, 'why am I going into this place? Why would I even want to do that?"**

The impact of the issues detailed above seems to culminate in a vicious cycle, whereby a poorly equipped system perpetually mistreats Black people, feeding into a deep-set mistrust by Black communities, stigma about accessing services not designed for them, fear of 'airing dirty laundry' and generally resulting in poorer access, therapy being seen as a 'last resort' and the delay of meaningful support up until crisis point.

At this point, practitioners with limited cultural and historical awareness within a poorly equipped system are likely to take more severe measures, such as sectioning, restraint, forced medication, arrest etc. And so the cycle continues.

> "Often the type of young person that we work with has spent a long time feeling that things are not okay....that the help they need is not available. Even if they were going to CAMHS sessions [or school sessions], what that has built in them is a sense of them 'not being okay'...not being 'right in the head'.
>
> "So, instead of building up their confidence, what some of those sessions can do is break down their confidence and their self-esteem. If you've had even a taste of that, that can mean that you don't ask for help for a very long time. You don't say what you need for a very long time. [You ask] How do I know that that's going to be different from that [previous experience]. How do I know this is a safe space? Is there really confidentiality? Who's discussing me?"
>
> **- Odiri, KORI**

Check In

How are you doing?

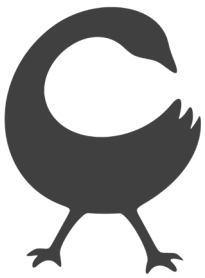
The 'problems' outlined in this chapter are a lot to digest for all of us who care about young people, and especially so for folks who share racialised identities and experiences of injustice. But it's important that we do digest, and don't just plough on without really registering the weight of the issues, or their impact on us as practitioners and as people.

Before you move on to read about the solutions, can you take some time to process?

Depending on how you're feeling, you could try:

- Taking a break to reset - go for a walk, listen to some music, have a nap.
- Connecting with your own feelings - 'free write' whatever is going through your head, try a meditation, list three sensations in your body right now.
- Connecting with others - eg calling a friend or colleague for a chat to share how this work is landing for you.

These approaches might help highlight what you need in order to fully engage with the rest of this report, and the work more broadly. Take note, and take your time to put some of those things in place.



racial equity

Part Three

Fertile Ground: what's working and what needs nurturing

Growing

racial equity

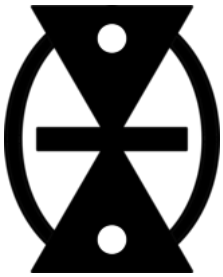
in youth counselling and mental health support

Fertile Ground: What's Working And What Needs Nurturing

"That's done, that system, that tree - it's already happening, it's too late. We need to just do our thing over here." That was the sentiment of one of the practitioners in our group workshop.

And he's right. While it can be tempting to focus on tweaks to surface level issues - pruning a few leaves on our problem tree - what we need, and what each of us engaged in this work is hopeful for, is to address those much deeper root issues.

The work of actually transforming any system - whether it's a forest, a youth centre or a national health service - must take place from the ground up.



Mmere Dane - Times change

So, we envisaged a new tree, one planted in a life-giving grounding of justice, equality, liberation and collectivism.

We imagined what sort of growth would thrive here. Young people drew from the positive experiences they had had within Black and POC-led groups and services, as well as what they want to see more of.

Practitioners described how these underlying principles already shape their approaches to therapy and youth work, and how these might blossom further, given the right environment.

Life-Giving Grounding

Instead of hierarchical and individualistic beliefs at the base of the 'problem tree', the transformed systems and services that meet the needs of Black young people would be rooted in the ideals of:

Justice
The movements for racial justice, feminism, disability justice and queer liberation were all named as inspiration and key frameworks.

Equality & liberation
An ambition towards equal enjoyment of rights, opportunities, dignity and freedom for all people.

Collectivism
An acceptance of how interdependent we actually are. Recognising our shared humanity and mutual stake in developing just systems.

> "If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."
>
> **- Lilla Watson, Aboriginal activist and educator**

Core Principles And Approaches

Decolonial

Throughout this work, we challenged the assumption that 'diversity' in youth services automatically translates into equitable care for Black young people. The young people and practitioners all recognised that services designed by and for a white 'mainstream' are not really equipped to meet the needs of Black young people, even when they were welcomed into that space.

While a drive for 'diversity' and 'inclusion' might focus on ways to encourage Black young people to access existing services, this often misses the important question as to whether these existing approaches are suitable.

By contrast, a decolonial approach recognises that present day issues of under-representation are not just about 'accessibility' - they are rooted in historical legacies and wider systems of injustice. It involves interrogating how racist teachings might be influencing our approaches, for example, in how we understand wellness, in who/where we look to for education, in which approaches or practices we deem to be appropriate or evidence-based, and so on. Decoloniality asks us to actively look for alternatives which de-centre whiteness and draw from other cultures. Kim Loliya of Black Psychotherapy spoke about how **"for me, it's African centered practice, but for someone else it might be their own heritage [or] reclaiming nature [or] talking about ancestors [or, rather than working one-to-one] being in a group and being in community with each other.**

"We can decolonise in lots of different ways but it's a mindset. It's a commitment to resistance."

Abolitionism

Like the principle of decoloniality, abolitionism is about looking beyond the presenting symptoms to dig into the root causes and wider context which underlie issues like mental ill-health and disruptive, violent or 'criminal' behaviour. Rooted in the historic fight against slavery, abolitionism has evolved into a broader struggle to dismantle oppressive systems such as policing, prisons, and coercive mental health institutions, all of which are rife with racialised inequities.

Several of the young people in this research have been subject to such systems, through being either sectioned, arrested or incarcerated. The services they access are abolitionist in the sense that, rather than those young people being criminalised, punished or segregated for how they have responded when faced with incredible challenges, they have instead been able to receive care, access community and engage in healing, while working to address the issues that caused distress and harm in the first place.

Black Psychotherapy embeds this as a core principle, stating how, **"We acknowledge the impact of violent systems on mental health, using therapy as a tool to actively dismantle oppression and bring about collective liberation.**

"We're critical of our training and the violent roots of Western psychiatry and psychology, integrating African-Centred and Indigenous practices to reduce harm." [Black Psychotherapy website].

Liberation psychology

Participants recognised how **"we can't decolonise without having social justice, climate justice, disability justice... loads of other systems feed into decolonial practice."** [Kim Loliya, Black Psychotherapy].

Liberation psychology is an approach that captures this sentiment, as it seeks to understand and address oppression, instead of treating mental health in a vacuum away from social forces like racism and discrimination.

As such, approaches go beyond traditional talking therapy, to include group and community work, social action and activism. For example, Jet 42 staff will actively support the young men in the group with practical challenges, or connect them with other staff within 42nd Street to support with specialist advice or advocacy. Similarly, staff at Kori work with each young person on the plethora of issues affecting their mental health - from immigration paperwork to family relationships.

Whole-person approaches

The participants in this project discussed how therapeutic approaches should consider each individual in their wholeness, including their behaviours, emotional responses and their place within a broader social, cultural and political context.

Some practitioners spoke about a 'holistic' approach, while others spoke about a 'somatic' approach. Some understand somatic to mean 'body-based' - recognising that our emotions and trauma play out in our body as much as our mind. In fact, somatics, and specifically 'politicised somatics' incorporates the roles of the body, spirit, community and wider social forces (like racism, poverty etc)[20]. Therefore, approaches go beyond 'talking therapy' to incorporate, for example, body and movement-based techniques, art and creativity, group and community work, sociopolitical analysis and even activism.

> "With creative expression, often, if there aren't the words [then] making something or drawing something can give that vocabulary."
>
> **- Nicky, Project Zazi**

Youth work

The core principles, practices and skills of youth work were highly valued by both practitioners and young people. It came through very strongly that not all 'support' or 'healing' comes in the form of therapy, but can also be found in caring relationships with trusted adults who can provide a listening ear, share common experiences and act as a role model. Youth work is a specialist approach and it should be seen as a core part of the mental health system. It can serve as preventative, early intervention and long term support for very complex issues.

> "[Mental health] training is important, but also so are our youth work one-to-ones. This is a whole practice within itself in terms of how we work with young people. They have their person in the service that they can always reach out to, that they will have access to through a phone, that they will meet, that they can have those one-to-ones in the community with that particular work support worker."
>
> **- Odiri, KORI**

Intersectionality

A concept coined by Kimberlé Crenshaw to describe how multiple oppressive systems - like racism, patriarchy, ableism - intersect and interact to create specific and compounded experiences of discrimination and privilege. The original purpose of intersectionality was to describe how Black women experienced very specific and exacerbated inequities which were not shared with either Black men or white women.

For this group, it was important that 'Black' is not seen as a homogenous identity, and that other identities, experiences and challenges are considered. In this group alone we had Black people who were also exploring the intersections of their Blackness, youth, masculinity, womanhood, queer and non-binary identities, neurodivergence, mixed-race identity, caring responsibilities, migration, and more!

> "There might be a service which on the surface [has] all Black staff. But my friends who are Black and queer may come and be like, "oh, actually, this is very Christian, or this is very not for me, like this isn't this isn't going to be a safe space for me. Even though it's a Black space, that's limited to race. Everyone there is coming from a very similar experience of being Black. That's still going to be stigmatised, you know, inaccessible."
>
> **- Young participant**

1. Branching Out And Bearing Fruit

As a group of experts - by profession and by experience - the practitioners and young people in this project outlined the specific methods, tools and spaces that they value when it comes to therapeutic and emotional support specifically for Black young people.

Cultural representation and attunement

The whole system, not just the workforce, needs to be more representative of Black and other cultures, and moreover, to be 'culturally attuned'. 'Cultural attunement' is a concept beyond 'cultural awareness' that Kim Loliya of Black Psychotherapy beautifully describes as **"...almost beyond language..."**

They describe how, **"Cultural awareness is kind of like, up here [in the head] - it's quite cognitive and theoretical. And then there's cultural sensitivity that drops maybe a little bit underneath awareness - there's maybe more of an intention to be responsive or to be sensitive, or or to at least be self aware.**

"And then the deeper layer of attuning is more of an embodied process[i]. It's being curious around how someone's culture shows up for them. Not making assumptions about culture, of course, but really in-the-moment sensing how the culture is shaping the conversation. It's also about sensing your own culture and attuning to how our cultures are intersecting, which includes all of our identities, including as an organisation.

"It's like a deep listening, like I have this intention to really listen and be aware in a in a very broad way, like, 'yes, I'm hearing the words that you're saying, but I'm also seeing how you're moving,' because culture affects posture and it affects the nervous system, so your culture is literally visible within you. 'Attunement' acts as a lens to let you see that.

"And attuning is a vulnerable thing. It requires us to be in-relationship. It requires me to sense when we're not, because for example, I've moved into my head, or I'm in judgment, or I've made an assumption about your culture, or you've made an assumption about mine. And if we can stay attuned, it's like a dance. We can move together around it rather than being like, I'm going to try this 'cultural sensitivity approach' and just repeat it with everyone.' That's completely not the work."

---

i An embodied process is one that occurs not just in the mind, but also in the body, behaviours, ways of being and even wider systems outside of the 'self' (for example, changes to an organisation or institution).

This investment in genuine, deep-set and constantly evolving cultural understanding will help to produce:

The right environment

The idea of a 'safe space' came up a lot, and with that, some factors which can make a space feel safe or otherwise.

- Warmth and friendliness
- Non-judgemental, with space to be vulnerable. Miracle talked about how "as much as we - Black men - don't want to appear weak, Jet 42 is a place where we can kind of feel vulnerable...We can open up about like stuff that you know that that has happened to us...sometimes just just a place to let off some steam"
- Space to talk about race without judgement or dismissal. One young person said "it's important to be able to get that off your chest."
- Having spaces exclusively for BPOC, as well as spaces that are mixed. One participant emphasised how "building rapport with other [Black and brown] young people as a mixed heritage person really connected me to a sense of Blackness and Black community, Black history and Black heritage in a way that was really formative and important for me, growing up," while at the same time, "there's something that is important about having a space or being able to be in spaces that are a bit more mixed up... because we live in a world with everyone, you know."

Beyond safety, there were other key factors that contribute to creating the right environment:

- Designed for young people - not children or older adults.
- Being treated as individuals

- Thinking beyond the therapy room:
  - Ideally, therapists and youth workers should be able to go to where young people are and feel comfortable. This doesn't have to be a therapy room or even within a service centre, it could be walking in the park, chatting at the barbershop or nail salon, or sharing food round the kitchen table. There are spaces and places that are culturally relevant and help to create a sense of ease - use them!
  - Thinking beyond 'therapy' as a tool to use after problems arise, young people need spaces that support their wellbeing and prevent issues escalating. We wanted to see more spaces to hang out, to connect with other young people, to get advice from trusted adults, and to just... be. Odiri, the founder of KORI describes their service as a 'third space' - a safe space away from school and home. Speaking about Jet 42, Miracle says how **"I don't feel like a lot of us who go [to Jet 42] see it as a mental health space. It's just a place to hang out, to chill..to take a break from the week, and just get together with other like-minded young black men, and discuss our feelings and all of that."**

racial equity

Skilled and empowered practitioners

Practitioners and young people alike both expressed the importance of building a workforce that is not only representative in terms of race and culture, but also of embedding better training, systems and infrastructure to equip staff of all races and identities to employ true 'cultural attunement'.

This would include:

- Staff from a diversity of races, cultures and other identities - DèJean described how **"the reason why I feel like [Jet 42 is] a safe space is because even the staff have gone through the same experiences as me. So I don't have to worry. I could say anything, and I don't have to worry about them having a stigma against me, or like secretly feeling offended by what I have to say. They just kind of get it and they know how to support you as well, because they've been through those same experiences."** Likewise, Alisha talked about how, at Project Zazi, **"Aishah and Muneera, both people of colour, create a space for people of colour. It worked...I just felt like it was a safe space."** That being said, 'Black' is not a homogenous group, as David pointed out - **"just because somebody is the same as you [in some respect], for example, they might be Black and and male, doesn't mean your experiences will be the same."** So it's important to ensure staff represent other intersecting identities, including culture, gender, sexual orientation etc. This also needs to include representation at senior levels - young people notice when there's an all-white leadership or trustee team.

> "We need more therapists who represent young Black people so they feel safe, seen, heard, understood. [So young people feel]: that they don't have to continually talk through their practices, rituals, understanding of their cultures or the ways that they live."
>
> **- Practitioner**

- Training, supportive structures and accountability - Organisations can't just rely on Black or Global Majority staff to do the heavy lifting of anti-racist approaches without organisational backing. As one young participant said, "Race and class consciousness does not just magically come with being racialised." Staff, regardless of race, will not automatically have the political analysis or therapeutic tools to embed anti-racist approaches, especially when there are such limited options for training or CPD (continuous professional development) rooted in anti-oppression. Jade, a trainee psychotherapist at Black Psychotherapy highlighted how, when trying to create a sense of safety for Black young people to talk about their experiences of race/racism, "part of that comes with therapists having the right tools and the right training, but also there being enough representation for young people to come in and feel they've got that safety."

We need to actively - and ethically - equip staff to draw from their own lived experiences, ensuring they are supported with the emotional impact of this. On the other hand, staff should be conscious of the experiences they do not share with young people, and be supported to nevertheless stay accountable to the values of anti-racism and equality even when they don't share lived experience. Additionally, having counselling as a funded NHS training pathway was felt to be a way of increasing the accessibility of therapy training courses to BPOC, as well as many other demographics who are underrepresented in the workforce.

> "You can send people on as many trainings as you like. But training is one thing, then it's how it actually works in practice or how people position themselves in reality, rather than this tick box thing...The point is integration into your practice."
>
> **- Practitioner**

- Specific qualities that young people want to see in staff included:
  - Sympathy, empathy and open-mindedness - willing to relate where there is a shared experience, but also able to challenge your own frame of reference where there isn't common ground.
  - Being an advocate for young people's needs.
  - Race & class consciousness and willingness to engage in education.
  - Friendly and approachable, but also professional - "you should feel able to talk to them but also that there are boundaries".
  - Fair, with integrity - "not treating you like a child or being hypocritical".

> "I'm incredibly grateful for the opportunities that Aisha and Muneera have given me. They've not only uplifted me personally but have also created a space where Black and brown people, like myself, can thrive without fear of judgment or exclusion. Their leadership has been a breath of fresh air in an environment where often, we're made to feel like we don't belong. They've created a safe space that allows us to express ourselves fully and authentically, where our voices and experiences are not just acknowledged but celebrated. The way they centre inclusivity and support has empowered me to be more confident in my work and to be unapologetically myself. Their commitment to providing opportunities and a sense of belonging has meant more than I can express, and I'm truly thankful for everything they've done to make this space feel like a home for so many of us."
>
> **- Alisha, OTR**

Trust and early help

Trust and young people's ability to access early help are key factors that come hand-in-hand. We wanted to see a break in the cycle of mistreatment, mistrust, delay and escalation. Instead we should see services that earn the trust of Black communities through meaningful outreach, an authentic understanding of the needs, preferences and context of communities and individuals, and a range of ways to offer appropriate support at the right time and place.

The Jet 42 group for young Black Men demonstrates a model of trust-building and early help. The group sits within 42nd Street, a comprehensive counselling and youth support service that can provide more 'acute', one-to-one support if the participants need it.

But within Jet 42, there are no 'therapists' - the young men are supported by the older Black male role models who make up the youth work staff, but also, crucially, by one another. Every week, they open up space to share life's challenges, explore topics from mental health to masculinity, and ultimately, answer the question "what sort of man do I want to be?". It is simple, effective, and, frankly, beautiful to witness.

Drawing from the positive

Young people don't want to focus only on what's wrong, or only consider their mental health when it's in a bad place.

Laurie explains: "[Accessing community support after a mental health crisis] it was like, I've just gone through this big experience of anxiety and depression. And now I need to go to a course about anxiety and depression, and find out facts and figures and statistics about anxiety and depression, and it starts to feel like it's your whole life a little bit. ...Strangely enough, it's whilst you're doing the thing that has nothing to do with mental health that I think a lot of healing can happen."

Young people have positive things in their lives too - these might be the 'typical' standards such as school or work, but there may be other important factors, such as family, faith or art. It's vital to understand the individual - what brings them meaning and joy - and to reinforce that.

Jet 42 members explained how "I feel like a lot of people don't know where they get their positivity from, and they need to be able to find it." and "[Jet 42] helps us reinforce positivity in our life and provides us an opportunity to empathise with other young Black people that may go through the same struggles."

> "I think a lot of young people will feel [positive] when they see somebody like that. You know [a staff member saying] 'I was a member of 42nd Street before, I worked my way up, they helped me, they built me up and now I'm working for them. It's so inspiring, just hearing stuff like that."
>
> **- Evans, Jet 42**

Additionally, services can work to empower young people beyond 'therapeutic' interventions. For example, one participant mentioned the importance of building skills, making connections, and opportunities to progress into paid roles where possible. Laurie, now a staff member at KORI, explained how at 13, she went with the organisation to Tanzania, working in a primary school. "We had to come up with the whole project - what games we were going to use etc. By this point we'd had 4 years of doing these kinds of icebreakers [with KORI] but it was our first time having to put something together and show up and run a session. So that started the chapter -from about 13 to 17 years old I started sort of supporting the facilitation of some of the groups that we had."

🥭 Genuinely culturally appropriate modalities

To offer services that are actually appropriate in the context of a culture so rooted in historic and present-day racism, we need to make space to explore that context and 'attune' to how it plays out for young people here and now. We explored the role of:

- **Decolonial approaches** which, in summary, means approaches which:
  - Recognise the role of European colonialism and the historic context of racism in present day culture, institutions and experiences.
  - Unpick and challenge ideas of what is 'normal' and 'healthy', and identify where these are rooted in colonial and racist ideologies.
  - Draw from the client's cultural practices, rituals, beliefs etc.
  - Commit to resistance against colonial oppression.

- **Black and African-centred approaches** which account for historic context and the trauma of racism, as well as the beauty, strengths and rich shared history of the African diaspora.

"[In Pattigift's Emotional Emancipation Circles] we used Adinkra and all of these different [African principles] to work through and learn how we can emancipate ourselves, recognising that our [African] personalities are different. Recognising that Eurocentric models don't always work. There was a resonance that we - African people, African diasporic people - are crying out for that. That we are not getting [what we need] in traditional therapeutic practice. It was beautiful, it was so emotional. It just really really spoke to us."

- Angeli, 42nd Street

Such approaches can also support Black people to understand and reclaim their African indigeneity and pan-African identity through engaging with, as Koya described, "our history, who we are, and what we've brought to the world, what's been hidden from the world, the heavyweights in communities that have pushed back against the western way of what is termed as 'healing' or 'therapy, and looking at ways that work for us based on our ancient way of knowing, [as well as] contemporary." Specific frameworks and methods include:

- Black Psychology
- African Personality Theory (Edward Wilmot Blyden)
- African-Centred Approach[21]
- Emotional Emancipation Circles (see Pattigift and Association of UK Black Psychologists)
- Black Empathic Approach (Dr Isha Mckenzie-Mavinga)
- Trauma-informed approaches - recognising the role of racial trauma, as well as the impact of other traumatic events and conditions, and the ways young people may respond through their behaviour.
- Looking beyond 'traditional' ideas of 'therapy', explored below.

racial equity

2. Looking Beyond 'Talking Therapy' And Traditional Models

Diverse approaches to wellbeing, 'therapy' and healing

From the 'mainstream' therapeutic approaches, practitioners felt that the person-centred approach offers a good framework for understanding the individual, and the psychodynamic approach can be helpful in combination with somatic or body-based approaches to help bring awareness to material in the unconscious through, for example, movement, role-play or drawing. It is important, however, to acknowledge that these are white, male and Western centric approaches, needing to be adapted, rather than followed without interrogation.

Outside of these approaches, we explored the important role of:

- Framing 'wellbeing' according to the young person. One participant discussed how his faith and relationship with God were a more important frame of his wellbeing and 'success' than, for example, his school grades.
- Political/historical education and consciousness-raising.
- Body and movement-based approaches, such as mind-body connection, body mapping, regulation techniques (eg fidget toys, tapping).
- Creative and artistic approaches such as drawing, drama and dance.
- Community-building and collective action.
- Accounting for the client's spiritual health (ie their sense of being part of 'something bigger' - sometimes linked to a faith or religion, but not always).
- Grief and rage processing.
- Collective dreaming.
- Respite from traumatic and challenging situations (eg day trips, yoga, space to breathe).

> "We use the arts to respond to the areas that the young people are interested in. Recently, one of the areas they really wanted to dig into was social media and its impact. And they also wanted to look at independence - how do we become independent. So we're doing that through creative writing, sculpture, drama, through bringing people in who can share their experience. So that's also part of wellbeing work."
>
> **- Odiri, KORI**

Flexibility and accessibility

In contrast to the usual prescriptive model of six sessions of talking therapy (usually Cognitive Behavioral Therapy), we want to see:

- **Long term support** - years if we need it! DèJean said, **"[Long-term support] allows you to meet that commitment without feeling like you have a time limit. That's part of what makes it a community and a safe space as well - by it being a long term thing it allows you to build community, to see familiar faces every week. That's what creates bonds."**

- **Being genuinely there for you** in contexts which might fall outside of your usual sessions, eg phone call to check in, or a visit. Miracle described how "**when I was in college, I used to get calls from Eric to check up on me. So it's like they are there for you. Even over lockdown. They are there for you."**

- **Different methods and settings**, with options of how to engage. This should include:
  - Options for group work and community-based, detailed below.
  - Mix of fun and respite, as well as the hard work of healing.

- **Loud accessibility** (as opposed to 'quiet inaccessibility') meaning how the organisation is actively promoting what it is doing to make itself easy to engage with, including:
  - Basic accessibility such as location and public transport.
  - Confidentiality.
  - How the organisation looks - making sure there is a diverse team who are visible on the website etc.
  - Language used - young men from previous iterations of Jet 42 discussed how even the language of 'mental health' can trigger negative connotations. They suggest that "using a non-judgemental word such as 'mood' can be a way of easing the conversation around a mental health condition."[22]
  - Being vocal about the organisational stance on anti-racism and other social justice issues, and how you are working towards that. There should be information about how you meet the needs of young people from all walks of life, including those who are Black and POC, neurodivergent, LGBTQIA+, disabled etc.

Group and community-based offers

Young people do not exist in isolation and nor can healing be done purely on an individual level. Young people and practitioners all emphasised the importance of group work.

Young people want to be able to build connections and community and share common ground. This can be offered alongside one-to-one, so that there is an option for privacy when needed. In a group setting, staff should follow up directly if specific personal issues are raised.

We also explored the importance of reaching young people outside of clinical/service settings. Settings, spaces and 'gatekeepers' - like sports clubs, barber shops, church or mosque etc - can all play a role in creating a wraparound supportive network that is genuinely caring, beyond the transactional and transient nature of more rigid, clinical models.

A supportive grassroots community

Linked to the above, is the vital support of the community outside of any formal service - and moreover, support that is seen as separate from those mainstream services that have caused harm and are distrusted.

DèJean discussed how **"you should be able to rely on your neighbour."** The Jet 42 group provides a space for the young men to cultivate supportive relationships that can carry outside of the setting. Miracle described how he had visited one of his peers from Jet 42 when he was taken to hospital - a beautiful act of genuine friendship outside of formalised 'peer support': **"the group strived to make sure he was OK...If you need help you can reach out to anyone in the group, and they'll support you, which I find amazing."**

> "I always have this image of creating a support system, a support net to just make it easier, because otherwise they are just like navigating everything on their own."
>
> **- Margot, Project Zazi**

racial equity

3. Social Analysis & Pedagogy

To truly cater to the needs of young people who will, unfortunately, experience the impact of racism, services need to make space to explore those social forces and educate both staff and young people about how they manifest in our everyday lives.

This will include:

Employing a racial and social justice lens

Support offered to young people ought to account for their context and experiences beyond the individual, including for example, the family, physical health, social context, spiritual life, financial means etc.

Applying a lens of racial and social justice brings practitioners closer to 'cultural attunement', and helps young people to put some of their experiences into a wider context.

This can help them to feel less isolated, and healthier, in knowing that these experiences, and associated negative feelings are not something 'wrong' with them, but are actually injustices that are shared as a collective (and can be taken on together, too).

Approaches such as 'Liberation Psychology' and tools such as Bronfenbrenner's ecological system model and Kimberle Crenshaw's intersectionality can help practitioners to understand young people's experiences and presentations within a wider social context.

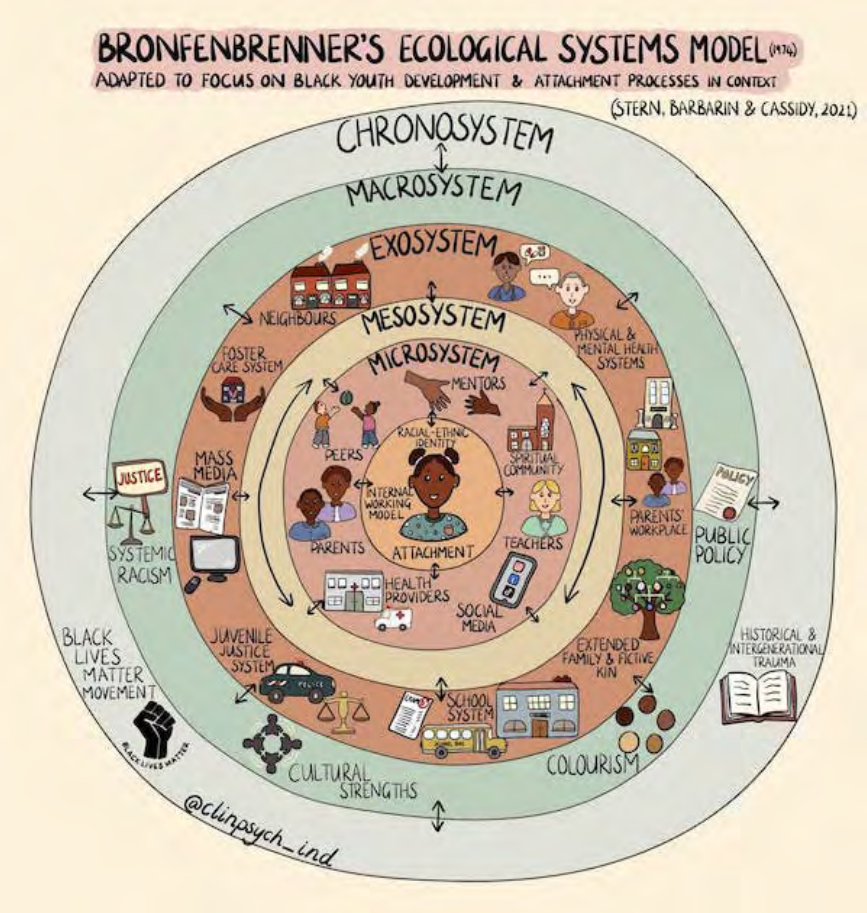


Illustration by @clinpsych_ind
www.instagram.com/clinpsych_ind

Within a framework of psychosocial education, this approach can help to open up space for young people to discuss issues such as racism and manage the emotions tied up with these experiences.

Social action

For young people, social action - being part of change - can be a core component of healing. As Angeli from 42nd Street described: **"Getting involved in something bigger than yourself is therapeutic... it's taking people on a journey of liberation and empowerment."** This could be through volunteering, activism, co-production and so on.

It's also important for young people to see the organisations that they go to for support, and their leaders, being active on issues of injustice. There may be opportunities for young people to join those efforts - for example in ambassador roles, campaigning or co-design - alongside the organisation using its voice to advocate for change.

4. System Improvement

The final 'branch' of this new tree is the continual improvement of the system, with young people, practitioners, service leads, commissioners, policymakers and others all playing a role in driving positive change.

Practitioners at Black Psychotherapy spoke about the importance of being visibly active in advocating for better services, for decolonised approaches to therapy, and for Black young people's rights. They proactively host webinars and take part in events like panel discussions to get their messages out in the world. 42nd Street also acts as an advocate for young people, and supports them to have their own say in improving services within 42nd Street, as well as in the region, with youth-led programmes in research and policy-influencing.

The fruits that this branch would bear include:

Increased funding

We want to see more funding to improve therapeutic support for Black and young people of colour, based on the approaches discussed in this report. There are a whole host of areas this could go towards: staffing and operational costs for groups like Jet 42, bursaries for training in African-centred approaches, networks to support BPOC therapists and youth practitioners - the list goes on.

Space for care

The principles of liberation and collectivism must translate into space within our institutions for care - not just self-care but also care for one another. We cannot replicate the systems that have already caused us so much harm and expect different outcomes - whether that's at the micro or the macro level. What we create in our small local services must be a model for the caring, healing, nurturing system that we hope to see all over the country.

This will include responsive strategies for care. For example, Karina, service lead at 42nd Street, described how during the racist riots of 2024, managers supported staff to develop safety plans, including budget for practical things like taxis home.

It must also include proactive approaches, covering how we recruit, train and manage staff, how we support those who are working with personal experience of racial injustice, how we budget and resource our work (and our rest!), and how we engage with young people.

> "[In all this] deep digging down...the kind of...resilience that takes and the burnout as well. A key aspect of this is to protect the therapists, the professionals, as well."
>
> - Jade, Black Psychotherapy

Seeing change

While the young people and professionals involved in this work all enjoyed the process of coming together to talk these issues through, we don't want it to stop there. We are tired, frustrated and angry, and this process brought up those feelings, as well as the positive feelings of connection, mutuality and hope.

We want to see change, we are already playing our role in building it, and we hope this report encourages others to pick up the tools they have and break new ground with us.

racial equity

Part Four

Tending change: commitments and recommendations to cultivate racial justice in youth counselling

Growing
racial equity
in youth counselling and mental health support

Tending Change: Commitments And Recommendations To Cultivate Racial Justice In Youth Counselling

This research was always intended to form an evidence base and an impetus for action. Young people are hungry for change, and the professionals supporting them are tired of working within and against systems that are failing to meet their needs.

To summarise the previous sections, the issues of poor access and experience for Black and racialised young people in mental health services are deeply rooted. To unpick and address the injustices stemming from hundreds of years of embedded racism, we need to do more than simply promoting inclusion into a status quo that was never built to serve Black people. We must radically rethink our approaches.

At the root, we will need to interrogate our assumptions and 'business as usual'. We will need to consistently ask how we centre the principles of justice, equality, decoloniality, and collectivism, avoiding the pitfalls of unintentionally defaulting to oppressive norms.

At the core, we will need to embed systemic approaches which cater to each young person as a whole, multifaceted individual, operating within a specific social, political and cultural context.

The fruits of our labour will be seen through continual system improvement. This will be cultivated through a practice of deeper cultural attunement and true cultural representation, not just across the workforce, but within therapeutic approaches and even our ideas of 'wellbeing' and 'illness'. We won't be leaving the heavy lifting to a 'diverse staff team', but taking responsibility, each and every one of us, for cultivating a deeply embodied respect for the humanity, intellect and beauty of African-diaspora people.

In order to cultivate this vision, we need a range of support from across the sector, including:

1. Commitment and resourcing of urgent action and long term change

"We're not expecting it to change overnight. But how long though? Because again we are expected to be patient. Why must it be people of colour who need to be patient? Because we all are humans, right?" - Young participant

Young people and professionals are justifiably frustrated working within systems where inequities are so ingrained and change is slow.

We recognise that, while we might be able to plant some seeds, we might not see the full fruits of this labour in our lifetimes. We are prepared to play our role in this long game - to pave the way as good ancestors, just as those before us have done.

That being said, where more immediate progress is possible, it must be prioritised, mapped and celebrated. There is already good practice that can be invested in, scaled up and strengthened. There are training courses, networks and resources emerging, and professionals keen to engage. There is a whole wealth of knowledge in our communities - professional and peer - that is ready to be cultivated.

Many organisations are already doing this work. Kim Loliya of Black Psychotherapy stressed how, **"as Global Majority-led organisations, most of us are fairly committed. We work in a very values-led way. We often don't make as much money as we would in other sectors, we have huge workloads...We prove our commitment quite a lot as a daily practice."** This existing work would be well matched by greater commitment and urgent action from bigger national organisations, boards and senior leaders who can coordinate - and fund! - the sort of institutional and system-level shifts needed.

2. Modelling the world we want to see

Audre Lorde said that **"the master's tools will never dismantle the master's house,"** to illustrate the futility of using oppressive systems and practices in the hope of building liberation. When it comes to young people's counselling and therapeutic support, while it's important to change what we are doing, it's also important to change how we are doing it, so that the values of racial justice are woven throughout our services, organisations and systems.

In this research, we discussed the importance of:

- **A caring approach**, making sure that both young people and staff are genuinely cared for and able to care for one another as well as themselves. This encompasses not just the services offered, but also the working practices within organisations, pay structures, and team culture.

- **Collective trauma healing**, recognising that the reality and impact of racism and our role within that is traumatic. Healing from this trauma is not just something we are supporting young people to do individually, but something that we must do as a collective with our communities, our professional peer groups and our organisations. We need to build up our resources and practice our stress responses so that we can face these issues head-on, pro-actively take a stand and stay steadfast even in the face of backlash.

- **Politicised practice**, as opposed to the very limiting approach of 'therapeutic neutrality'. In reality, no individual, nor any organisation, exists in a vacuum - to claim neutrality within an oppressive, unequal system is - whether actively or passively - harmful. By contrast, giving the space, support and resource for understanding the historical and political context can be validating and healing. Many therapists may be worried about losing jobs or clients if they are overtly political, whereas many charities fear speaking out on political issues for fear of losing funding or breaching campaigning laws. It is therefore important for not just therapists, youth workers and senior leaders in services to build confidence in exploring these wider contexts with young people, but also for funders, commissioners and policymakers to actively support this approach.

- **Community**, with intentional spaces and practices rooted in the values of collectivism and interdependence. Through these difficult processes of re-imagining and re-building systems, professionals need to be able to look to their peers for ideas, reassurance, support and accountability. We explored how this might take the form of small practice groups, larger networks, conferences, and organisational buddying.

3. Funding

Resourcing this work will require funding, which we envisage coming primarily through:

- **Local/regional authorities and Integrated Care Boards**, which can directly commission services in line with local needs and existing provision.

- **Trusts and foundations**, which we believe should have racial equity within their strategies, and offer more core and flexible and long-term funding so that services can be sustained beyond short term, prescriptive projects. Specifically, we would like to see a funding body support the creation of practitioner networks and training opportunities.

There are some key considerations and strategy approaches that we would like to see from those funding or commissioning services:

- **Respond to local need**, based on research, engagement with local organisations, and the voices of young people.

- **Invest in the ecosystem** - looking at how to strengthen communities, services and systems, rather than pitting organisations against one another for funding, or investing for short periods before pulling out.

- **Support infrastructure as well as service provision** - ensuring that leaders and practitioners can actually take the time out of direct service provision to do the system-side work of, for example, connecting with their peers, contributing to research and engaging with training.

- **Support full-cost recovery** - Beyond simply funding a service, this requires funders and commissioners to work with organisations (and smaller, grassroots groups) to build a shared understanding of what services and staff time actually cost, and how to build the infrastructure and capacity necessary to keep them strong and sustainable.

- **Model racial and social justice principles** through funding and commissioning, including ensuring fair pay, decent working conditions and development opportunities. Especially where organisations are led and staffed by majority BPOC staff, funders and commissioners actively avoid perpetuating the harmful, inequitable approaches contributing to racial inequalities.

Importantly for organisations wanting to invest in racially just approaches here and now, there is work that can be done even in the absence of additional funding. Moreover, those frontline organisations can gather and share crucial insights and data to inform funding and commissioning strategies.

> "[There is this] need to always sort of reinvent what we do as 'new' projects for funders, because funders are constantly wanting to fund projects. When the reality is, we just need core funding. We just need core funding to do the same project that we do, which is the continuous work and reflective practice, which takes on new shapes and new forms and new activities."
>
> **- Laurie, KORI**

4. Investment in education and training

Whether it's schools, universities or therapeutic training courses, it's rare to see curricula that embrace the full richness of Black history, scholarship and culture. In the therapeutic context, Kim described how **"we're still having trainees going through training where they're covering diversity and inclusion and related topics in a weekend or two, in a very 'box ticking' exercise, rather than it being embedded across the curriculum."**

Professionals and young people alike wanted more opportunities to be educated in things like African history, colonialism and movements for racial justice. Professionals who had studied in approaches such as Black Psychology and Emotional Emancipation Circles spoke about the transformational power of this learning, while those who had not were enthusiastic to learn more.

Already, there are resources and courses available through organisations like the Black Curriculum, BAATN (the Black African and Asian Therapy Network), Black Psychotherapy, Pattigift and more. Individuals and organisations can choose to pro-actively invest in engaging with these, and we would love to see funders supporting scholarships to improve access.

However, addressing the issue at the system level cannot leave the onus on individuals to research and fund their own professional development. We would like to see greater incorporation of anti-oppression and racial justice in core therapeutic training. This could be driven by regulatory bodies such as BACP (the British Association for Counselling and Psychotherapy), and indeed the Youth Access including greater emphasis on these approaches in their resources and programmes, including the Quality and Improvement programme.

5. Cultivating community

As discussed under recommendation 1, Black and Global Majority practitioners, as well as allies wanting to work in anti-racist ways, need spaces to come together in order to:

- Learn from one another and develop their practice.
- Hold one another accountable.
- Reassure one another.
- Care for one another.
- Imagine and experiment with new ways of working.

Professionals discussed the potential role for umbrella bodies like Youth Access in convening spaces and networks, and the need for funders to help with resourcing these spaces.

Funders and commissioners also have a critical role to play in actively encouraging and supporting professionals to develop their practice and contribute to the wider infrastructure and ecosystem around racial justice. This requires intentional resourcing of service providers so that staff - who are so often overstretched and burned out - can meaningfully engage with activities outside of their frontline role.

6. Intentional practices in staffing, development and culture

We also discussed how, at the system level, including counselling as an NHS-funded training pathway, similar to existing recruit-to-train roles which exist for some entry-level therapeutic positions, might improve access to training and bring more Black and Global Majority therapists into the workforce.

Beyond this, though, organisations cannot simply rely on 'diversity and inclusion' approaches to bring more Black and Global Majority staff into an organisation, and then rely on those staff to do the heavy lifting of anti-racism. Leaders need to be thinking more comprehensively in terms of their strategy around people and culture.

This includes:

- **Recruitment practices** - not just hoping to attract a diverse range of candidates, or candidates form a specific community, but thinking about how role descriptions, person specifications and assessment criteria reflect the values of racial justice. These should place value on both lived experience and learned understanding of how racism plays out for young people today.

- **Onboarding, training and CPD** - ensuring that all staff, regardless of racial background, have the support, encouragement and resource to engage in professional development in line with organisational strategy on racial justice and identified gaps and needs.

- **Systems for accountability** - including:
  - Management tools such as appraisals, supervisions and professional development plans.
  - Spaces that embed team culture, such as team meetings and away days.
  - Leadership accountability - for example, working with trustees to ensure accountability for the CEO, and developing policies such as whistleblowing so that staff have a way to hold leaders accountable.

- **Support for staff working with lived/living experience** - considering the weight of this work for those Black and Global Majority staff who have and are still bearing the weight of racism every day.

7. Collective action

As discussed in Part Two, social action can play a vital role not just in healing social ills like racism and its pervasive impacts, but also in the healing of individuals and communities, who benefit from feeling part of a movement for change. Especially in the context of mental health and therapy, we must accept that there is only so much that talking and individual counselling can do - we need action, we need community, and we need ways to feel that change is possible.

Leaders and organisations should be vocal and visible when it comes to racial justice, making their values and approaches clear to young people, funders/commissioners, staff and partners. This should include actively looking for opportunities to support campaigns and initiatives promoting the rights of Black and Global Majority young people, such as:

- Attending, speaking on and even organising panels and events, such as Black Psychotherapy's regular webinar series.

- Signing joint letters and pledges, such as the Black Mental Health Manifesto and the 'Take Racism Seriously' campaign.

- Supporting and setting up campaigns supporting local Global Majority Communities.

- Lobbying local and national decision-makers.

Importantly, organisations should be supporting young people to also be part of meaningful change, whether in decision-making and co-production roles as experts by experience, volunteering in the community, or campaigning and activism. Research has shown that being part of social action can help young people to build important relationships, develop a sense of community, support empowerment and establish a space for both individual and collective healing. Young people engaged in positive collective change have been found to be happier, more confident, stronger, and capable of acting when facing a problem, as well as gaining long term benefits to their mental health.[23] Thus, social action is not only a justifiable part of a core therapeutic offer, but a crucial part - and this ought to be recognised by funding and commissioning bodies.

8. Roles for young people

Young people not only want opportunities to build skills and contribute to change, they also bring invaluable insights, expertise and connections which can be harnessed through roles as 'experts by experience', peer researchers, project leads, facilitators and more. These roles - putting young people at the heart of decision-making and community should be core to any organisation working with young people - from service providers to infrastructure bodies, to funders.

Of course, young people's expertise, time and effort need to be appropriately compensated, ideally with paid roles where this is possible. They also need to be supported to step into genuine leadership - with training, mentoring, clear setting of goals, expectations and routes for progression.

Beyond payment, there are also important ethical considerations when working with lived/living experience of racialised oppression, to avoid re-traumatising individuals or perpetuating harm. As with anybody bringing their personal, often painful experiences into role, Black and young people of colour will need support to take agency of their story and what they choose to share, as well as to manage the emotional impact of working on issues of racial injustice.

Youth Access' Guiding Principles for Youth-led Social Action offer a detailed framework for embracing young people's power in ways that are genuinely inclusive of those who are often left out of decision-making.

9. Facilitation of more work like this

We do not want to perpetuate the frustrating cycle often experienced in 'co-production' work, whereby experts by experience dig deep to share their stories, insights and ideas, only to have these gathered into a report which is never meaningfully acted upon. As we've stressed from the outset, this work is intended to form the basis for action - our calls for change are a starting point, not the end product.

That being said, co-production is the bedrock of meaningful action, as well as an important means of bearing witness, documenting and preserving community stories. The process of producing such work - of coming together, sharing expertise, and mapping challenges and solutions - can be in and of itself generative. The process of bringing this piece together has helped us to chart a path, while offering community, reassurance and inspiration.

We recognise that this project was limited in terms of which young people and services it was able to engage. For example, all participants were based in or around major cities, so we haven't heard from those in more rural contexts, where we know there are specific and very different challenges, particularly when it comes to representation. We also chose to focus on the specific experiences and inequities faced by young people of Black and mixed-Black heritage. Further work should look at the experiences of other racialised communities and the specific needs arising there.

We would like, therefore, to see more projects, synched up across the youth, mental health and racial justice sectors, to support continuous learning, and relationship-building. In order to build consensus and movement around priorities, we need to periodically map the ever-changing landscape, take stock of achievements and the tools we have available. Those are vital elements to movement-building, and we hope that this project can contribute not only to the evidence base, but also to action on racial justice.

Endnotes

1 Gov.uk, 2024. Permanent exclusions.
Social Metrics Commission, 2019. Measuring Poverty 2019.
Ministry of Justice, 2022. Statistics on Ethnicity and the Criminal Justice System. 2022.
2 Ghezae FT, Zungu Z, John A, et al., 2025. The association between experiences of racism and mental health on children and young people in the UK: rapid scoping review.
3 David, EJR, Schroeder, TM, Fernandez, J., 2019. Internalized racism: a systematic review of the psychological literature on racism's most insidious consequence. 6
4 YoungMinds, 2023. Deconstructing the system.
5 Khan et al. ibid.
6 Rethink, 2004. Behind Closed Doors.
7 The Guardian, 2023. Black and Asian people find it harder to access NHS mental health services, report finds.
8 Gov.uk, 2024. Detentions under the Mental Health Act.
9 NHS England, 2022. Mental Health Act Statistics, Annual Figures, 2021-22.
10 Independent, 2022. Leaked NHS data reveals mental health services are 'failing' Black children.
11 Baird, 2021. The Guardian. 'The invention of whiteness: the long history of a dangerous idea'.
12 Barnardo's, 2020. How systemic racism affects young people in the UK.
13 University of Michigan, 2024. Chronic stress caused by racial discrimination is accelerating biological aging in Black women.
Sullivan, 2013. Inheriting Racist Disparities in Health: Epigenetics and the Transgenerational Effects of White Racism
BBC Future, 2019. Can the legacy of trauma be passed down the generations?
14 Barnardos, 2023. Three things our research discovered about Black children in care.
15 Khan et al., 2017. Against the odds.
16 Care Quality Commission, 2010. Count me in.
17 House of Commons library. Trends in funding levels for youth services.
18 Children and Young People Now, 2024. Council spending on youth services in England falls by 73% since 2010.
19 The Guardian, 2024. How were three boys who played no active role in a Manchester killing convicted of manslaughter?.
20 See, for example: Healing Justice London, and Staci Haines.
21 See: https://www.baatn.org.uk/wp-content/uploads/African-Centered-Psychology-1.pdf
Services and training by: Pattigift: https://www.pattigifttherapy.com/about
Nubia Wellness: https://nubiawellnessandhealing.co.uk/about-us/
22 Perceptions: The We Tell You Research study. https://www.42ndstreet.org.uk/media/uo3bstoo/we-tell-you-perceptions.pdf
23 Steffen et al, 2022. SOCIAL ACTION: An active ingredient promoting youth mental health. Available at: https://osf.io/preprints/psyarxiv/wjyvd_v1

YOUTH ACCESS

youthaccess.org.uk

Charity number: 1042121