

ORGANISED BY:



IN COLLABORATION WITH:



When Lions Tell Their Story, Why Don't Systems Act?

**Friday 31st October 2025
1.30pm-5.00pm**

Glasgow Caledonian University,
Annie Lennox Building, Room W010

Black History Month (BHM)

Overview

As part of Glasgow Caledonian University's (GCU) Black History Month (BHM) programme, the Department of Nursing, Community and Public Health, in collaboration with See Me hosted an insightful event titled When Lions Tell Their Story, Why Don't Systems Act?

The event explored the enduring impacts of systemic racism within health and social care, drawing attention to how structural inequities continue to affect racialised communities. It also showcased ongoing anti-racism and decolonising work designed to create fairer, more inclusive systems.

The event title, When Lions Tell Their Story, Why Don't Systems Act? invoked a powerful metaphor, one that foregrounds the voices, knowledge, and lived experiences of communities most affected by inequity and racial injustice. Through this framing, attendees were encouraged to explore a central question:

Why, despite clear evidence and personal testimony, do health and care systems so often fail to act decisively on racism and inequality?

This report outlines the structure, key insights, and reflections from the event, highlighting both GCU's institutional commitment and the co-produced initiative with See Me, Scotland's national programme to end mental health stigma and discrimination.

About the Organisers

Glasgow Caledonian University (GCU)

Glasgow Caledonian University (GCU) has a longstanding commitment to celebrating BHM and addressing racialised health inequalities through research, teaching, and community engagement. The Department of Nursing, Community and Public Health has consistently prioritised work that explores systemic inequities and promotes decolonising approaches within healthcare.

The initiative for this BHM event was led by Dr Judy Wasige, Lecturer in Public Health and Equality, Diversity and Inclusion (EDI) Co-Lead within the department. Over the past 12 years, Dr Wasige's work has focused on developing practical, theory-based evidence to support systemic processes that challenge marginalisation and inequity in policy development and implementation across Scotland. Her work, which evolved from community activism into academic activism, emphasises intergenerational community

See Me

See Me is Scotland's national programme to end mental health stigma and discrimination.

As part of the event's preparation, an interview was held with a representative from See Me, Monique Campbell, Manager of the Communities and Priority Groups Programme who co-organised the event with Dr Wasige. The conversation provided valuable insight into how See Me's ongoing work aligns with the event's aims and offers a lens through which to understand systemic change in mental health care.

learning and centres on health inequalities, anti-racism, decolonisation, migration, and transculturally responsive practice informed by Black feminist thought.

During this event, GCU contributed by:

- Hosting and facilitating the session in a scholarly and accessible environment.
- Integrating research-informed perspectives on health inequalities and systemic racism.
- Amplifying community voices through participation and collaboration with external organisations.
- Demonstrating long-term institutional commitment to BHM initiatives and inclusive practices.

See Me contributed to the event by:

- Providing funding and staff time to co-organise and promote the event.
- Co-hosting, contributing to panel discussions and co-facilitating the session.
- Coordinating documentation of the event through film and photography to ensure ongoing potential for influencing change beyond the event.

Key Themes from See Me Interview

Partnership and Collaboration

See Me has a longstanding relationship with GCU through a range of academic and community-led collaborations, and particularly with Dr Judy Wasige in relation to racialised inequalities and mental health stigma. These partnerships bridge grassroots expertise and academic influence to develop solutions that reduce stigma and are responsive to the needs of racially minoritised communities.

Commitment to Anti-Racism and Decolonisation

Addressing racial inequities in mental health is a core organisational priority for See Me. The discussion highlighted the need for ensuring structural and cultural commitments to anti-racism, underpinned by intersectional frameworks informed by critical race theory and Black feminist thought. This approach seeks to redefine traditional understandings of mental health stigma, what evidence counts and whose expertise is valued, leads policy and practice change and service re-design.

SCIP (Structural, Cultural, Institutional, Personal) Framework

See Me applies the SCIP framework to ensure that interventions operate across multiple levels of the system, recognising that meaningful change requires simultaneous action within structural, cultural, institutional, and personal domains. See Me's use of the SCIP model has been inspired by the SCIP analysis available at: Pérez Portilla, K. (2016). *Redressing Everyday Discrimination. The weakness and potential of antidiscrimination law.* UK: Routledge. pp. 61-70.

Lived Experience as Expertise

Centring lived experience was described as vital to reducing stigma, discrimination and dismantling systemic racism. Personal narratives enable a deeper understanding of inequities and challenge approaches that separate mental health from wider questions of identity and structural inequality.

Current Racial Inequalities in Mental Health

The discussion also drew attention to ongoing disparities in Scotland's mental health system, including the disproportionate detention of Black men and women, unequal access to talking therapies, and limitations in data collection, all of which obscure and perpetuate racial inequities in care and outcomes.

Sustained Partnership

The event was conceived not as a standalone session but as part of an ongoing collaboration between GCU and See Me, with a shared commitment to future joint initiatives and follow-up on actionable outcomes.



Monique Campbell

Aims and Focus of the Event

The event, hosted by GCU's Department of Nursing, Community and Public Health in partnership with See Me, was held during BHM to explore and address systemic, racialised inequalities in health and social care.

The event aimed to:

- Highlight evidence of stigma, discrimination and inequity created and sustained by systemic racism across health and social care, including mental healthcare.
- Emphasise practical anti-racist and decolonising work currently underway across key clinical areas, including sickle cell care, vaccination, anaesthesia and pain management, and mental health.
- Showcase community-led and academic initiatives that are actively working to decolonise healthcare practice and improve mental health and other outcomes for racially minoritised populations.
- Create a collective, trauma-informed learning space for healthcare professionals, researchers, policymakers, and community advocates to engage in meaningful dialogue, reflection, and action planning.
- Encourage institutional accountability by demonstrating how authentic collaboration between communities and systems can drive lasting structural transformation in healthcare.

Antiracism, and trauma-informed support were embedded throughout the programme to ensure inclusivity, psychological safety, and compassionate participation.

Format and Structure of the Event

The half-day programme combined presentations, panel discussions, and facilitated table dialogues, creating a participatory and reflective learning environment.

Agenda highlights included:

- Welcome and Introductions (2.00pm): Opening remarks set a collective tone of curiosity, respect, and shared responsibility.
- Panel Discussion (2.20pm): A series of expert presentations explored how systemic racism manifests within universal healthcare systems such as the National Health Service (NHS), questioning why targeted projects remain necessary despite its founding principles of equality.
- Facilitated Table Discussions (4.00pm): Participants engaged in structured small-group dialogues focused on understanding systemic racism, decolonising practice, and identifying actionable change at both individual and institutional levels.

Plenary Reflections and Close (4.45pm): Closing reflections drew together insights on accountability, power, and sustainability of anti-racist transformation in healthcare.

A trauma-informed approach was piloted – **see details on p25.**

Welcome Addresses and Opening Remarks



Dr Judy Wasige

Welcome Address by Dr Judy Wasige

Dr Judy Wasige, Lecturer in Public Health and Equality, Diversity and Inclusion (EDI) Co-Lead, opened the event by warmly welcoming all participants and outlining the objectives of the day.

Dr Wasige also highlighted the ongoing challenges posed by systemic discrimination and its impact on mental health, noting that structural inequalities create unfair advantages for some while disadvantaging others. She called attention to the ways in which political influence and unequal access to healthcare affect social wellbeing and stressed the importance of fairness, authenticity, and human rights-based approaches in public services.

Acknowledging the lasting impact of trauma on both individuals and systems, Dr Wasige urged sustained attention to root causes and structural reform. Additionally, she drew attention to the creative animal-themed tables arranged for the event, such as Whales and Bears, which added a welcoming and engaging element for participants. Her opening remarks set a clear tone for the event, one grounded in equity, justice, and collective responsibility for meaningful change.

This was a Black History Month event and therefore the focus was to address racism. By taking an antiracism approach, the objective was to lift the conversation from being personal to recognising that racism is systemic and that it requires consistent collaboration and learning to challenges institutional hierarchies that perpetuate racialisation and racial inequity. Throughout the event, particularly through the panel discussions participants were encouraged to:

- 1) Ask 'how is racism operating here?'
- 2) Commit to considering, strategies and actions to address it.

Welcome Address by Dr Valerie Ness, Head of Department

Dr Valerie Ness, Head of the Department of Nursing and Community Health, reinforced GCU's institutional commitment to equality and inclusion, linking the event's aims to the University's Strategy 2030. She highlighted GCU's goals to promote equality, celebrate diversity, and build a culture of belonging, both for students and staff. She emphasised that GCU can achieve these goals by:

- Promoting equality and embedding a culture of belonging.
- Ensuring inclusivity in student recruitment, participation, and outcomes.
- Supporting diversity in staff recruitment, development, and reward.
- Creating inclusive, accessible campus spaces.
- Engaging partners to address health and social inequalities through education and research.

Dr Ness noted that events such as the BHM event play a vital role in fostering a sense of belonging and in influencing a fairer, more inclusive academic environment. She stated:

"As the largest department at GCU, with over 140 staff and more than 3,000 students, we are uniquely positioned to influence a more equitable workforce beyond the classroom... I look forward to hearing from speakers who will highlight projects and initiatives that are actively addressing systemic injustices, including the racialisation of health inequalities, and I am confident that today's discussions will spark meaningful action."



Dr Valerie Ness

Welcome Address by Wendy Halliday, Director of See Me

Wendy Halliday expressed her delight in partnering with GCU to jointly host the event. She reflected on her own background, highlighting how growing up in the east of Glasgow influenced her experiences in ways very different from others in the room, and acknowledged the privileges she has had in her life.

She introduced See Me, Scotland's national programme to tackle mental health stigma and discrimination, which is funded by the Scottish Government and managed by Scottish Association for Mental Health (SAMH) and The Mental Health Foundation. See Me works towards the Scottish Government's commitment to create:

“A Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination.”



Wendy Halliday

Wendy emphasised that tackling stigma and discrimination, and addressing the barriers they create, is central to improving mental health. Doing so enables the best conditions for wellbeing, preventative action, early intervention, personalised support, care, treatment, and recovery. She further highlighted systemic discrimination as a critical justice issue and called for equity, fairness, and rights-based approaches in public services.

Reaffirming See Me's commitment to anti-racism and equity, Wendy stressed the importance of influencing policy and practice reforms to embed action on intersectional stigma and discrimination and ensure justice in decision-making, and highlighted the role of partnerships, with communities, universities, and national stakeholders, in driving sustained systemic change.

Panel Discussion

As part of the BHM event *When Lions Tell Their Story, Why Don't Systems Act?* a panel discussion was held to explore systemic racism and inequities within health and social care in Scotland. The session provided a platform for expert practitioners, researchers, and community advocates to share evidence, lived experience, and reflections on the challenges and successes of addressing racialised health inequalities within universal healthcare systems.

The discussion focused on two key areas:

1. Targeted Health Initiatives within Universal Healthcare

Panellists considered why specific health conditions or communities might require dedicated projects or charities, even within the NHS, which is founded on the principle of care based on need rather than ability to pay.

Questions included:

- The role and successes of The Hope Project within Scotland's NHS framework.
- The rationale for focusing vaccination efforts on ethnic minority communities during the COVID-19 pandemic and the outcomes of those approaches.
- The importance of advocacy in anaesthesia and pain management for racially minoritised people in Scotland, and associated successes.

- See Me's work addressing intersectional stigma and discrimination in mental health services, and its significance in tackling inequities.

2. Equity, Diversity, and Inclusion (EDI) Challenges in Healthcare

Panellists reflected on why dominant approaches to EDI, such as training programmes and equality mainstreaming, have been insufficient to dismantle structural racism in Scottish healthcare. Discussions highlighted barriers encountered and strategies for achieving more systemic change.

Panellists



Olalekan (Lekan) Oyedepo: PhD candidate in Education and Social Sciences at the University of the West of Scotland and Project Coordinator for The Hope Project Scotland. Olalekan's research focuses on charitable food aid and inequalities in the UK. Drawing on personal experience with the UK Immigration and Asylum system, he engages with diverse stakeholders and serves on the Scottish Paediatric & Adult Haemoglobinopathies Network.

Dr Josephine Adekola: Senior Lecturer in Management at the University of Glasgow. She is a member of the Strategy and Technology Management Research Cluster, leads the Global Health and Environment Interdisciplinary Research Theme, and serves as Associate Editor for the Sustainable Environment Journal.

Dr Krithi Ravi: Resident Anaesthetic Doctor at NHS Greater Glasgow and Clyde. Trained in quantitative and qualitative research during her Master's in Public Health, she investigates structural racism in partnership with community organisations. Dr Ravi hosts the podcast Antiracism in Anaesthesia, promoting antiracist action for healthcare professionals.

See Me Representatives: Rachel Gray is a Project Officer in Health and Social Care, and **Sahaj Kamra** is a Project Officer in Communities and Priority Groups at See Me. Their work focuses on developing and piloting intersectional approaches, in collaboration with community, third sector, and public sector partners to reduce mental health stigma and discrimination. Together, they emphasise the importance of anti-racism rooted approaches in addressing and reducing mental health inequalities.

Facilitation and Final Reflections

The panel session was facilitated by **Pheona Matovu**, Co-founder of the award-winning social enterprise Radiant and Brighter and a leading voice on ethnic diversity and inclusion in Scotland. She supports organisations across sectors in implementing diversity, inclusion, and antiracism initiatives. Pheona is also a board member of the Productivity Institute, a Common Purpose Associate Director, and a Women's Enterprise Scotland ambassador. Her PhD research focuses on workplace actions against racism and strategies to address systemic racial inequalities in Scotland.

The session concluded with reflections from **Tawona Ganyamatopé Sitholé**, Lecturer in Creative Practice Education within the UNESCO Chair in Refugee Integration through Education, Languages and the Arts. Known as Ganyamatopé, he is a poet, playwright, storyteller, musician, and co-founder of the arts group Seeds of Thought, integrating creative arts with education and community engagement.



Tawona Ganyamatopé



Pheona Matovu

Key Insights from the Panel Discussion

Panellists reflected on their professional experiences and discussed targeted initiatives such as the Hope Project, COVID-19 vaccination outreach for ethnic minority communities, advocacy in pain management, and See Me's work on intersectional mental health stigma. The discussion highlighted the ways in which historical injustices, systemic biases, and institutional practices continue to influence healthcare access and outcomes. Key insights from the panel discussion are summarised under the following themes:

1. Dedicated Projects and Charities within Universal Healthcare

Although the NHS is internationally recognised for providing comprehensive healthcare based on need rather than ability to pay, the panellists emphasised that specific health conditions and communities often require dedicated projects or charities. They highlighted that the NHS was originally designed for a particular population, which has left structural weaknesses disproportionately affecting marginalised groups. Racial inequities in patient outcomes persist due to entrenched biases, discriminatory practices and underfunded monitoring mechanisms. The panellists stressed that dedicated initiatives are therefore essential to address these gaps, tailor services to the unique needs of diverse populations, and ensure equitable outcomes for all.

a. The Hope Project within the NHS in Scotland

The panel highlighted **The Hope Project** as an example of how targeted initiatives can operate within the NHS framework to address pervasive racism and its impacts on marginalised communities. Panellists noted that racism is not only systemic but can also be internalised by individuals, affecting mental health, confidence, and engagement with healthcare services.

The Hope Project empowers community members through:

- Raising awareness of internalised racism, helping individuals recognise and challenge its effects.
- Employing advocacy and educational approaches that extend beyond political or policy-focused outcomes, fostering personal and community awareness.
- Targeting specific groups, including Asian and African communities, as well as mothers and parents, recognising their central role in influencing family and community health.
- Providing culturally sensitive support to enable individuals to navigate the healthcare system more effectively and assert their rights.

Key successes of the Hope Project, as emphasised by the panel, include:

- Increased community awareness of internalised racism and structural discrimination.
- Strengthened capacity of individuals and families to engage confidently with healthcare and social services.
- Broader advocacy impact, combining personal empowerment with systemic awareness to address both lived experiences and structural inequities.

By focusing on community-based empowerment and advocacy, the Hope Project demonstrates how localised, culturally informed initiatives can complement universal healthcare systems like the NHS, ensuring that marginalised populations are supported both socially and medically.

b. COVID-19 Vaccination and Ethnic Minority Communities

The panel highlighted that, although COVID-19 vaccination was available “for everyone,” ethnic minority communities faced distinct barriers, including mistrust of healthcare systems, language challenges, and culturally specific concerns. Panellists emphasised that targeted approaches to these communities were essential to ensure equitable uptake and engagement and benefit from vaccination.

Key outcomes of these targeted initiatives included:

- Increased vaccine uptake through tailored communication and outreach.
- Strengthened trust and engagement with historically marginalised groups.
- Demonstrated the importance of considering intersectional factors, such as race, gender, age, socioeconomic status, and language, when designing public health initiatives.

The discussion highlighted that recognising and addressing these barriers is critical for ensuring that universal healthcare measures reach people within all communities effectively.



Dr Josephine Adekola

c. Advocacy in Anaesthesia and Pain Management

The panel emphasised that equity in anaesthesia and pain relief remains a major structural challenge within the NHS. Racially minoritised and marginalised populations often experience disparities in treatment, resulting in inequities in both pain management and broader health outcomes.

Key considerations highlighted by the panel included:

- **Equity and Mortality:** Inadequate pain management can contribute directly to poorer clinical outcomes and increased mortality, demonstrating that inequity in care is both an ethical issue and a life-or-death concern.
- **Distance as Functional Privilege:** Access to timely and effective treatment e.g. pain relief is often influenced by geographic, social, and economic factors, meaning that privilege, or the lack thereof, affects patients' ability to receive appropriate care.
- **Unequal treatment as a Safety Issue:** Unequal treatment in anaesthesia and pain management constitutes a significant patient safety concern, requiring systemic attention to clinical protocols and practices.
- **Importance of Data:** Collecting and analysing disaggregated data is essential for identifying inequities, monitoring outcomes, and informing targeted interventions.
- **Intersectional Approach:** Addressing disparities requires an intersectional lens that considers overlapping factors such as race, gender, disability, and socioeconomic status, ensuring interventions reflect the full context of lived experiences.

The panel noted that combining advocacy, robust data, and an intersectional perspective has led to increased awareness among healthcare providers, the development of equitable pain management guidelines, and strengthened monitoring mechanisms. These efforts aim to ensure safer, fairer, and more equitable pain management within the NHS.

d. See Me and Intersectional Mental Health Stigma and discrimination

The panel highlighted See Me's focused work within healthcare systems, particularly on mental health, stigma, and discrimination. Panellists noted that See Me has critically examined the meaning of a "universal" healthcare system and identified limitations in conventional approaches. In particular, the programme challenges the traditional "general population" (Gen Pop) model, which assumes a uniform patient experience and often overlooks the diverse nature of individual experiences in relation to gender, sexuality, class, race, or disability (including mental health).

See Me has adopted an intersectional approach to mental health, recognising the complex realities of people's lives and lived experiences. This approach:

- Addresses multiple axes of discrimination simultaneously, ensuring that individual experiences of mental health stigma and discrimination are set in the context of other inequities based on race, gender, sexuality, disability, or socioeconomic status.
- Equips care planners and providers with tools to identify and dismantle systems of power and structural discrimination within mental health services.
- Connects mental health to broader social determinants of health and inequality, such as housing, education, welfare, and ethical considerations, acknowledging that mental wellbeing and mental illness are inseparable from these intersecting factors.

Successes of See Me's approach, as emphasised by the panel, include:

- Improved understanding among mental health professionals of the diverse experiences of stigma and discrimination faced by people trying to access and benefit from their service.
- Development of more inclusive, equitable, and responsive policies and practices.
- Applying the SCIP framework to enhance capacity to challenge systemic inequities and reduce stigma in mental health services.
- Encouraging greater alignment between statutory mental health provision and the community and voluntary sector, creating more holistic, personalised support for individuals.

The panel concluded there are limitations in a general population approach and targeting is essential. See Me's intersectional approach demonstrates that achieving meaningful equity for everyone in mental health care requires recognition of the complexity of individuals lived/ living experience, that there is no one standardised solution to address the barriers individuals experience. That prejudice, bias and imbalance of power is implicit in all services and systems, these need focused and deliberate action to address if services are to be truly accessible and fair for all people and communities.

2. Limitations of Dominant EDI Approaches

The panel highlighted that the dominant approach to Equality, Diversity, and Inclusion (EDI) in Scotland, largely characterised by training programmes and equality mainstreaming, has proven insufficient to dismantle structural racism, and other forms of discrimination and inequity within the healthcare system. Key limitations identified include:

- **Surface-Level Interventions:** Traditional EDI programmes often focus on individual behaviour change rather than addressing systemic inequities embedded in policies, practices, and organisational culture.
- **Need for Intersectional Approaches:** Effective healthcare delivery requires understanding how race intersects with gender, sexuality, disability, socioeconomic status, and other factors. Intersectional approaches provide the necessary context and tools to tackle structural discrimination effectively.
- **Gender-Based Vulnerabilities:** Issues such as gendered violence and inequity often remain unaddressed within standard EDI frameworks, highlighting the need for specialised, anti-racist, and gender-aware strategies.
- **Stigma and discrimination in relation to mental health co-exist with other forms of discrimination relating to identity, living conditions and life circumstances often leading to poorer quality of life or reduced life expectancy.**
- **Systematic and Early Education:** Panellists emphasised that dismantling structural racism requires long-term, systemic approaches, including the incorporation of anti-racist and equity-focused concepts in primary and secondary education, as well as at university level. Early education fosters awareness, cultural competence, and equitable attitudes before individuals enter professional healthcare settings.
- **Institutional Resistance:** Organisational inertia and limited accountability mechanisms continue to hinder the effectiveness of mainstream EDI initiatives.

Although EDI training and equality mainstreaming remain important, they are insufficient on their own. Panelists stressed that meaningful change in healthcare requires intersectional, systemic, and educational approaches that address structural discrimination at multiple levels, within organisations, across professional training, and in society more broadly.



Olalekan (Lekan) Oyedepo

3. Conclusion

Dedicated initiatives such as the Hope Project, targeted COVID-19 outreach, advocacy in anaesthesia and pain management, and See Me's intersectional mental health work demonstrate the importance of going beyond the principles of universal healthcare to address systemic inequities. The panel emphasised that sustainable change in Scotland's healthcare system requires:

- Centring intersectional perspectives that account for overlapping social, economic and structural factors.
- Recognition and active addressing of systemic racism and other forms of structural discrimination within healthcare organisations and policies.
- Building trust through meaningful community engagement and culturally responsive care.
- Ensure services are designed, delivered and evaluated in ways that respond effectively to the needs of all.
- Moving beyond training and mainstreaming to adopt collective, systemic actions at multiple levels, that create lasting impact.

Together, these approaches offer a pathway to equitable healthcare outcomes, fostering a system that serves all communities fairly and inclusively.



Facilitated Table Discussions

After the panel discussion, as part of the BHM event, a facilitated table discussion session was held to provide participants with an interactive, reflective space for dialogue on systemic racism and anti-racist practice within healthcare. The session lasted approximately 30 minutes, with each table named after a value linked to anti-racism, anti-stigma and trauma-informed support principles. Participants were intentionally allocated to ensure a balance of professional and lived experience perspectives.

Facilitators guided each table, introducing their assigned value and creating an inclusive environment to encourage open, respectful, and meaningful conversations. The activity aimed to support shared learning and reflection, equipping participants to develop and strengthen anti-racist and trauma-informed approaches in their practice.

To guide the conversation, the following discussion prompts were provided:

- 1. Introduction:** What does anti-racism mean to you? What brought you to the event today?
- 2. Understanding Systemic Racism in Healthcare:** What are some concrete examples of how systemic racism manifests across healthcare areas such as sickle cell, vaccination, anaesthesia/pain management, and mental health?
- 3. Examining Current Initiatives:** What common themes or approaches do you notice across the anti-racism projects presented? What makes these approaches effective or innovative?
- 4. Decolonising Healthcare Practice:** What does “decolonising” healthcare mean in practical terms? How does it differ from diversity and inclusion initiatives? What power dynamics need to shift for truly equitable healthcare delivery, and who should be involved?
- 5. Application and Action:** How can healthcare professionals and policymakers recognise and interrupt their own participation in systemic inequities, even when acting with good intentions?
- 6. Measuring Progress and Sustainability:** How can insights from these clinical areas inform broader systemic change across healthcare?

This discussion activity was a central component of the event, offering a participatory and reflective space that reinforced the objectives of promoting anti-racism, decolonisation, and equitable healthcare practice.

Key Themes from the Table Discussion

Discussion Question 1

What is Anti-Racism?

Participants were asked to reflect on the question “What is anti-racism?” during the group discussions. The responses captured a wide range of perspectives and practical insights, highlighting both personal and systemic understandings of anti-racist practice.

Key points shared by the tables included:

- Actively fighting discrimination based on race, ethnicity, or skin colour, particularly within organisations and systems.
- Advocating for affected communities and promoting equal opportunities regardless of race.
- Recognising that anti-racism is an active, not passive, process requiring people to challenge racism at both senior leadership and community levels.
- Taking proactive and equitable steps toward genuine equality, underpinned by dignity, respect, and inclusivity.
- Building solidarity and allyship and understanding anti-racism as connected to broader principles of equity, unity, and social justice.
- Acknowledging internalised trauma and addressing how racism impacts individuals and communities psychologically and emotionally.
- Ensuring culturally inclusive practices, such as improving access to antenatal care for migrant mothers by addressing language barriers and promoting culturally sensitive support.
- Seeing anti-racism as part of tangible action toward equality of experience and the creation of a post-racist society.



Discussion Question 2

How Does Systemic Racism Manifest Across Different Areas of Healthcare?

Participants discussed concrete examples of how systemic racism presents itself within various areas of healthcare, including sickle cell care, vaccination, anaesthesia and pain management, and mental health services.

Key themes and examples raised included:

- **Patient care and bias:** Instances were shared where patient preferences or treatment decisions appeared to be influenced by skin colour or ethnicity. When concerns about such bias were raised with senior staff, they were often dismissed or overlooked, reflecting systemic barriers to accountability.
- **Workplace discrimination and culture:** Participants highlighted examples of racially insensitive comments and microaggressions in healthcare settings, such as remarks about the “smell of curry” or references to “immigrants” and “slaves.” Such language was recognised as unacceptable and indicative of underlying prejudices that persist in workplace culture.
- **Unequal treatment across specialisms:** Discussions also touched on how certain conditions, such as sickle cell disease, receive less visibility and research attention compared to others, despite disproportionately affecting Black communities. Similarly, disparities in pain management and mental health support were noted, where assumptions and stereotypes can influence diagnosis, treatment, and empathy from healthcare providers.

Participants agreed that these examples illustrate how systemic racism is embedded within both healthcare delivery and workplace environments. Participants also stressed the need for education, accountability, and inclusive leadership to drive meaningful change.

Discussion Question 3

Examining Current Anti-Racism Initiatives

Participants reflected on existing anti-racism projects and initiatives within healthcare and related sectors, identifying shared themes and approaches that contribute to their effectiveness and innovation.

Key themes included:

- **Embedding anti-racism principles:** Participants noted that successful initiatives were those that integrated anti-racism into organisational values, policies, and everyday practices rather than treating it as a standalone activity.
- **Accountability and transparency:** Participants recognised the importance of clear accountability structures, such as those outlined in the NHS Anti-Racism Action Plan, to ensure sustained progress and measurable outcomes.
- **Culturally sensitive practices:** Effective projects were seen to prioritise cultural awareness and inclusivity, adapting care and communication to meet the diverse needs of patients and staff.
- **Dedicated funding and resources:** The allocation of specific funding in some areas was highlighted as essential for enabling long-term, impactful work rather than short-term or symbolic efforts.
- **Education, training, and engagement:** Ongoing training sessions and awareness events, such as the BHM event, were viewed as valuable opportunities to build understanding, share experiences, and reinforce commitment to anti-racist practice.

Overall, participants agreed that initiatives combining systemic accountability, cultural competence, and meaningful investment are most likely to deliver sustainable change across the healthcare system.

Discussion Question 4

Decolonising Healthcare Practice

Participants explored what it means to decolonise healthcare in practical terms and how this approach differs from conventional diversity and inclusion initiatives. The discussion also examined the power dynamics that must shift to achieve truly equitable healthcare delivery.

Key points included:

- **Moving beyond representation:** Decolonising healthcare goes further than diversity and inclusion. It involves challenging the systems, values, and power structures that have been influenced by colonial histories, rather than simply increasing representation within existing frameworks.
- **Rebalancing power and knowledge:** Participants emphasised the need to centre non-Western, community-based, and Indigenous forms of knowledge, recognising that Western medical models do not always reflect or meet the needs of diverse populations.
- **Equitable decision-making:** Decolonisation requires redistributing power in healthcare governance, policy, and leadership, ensuring that people from racialised and marginalised communities have a genuine voice in influencing priorities and outcomes.
- **Embedding cultural humility:** Rather than assuming expertise, professionals must practise cultural humility, continuously learning from patients lived experiences and cultural perspectives.
- **Transforming education and training:** Participants identified the importance of reviewing curricula, clinical guidelines, and research frameworks to address historical biases and ensure that medical education reflects diverse realities.
- **Accountability and structural change:** Decolonising healthcare must involve reforming policies, funding systems, and institutional practices that reinforce inequality, ensuring transparency and accountability at every level.
- **Community partnership:** Effective decolonisation depends on collaboration with communities, recognising them as partners rather than subjects of care, and integrating their insights into service design and delivery.
- **Shift in mindset and leadership:** True transformation requires a shift in mindset among healthcare leaders and policymakers, moving from a paternalistic model toward one of shared power, respect, and equity.

Overall, participants agreed that decolonising healthcare is a transformative and systemic process, not a symbolic gesture. It demands re-examining the foundations of healthcare systems, amplifying marginalised voices, and embedding equity as a central organising principle across practice, policy, and education.

Discussion Question 5

Application and Action

Participants explored practical ways in which healthcare professionals and policymakers can recognise and interrupt their own participation in maintaining systemic inequities, even when acting with good intentions.

Key insights included:

- **Challenging the colonial mindset:** The need to actively confront and unlearn colonial attitudes that continue to influence healthcare systems, practices, and leadership structures was strongly emphasised.
- **Leadership and accountability:** Both top-down leadership commitment and bottom-up engagement were viewed as essential. Senior leaders must demonstrate anti-racist values, while frontline staff should be empowered to contribute to change.
- **Honest storytelling and reflection:** Participants stressed the importance of telling the truth about racism in healthcare, acknowledging lived experiences, and avoiding the minimisation of uncomfortable realities.
- **Outcome-focused processes:** Anti-racism work should move beyond good intentions to focus on tangible, outcome-driven actions that ensure measurable progress.
- **Representation and empowerment:** Representation in leadership and decision-making must be paired with systemic transformation, as representation alone does not equate to liberation.
- **Critical self-awareness:** Professionals and policymakers should engage in early recognition of their own influence and boundaries in building a post-racist healthcare system.
- **Dismantling power structures:** Participants called for efforts to challenge white supremacy and capitalist hierarchies, promoting fairness, equity, and empowerment throughout the workforce.
- **Courage and allyship:** Anti-racist action requires bravery, confidence, and active allyship, moving beyond symbolic gestures to meaningful engagement and advocacy.
- **Language and literacy:** Improving language awareness, communication skills, and cultural literacy was identified as a practical step toward inclusive care and understanding.
- **Political involvement:** Participants highlighted that power ultimately lies in government and policy, and sustained anti-racism progress depends on political will, inclusive policymaking, and advocacy for systemic change.
- **Centring lived experiences:** Effective change must place lived experiences at the centre, using them to educate others and shape responsive policy and practice.
- **Sustainable funding and training:** Participants stressed the importance of dedicated funding from policymakers for grassroots initiatives and ongoing anti-racism training to build capacity and maintain momentum across the sector.

Overall, participants agreed that dismantling systemic inequities requires a multi-level approach, combining personal reflection, political advocacy, structural reform, and continuous education, to create a truly anti-racist and inclusive healthcare system.

Integrating Trauma-Informed Wellbeing Support

Discussions regarding structural racism and health inequalities frequently trigger heightened, painful, and generational trauma among minoritised ethnic groups. Traditional event structures often fail to provide the emotional safety necessary for participants to engage with these sensitive topics. To address this, a trauma-informed approach was piloted, recognising that trauma is not merely an individual experience but one passed through generations and reinforced by systemic racial hierarchies.

The Wellness Room

A dedicated “Wellness Room” was established to provide a sanctuary for emotional stability and reflection. The service offered:

- Pre-event and post-event support: “Pep talks” and de-escalation for triggered emotions.
- Safe Space: A dedicated room – a transformed university environment designed to foster calmness and peace.
- Specialist care: Support provided through a lens of empathy and relatability, acknowledging the “emotional armour” workers often wear to survive racist environments.

Recommendations for Future Events

1. Provide designated support: All anti-racism events should include a physical “wellness space” staffed by therapists with lived experience.
2. Integrated planning: Wellbeing support must be advertised in advance, and event schedules must explicitly allocate time for attendees, organisers, and panellists to access these services.
3. Holistic inclusivity: Support should be available to all participants, acknowledging the anxiety and fear of backlash often felt by organisers and speakers.
4. Follow-up pathways: Implement feedback loops to address concerns raised during events and provide clear referral pathways for ongoing support.



Mimie F. Oudaungh of Authentik Consultancy Services Ltd, pictured here, facilitated the trauma informed section.

Plenary, reflections, and close

This BHM event, *When Lions Tell Their Story, Why Don't Systems Act?* concluded with a creative and reflective closing by Tawona Ganyamatopé Sitholé, who used music and storytelling to summarise key insights from the day. His approach highlighted the interconnection between lived experience, artistic expression, and systemic reflection, leaving participants with a memorable and impactful message about the urgent need for change.

The event successfully created a brave and collaborative space for interrogating systemic racism within healthcare. Discussions across panel presentations, facilitated table dialogues, and interactive sessions affirmed that meaningful change requires sustained, collective effort. Central to this effort are:

- Centring lived experience: Recognising valuing and platforming the voices of people within communities most affected by inequity.
- Disrupting entrenched power structures: Challenging systemic barriers that perpetuate disparities in healthcare access, treatment, and outcomes.
- Embedding anti-racist practice and intersectional approaches to stigma and discrimination at all levels.
- Ensuring that equity, inclusion, decolonisation and intersectional principles are integrated into healthcare delivery, policy, and governance.

By foregrounding community perspectives and highlighting practical models of decolonising work, the event provided both inspiration and a clear challenge: listening to the “Lions” must now be followed by tangible systemic action. The closing remarks by Dr Judy Wasige reinforced this commitment, promising that follow-up programmes and initiatives would continue to translate the discussions of the day into actionable outcomes.

The event left participants with a renewed sense of responsibility and possibility, emphasising that sustainable, equitable healthcare requires ongoing collaboration, reflection, and structural transformation.

When Lions Tell Their Story, Why Don't Systems Act?

ORGANISED BY:



University for the Common Good

IN COLLABORATION WITH:

