Title:

Mental Health needs of children and young people of Black ethnicity[1]. Is it time to reconceptualise racism as a traumatic experience?

Authors

Eunice Ayodeji[1], Bernadka Dubicka[2], Omolade Abuah[3], Babatunde Odebiyi[4], Rezina Sultana[5], Cornelius Ani[6]

Affiliations

1. Lecturer Mental health Nursing, University of Salford, and Mental Health Practitioner, Bolton Community CAMHS , Greater Manchester Mental Health Foundation Trust
2. Honorary Reader, University of Manchester, Consultant Child and Adolescent Psychiatrist, Pennine Care Foundation Trust, Editor in Chief Child and Adolescent Mental Health
3. Consultant Child and Adolescent Psychiatrist, Cumbria, Northumberland, Tyne and Wear, NHS Foundation Trust
4. Specialty Registrar, Child and Adolescent Psychiatry, Greater Manchester Mental Health Trust Foundation Trust
5. Specialist Registrar, Child and Adolescent Psychiatry in Salford Community CAMHS , Greater Manchester Mental Health Foundation Trust
6. Honorary Clinical Senior Lecturer, Imperial College London, and Consultant Child and Adolescent Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust

Correspondence
Dr Cornelius Ani, Division of Psychiatry, Imperial College London, 2nd Floor, Commonwealth Building, Du Cane Road, London W12 0NN. Email: c.ani@imperial.ac.uk

ABSTRACT

We explore racial inequality in relation to Black children and young people (CYP) and Child and Adolescent Mental Health Services (CAMHS). We argue that the experience of racism should be universally considered an Adverse Childhood Experience (ACE). We argue that racism and the vicarious trauma arising from exposure to frequent media reports of racially motivated violence against persons of Black ethnicity can all predispose Black CYP to increased risk of mental health problems. We make recommendations to improve Black

---

[1] We acknowledge that other racialised minority CYP experience racism, however we are referring to the impact of anti-Black racism in the context of Black CYP witnessing frequent media images of Black people experiencing fatal racially motivated violence.

CYP's early access to CAMHS and to reduce their over-representation in psychiatric in-patient settings in the UK. This would require making CAMHS more welcoming to Black CYP and consideration of the impact of racism and trauma in the diagnostic and treatment formulation for Black CYP. This should include: the impact of racism in staff training, improving the cultural competence of CAMHS staff, and supporting Black CYP to articulate their experiences of racism and related traumas whilst facilitating their development of coping strategies to manage these experiences.

Keywords: Racism, Trauma, Black, Health inequalities, CAMHS, Covid-19

MAIN TEXT

We welcome a recent Debate Article in this Journal (Farquharson & Carmen 2020) which highlights racism and health inequalities in relation to Covid-19. We also noted a recent editorial which posited the question: Is child mental health research structurally racist? (Kollins 2021). Kollins makes the point that the impact of racism on health inequalities is relevant worldwide (Kollins, 2021). As interested CAMHS clinicians, we welcome this opportunity to further highlight the issues of inequality raised by both publications. The subject of racial inequality in mental health has been visible in policy and official pronouncements, which is a start. However, the issues have not been afforded the in-depth analysis required.

Since the death of George Floyd in May 2020, there has been an increased awareness of the issues of racism – including the fact that racism can be structurally pervasive and deep-rooted. Whilst the world has been living through the trauma of Covid-19 pandemic, Black CYP have also had to process frequent traumatic media images of black people who have suffered racially motivated brutality and death. These experiences may have made significant numbers of Black CYP confront the reality of the impact of racism, and, perhaps for the first time, confront the lived reality of "otherness". They have to grapple with the societal limitations and cognitive dissonance of being racialised as Black in huge contradiction to being black and proud.

Prior to the widespread demonstrations triggered by George Floyd's death, many Black CYP, especially those in middle childhood, may not have viewed themselves as a racialised group, and perhaps saw themselves primarily, as persons. There is thus a need to consider the mental health impact of Black CYP hearing about or watching images of Black people killed, sometimes for taking part in everyday normal activities such as in the case of Ahmaud Arbery who was jogging, or Trayvon Martin who was returning from a convenience store after buying sweets. At the same time, Black CYP have also been exposed to distressing news coverage regarding excess deaths of Black people due to Covid-19, potentially contributing to increased mental distress and Covid-19 related anxiety. If trauma can be defined as *"…anything that overwhelms a person's defences and confirms their worst fears or deepest anxieties about themselves"* (Garland, 2002, p28)*,* then Black CYP living through

these frequent and difficult media images of Black suffering may be experiencing vicarious trauma.

It has been argued that the experience of racism should be conceptualised as one of the Adverse Childhood Experiences (ACE) associated with increased risk of physical and mental ill-health (Bernard et al, 2020). Indeed, studies among adults have found associations between systematic and structural racism and adverse psychological and physiological outcomes including high blood pressure, obesity, Type 2 diabetes and mental health difficulties such as depression (Geronimus, et al 2006).

 Despite the additional risk of mental disorder suggested by exposure to racism and vicarious trauma, a recent large scale community survey of CYP's mental health in England (NHS Digital, 2017) showed a lower prevalence of mental health problems among Black CYP compared with CYP of White background (14.9% vs 5.6%). This finding suggests either some resilience among Black CYP or under-reporting of mental health difficulties in that group – perhaps for reasons such as fear of stigma. Thus, more work is required to understand the burden of mental illness among Black CYP – not least because the lower community prevalence is not consistent with the higher proportion of Black CYP admitted to in-patient psychiatric settings in the UK (NHS CAMHS Benchmarking 2019, Chowdhury, et al 2005).

The over-representation of Back CYP in in-patient settings may also be a function of difficulties in pathways into CAMHS. Studies in Europe and America show that Black CYP are more likely to be referred to CAMHS via pathways such as schools, social services and youth justice services compared with White CYP who are predominantly referred through primary care (Edbrooke-Childs, et al 2016). These differences in care pathways suggest a possible gap in the early identification of mental health problems among Black CYP in healthcare settings.

This is the time for CAMHS to step up to acknowledge and address some of the issues that impact on Black CYP's mental health experience and to address the barriers they face starting from referral and throughout their CAMHS journey. We welcome this opportunity to highlight, examine and challenge structural inequality in the understanding of the mental health needs of CYP through the reality of their lived experience. We hope that a renewed understanding can be used to address barriers in access and treatment for Black CYP with mental health difficulties so that, among other outcomes, their over-representation in restrictive psychiatric in-patient settings can be reduced.

To achieve the goal of improving the experience of Black CYP in CAMHS, we recommend that:

- CAMHS makes conscious efforts to design services to be more welcoming to Black CYP including paying attention to staff diversity.
- The potential impact of racism and related trauma on Black CYP's mental health needs to be considered in their diagnostic and treatment formulation, so that the Black CYP's lived experience is acknowledged and validated.

- Existing staff training in Equality and Diversity needs to be revised to include the psychosocial impact of racism on Black CYP, and to improve the cultural competence of CAMHS staff.
- Black CYP need to be supported to articulate their experiences of racism and related traumas, to acknowledge the impact of racism and related traumas on their mental health, and be supported to develop coping strategies to manage their experiences.

The experience of racism and vicarious trauma against people of Black origin can predispose Black CYP to increased risk of mental health problems. With this at the forefront of our minds, we need to make conscious and concerted efforts to improve the experience of Black CYP in CAMHS.

REFERENCES

Bernard, D.L., Calhoun, C.D., Banks, D.E. *et al.* Making the "C-ACE" for a Culturally-Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth. *Journal of Child Adolescent Trauma* (2020). https://doi.org/10.1007/s40653-020-00319-9

Chowdhury, N. A., Whittle, N., McCarthy, K., Bailey, S., & Harrington, R. (2005). Ethnicity and its relevance in a seven-year admission cohort to an English national adolescent medium secure health service unit. *Criminal Behaviour and Mental Health*, *15*(4), 261-272.

Edbrooke-Childs, J., Newman, R., Fleming, I., Deighton, J., & Wolpert, M. (2016). The association between ethnicity and care pathway for children with emotional problems in routinely collected child and adolescent mental health services data. *European Child & Adolescent Psychiatry*, *25*(5), 539-546.

Farquharson, W. H., & Thornton, C. J. (2020). Debate: Exposing the most serious infirmity– racism's impact on health in the era of COVID-19. *Child and Adolescent Mental Health*, *25*(3), 182-183.

Garland, C. (2002). Thinking about trauma. In C. Garland (Ed.). *Understanding trauma: A Psychoanalytical approach.* London: Karnac

Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health*, *96*(5), 826-833.

Kollins, S. H. (2021). Is child mental health research structurally racist? *Journal of Child Psychology and Psychiatry* 62:2 (2021), pp 111–113.

NHS CAMHS Benchmarking (2019) https://www.nhsbenchmarking.nhs.uk/news/2019-child-and-adolescent-mental-health-services-project-results-published.

NHS Digital (2017). Mental Health of Children and Young People in England, 2017. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017.