MENTAL HEALTH FOUNDATION

Always on guard: The impact of racism on the mental health of ethnic minority communities in the UK

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We thank the 91 people who took part in our focus groups. They spoke openly about experiences that are often hard to share. We also thank the 2,506 people who completed our survey. All quotations are anonymised.

YouGov carried out the survey. Ethnic Dimensions recruited participants and supported the facilitation of the focus groups, which took place across the four UK nations.

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Executive summary

Our study found that seven in ten (70%) ethnic minority people in the UK experienced racism or unfair treatment linked to their race, ethnicity or religion in the last year. Of those who had experienced unfair treatment, three-quarters (75%) said it had affected their mental health to some degree. This report examines how that harm accumulates and why current responses are not working.

This is the first large-scale mixed methods study of racism and mental health to cover five ethnic minority communities across all four nations of the UK. It draws on 12 focus groups with 91 participants and a survey of 2,506 adults from Black African, Black Caribbean, Indian, Pakistani and Bangladeshi communities.

Racism is not a series of isolated incidents

The most important finding in this report is not about the frequency of racist incidents. It is about what happens between them.

For many people, racism is a sustained, managed burden. Half of those who had experienced racism said they feel they must always be 'on guard'. They monitor how they move through their daily life. They weigh the risk of challenging racism against the near certainty that it will lead nowhere. Over time this vigilance becomes their baseline. It is not just a response to a specific incident. It is what their daily life requires.

That sustained effort has a measurable mental health cost. Among those who had experienced racism or unfair treatment, 52% reported feeling anxious or worried and 51% reported feeling angry or frustrated at least several days in the last four weeks.

Where racism happens

The workplace is one of the settings where racism is most persistent. Nearly half (45%) of ethnic minority workers experienced at least one form of racism or unfair treatment in the last year. What keeps people silent is not indifference but a well-founded belief that little will change. More than half of those who had experienced workplace racism said they were not confident HR would take them seriously. Among those who did report something, 41% were dissatisfied with the outcome.

Racism also shapes how people move through daily life, including how they engage with health services and whether they trust schools. Nearly half of those currently in education reported racism in the last year. A quarter of those who accessed healthcare experienced racism there. In both settings people described raising concerns only to have them minimised or dismissed. The practical consequences are visible in the data. People disengaged from education or changed GP. More than a third of those who experienced racism in healthcare delayed or avoided appointments as a result.

Over the past five years, 54% of ethnic minority respondents said the situation had deteriorated. Only 25% felt it had improved. Anti-immigrant rhetoric in politics and the media is not experienced as background noise. Eight in ten felt distressed by racist incidents directed at others. For some participants, the 2024 riots meant not leaving the house. Vicarious racism changes behaviour and has measurable consequences for mental health.

The mental health impact

Among those who experienced racism, 75% said it had affected their mental health, with 40% saying that it shaped how they felt and functioned day-to-day. Half of 18-25 year olds who experienced racism reported emotional exhaustion in the last month. A third of all respondents said racism had affected their sense of self and self-confidence.

Suppression runs through the data. Four in ten people held back their responses to racism to avoid burdening others. Men were more likely to suppress than women and less likely to seek help. The data does not suggest they are less affected. It suggests the services are not designed to reach them.

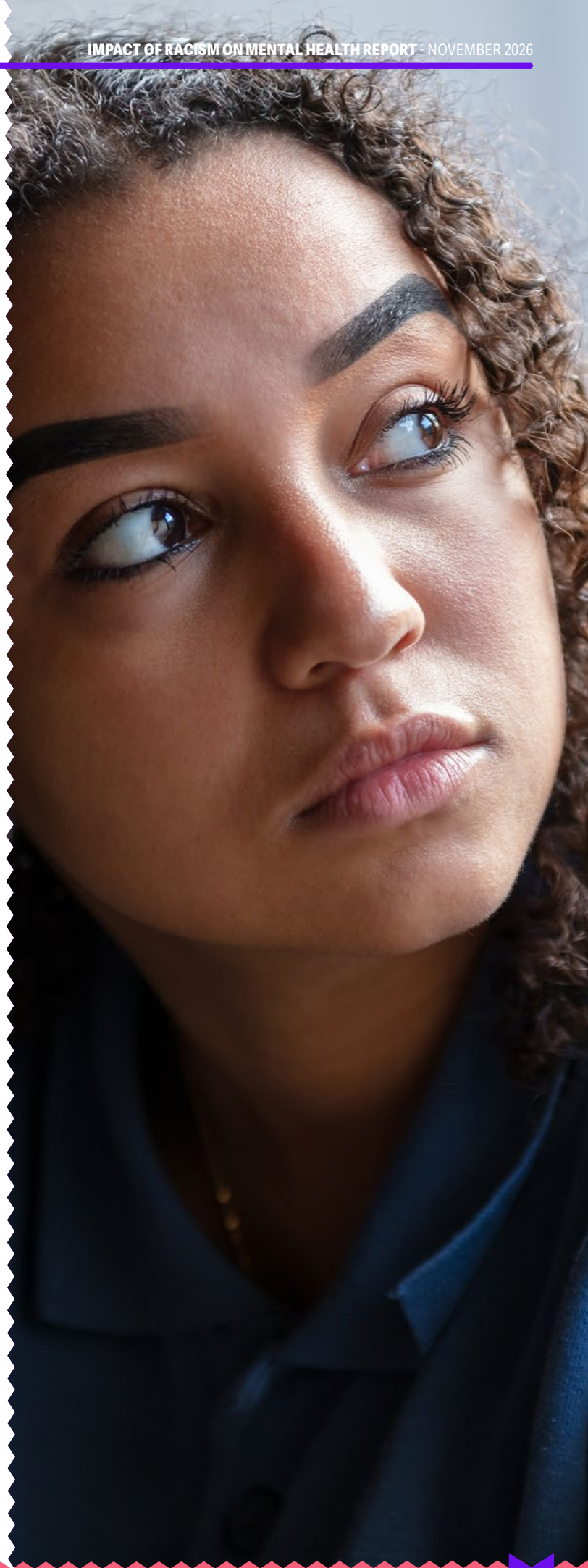
How people cope

Only 5% of those who had experienced racism sought professional support. For many, that reflects how racism is understood and lived rather than a failure to access help. Managing racism is something people largely do themselves, through their own community and their faith. Some do not see professional services as relevant to that experience. Others have low trust that services would understand racism as a source of harm. The result is the same – mental health provision is not reaching the people who carry the greatest burden.

What needs to change

The recommendations address this mismatch directly. They call for racism to be recognised as a driver of poor mental health across all four nations, stronger institutional accountability and recognition of workplace racism as an occupational health concern. They also propose sustained anti-racist education and better resourcing of the community and faith-based support people already use.

The evidence in this report is clear and the harm it documents is widespread. It shows not just isolated incidents but the sustained weight of racism in people's daily lives. Current policy has not adequately addressed this sustained harm.



1

Background and introduction

Racism is not new in the UK but the years since 2020 have made its mental health consequences harder to ignore. Public debate on race, immigration and belonging has become more visible and more contested. Meanwhile racial inequalities persist across maternal health, criminal justice, employment and housing.[1]



The murder of George Floyd and the growth of Black Lives Matter brought racial injustice into the public conversation. However, public discourse on race has since become more polarised. Anti-immigrant rhetoric has intensified in both political debate and media coverage. The 2024 summer riots made visible a level of hostility and threat that many ethnic minority communities had already been dealing with.

For many ethnic minority people, navigating this environment shapes their daily lives and is closely connected to their mental health and wellbeing. There is now strong evidence that exposure to racism, whether direct, vicarious or structural, is associated with poorer psychological wellbeing.[2] This study examines how racism shapes the mental health of ethnic minority communities in the UK.

International evidence has consistently linked racism and perceived discrimination to poorer mental health outcomes, including anxiety, depression, traumatic stress and lower psychological wellbeing.[3] UK research shows a similar picture, with marked associations between experiences of racism and poor mental health among ethnic minority people in England and Wales – even after taking account of social class.[4] In addition, a recent UK rapid scoping review reports consistent links between racism and poorer mental health among children and young people.[5]

The impact of racism is not confined to direct incidents either. UK longitudinal research shows that repeated exposure to racial discrimination operates as a chronic, cumulative stressor that worsens mental health over time.[6] There is also emerging UK evidence linking hostile political discourse and anti-immigration narratives with poorer wellbeing. The Brexit vote was associated with worsening mental health among young ethnic minority people in areas with stronger support for Leave, with implications for belonging and a sense of social acceptance.[7]

Despite this growing evidence base, important gaps remain. Much quantitative research examines broad ethnic inequalities in mental health rather than the specific contribution of racism. Large surveys often rely on broad ethnic categories or pooled 'ethnic minority' samples, which can obscure differences between communities and rarely examine racism as a specific driver of poor mental health.[8] Qualitative studies provide important depth, but tend to be small in scale or focused on specific communities, settings or localities.[8,9] There are still relatively few UK studies that combine qualitative and quantitative approaches across multiple ethnic minority communities, with mental health at the centre of the research questions.[8] This study seeks to address that gap.

This report focuses on five of the largest ethnic minority communities in the UK: Black African, Black Caribbean, Indian, Pakistani and Bangladeshi communities. These groups account for a substantial share of the non-White population across the UK and include several of the largest ethnic minority groups in each nation, drawing on the 2021 Census data for England and Wales, the 2022 Census for Scotland and the 2021 Census for Northern Ireland. Focusing on these communities allows the study to examine both shared and distinct experiences of racism among groups that are often discussed together but whose histories and circumstances differ in important ways.

These five communities do not represent all ethnic minority groups in the UK. People of mixed heritage, other Asian groups, Gypsy, Roma and Traveller communities and many others also face racism and its consequences. The findings here should be read as an in-depth account of five specific communities, not a comprehensive picture of all racialised groups.

Introduction

The report begins with the study methodology, followed by findings on everyday racism, racism in the workplace, racism in public life, the impact of political rhetoric and media coverage on mental health, the cumulative mental health consequences of these experiences and how people cope. A final chapter sets out what the evidence means for policy, practice and wider institutions.

This is a summary report. It presents the main findings across all nine sections but does not include the full analysis underpinning each finding. A series of thematic briefing papers will follow, each providing a more detailed account of a specific area covered in this report. These will be intended for practitioners, policymakers and others who want to examine particular findings in more depth.

Where findings relate to specific communities, they are named directly. The five communities in this study are Black African, Black Caribbean, Indian, Bangladeshi and Pakistani. We use collective terms only where findings apply across all five groups.

2

Research methodology

This study was designed to examine the nature and prevalence of racism experienced by ethnic minority communities in the UK, its impact on mental health and wellbeing, the mechanisms through which that harm operates, how communities cope, and what interventions and policies could help.



The study used a mixed methods sequential design. The qualitative focus groups were conducted first, between December 2024 and July 2025 and their findings informed the development of the national survey. The survey was conducted between December 2025 and January 2026. The two components were integrated at the analysis stage. Ethical approval was granted by the University of Strathclyde. All participants gave informed consent prior to taking part and agreed to the way they would be identified in published outputs.

Stage 1: Qualitative research Focus groups

Twelve focus groups were conducted between December 2024 to July 2025 with a total of 91 participants, covering five ethnic minority communities:

- Black African
- Black Caribbean
- Indian
- Pakistani
- Bangladeshi

These five communities were selected on the basis of population size. These are consistently among the largest ethnic minority communities across the UK, drawing on 2021 Census data for England and Wales and the 2022 Census for Scotland and Northern Ireland. While these five communities represent a significant proportion of the UK's ethnic minority population, they do not represent all of it. The study cannot speak for groups not included in the sample and the experiences of communities such as Chinese, Arab and other ethnic minority groups may differ.

Participants were recruited through specialist recruitment agencies. Within each community, groups were designed to include a mix of gender, age and socioeconomic background.

The Belfast group presented recruitment challenges and the specification was widened to be Black African females aged 26-55, resulting in a broader age range and a more mixed socioeconomic profile than other groups in the sample.

Each group lasted approximately 90 minutes and was conducted online. Groups were facilitated by researchers from, or with a close connection to, the relevant communities. The topic guide was developed by the research team and refined through discussion with moderators before fieldwork began. All sessions were recorded and professionally transcribed.

Thematic analysis was conducted using Nvivo 15. A codebook was developed from the research questions and refined as coding progressed, with new themes added as they emerged from the data.

	Ethnic Group	Gender	Age Band	SEG*	Location
1.	Indian	Male	18-25yrs	C2DE	Birmingham
2.	Indian	Female	26-44yrs	C2DE	Glasgow
3.	Pakistani	Male	26-44yrs	ABC1	Leeds / Bradford
4.	Pakistani	Female	45-59yrs	ABC1	Glasgow
5.	Black African	Male	45-59yrs	C2DE	Cardiff
6.	Black African	Female	60+	C2DE	London
7.	Indian	Male	18-25yrs	C2DE	Birmingham
8.	Black Caribbean	Female	18-25yrs	ABC1	Birmingham
9.	Bangladeshi	Male	18-25yrs	ABC1	Leeds / Bradford
10.	Bangladeshi	Female	45-59yrs	C2DE	London
11.	Black African	Female	60+	ABC1	Cardiff
12.	Black African	Female	26-55 yrs	Mixed	Belfast

*SEG means socioeconomic group. It shows social class, based on the main earner's job.
ABC1 covers office, managerial and professional jobs. C2DE covers manual jobs and people not working.

Stage 2: Quantitative research UK-wide online survey

YouGov conducted a national online survey of 2,506 adults from ethnic minority communities between December 2025 and January 2026.† The survey was administered online. Quotas were set across ethnicity, gender, age, and nation. The achieved sample was weighted to reflect the estimated demographic profile of each community, based on available census data. All percentages are based on weighted data unless otherwise stated.

Community	Unweighted n	Weighted n
Indian	890	808
Black African	638	582
Pakistani	451	586
Black Caribbean	327	292
Bangladeshi	200	238
	2,506	**2,506**

The survey asked about unfair treatment related to race, ethnicity or religion across settings rather than racist 'incidents'. This was deliberate on the part of the researchers. The qualitative research showed that racism was often experienced through everyday, deniable or institutional behaviours that participants did not always describe as discrete incidents, but which still shaped their mental health and behaviour. It also covered mental health and wellbeing impact; behavioural adaptations; the political and media climate; reporting and help seeking and sense of identity and belonging. Sub-group analysis by community, gender, age and socioeconomic grade was conducted where sample sizes permitted. Where differences between groups are reported, these are statistically significant at the 95% confidence level unless otherwise stated.

Stage 3: Bringing the analysis together

Qualitative and survey findings were brought together through a systematic mapping process after both strands of analysis were complete. For each finding, relevant NVivo codes from the qualitative analysis were mapped to corresponding survey questions using a structured mapping grid. This identified which survey questions could test the scale and distribution of experiences described in the focus groups, and flagged where the survey data did not fully capture what participants described. Not all qualitative themes had a corresponding survey measure, and not all survey questions were directly reflected in the focus group data. Where no match existed, findings from each method are presented on their own terms.

This process was used to triangulate findings, identify where evidence converged and explore where it differed. When both datasets pointed in the same direction, that convergence strengthened confidence in the finding. Where they diverged, the qualitative data often helped contextualise the difference, revealing complexity or variation that the survey could not capture. Those discrepancies were treated as findings in their own right. Together, the two strands produced a fuller account of how participants experienced racism and its relationship with mental health and wellbeing than either could alone.

Limitations of the research

- The online format of both the focus groups and the survey may underrepresent people with limited digital access or those in more difficult circumstances, who may be amongst those most severely affected by racism.
- Subgroup analysis was conducted where sample sizes allowed. Findings based on smaller subgroups including those currently in education and some community-level breakdowns should be interpreted with caution.
- The ethnic categories used in this study reflect standard ONS classifications rather than the ways in which individuals may define their own identity. Categories such as 'Indian' or 'Pakistani' encompass more internal diversity (e.g. region and / or language) than a single label can capture.
- The survey captures people's experiences at a point in time. This means we can show that racism and poorer mental health often occur together, but the study was not designed to prove that one directly causes the other.
- Focus group findings provide depth and explanation but should be read as illustrative rather than statistically representative.

*This report uses 'ethnic minority communities' when referring collectively to the groups included in this study. We have avoided the term BAME. It groups communities with very different histories and experiences under a single label and has been widely rejected by many of the communities it describes. We recognise that 'ethnic minority' itself is debated. NHS England's Patient and Carer Race Equality Framework uses 'racialised communities' recognising that minority status is not simply a fact about a person but something that is imposed on them by the structures and attitudes around them. That framing is consistent with the findings in this report. We have used 'ethnic minority' because it is a term most likely to be understood across the range of audiences this report is intended to reach and because it aligns with the language used in our survey instrument.

† All figures, unless otherwise stated, are from YouGov Plc. Total sample size was 2,506 adults from Black African, Black Caribbean, Indian, Pakistani and Bangladeshi communities across the UK. Fieldwork was undertaken between 17 December 2025 and 11 January 2026. The survey was carried out online. The figures have been weighted to be representative of each community's demographic profile

Key findings



3

The relentless nature of everyday racism

For many ethnic minority people, racism is not a series of isolated incidents. It is a sustained experience that requires daily anticipation and management. In the survey half (50%) of those who had experienced unfair treatment related to their race, ethnicity or religion said they always had to be 'on guard', and ready for racist encounters. The mental health consequences of this constant vigilance are examined more fully in Section 7.



Everyday racism is difficult to challenge

Much of this racism is subtle enough to deny. Comments are framed as opinions, slights passed off as banter, and the burden shifts to the person on the receiving end to prove the harm. One participant explained:

"... a lot of people sneak it into convo and make those little snide comments. They find opportunities so that they can say what they want to say, but you can't really be like, 'Oh, that's racist.' Because they're like, 'Oh, it's just my opinion. I didn't mean it like that."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

This ability to deny is not incidental. It is what makes this type of racism so difficult to address. Challenging it requires evidence that rarely exists. Participants described making a conscious calculation about whether to speak up since raising something ambiguous would likely make them look worse than saying nothing. The threshold for reporting racism therefore had to be high enough that the racism could not be 'explained away':

"I know I shouldn't wait for something substantial to happen to challenge it, but if it's not substantial, if you challenge something which just has a hint of racism, you're going to be the one that comes off looking worse. I've learned that from experience."

Indian, Male, Birmingham, C2DE, 18-25

Even when something was substantial enough to raise, the outcome was rarely different:

"If someone's saying it's a joke, even though it's very clearly not a joke, and you go to someone in charge and they say it's banter... there's not really anything you can do. It's their word against yours."

Black Caribbean Female, Birmingham, ABC1, 18-25

The qualitative data suggests that repeatedly making these calculations and dealing with experiences that are hard to name or prove can contribute to self-doubt. Participants described how, when racism is consistently minimised or dismissed, they could begin to doubt their own judgement:

"Do I read into it too much? Maybe I'm seeing something that isn't there? Because you do second-guess yourself."

Indian, Male, Birmingham, C2DE, 18-25

Participants also described shame, particularly when racist comments were made in front of others. They described going hot and sweaty, weighing up internally whether speaking up would make things worse:

"The hairs stand on your skin and make you go all red and hot and sweaty. You feel embarrassed about what the person has said... do you speak when there's a group of people like that for fear of you being shut down?"

Black African, Female, Cardiff, ABC1, 60+

50%

said they always had to be 'on guard', and ready for racist encounters

People are treated as a type, not an individual

Seven in ten respondents experienced unfair treatment in the last 12 months that they linked to their race, ethnicity, religion or related identity markers. Across all respondents, the most common experiences, whatever the reason, were people making assumptions based on appearance or background (68%) and being treated with less respect than others (61%). These findings show that racism is often experienced through everyday interactions rather than only through overt abuse or physical threat.

Participants described being viewed with suspicion at work and in public, not because of anything they had done, but based on assumptions about their background. This pressure of having to establish credibility that others take for granted can erode confidence over time.

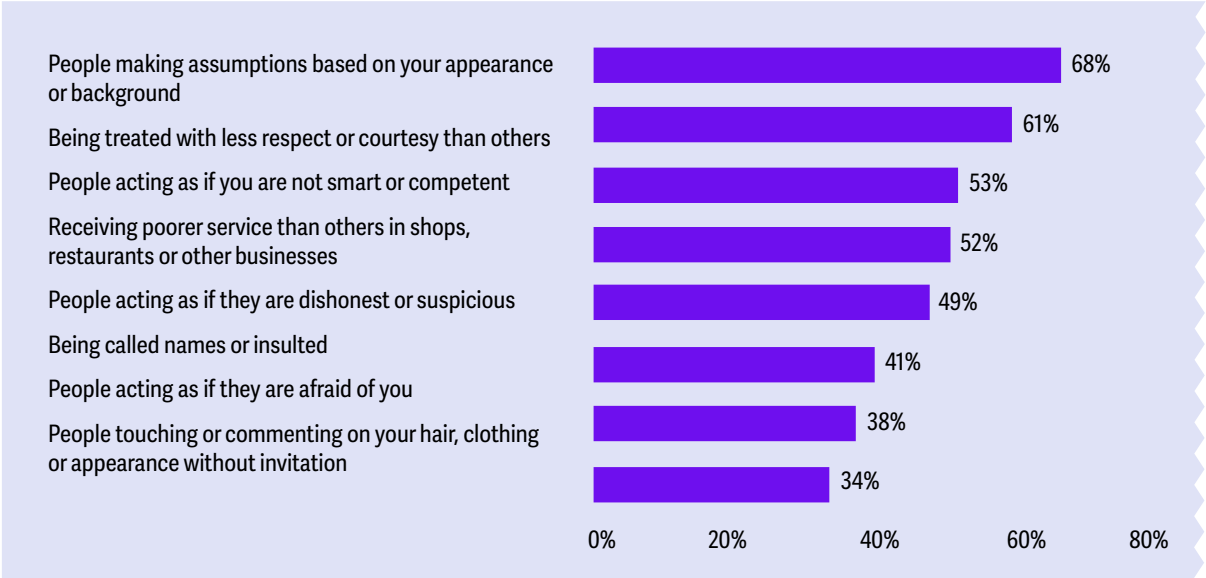
This suspicion even extends to children:

"Sometimes, when you go with your children in the park, and your children go and play with the other kids, some people, I feel that they mind. They keep their distance, make a fair distance with your children just because of their skin colour. So I feel there, too."

Indian Females Glasgow C2DE 26-44yrs

For many participants, race or ethnicity became their defining characteristic in other people's eyes, overriding everything else about who they are. Each encounter carries the same message - that their racial identity is what others see first, and what they act on. Repeatedly being treated as a type rather than an individual, left people feeling worn down over time.

Thinking about the last 12 months, how often have each of the following happened to you, if at all?



Base (unweighted): All respondents (n=2,506)

Identity markers shape how racism is experienced

Among those who had experienced racist incidents in the last 12 months, the most common reasons given were skin colour (59%) and race or ethnicity (55%). However religion, name and accent also made people a target with 19% linking incidents to their religion or faith, 17% to their name, and 12% to their accent.

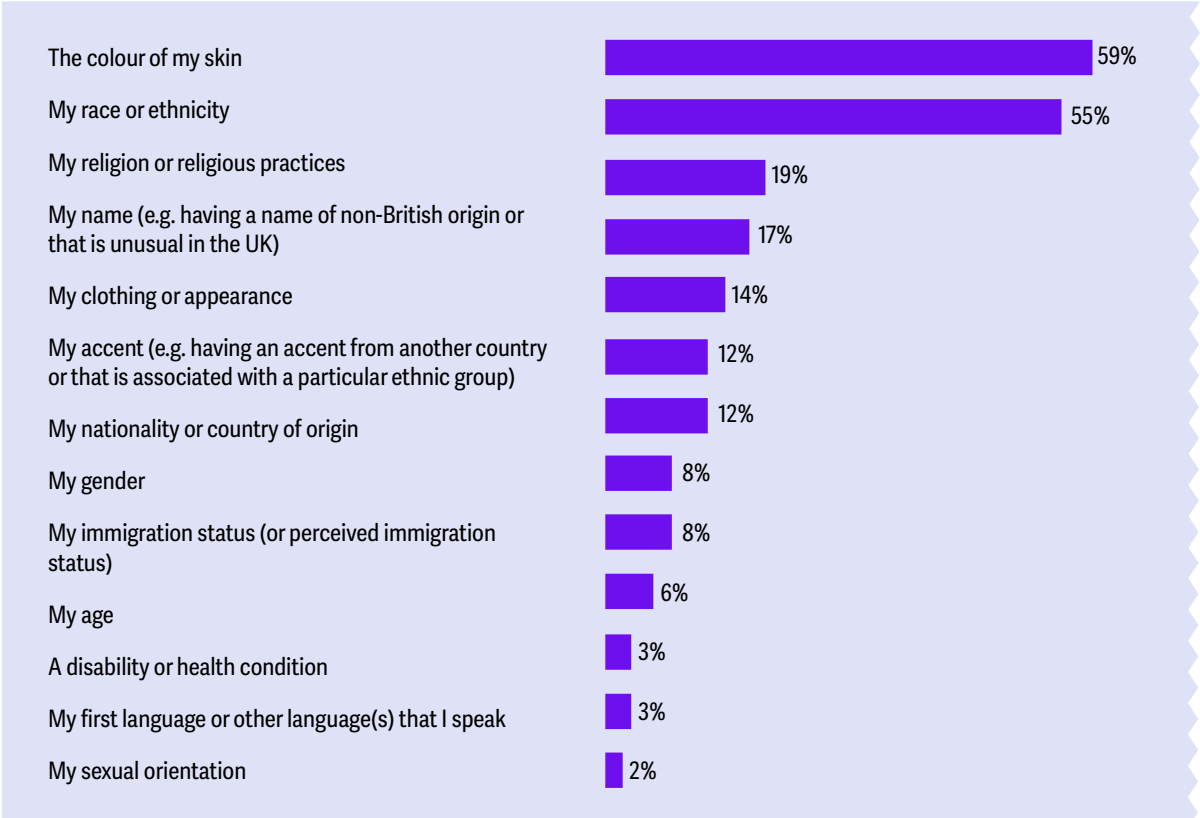
For those whose faith is visible, the targeting can be immediate:

"As an adult, I have been asked on several occasions... I actually wear a hijab... 'Where are you from...'"

Pakistani, Female, Glasgow, ABC1, 45-59yrs



Reasons for incidents



Base (unweighted): All who experienced at least one incident in the last 12 months (n=2,020)

Among those who had experienced unfair treatment, 62% of Pakistani respondents and 55% of Bangladeshi respondents agreed that the racism they experienced was connected to their religion or how people perceived their faith, compared to 29% of Indian respondents and around one in eight Black African and one in ten Black Caribbean respondents. For many Pakistani and Bangladeshi participants, racism and Islamophobia are not separate experiences.

Sixty-one per cent of those who had experienced unfair treatment said they had changed their behaviour as a result, such as by avoiding certain places, changing how they spoke, or removing identity markers altogether. A further 36% felt pressure to hide or downplay parts of their identity to fit in.

What emerges across these findings is not a picture of isolated incidents but of a sustained effort to navigate daily life. People monitor how they speak and where they go. They absorb assumptions about their intelligence and whether they belong. Over time this vigilance becomes the baseline for many participants and not a response to a specific incident but just what daily life requires. And this level of vigilance has a measurable psychological cost. Among those who had experienced racism or unfair treatment, 44% reported feeling on edge or constantly watchful in public in the last four weeks. The cumulative mental health impact of these experiences is examined in Section 7.



4

Racism in the workplace

For many ethnic minority workers, the workplace is one of the settings where racism is most persistent and hardest to avoid. In the survey, nearly half (45%) of working respondents reported experiencing at least one form of unfair treatment related to race, ethnicity or religion at work in the past 12 months. This chapter examines what that racism looks like in practice, how workers have to adapt in response and why so little of it is ever formally challenged.

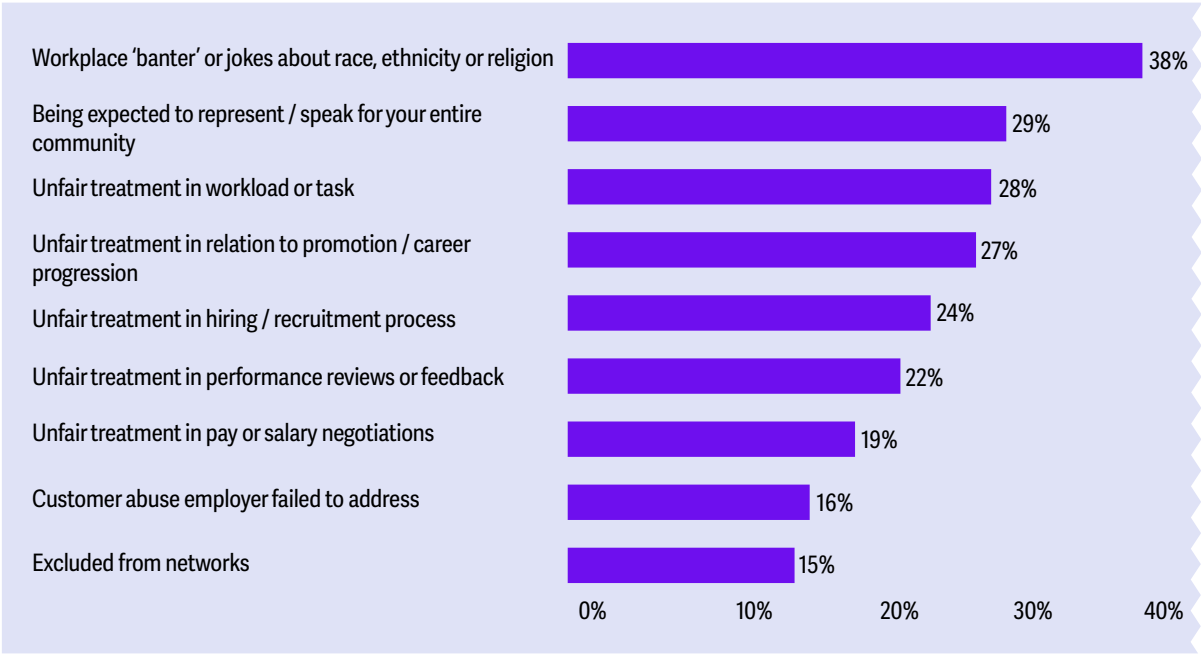


The nature and scale of workplace racism

Workplace racism includes everyday microaggressions and overt abuse, but also institutional racism embedded in how organisations operate. In each case, the burden of managing the harm falls on the worker. The chart below shows the range of experiences reported among those affected.

Microaggressions are the most commonly reported form in both the survey and the focus groups. Workplace 'banter' or jokes were experienced by 38% of those citing workplace racism and was the single most common item. For participants, what makes them hard to address is that they are easy to deny. The moment someone objects, the comment becomes 'just a joke' and the person objecting has no grounds to stand on:

Types of workplace racism experienced



Base (unweighted): All who experienced workplace racism in the last 12 months (n=840)



"With microaggressions sometimes you try to challenge it and you end up feeling worse...you end up feeling like you're the person that's done something wrong for trying to challenge it."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

Alongside these deniable experiences, some participants described overt racism, particularly in customer-facing and frontline roles. Here the racism was direct: racial slurs, verbal abuse, or customers refusing to engage with them. Even then, many felt they were expected to remain professional, absorb the abuse and move on. The survey captures one part of this pattern, with 16% of those experiencing workplace racism reporting customer or client abuse that their employer failed to address. The qualitative data suggests that this figure may not capture the full workplace experience, because some workers treated such incidents as routine and not worth escalating:

"I had a customer come through and they started swearing, saying 'Why am I only coming through to you foreign people'.. and then calling me a p***..."

Bangladeshi Male, Leeds and Bradford, ABC1, 18-25yrs

"I'm the only Asian person working there, and a lot of the white customers would rather just walk their way past me, or not want to really be served by me, and instead they'll go over to one of my white colleagues."

Bangladeshi Male, Leeds and Bradford, ABC1, 18-25yrs

Institutional racism was less visible but often described as the most demoralising form. It manifests in who gets promoted and whose contributions are recognised. In the survey, 27% of those who experienced workplace racism reported unfair treatment in promotion or career advancement. Participants described knowing this was happening and having no route to challenge it:

"Having to see your other colleagues get help to be promoted and you are always left behind. You are not asked for your opinion at work. At the end of the day, you just feel like you're part of the team but you're not PART of the team."

Black African, Female, London, C2DE, 60+yrs

The wider psychological pressure associated with workplace racism is visible in the survey data. Among all who experienced unfair treatment, 63% felt they had to work harder to prove themselves. This was most pronounced among Black Caribbean respondents (71%) and Bangladeshi respondents (69%). Black African respondents were lower at 59%. That pressure was described consistently in the focus groups as exhausting and as something that never fully leaves regardless of what they achieve.

Unfair treatment in workload or task allocation, such as being given less desirable work or an excessive burden, was reported by 28% of those who experienced workplace racism. Participants felt these practices were very difficult to evidence, and therefore harder to name or challenge.

Patterns are not identical across communities. Rates ranged from 38% for Bangladeshi workers to 51% for Black African workers, against 45% overall. These differences may reflect actual variation in exposure to institutional racism but also how workers are distributed across roles and sectors. Black workers are disproportionately concentrated in caring and service roles, Indian workers have high rates of professional employment, and Pakistani and Bangladeshi workers are more likely to be in lower status occupations overall,[10] all of which shapes both exposure to racism and the forms it takes. Reported differences may also reflect how safe workers feel naming an experience as racism.

38%

Experienced workplace 'banter' or jokes about race, ethnicity or religion

Adaptation and self-censorship in the workplace

Facing racism at work, many participants described editing themselves, not because they wanted to, but because the cost of not doing so felt too high. Participants described how some identity markers could be concealed and others could not:

"I work on the phones. They hear a Scottish accent, but then when I tell them my name you can almost hear the cogs turning."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

"It's like the classic code-switching. When I'm on placement, I speak a lot more articulately...even around friends, when I first came to uni, one of my friends said 'you speak ghetto posh'"

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

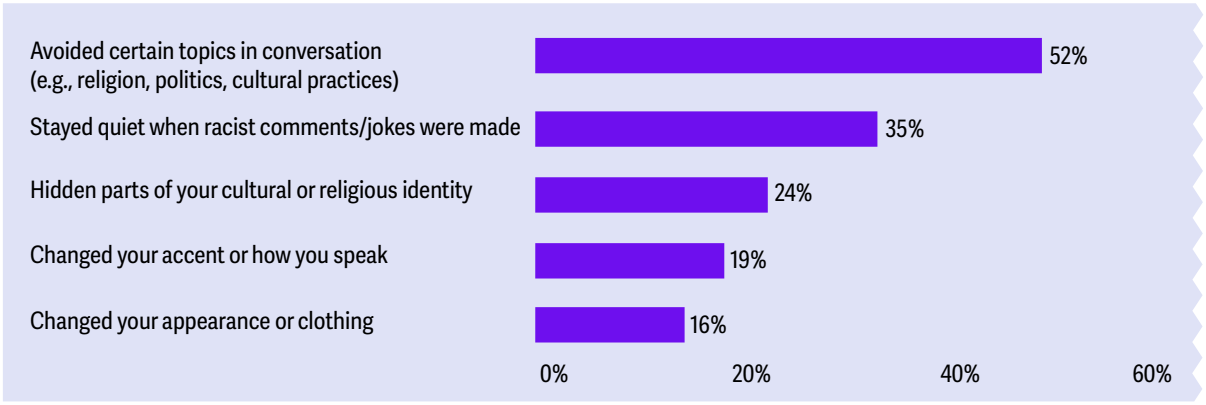
"It feels like if I show my blackness too much, then I have to work that extra bit harder or they'll just be like...oh she's just another of those girls...."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

Survey data shows how widespread self-censorship is among working ethnic minority respondents:



Behaviour changes at work to avoid racism (sometimes /often)



Base (unweighted): All working respondents (n= 1,782)

Avoiding certain topics entirely such as religion, politics or cultural practices was the most common response, reported by 52% at least sometimes. More than a third stayed quiet when racist comments or jokes were made (35%) and around one in four hid parts of their cultural or religious identity and nearly one in five changed their accent or how they spoke. Participants described how that alertness rarely switches off:

"In your workplace, you tend to dissect conversations that you're in. Sometimes you still get those feelings of feeling hot and sweaty...Your radars are going all the time."

Black African, Female, Cardiff, ABC1, 60+yrs

The qualitative data suggests that part of what keeps ethnic minority workers silent is the belief that speaking up is unlikely to change anything:

"You know your worth, and everybody in the contact centre knows your worth, but you've outworked everybody. Still, when it comes to racism, somebody else has been chosen over you, and you clearly know and everybody clearly knows [why] but you can't say anything about it...."

Pakistani Male, Leeds and Bradford, ABC1, 26-44yrs



Why racism is rarely reported

Around one in 10 (11%) of those who experienced racism reported it formally. Several factors explain this.

These barriers are rooted in the nature of racism itself. Microaggressions and institutional racism are often hard to evidence and that ambiguity is part of what makes them so difficult to challenge:

"You know someone doesn't like you for that reason, but you can't prove it, and then it just makes you look like the one who's getting frustrated for no reason."

Indian, Male, Birmingham, C2DE, 18-25yrs

Confidence in HR is particularly low. More than half (56%) of those who experienced racism at work said they were not confident HR would take them seriously. That lack of confidence is understandable. Among those who did report an incident, 41% were dissatisfied with the outcome:

"It's that same feeling of just hopeless.... because what more can you do? If someone's saying it's a joke, even though it's very clearly not a joke, and you go to a boss and they say it's banter, there's not really anything you can do."

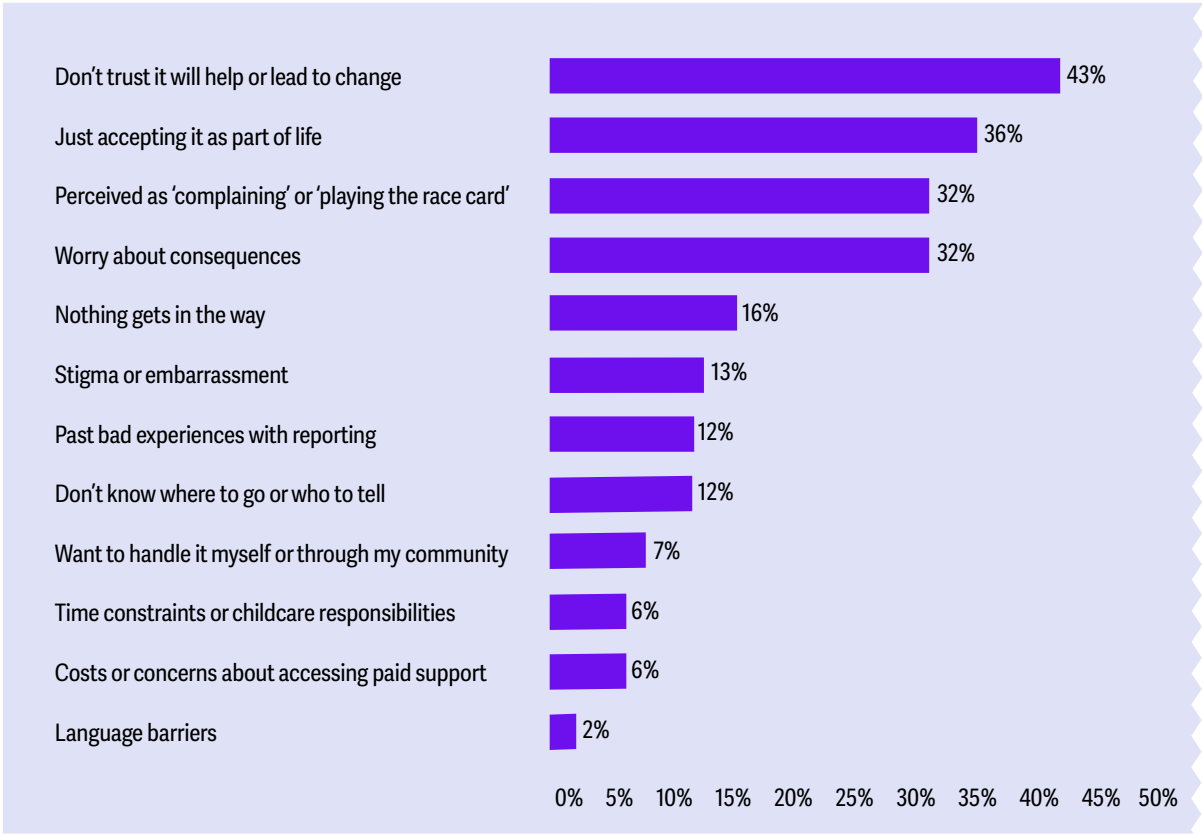
Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

"We already have a zero tolerance to racism. That policy's already in place. But it's not enforced."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

The hidden work of managing racism in the workplace takes a toll. Deciding whether to challenge an incident, anticipating how colleagues or managers might respond and managing the encounter itself all require sustained effort that goes beyond any single incident.

Barriers to reporting



Base (unweighted): All who experienced unfair treatment related to race, ethnicity or religion (n= 1,970)

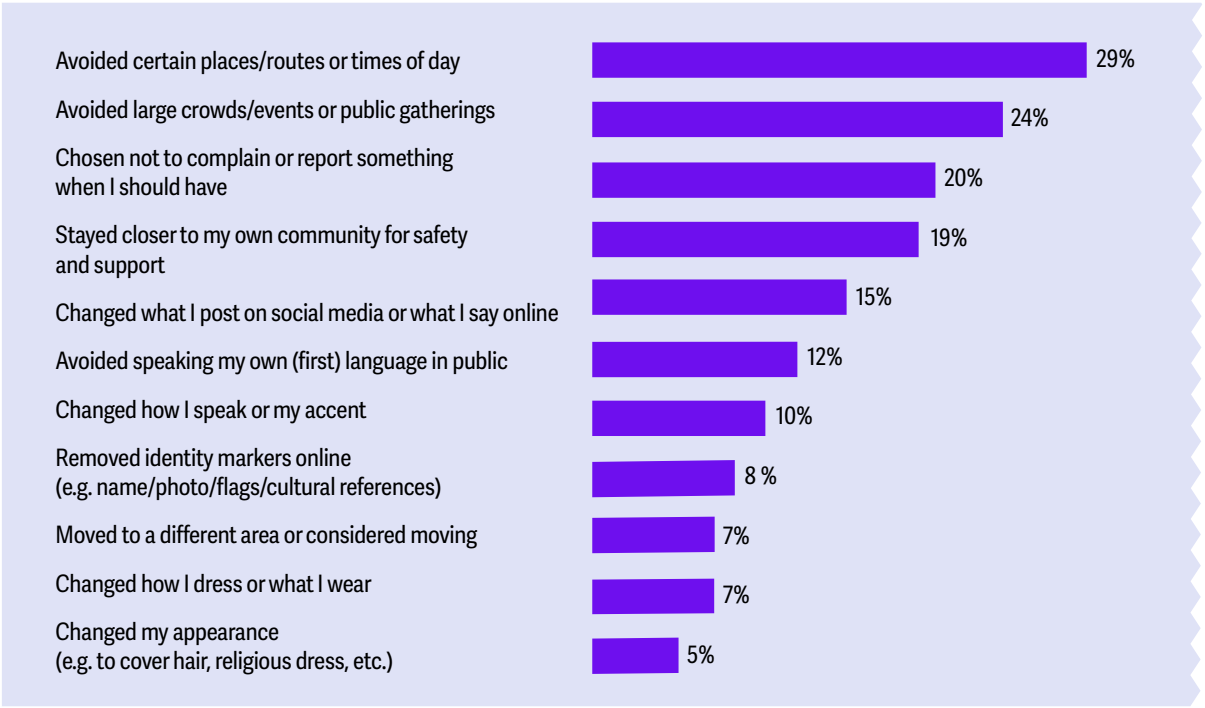
5

Racism in everyday spaces and essential services

Racism can also restrict how people move through public spaces and whether they trust essential services. This section examines experiences in public spaces, education and healthcare. These are settings that people cannot simply opt out of.



Behaviour changes made as a result of racist experiences



Base (unweighted): All who experienced unfair treatment related to race, ethnicity or religion (n=1,970)

Racism shapes daily movement and behaviour

Nearly half (48%) of those who experienced racism said it happened on the street or in public spaces in the last 12 months. For many, navigating everyday spaces requires constant risk assessment. Past experience shapes where people go, when they go and how they present themselves.

"I used to catch different bus routes just to avoid certain situations ... I felt that was a lot safer than catching obviously the normal bus route, which is just one bus route to my house ... It was like can I be bothered to hear anything, or feel like I'm not wanted in this place? I just used to catch the two buses instead."

Indian Male, Birmingham, C2DE, 18-25yrs

Women are slightly more likely than men to change their daily routine. 31% avoided certain places or routes compared with 27% of men, and women were slightly more likely to hold back from speaking up when racist incidents occurred. Participants described the importance of not being alone in public, not just to avoid racism but to feel physically safe:

"You try to be careful. If you're going out, you want to be in a group of people ... You don't want to be on your own."

Black African, Female, Cardiff, ABC1, 60+yrs

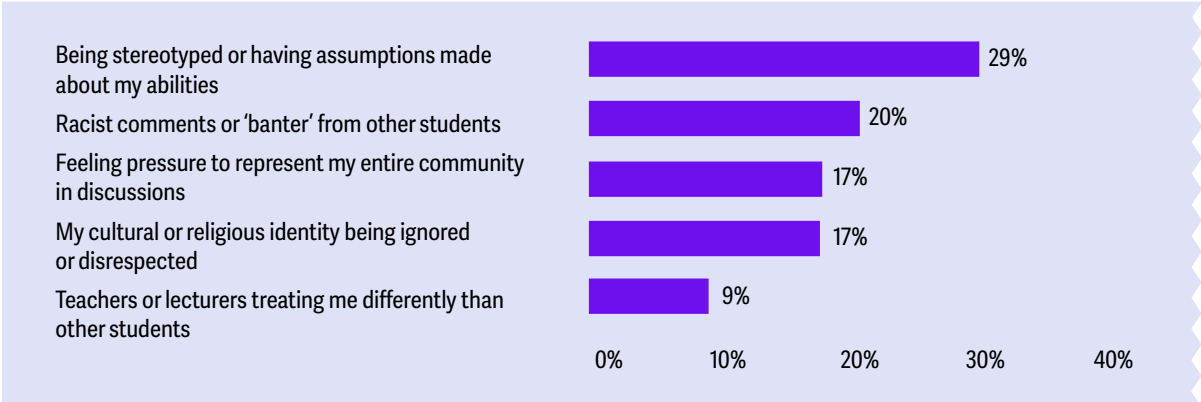
Participants described how over time these adjustments became habit rather than a conscious decision. A racist encounter on a particular bus route, at a local shop or in a neighbourhood can mean people stop using that route or visiting that place. The place becomes associated with the actual experience, and that association can persist long after the incident itself. As more places acquired these associations, the range of spaces in which people felt comfortable gradually narrowed.

Racism in education can shape confidence and trust

Participants described racism in education coming from multiple directions. It comes from peers and teaching staff and from patterns embedded in how institutions operate. Nearly half of those currently in education (47%) experienced at least one form of racism or unfair treatment in the last 12 months.

47%
experienced at least one form of racism or unfair treatment in the last 12 months

Experiences in education related to race, ethnicity or religion



Base (unweighted): All currently in education (n=183)

Racist banter and stereotyping were common. One in five (20%) experienced racist comments or banter from other students and 29% said they had been stereotyped or had assumptions made about their abilities. For some participants racism from peers began early and left lasting damage:

"Because of my colour, my accent, it's not the same as the people in my class, so when I say things they seem to give it a deaf ear, they don't understand, they don't hear. I was treated like somebody without a brain, but I was the best in the class."

Black African, Female, London, C2DE, 60+yrs

"He saw it and said, 'oh no, that's a slave name.' So obviously the whole room was just dead silent. I remember being so embarrassed.. I've come home and told my mum...she was at that school for 9am the next morning..."

Black Caribbean, Female, Birmingham, ABC1,18-25yrs

"My first experience of racism was as a child going to the local school and having to walk home with my sister, being called the word P*** for the first time and I was so traumatised that I came home and told my mum. The way my mum dealt with that was, 'It's ok. He was just saying the truth. We are Pakistani', not realising that that was a derogatory term... You weren't given the comfort of 'you've experienced something bad."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

Racism from peers was only part of the picture. Teaching staff and institutional structures also played a role. A recurring theme in the qualitative data is that teaching staff can make certain students feel invisible. Ethnic minority students described having their contributions ignored and their ability underestimated regardless of their actual performance. One participant described the practical lesson she passed on to her children:

"I told my kids straight – when you go to school, unless the teacher sits you in alphabetical order, you sit at the front of the class, you're not noticed at all. As long as you are of colour and you're at the back of that class, you're not noticed at all."

Black African, Female, Cardiff, ABC1, 60+yrs

How institutions respond when racism is raised matters as much as the racism itself. Unlike the workplace, where participants were sceptical about the response they would get, many participants described approaching schools and universities with some expectation that their concerns would be taken seriously. However, those expectations were frequently not met. When racist incidents were raised, the response often made things worse rather than better.

"My son was called a 'fat P***', so I went to the school to address it and honestly, to add insult to injury, the head was like, 'Oh, are you sure he didn't say fat bag?' It just makes you angry. You're like, 'Come on.'"

Pakistani, Female, Glasgow, ABC1, 45-59yrs

"Some days I was actually scared to go to school because of the racism that was happening. This was on a daily basis.... Teachers had no accountability. They would never address the issue... I have dreams and nightmares about my school days... These early experiences, they never leave you..."

Pakistani, Male, Leeds and Bradford, ABC1, 26-44yrs

Among those who experienced racism in an education setting, roughly half (49%) were confident their education provider would act fairly if they raised concerns, and just under two-fifths were not.

The consequences of poor institutional responses are also visible in the data. Forty-four per cent of those who experienced racism in an educational setting had avoided classes, events or spaces at least once as a result. When students avoid education because of racism they also lose access to the opportunities it provides.

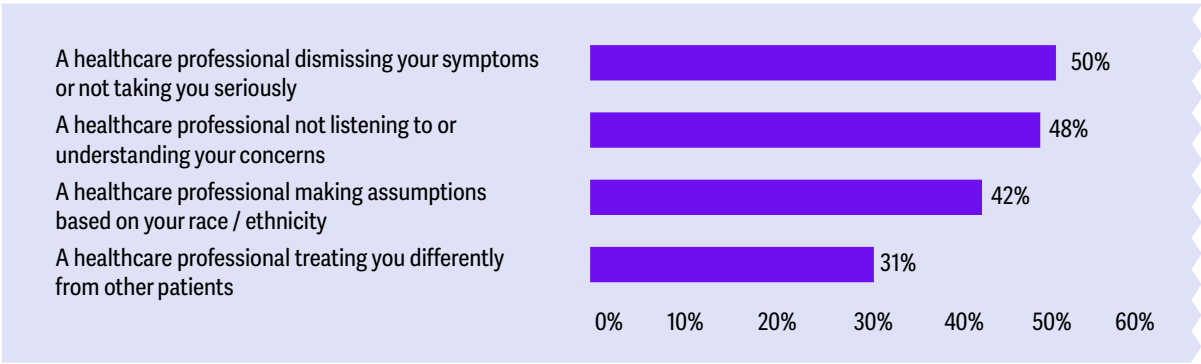


Racism in healthcare is linked to delayed access to support

People tend to feel particularly exposed when accessing healthcare. Almost a quarter (24%) of respondents who had accessed healthcare in the last 12 months reported experiencing racism in that setting. Self-reported data may undercount experiences that people do not feel able to name as racism, particularly where they depend on the professional in front of them. Among those affected, half said their symptoms had been dismissed or not taken seriously (50%) or that healthcare professionals had not listened to or understood their concerns (48%).



Type of racism experienced in healthcare settings



Base (unweighted): All who experienced racism when accessing healthcare in the last 12 months (n=436)

Participants described encounters that went well beyond poor service:

"My experience basically was when I went to sign me and my children up for a new doctor's because we obviously moved. I was told I couldn't sign up for the doctor's before even being asked any questions about just anything, basically, and I just could tell that the receptionist was really racist. It did end up getting taken further, and it was literally her being racist."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

Among all respondents who had accessed healthcare in the last 12 months, women were twice as likely as men to report having their symptoms dismissed or not taken seriously (16% compared with 8%). For some this was not a one-off experience but a repeated pattern across years of contact with the same service:

"I've had the same GP since 1990. Still when she talks to me...'are you ok...what is wrong?' I say 'I understand English. I'm not deaf.' She still talks to me like that, 30 years down the line".

Black African, Female, Belfast, ABC1, 26-55yrs

"If you tell them what's wrong, they say, 'Oh, that's not an emergency. It can wait.'"

Black African, Female, Cardiff, ABC1, 60+yrs

The consequences extend well beyond the original incident. Amongst those who had experienced racism when accessing healthcare, 36% reported delaying or avoiding appointments as a result in the last 12 months. A further 17% had changed their GP or other provider, and 39% had considered doing so. More than half of those who experienced racism in a healthcare setting had either changed provider or were considering it.

Participant accounts suggest that racism in healthcare does not end with the appointment. It is associated with psychological harm and, for some, reduces their willingness to seek support. Several participants described reaching a point where engaging with services felt futile:

"You get to that point where you're just so tired of talking. There's just no point. I sometimes feel you're wasting your breath and because the people you usually complain to aren't of the same skin colour.... It makes you feel even more tired because they don't understand. It's like talking to a brick wall... if you're complaining in [NHS] about racism it is pointless"

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

This mirrors what national research has found elsewhere in the NHS. A 2025 study by the NHS Race and Health Observatory found that patients from ethnic minority backgrounds had poorer experiences of primary care than White British patients. Bangladeshi and Pakistani patients were less likely to feel listened to by their GP. Black patients felt less listened to by other primary care staff, including community nurses and midwives. Patients from every ethnic minority group in the study were more likely than White British patients to say they were treated differently because of their ethnicity.[11]

The Mental Welfare Commission for Scotland has documented similar accounts, with people describing microaggressions and racism in healthcare settings that affected their mental health and sense of belonging.[12] A national confidential enquiry into maternal deaths found the same pattern in maternity care: women from Black ethnic groups who died were more likely to have received care that lacked individual attention to their needs while Asian women who died were more likely to have experienced microaggressions.[13]

Across public spaces, education and healthcare racist experiences were linked to immediate psychological consequences. People described avoiding places and withdrawing from services not as free choices, but as rational responses to repeated experiences. Among 18-25 year olds, 47% reported wanting to withdraw from social situations in the last four weeks as a result of unfair treatment, higher than any other age group. The cumulative mental health impact of these experiences is examined in Section 7.



6

Politics, policy and belonging

Over the last 5 years, 54% of ethnic minority respondents said the situation on addressing and preventing racism in the UK had deteriorated. Only 25% thought it had improved. For many ethnic minority people, questions of belonging and national identity are not abstract but are shaped by a political and media climate that they view as increasingly hostile. This section examines the relationship between the external climate and the internal experience of feeling safe and accepted in the country you call home.



Belonging depends on being accepted, not just feeling British

Across the focus groups participants described having their right to be here questioned despite being born in the UK and spending their whole lives here.

"This is my country just as well as theirs."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

"I'm born and bred here...my kids are all obviously born and bred here...It's amazing how people would assume that with the added hijab people think 'oh she's a silly Asian girl."

Pakistani Female, Glasgow, ABC1, 45-59yrs

For some no amount of time, generations or any other connection to the UK made any difference as they felt being accepted as British was all about skin colour:

"I can say I'm British but you will never accept me as being British because I'm not white. I can't even say I'm Bangladeshi because when I go to Bangladesh they're like 'You're not a Bangladeshi'. As soon as you get to the airport you are treated differently."

Bangladeshi, Female, London, C2DE, 45-59yrs

However, there are also participants in the study who asserted their British identity with confidence, refusing to let racism define their sense of belonging:

"We were born here, we work here, we went to school here, we pay our taxes here, we do everything right. We're more British than the people that are being racist towards us."

Pakistani, Male, Leeds and Bradford, ABC1, 26-44yrs

"The fact [is] that we're four generations in and we've actually made it our home and no one can actually tell us to get out."

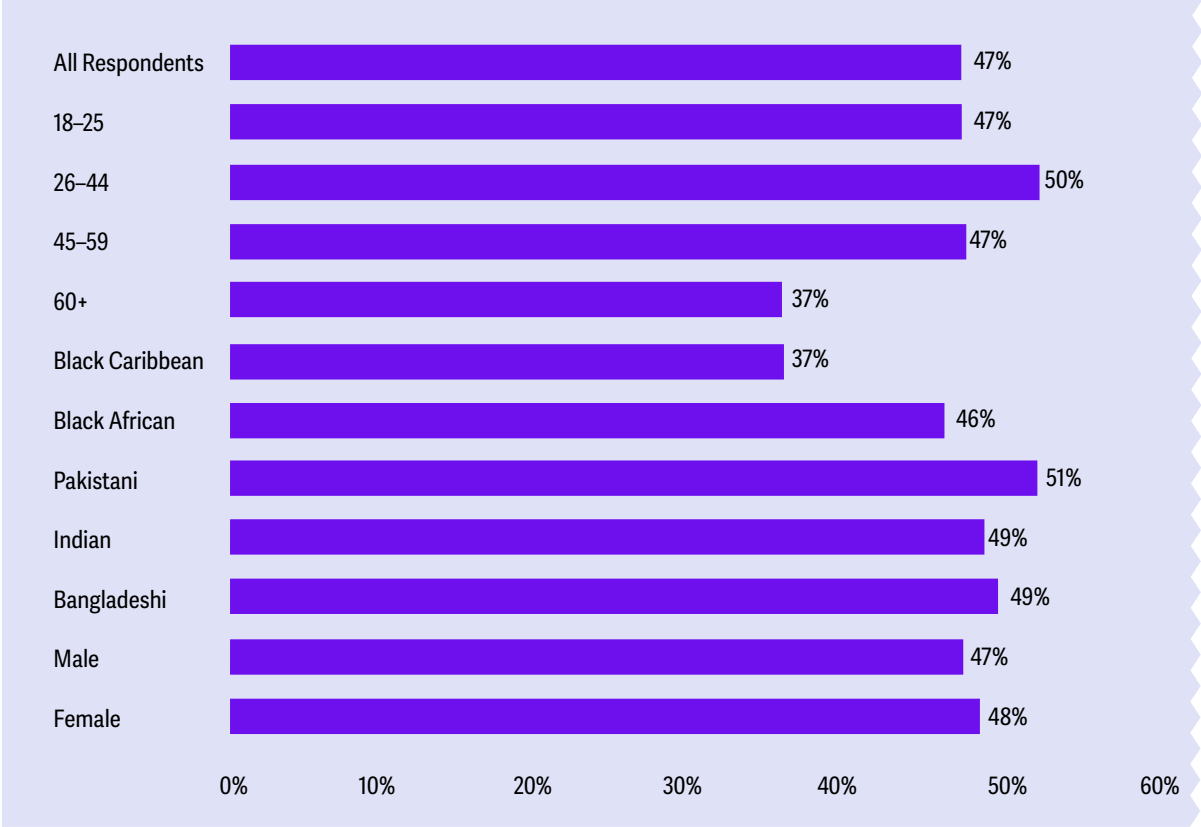
Pakistani, Female, Glasgow, ABC1, 45-59yrs



The survey data reflects this tension. 68% of ethnic minorities feel connected to the UK and 63% feel proud to live here. Yet 47% still feel they have to prove they 'really' belong and only 39% feel confident that others accept them as British. This would suggest that many ethnic minorities in the UK feel that being British and being accepted as British are not the same thing.

Only 39% feel confident that others accept them as British

"I feel I have to 'really' prove I belong in the UK"



Base (unweighted): All respondents (n=2,506)

This sense of having to prove they belong is broadly consistent across most age groups, but drops notably among the over 60s at 37% compared to 47% overall. The qualitative data suggest one possible explanation: some older participants had lived with racism for so long that they were less likely to name every experience as something to challenge. Some described carrying on or not dwelling on incidents, while younger participants were more likely to describe racism as something they wanted to resist or call out:

"I think they accepted racism better than we would. Well... not accepted. Tolerated it"

Pakistani, Female, Glasgow, ABC1, 45-59yrs

"We know how to deal with it and not get offended. Because of maturity we know how to deal with it."

Black African, Female, London, C2DE, 60+

"We tended to bottle things in and it's a case of, okay, they don't think this is our country. Well, we've come from somewhere else, so just let it go. The ones who were born here, they grew up here, they just won't accept it."

Black African, Female, London, C2DE, 60+

Pakistani and Bangladeshi respondents reported the highest levels across ethnic minority groups at 51% and 49% respectively. Black Caribbean respondents reported the lowest at 37%. For Pakistani and Bangladeshi respondents, the findings suggest that race and religion combine and can make the question of 'belonging' particularly acute. The majority of respondents from both communities said the racism they experience is connected to their religion or how people perceive it, a finding explored in Section 3. Participants described being asked whether they were British or Muslim as if the two were incompatible:

"Are you British or are you Muslim? I can say I'm British, but you will never accept me as being British because I'm not white. I can't even say I'm Bangladeshi because when I go to Bangladesh they're like, 'You're not a Bangladeshi.' You're sort of on no-man's land in a way."

Bangladeshi, Female, London, C2DE, 45-59yrs

Confidence that others in the UK actually accept you as British tells a different story. Only 39% of respondents felt that they were accepted and women were notably less likely than men to feel that way, 36% compared to 43%.

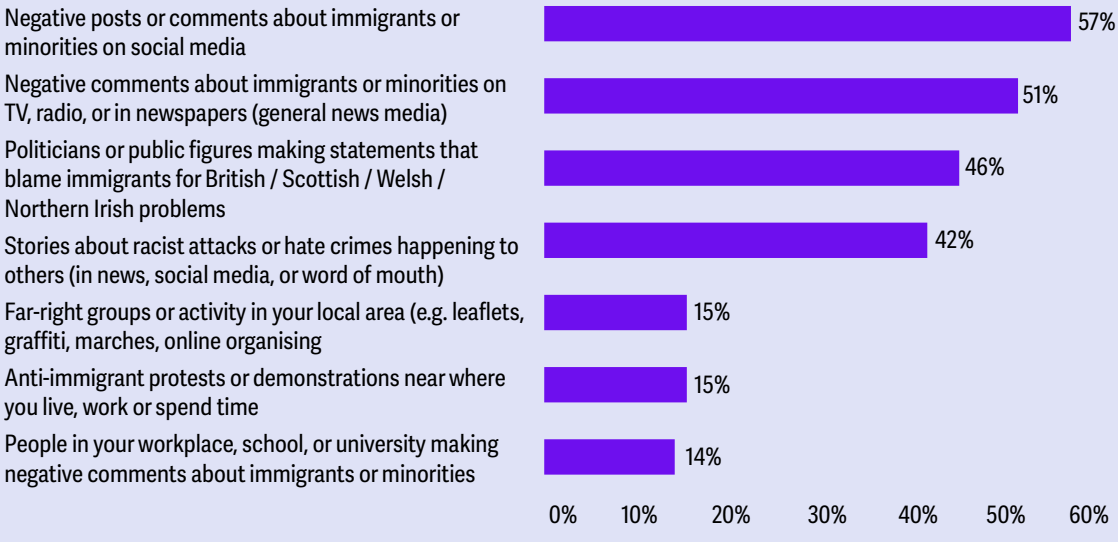
The focus groups suggest visible faith markers play a part here. Women who wear the hijab described being questioned about where they were "really from" in ways that made clear their Britishness was in doubt. One participant recounted a man explaining his questioning by saying simply ***"it's just because you wore a headscarf".*** For these women, having their Britishness questioned was described not as an occasional experience, but as a recurring feature of their daily life.

Public debate can make racism feel more threatening

Nearly 7 in 10 of those who had experienced unfair treatment linked it to at least one political or media factor. This included 42% who connected harassment to anti-immigrant protests or demonstrations and 40% to political debate about immigration or asylum seekers.

More than half (51%) encountered negative media coverage about immigrants or minorities weekly or daily. On social media this rises to 57%. 46% saw politicians blaming immigrants for British problems at least once a week. So for many participants, opening social media or turning on the news means seeing themselves portrayed as a problem.

Racism in the media (Daily / Weekly)



Base (unweighted): All respondents (n=2,506)

On social media that exposure can be relentless. Racist accounts stay live and visible even after being reported and participants described a sense that the platforms were not on their side.

"I'm on Twitter quite a lot and you see people with accounts like 'I have N word' and everything and they're not getting banned.... They're reported but not banned...You see all these things all the time. You get in the little black hole of racism."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

Participants felt this kind of coverage could make people with racist views feel more confident in expressing them:

"A lot of people would try and be closet racist. They can use seeing it on the news just to kind of be more racist and feel like they're not alone. It does worry you in the sense that it can just keep on getting bigger."

Bangladeshi, Male, Leeds and Bradford, ABC1, 18-25yrs

Others noticed changes in how they were treated following specific news events:

"Since 9/11 happened, that's when for me I noticed a big change when I'm going out and I'm wearing the hijab."

Bangladeshi, Female, London, C2DE, 45-59yrs

"Because I'm a Muslim and I wear a headscarf and there were a lot of things on the news about terrorists and whatnot. Everybody was calling me Mrs Terrorists for a wee bit. I remember just not even wanting to come to class"

Indian, Female, Glasgow, C2DE, 26-44yrs

Participants also described watching the climate shift in real time. A Pakistani woman in Glasgow described the vigilance this can create:

"I always look to see what's happening and then if they're going to mention the race or colour of the person – whatever the atrocity – because I know what's coming."

Pakistani, Female, Glasgow, ABC1, 45-59yrs



Vicarious racism can affect mental health

In the survey 8 out of 10 ethnic minority respondents felt distressed by racist incidents or hate crimes directed at others. For more than a third (36%) that distress was felt weekly or daily.

The mental health impact of racism is not limited to direct experience. Participants described how seeing racist incidents happen to others, whether in the news or online, could trigger fear and a heightened sense of vulnerability:

"When you watch the news and you see all the riots and stuff, those are the things that make me feel depressed. It's not necessarily when things happen to me.... But you see it on the news or you read it, it does make you feel that way because it's like ...I can be walking down the road now and I don't know if you hate me..."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

For older Black women, it was the shooting of young Black men that hit hardest:

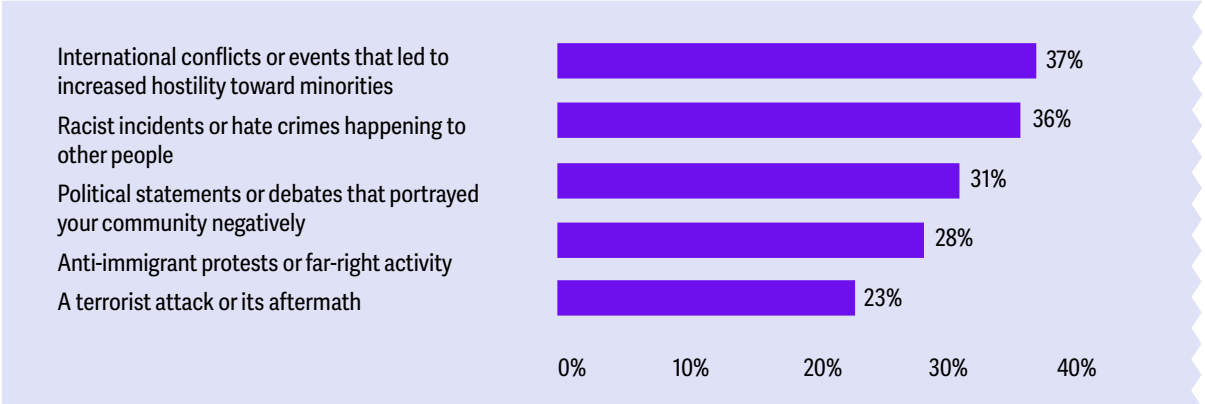
"[Hearing about a young Black boy being shot in London] rings home... as if it could be your son...it could've been your daughter... and you don't feel good about it... "

Black African, Female, London, C2DE, 60+yrs

The media content that is driving this distress is constant for some.

Participants described how racist coverage of events linked to their community could create or reinforce an expectation of personal backlash, regardless of any connection to the event itself. Among Pakistani respondents, nearly half (47%) reported feeling distressed by international events at least weekly, compared to 30% of Black African respondents. This difference is consistent with the finding that 62% of Pakistani respondents experience their racism as religiously connected. For some respondents, international events involving Muslim communities are not just experienced as abstract news stories.

Distress caused by racism directed at others (weekly / daily)



Base (unweighted): All respondents (n=2,506)

This pattern recurred throughout the focus groups. The 2024 riots brought it into sharp focus and for some participants the impact was immediate:

"When we had that incident of all the riots going on, that changed my habits for about a week or two weeks. I didn't leave the house, literally, because I was worried what's going on outside. Even though I was supposed to be at team meetings, I didn't attend them. I couldn't face going outside."

Bangladeshi, Female, London, C2DE, 45-59yrs

"It affected me so much last summer...many of the asylum seekers here had been stuck in their houses...they were worried... they did not feel safe."

Black African, Female, Belfast, Mixed SEG, 25-55yrs

These findings show why vicarious racism needs to be taken seriously as part of the mental health impact. The harm is not limited to people who are directly targeted.

Policy and institutional denial can weaken trust

Survey responses suggest that government policy and political debate are closely linked to how safe ethnic minority respondents feel in the UK.

Forty-five per cent of respondents said immigration policy made them feel less safe. Political debate about British values or multiculturalism had a similar effect at 44%. Across most policy areas tested, those feeling less safe consistently outnumbered those feeling safer. For some, this had become more of a fundamental question about whether government could be trusted at all:

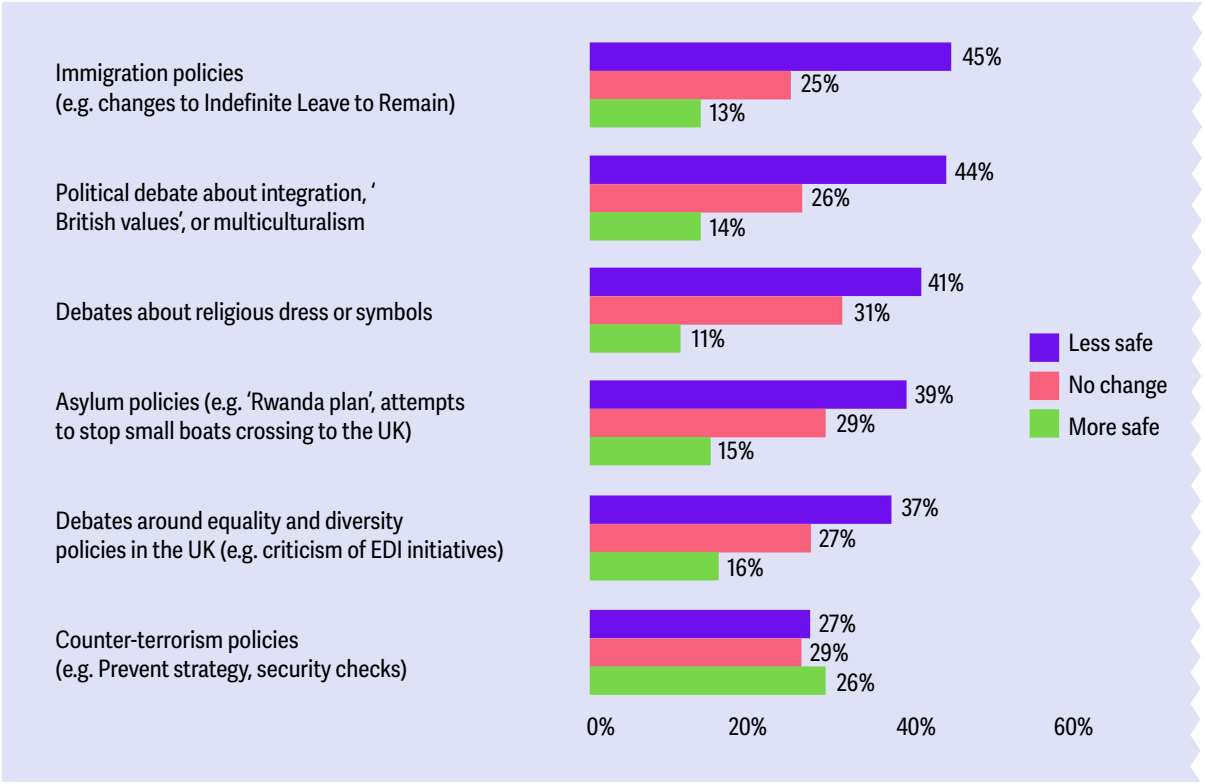
"What's a tragedy is the government did a survey to find out if companies are racist, and the report they produced was saying 'there is no racism, organisations are fine'. Speak the truth.... Why are you hiding... this is the government we're supposed to be trusting."

Pakistani, Male, Leeds and Bradford, ABC1, 26-44yrs

The participant is referring to the 2021 Commission on Race and Ethnic Disparities report[14] which concluded that institutional racism was not a significant factor in ethnic minority outcomes. This finding was strongly contested by many ethnic minority communities and organisations at the time.



How government policies and political debates affect feelings of safety



Base (unweighted) = 2,506

The evidence presented in this chapter consistently shows that media coverage and government policy are linked to ethnic minority people feeling less safe and weakens their sense of belonging. Section 7 examines the associated mental health cost.



7

The cumulative mental health impact of racism

Mental health impacts have appeared throughout this report within specific contexts: in the workplace, public spaces, education and healthcare and in response to the political climate. This section examines the overall pattern of psychological harm associated with those experiences.



Scale of impact

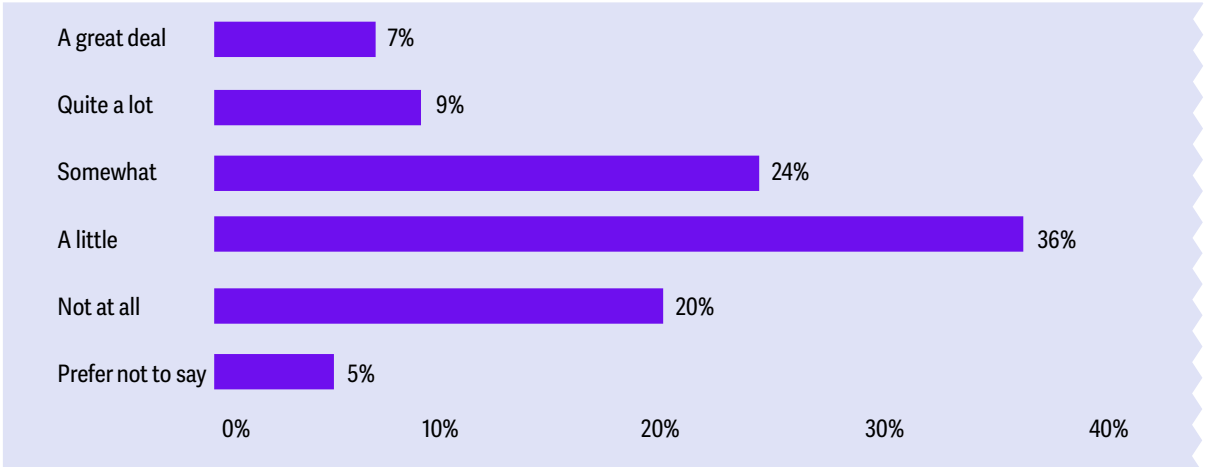
Three-quarters (75%) of those who had experienced unfair treatment said racism had affected their mental health to some degree. For 40% that impact was meaningful, described as somewhat, quite a lot or a great deal.

Meaningful mental health impact varied across communities. Bangladeshi respondents reported the highest rate at 47%, followed by Pakistani respondents at 43%. Black African and Indian respondents were broadly similar at 39% and 38% respectively. Black Caribbean respondents reported the lowest level of mental health impact at 36%.

These reported impacts also appeared in everyday life. In the four weeks before being surveyed, 52% of those who had experienced racism or unfair treatment reported feeling anxious or worried at least several days as a result. A further 51% reported feeling angry or frustrated. 44% felt on edge or constantly watchful in public, and 40% wanted to withdraw from social situations.



Extent to which racism affected mental health



Base (unweighted): All who experienced unfair treatment related to race, ethnicity or religion (n=1,970)

Living on guard

Amongst those who had experienced unfair treatment related to their race, ethnicity or religion, 19% reported feeling angry or frustrated frequently.* as a result of racism. Younger respondents (18-25) and Pakistani respondents reported slightly higher levels at 24% and 23% respectively.

"Angry. I feel angry. I feel like there's so much I don't even know how to put it, but there's so much people have just learned to deal with it. I haven't learned to deal with it yet."

Black Caribbean, Female, Birmingham, ABC, 18-25 yrs

Anxiety is also pervasive. 20% reported feeling anxious or worried frequently. Half (50%) said they felt they always had to be 'on guard' and ready for racist encounters, rising to 60% amongst Bangladeshi respondents and 57% among Black Caribbean respondents. The qualitative data suggests this is not only a response to specific incidents but a sustained alertness that develops from repeated exposure over time.

"People can be frightened as well of it. Don't want to go out of the house.. don't want to do things. Depression. You can get into a depression...not live a proper life. I know people that don't want to do stuff like that."

Indian, Female, Glasgow, C2DE, 26-44yrs

"It actually makes me feel depressed, but nevertheless I've still got to be strong as always."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

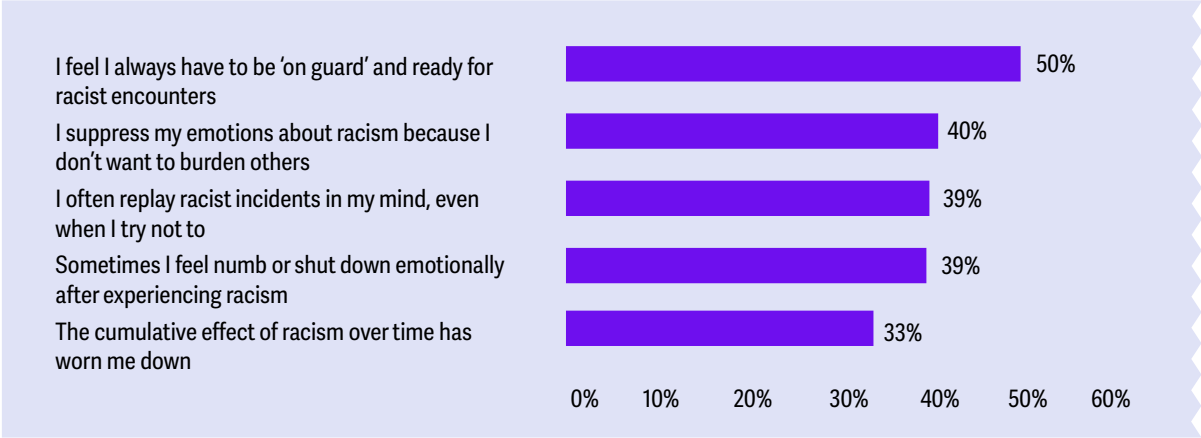
17% reported depression, hopelessness or feeling down frequently as a result of racism. For some, hopelessness had hardened into a settled view of their position in UK society rather than as a response to any specific incident:

"We come to the conclusion that we're isolated from this society. We're like third-class citizens. So we accept what we are. We know no matter what we do, we'll never be accepted here."

Pakistani, Male, Leeds and Bradford, ABC1 26-44yrs

Respondents also reported physical symptoms associated with racism. 12% reported trouble sleeping or nightmares and 11% reported palpitations and 11% reported headaches.

The psychological impact of racism: what people experience



Base (unweighted): All who experienced unfair treatment related to race, ethnicity or religion (n=1,970)

* 'frequently' throughout this section refers to responses of 'more than half the days + nearly every day' in the survey

How racism builds over time

Participants' accounts suggest that psychological responses do not always resolve themselves between racist incidents.

A third agreed that the cumulative effect of racism over time had worn them down. For some, that accumulation was described in terms that resembled trauma including recurring memories and unresolved distress. This came through explicitly in the qualitative data, shown in the way participants described unresolved experiences from the past surfacing without warning:

"All of the rage, all of the anger and all of the bitterness came from nowhere like a raging lion...I didn't realise how painful that period of my life was."

Black African, Male, Cardiff, C2DE, 45-59yrs

Over time repeated exposure to racism can lead some people to treat it as an expected part of their daily life. The findings suggest that this normalisation does not remove the psychological cost.

"It's become the norm now. Racism is just so in your face and it's so normalised that it's not a thing anymore."

Bangladeshi, Female, London, C2DE, 45-59yrs

For some, this accumulated weight of racism can affect their sense of self:

"Sometimes I feel like I've lost my identity.... Somewhere along the line my confidence has been dented so much. All the things that have happened while I've been growing up... Sometimes I feel like I'm embarrassed of my heritage."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

33%
agreed that experiences of racism had affected their sense of who they are and their self-confidence

Younger respondents (18-25) reported high levels of emotional exhaustion at 50% compared to only 34% of the over 60s. The qualitative data offers one explanation. Older participants described simply getting used to it. Over time, racism had become so expected that fighting every instance was no longer realistic.

Suppression and self-doubt

Forty per cent said they suppressed their emotions about racism to avoid burdening others and men were more likely to report this than women at 43% compared to 37%. Men are both more likely to suppress their responses to racism and, as Section 8 shows, less likely to seek professional support. That combination has important implications for how mental health services are designed and who they currently reach. The psychological cost of having racism denied or dismissed is well documented. Research from Brazil on racial gaslighting shows how minimising or reframing racism can contribute to self-doubt and longer term mental health harms.[15]

Across the focus groups suppression of experience was one of the most consistent themes.

"Letting go of it does more harm than good. Sometimes when you claim that you've let go of it, you haven't really. It's just something you've pushed aside. It probably contributes to a lot of mental health issues when we don't realise it because we are so used to letting it go."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

The qualitative data suggests this suppression is learned, rather than instinctive. Participants described environments where speaking about racism was met with dismissal or disbelief. For some participants, staying quiet became the rational response. Over time as racist experiences were repeatedly minimised by others, participants began to question their own reading of situations. That doubt shaped where they felt able to speak up at all:

"Because you'd want to voice your opinion, but your opinions are never heard... if I speak no one's going to listen to what I have to say, so I just keep it in."

Bangladeshi, Male, Leeds and Bradford, ABC1, 18-25yrs

"I think when it happens and you can't express yourself, that's when it plays around with you. It eats you up."

Black African, Female, Cardiff, ABC1, 60+yrs

A third (33%) agreed that experiences of racism had affected their sense of who they are and their self-confidence, rising to 43% amongst Bangladeshi respondents:

"Sometimes it can make you look like you're just making something out of nothing, making a big deal out of something that isn't there. It's all in your head."

Indian, Male, Birmingham, C2DE, 18-25yrs

The findings suggest that racism does not need to be severe or frequent to affect mental health. The harm accumulates through the effort of managing it and the erosion of confidence over time.



8

How people cope: protection and support

This chapter examines how ethnic minority people respond to racism and what helps them manage its impact. These strategies are not a substitute for structural change. They show how participants get through racism in daily life, often with limited confidence that institutions will act.

Some responses are restorative, particularly faith and family support. Others were protective but costly. Avoidance strategies may reduce the immediate risk but participants' accounts suggest they can also restrict people's lives and leave distress unresolved.

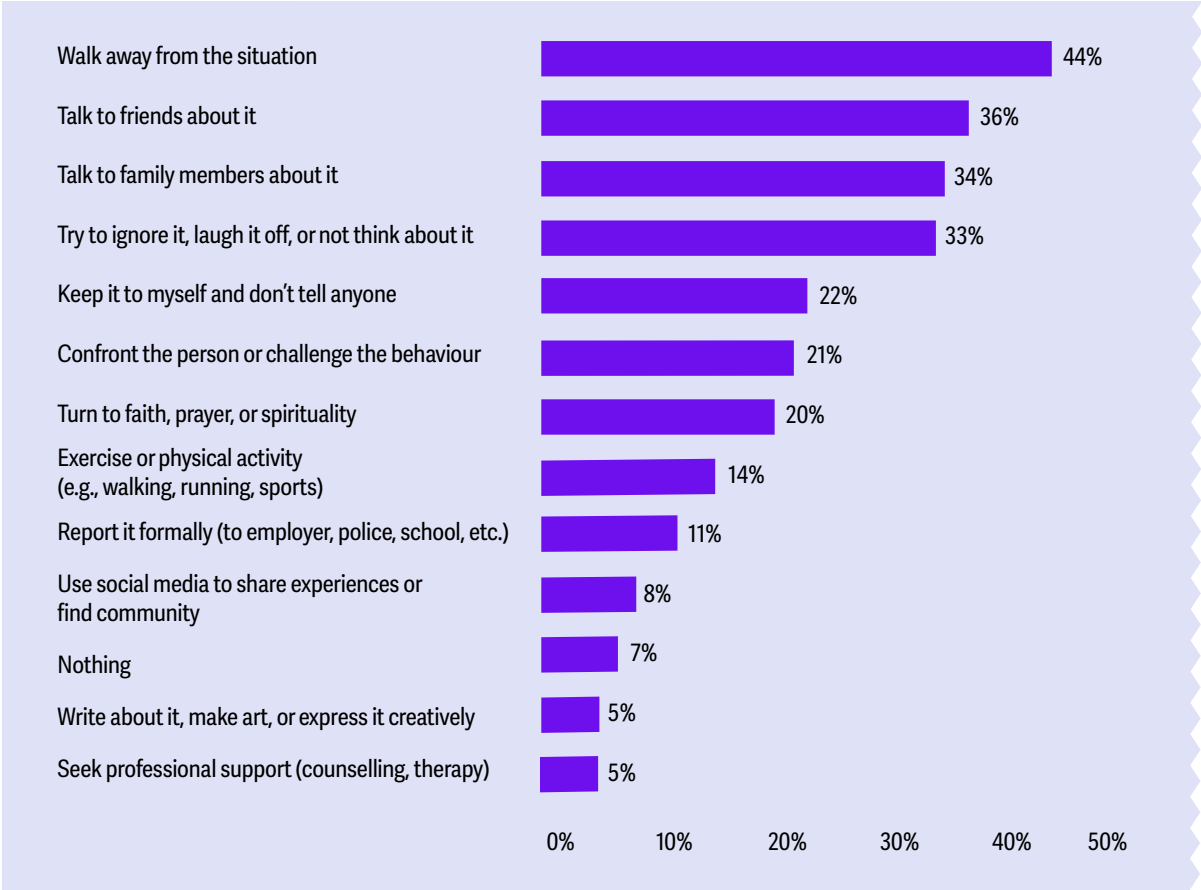


Coping is often protective but costly

The survey shows that people use a wide range of responses after experiencing racism or unfair treatment. The most common response is to walk away from the situation, reported by 44%. Talking to friends or family is also common, while only 5% had sought professional support.

44%
Reported the most common response is to walk away from the situation

Responses after experiencing racism or unfair treatment



Base (unweighted): All who experienced unfair treatment related to race, ethnicity or religion (n=1,970)

These responses are often shaped by risk. Participants described weighing whether challenging the racism would make things worse, for example by inviting further hostility, or would simply result in the incident being dismissed.

For many, walking away or staying silent is a way to protect themselves in the moment. But the cost is that the burden remains with the person who has been harmed:

"I can't just go in there being angry because I'm just going to be seen as this angry Black woman... my reaction will look that deep."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

For Black women in particular, responding to racism can carry an additional risk. They described having to manage not only the racism itself, but also how their reaction might be interpreted. So they have to control their anger even when that anger was justified.

Men are more likely than women to keep racist experiences to themselves, 26% compared to 19%. There were also community differences. Indian, Bangladeshi and Pakistani respondents were more likely to keep experiences to themselves than Black African and Black Caribbean respondents.

This does not necessarily mean some communities are less affected. It may reflect different expectations around speaking openly about racism or how worthwhile people think it is to raise concerns they expect to go unheard.

Only 5% of those who experienced racism or unfair treatment sought professional support. Given the level of mental health impact reported elsewhere in the study, this is striking. It does not necessarily mean people wanted professional support and could not access it. Rather it suggests that formal support may not be seen as the right route for many people after experiencing racism.

The focus groups also suggest several reasons for this, including a preference for informal support, uncertainty about what help exists, doubts about whether services would understand racism, and in some communities an expectation that these experiences should be managed privately.

"Counselling is not culturally sensitive. You may sit in a session and think, this was not really relevant to me because they don't understand my point of view."

Indian, Female, Glasgow, C2DE, 26-44yrs

"They think they manage it themselves. If they have already experienced something so bad before, why do they need to really go for something [to help]"

Indian, Male, Birmingham, C2DE, 18-25yrs

Community differences are also visible in the survey. Black Caribbean respondents are most likely to seek counselling or therapy at 8%, followed by Black African respondents at 6%. Indian and Pakistani respondents were least likely at 3%. These differences need careful interpretation. They may reflect cultural expectations, but they may also reflect differences in trust, access and whether services feel relevant.

One pattern across the data stands out. Men are more likely to suppress their responses to racism entirely and less likely to seek professional support. The evidence does not suggest they are less affected by racism. It suggests the support available is not reaching them.

Speaking up depends on risk

Just over one in five respondents said they typically confront or challenge racist behaviour, rising to 33% among Black Caribbean respondents and falling to 15% among Indian respondents.

The qualitative data shows that people did not challenge racism automatically. Participants described weighing the likely response against the energy it would take to challenge it:

"You've got to pick your battles because it's too tiring to defend everything. If every single microaggression was defended...it's hard to do that especially when the person doing the microaggression is aggressive with it"

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

The quote is important because it shows why 'just challenge it' is not a realistic answer. Challenging racism takes effort and that effort falls on the person already dealing with the harm.

Some participants described education and knowledge of racism's history as a form of active resistance. It was a way of challenging ignorant assumptions and protecting their sense of self.

Younger respondents were more likely to use social media to share experiences or find community. Eleven per cent of 18-25 year olds said they did this, compared to only 3% of those aged 60 and over. This suggests that younger people may be using online spaces not only to talk about racism but to find validation from others with similar experiences.

Humour also appeared in the focus groups as a way of managing racism. It was not simply laughing things off. For some it was a way of taking back control in a situation where they have been made to feel small.

Support works best when people feel understood

Family and friends were the main source of support after experiencing racism. Talking to friends (36%) and family (34%) were among the most common responses in the survey. Women were more likely than men to turn to family (40% vs 26%).

The value of this support was not only emotional. Participants described the importance of being understood without having to explain why something was racist or why it had hurt them:

"When you can have that support from another individual who's also experienced the same racism...talking is a great way of validating those feelings"

Pakistani, Female, Glasgow, ABC1, 45-59yrs

This validation matters because many participants are used to their experiences being questioned or minimised. Speaking to someone with shared experience can reduce self-doubt and make people feel less alone.

Several participants also described the value of shared spaces where people could speak openly about their experiences with others who had lived them. One participant reflected on the focus group itself in this way:

"I actually really like this session. It feels quite healing to me. I've let go a lot of the trauma by hearing everyone's experiences and knowing I'm not crazy – other people are experiencing these things too."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

Peer support does not replace professional support or institutional accountability. But shared spaces offer something formal services often cannot. They offer recognition from people who already understand why something hurt.

For some participants, support also comes through family histories of resistance:

"I'm grateful for having strong women in my family so having a strong granny who actually didn't tolerate racism. That's filtered through the generations. This is what I'm passing down to my children."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

However, not everyone has access to this kind of support. Some described family members who minimised racism or encouraged them to ignore it. For those people the absence of validation could deepen the harm.



Faith and heritage help people hold on to who they are

One in five respondents (20%) said they typically turn to faith or prayer after experiencing racism. This was highest amongst Pakistani respondents (27%) and lowest among Black Caribbean respondents (14%).

Faith was described less as a solution and more of a way of restoring steadiness. It helped some participants process what happened without letting racism define them:

"I find peace from praying. If I've had some incident happen I turn to Allah. That's my way of coping... it keeps me calm and relaxes my mind."

Bangladeshi, Female, London, C2DE, 45-59yrs

For many participants faith was closely linked to heritage and identity. Knowledge of their history, culture and ancestry helped people hold on to a sense of self that racism could not take away.

"The foundation for me has been who I am culturally. I'm an Afro-Caribbean Black man and I surround myself with that. In the home where you grew up, there's not racism – there's just your culture. The music, the food, the language. Those are the things I hold on to because they're important."

Black African, Male, Cardiff, C2DE, 45-59yrs

"There's more to Black people than racism. We were really established long before racism occurred. It's empowering to see loads of Black people in one space especially successful Black people."

Black Caribbean, Female, Birmingham, ABC1, 18-25yrs

These forms of support are rarely labelled as coping strategies. They are part of everyday life. People draw on faith, heritage and shared experiences to hold on to who they are in the face of racism.



9

What participants said needs to change

The study asked people what would help reduce racism and support those affected by it. The responses were practical and consistent. People want support, but they also want stronger action to stop racism being ignored or repeated.

Communities were not only asking for more help to cope. They are already coping, often at a cost to their mental health. What they want is a stronger response from schools, employers, public services, government and wider society. Across the survey and focus groups, the same priorities came through: earlier recognition of racism, reporting that leads to action, support needs to be culturally relevant and institutions that enforce their own policies.



Participants wanted racism to be recognised before harm is done

Participants consistently raised early prevention, particularly through education. Schools came up repeatedly, not only because children experience racism there, but because participants saw them as one of the few places where attitudes can be shaped before they become fixed.

"Mental health education is cool because I think they should educate more in school, because if they educate the children, they are going to educate more and they are going to make aware their education to other people."

Indian, Female, Glasgow, C2DE, 26-44yrs

Several participants felt this should begin very early, before children had absorbed stereotypes or learnt to treat difference as a problem.

"I think it should start from a young age, even starting from pre-school, nursery, just going in and just chatting. Soft chat with children talking about colours and skills and rules ... kids absorb fast."

Indian, Female, Glasgow, C2DE, 26-44yrs

The same point comes through in the younger male groups. Participants described school workshops and peer-led sessions as more effective than one-off awareness days. The emphasis was on ongoing work that helps children understand racism as part of everyday behaviour:

"I think we need to start implementing this within the youth of society...If we get them thinking with the right things it will just promote the right things."

Indian, Male, Birmingham, C2DE, 18-25yrs

Public awareness is also seen as important. Participants compared racism prevention with other public health campaigns such as campaigns on alcohol or heart attack symptoms. Participants' point was that racism is often allowed to remain vague. They wanted clearer public messages about what racism looks like and why it matters.

"You get adverts on everything, like drink awareness and everything like that, so there should be more around racism for all cultures not just people of colour."

Indian, Female, Glasgow, C2DE, 26-44yrs

This focus on early recognition is also reflected in the survey. When asked what changes would be helpful, 31% selected better bystander intervention, 26% selected anonymous reporting mechanisms and 22% selected clearer information on rights and how to report racist incidents. Respondents wanted racism to be easier to name and report, with less of the burden falling on the individual.



Reporting and accountability need to lead to action

Participants repeatedly made the point that policies exist but are not always implemented. This is an important distinction. People were not simply asking for statements of commitment. They wanted consequences when racism happens.

"We already have a zero tolerance to racism, to bullying... that policy's already in place. But not enforced."

Pakistani, Female, Glasgow, ABC1, 45-59yrs

For some participants, the issue was that racism was still treated too lightly. They felt complaints were handled as interpersonal problems rather than as serious breaches of safety or people's rights:

"there needs to be more of a penalty for somebody who's being racist, rather than just a smack on the wrist or whatever. It needs to be taken seriously, those kind of complaints."

Indian, Female, Glasgow, C2DE, 26-44yrs

This reflects a pattern throughout the report. Across the workplace, schools and healthcare, the message was consistent: reporting only works if people believe something will happen afterwards.

The survey priorities reinforce this. Respondents placed high importance on anonymous reporting mechanisms, fast and more effective action by employers or educators and clearer information about rights. Communities want reporting systems that are not only available but are trusted to work.

Respondents were not just asking for a way to tell someone racism had happened. They wanted systems that made racism safer to challenge and harder to ignore.

Support needs to feel relevant and easy to access

Participants also described the kinds of support that would help people affected by racism. The strongest theme was not simply 'more support', but support that felt culturally relevant and easy to use.

Culturally sensitive counselling was mentioned across the groups. Participants were clear that generic support would not be enough if practitioners did not understand racism:

"Something like counselling has to be properly understood so it has to be culturally sensitive to be effective."

Indian, Female, Glasgow, C2DE, 26-44yrs

Participants also wanted support that was accessible in different ways. Some suggested helplines, text services, online communities and anonymous routes. This was particularly important for people who might not feel able to speak openly or attend formal services.

"Some people are not able to talk. I think if you can text a message and the receiver of that message then can get you to call after texting back to you...I think that is a wonderful service."

Black African, Female, Cardiff, ABC1, 60+yrs

"A free phone line which also takes calls as well as text messages. Sometimes you feel the effects and you want the feeling of hurt and stuff to go away, so if you can talk to someone, not just family..."

Black African, Female, Cardiff, ABC1, 60+yrs

Online support was seen as useful because it could be available quickly and privately. Younger participants also talked about online mentors, personal stories and resources that could be accessed at any time.

Participants also emphasised faith-based and community-based support which they saw as important routes for reaching people who might not use formal mental health services. This included peer groups, women's spaces and informal conversations in places people already trust. The common point here was trust. People wanted support that felt rooted in communities that understood their experiences.

"I think you kind of need someone, like a woman that's in the community that everyone knows... my mum wouldn't go out to go and listen to a random speaker..."

Bangladeshi, Male, Leeds and Bradford, ABC1, 18-25yrs

"Even if it's a ten minute discussion, but having these kind of flyers at the places of worship, in the gurdwara, in the mosques"

Pakistani, Female, Glasgow, ABC1, 45-59yrs

Community support matters, but it cannot substitute for institutional action. Ethnic minority communities should not be left to deal with racism themselves. Public bodies and employers need to do more to stop racism being repeated.



10

Recommendations

The findings in this report point to harm that is routine, cumulative and largely unaddressed in the UK. The evidence presented in this report shows that racism is linked to mental health harm not only through specific incidents but through the sustained effort of anticipating and managing it across daily life. Most current policy responses focus on responding to individual incidents through reporting mechanisms and complaint procedures. These processes do not adequately address the harm that accumulates or reach many of the people most affected. Only 5% of those who experienced racism sought professional support. This does not mean that the need is low. The qualitative data suggests that, for some, formal services are not seen as relevant or safe. Family, peers, community and faith-based support are already doing important informal work, often without formal recognition or resources.



1

Embed racism as a recognised driver of poor mental health across health policy and services in the UK

National mental health strategies across the UK do not consistently recognise racism as a driver of poor mental health. Some name it as a risk factor, while others do not mention it. Even where racism is recognised, there is little evidence that this has been translated into the design or delivery of services.

The picture across the four nations illustrates how far there is still to go. NHS England's Patient and Carer Race Equality Framework (PCREF) is the strongest response to date.[16] It requires NHS mental health trusts to work with communities on anti-racist practice and demonstrate progress through Care Quality Commission (CQC) inspection. In Wales, the mental health strategy commits in principle to an actively anti-racist system but does not yet set out in detail what that means in practice.[17] Scotland's mental health strategy acknowledges racism as a risk factor but makes no specific commitment to change how services respond.[18] Northern Ireland's strategy names ethnic minority communities as a group at higher risk but does not identify racism as a cause of that risk, and contains nothing specific to address it.[19]

National bodies responsible for clinical guidance across the four nations should review their guidance on anxiety, depression and trauma to explicitly recognise racism as a potential cause of psychological harm, not simply as contextual information. This includes NICE in England and Wales, SIGN in Scotland, and the Department of Health's endorsement and implementation of NICE guidelines in Northern Ireland.

In addition, each government and NHS body should set out clearly how their mental health strategy will move from acknowledging racism to actually acting on it. This should include specific changes to how services are trained, funded and held to account. NHS England's PCREF has set a stronger standard than elsewhere in the UK. Its requirements for community engagement and CQC accountability provide a model the other nations could build from. However the Framework's value depends on consistent implementation, and there is limited evidence that this is happening across trusts. Wales, Scotland and Northern Ireland need concrete plans to close the gap between where they are now and the targeted commitments England's Framework represents.



2

Make institutions accountable for preventing racism not just handling complaints

Across this study, a consistent pattern has emerged: policies existing but are not enforced. Participants described complaints being treated as disputes between individuals rather than racism being recognised as a serious source of harm. Only one in five said they typically challenge racist behaviour and the qualitative data helps show why. In practice the burden of challenging racism often falls on the person experiencing it, and while it takes real effort, too often it leads nowhere. Participants were not asking for new rules. They were asking for existing commitments to mean something. Getting complaints right matters but it is clearly not enough. Institutions need to move from responding to racism after it happens to preventing it happening in the first place.

Employers, schools, health and care organisations and public bodies should be required to demonstrate they are actively working to prevent racism, not just respond when it is reported. They should also be required to publish a clear prevention strategy, report annually on progress against it, and collect and publish data on racism complaints and their outcomes. Relevant education and healthcare inspectorates in each nation should scrutinise this as part of routine inspections. Anonymous reporting mechanisms should also be standard practice.



3

Address the mental health cost of racism at work

The workplace was one of the most frequently reported settings for racism in this study. What makes workplace racism distinct is not just its frequency, but the fact that it occurs in a setting people cannot easily leave. Adapting to racism and suppressing identity therefore becomes a condition of staying in work. The findings suggest that this sustained effort carries a psychological cost that is not sufficiently recognised in employment policy or workplace wellbeing practice.

Current employment and workplace frameworks across the UK do not adequately recognise the mental health consequences of workplace racism.

Occupational health frameworks do not recognise racism-related stress as a workplace mental health issue.[20] Both need to change. Employers should be required to treat the mental health consequences of workplace racism as an occupational health concern, not just an equality issue.

People turn to peers before they turn to formal processes. Employers should support peer networks for ethnic minority staff. The evidence that workers regularly doubted their own experiences and felt they could not raise concerns suggests that access to peer validation at work could have direct mental health benefits, in line with wider evidence that workplace peer support initiatives can enhance wellbeing and reduce isolation.



4



Strengthen anti-racist education from early years through to teacher training

Participants identified schools as one of the few places where attitudes can be shaped before they become entrenched. They wanted ongoing, age-appropriate work embedded in school life, not just occasional awareness days. They also described how racism from teachers and within institutional structures had lasting effects on confidence and educational participation.

Curriculum bodies in each nation should set clear expectations for how racism is addressed through the relevant health, wellbeing and personal and social education curriculum. This should not be confined to a single lesson or awareness week, but be embedded from the earliest years onwards.

Education inspectorates in each nation should include anti-racist practice within inspections, covering both how racism is addressed through the curriculum and how schools respond when it occurs. Without such scrutiny, the evidence from this study suggests that policies may continue to have limited effect in practice.



5

Improve formal mental health support for people who want it

Only 5% of those who experienced racism sought professional support. For some this reflects a genuine preference for informal support over formal services. For others, the qualitative data suggests it may reflect low trust that services will understand racism as a source of mental health harm or appreciate the direct experience of racism within services themselves.

For people who do want formal support, the findings suggest that many services do not yet feel trusted or equipped to address racism-related distress. Healthcare providers should fund mental health support that is designed around the experiences of these communities and delivered by practitioners who understand racism as a cause of distress. Referral pathways should be reviewed to see where racism-related distress is going unrecognised. NHS England's Culturally competent inpatient care guidance, published in October 2025, provides an example of recommendations for staff training, including understanding the impact of microaggressions and discrimination on mental health. It supports the wider Culture of Care standards and focuses specifically on inpatient settings in England.[21]

Ethnic minority men need specific attention. The data shows they are more likely to suppress their responses to racism and less likely to seek help. Mainstream mental health services are not currently reaching this group, and there is little in current outreach or third sector service design that is likely to change that.



6

Resource the informal support that people actually use

When people experience racism, most turn to friends and family first. For many, community and faith-based organisations play a similar role. Community and faith-based organisations should be funded where they are already providing racially informed support and helped to connect people to formal services when needed.

There is a practical disconnect that needs to be addressed. Health and Care services have historically under-engaged with the community and faith spaces that ethnic minority communities rely on for support, despite their vital role in tackling health inequalities.[22] Local health bodies should map community and faith organisations in their areas and build genuine working relationships with them. This should include consulting these organisations on what effective support looks like and drawing on their knowledge to improve how NHS services respond to racism-related distress. The aim should be a partnership not just a referral route that adds to the burden these organisations already carry.



11

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