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The relationship between racism and the mental health of working Black Women and Women of Colour - a Scoping Review

Research Report for the

Degree of Master of Public Health

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The research report partially fulfils the requirement for a *Master of Public Health degree in the School of Public Health at the University of Witwatersrand*.

Declaration

I, ___Rayana Rassool___, declare that this thesis is my own, unaided work and that I have acknowledged all source documents. It is being submitted for the Degree of Master of Public Health, Social and Behaviour Change Communication at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

___

(Signature of candidate)



31 May 2025

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Finally, I dedicate this thesis to my youngest brother, who died in 2022 by suicide. His passing has deepened my commitment to mental health advocacy, and I am determined to devote efforts towards finding meaningful solutions in this crucial area. This thesis is my small contribution.

Rayana Rassool

Abstract

Introduction

Racism—both systemic and interpersonal—remains a pervasive global phenomenon with profound implications for mental health. Yet, the specific impact of racism on the mental well-being of working Black women and women of colour remains under-researched and poorly understood. This gap in the literature underscores the urgent need for a comprehensive review of global studies that examines the relationship between racism and the mental health of these women, whose experiences are shaped by intersecting systems of oppression in the workplace and beyond.

Aim This comprehensive scoping review explores the intricate relationship between racism and mental health among working Black women and women of colour

Methodology

The PRISMA-ScR extension for scoping reviews was used to help organise the data into the context, concepts, searchable terms, inclusion and exclusion criteria and to identify the extracted data The following search terms were used Racism OR discrimination OR racial bias AND burnout OR mental health OR stress or depress* OR anxiety OR PTSD AND black women OR "women of colour" AND work OR occupation OR career OR employ* – (apply date range 2008 – 2023) in two databases, PsychInfo, and PubMed. Titles and abstracts were reviewed using inclusion and exclusion criteria. Through this approach we found 320 papers and after reviewing titles and abstract included 24 studies for final review.

Results

The review highlights how systemic and interpersonal forms of racism impact psychological well-being, underscoring the complex interplay between racism and mental health. It reveals that racism, both in its overt and subtle forms, adversely affects mental health outcomes, leading to heightened stress, anxiety, and depression among black and women of colour in the workplace. Studies described the impact of racial discrimination on brain function and the psychosocial effects observed in multiple workplaces. The analysis highlights significant gaps in the research, particularly the need to have more studies focusing on Black women and women of colour outside of the United States of America and the United Kingdom. While substantial research exists on the barriers faced by these groups in the workplace, there is a clear need for more global perspectives to understand how racism manifests in different parts of the world and affects mental health.

The review identifies a variety of mental health challenges like burnout, anxiety and the stressors that cause it, including work-related pressures, family dynamics, and societal challenges, with racial bias emerging as a particularly damaging factor. It discusses different coping strategies, noting that constructive coping methods, such as problem-focused and emotion-focused approaches, can mitigate stress's adverse effects on mental health. These themes underscore the necessity for understanding everyday experiences of racism and integrating this understanding into supportive practices.

Conclusion:

Given the pervasiveness of racism, there is a need for more focus on Black women and women of colour as this can ultimately also have an impact on their mental health as also evidenced in the research. Their experiences of racial discrimination remain under-researched and what clearly comes through in the review is the need for more research in low- and middle-income countries. Addressing this gap is essential to developing culturally responsive mental health interventions and workplace policies.

Key words: racism, black women and women of colour, mental health, stress, coping and intersectionality

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Chapter 1

1. Introduction

The pervasive and insidious nature of racism profoundly impacts the mental health of working Black women and women of colour. However, this issue still needs to be addressed in research and policy. The term "women of colour" carries significant weight and meaning beyond a simple demographic label. As articulated by Loretta J. Ross, "Women of Colour is not a biological designation. It is a solidarity definition. A commitment to work in collaboration with other oppressed women of colour who have been minoritized. It is a term that has much “power" (Ross, 2011). This definition emphasises the collective identity and shared experiences of women who face systemic oppression, highlighting the importance of solidarity in addressing the unique challenges they encounter, including the mental health burdens imposed by racism. The term was first widely adopted during the 1977 International Women's Year Conference in Houston, Texas, when minority groups proposed a Black Women's Agenda, eventually broadening their alliance to include all women of colour. This origin reflects the political and ideological roots of the term, highlighting its significance in promoting solidarity among women facing systemic oppression rather than reducing them to their racial or ethnic backgrounds (Ross, 2011).

This scoping review aims to explore and map the literature on the intersection of racism, mental health, and the experiences of Black women and women of colour in the workplace. Despite increasing recognition of racism as a critical social determinant of health, significant gaps persist in understanding how racism specifically influences mental health outcomes in these populations (Paradies, 2013).

Racism, both systemic and interpersonal, manifests in various ways that deeply impact mental well-being. Systemic racism includes institutional practices and policies perpetuating inequities in healthcare, education, employment, and housing (Braveman, et al., 2022). Interpersonal racism encompasses overt and covert acts of discrimination experienced in daily interactions. Both forms of racism contribute to a range of adverse mental health outcomes, including increased levels of stress, anxiety, depression, and other psychological disorders (Schouler-Ocak, et al., 2021).

Research has consistently demonstrated that the mental health of Black women and women of colour is adversely affected by these discriminatory experiences. For instance, studies have

shown that exposure to racism contributes to chronic stress, which in turn exacerbates mental health issues such as depression and anxiety (Williams, 2018). Furthermore, research by scholars such as Williams and Mohammed (2009) and more recent studies have highlighted how racism-related stress can lead to physiological responses that compound mental health challenges, such as increased cortisol levels and cardiovascular strain.

The intersectional nature of racism complicates these experiences. Black women and women of colour face unique stressors due to the convergence of racial and gender biases, which can exacerbate the impact of discrimination (Jackson, et al., 2020). Studies by Crenshaw (1991) and others have illustrated how intersecting identities can magnify the effects of discrimination, leading to compounded mental health burdens. This intersectional approach underscores the importance of examining how multiple forms of discrimination interact to affect mental health outcomes. Intersectionality, coined by Crenshaw, identifies how people's different life experiences are not shaped by one thing but by multiple overlapping things that ultimately form them (Daya & April 2021). Crenshaw showed that Black women had the most overlapping oppressions and thus were the most discriminated grouping. A 2023 McKinsey report says that Black women's careers continue to lag significantly. Black women's promotion rates have dropped from 96 Black women to every 100 men in 2020 and 2021 to only 54 Black women being promoted for every 100 men in 2023.

This review draws on a wide range of literature to provide a comprehensive overview of how racism affects mental health among Black women and women of colour globally. It synthesises findings from various studies to illustrate the specific ways in which racism impacts mental health, including the role of systemic inequities, interpersonal interactions, and the cumulative effect of daily microaggressions in the workplace. McKinsey's report focuses on these microaggressions, describing them as a form of everyday discrimination that comes from people's biases. These include comments and actions that can be hurtful, especially to Black women and women of colour. While the report says that women, in general, experience increased rates of microaggressions as compared to men, the report points out that women with marginalised identities experience them more often and in a more severe way (McKinsey report, 2023).

The review also addresses the broader implications of these findings, including how racism contributes to disparities in mental health services and outcomes. It highlights the urgent need for targeted interventions and policies to address the mental health impacts of racism among black women and women of colour. In addition, the review explores coping mechanisms and resilience strategies employed by Black women and women of colour. It examines how these individuals navigate and mitigate the psychological impact of racism, drawing on community support, cultural practices, and personal resilience. Understanding these strategies is crucial for developing effective mental health interventions and support systems that are culturally relevant and sensitive to the unique challenges faced by these populations.

The review concludes by emphasising the need for continued research and systemic change to address the mental health impacts of racism. It calls for increased focus on intersectional research, policy reforms, and community-based interventions that recognise and address the specific mental health needs of Black women and women of colour. By providing a comprehensive overview of the current literature and identifying critical areas for future research, this scoping review aims to contribute to a deeper understanding of the complex relationship between racism and mental health and to advocate for meaningful changes that promote quality and well-being for these underprivileged groups.

1.1 Background to the research

Numerous studies have highlighted the link between racism and adverse health outcomes among Black populations. They are highlighting the impact of racism on physical, mental, spiritual, and social health and well-being (Devakumar et al., 2022). Shanshan Sheehy et al. (2023) in their study reported that among 47-thousand US Black women who reported experiences of interpersonal racism in situations involving employment, housing, and interactions with police had an increased risk of stroke, even after accounting for demographic and vascular risk factors. This suggests that the high burden of racism experienced by Black women in the United States may contribute to racial disparities in stroke incidence (Sheehy, et al., 2023). This is not isolated, and the trends show that discrimination and racial prejudice contribute to increased stress, mental health issues, such as depression and anxiety.s (Gibbons, et al., 2021). While racism broadly influences general health outcomes, its effects on mental health warrant focused attention, as they manifest through unique psychological stressors such as chronic exposure to discrimination, internalized stigma, and intergenerational trauma. Mental health in the workplace has long been recognised globally as a concern and the World

Health Organisation (2022) highlights the impact of poor management, excessive workloads and inadequate support. More recently, conditions have gotten worse due to increased job security and other issues. The pandemic – COVID 19 further intensified these stressors, contributing to a 25% global rise in anxiety and depression.

Access to services, which, although shaped by systemic racism within health systems, also involves distinct structural barriers such as geographic availability, insurance coverage, cultural competency, and language access. Research consistently highlights that systemic racism significantly contributes to health disparities among Black individuals (Bailey, et al., 2017). This form of racism manifests in various ways, including discrimination in healthcare settings, which leads to unequal access to necessary health services. As a result, Black individuals often experience poorer health outcomes, such as higher rates of chronic diseases, maternal mortality, and mental health issues (Bailey et al., 2017). Moreover, the cumulative effects of systemic racism contribute to shorter life expectancies for Black people compared to their white counterparts (Williams & Mohammed, 2009). These disparities underscore the urgent need for targeted policies and interventions to address the structural factors driving these inequities.

These experiences of systemic racism can have a significant impact on their mental health and well-being. Mental health is defined as the state in which an individual realises their abilities, can cope with the everyday stresses of life, can work productively and fruitfully, and can contribute to their community (WHO, 2014). Well-being is a broader psychological, emotional, social, and economic construct encompassing mental health, but it recognises the need for a holistic approach to wellness. Mental health and well-being occur on a continuum, from feeling entirely well to feeling distressed to the point of experiencing a diagnosable mental health condition. Mental health and well-being are universal phenomena – each person exists at a point along the continuum at any given time in their life (WHO, 2014).

The interconnectedness of racism and mental health is distinctive. It can contribute directly to the high levels of stress and depressing and trauma in Black women and women of colour (Paradies et al., 2015). Continuous exposure to racism in daily life can cause chronic and cumulative impact on a person presenting with psychological strain.

Pieterse, Todd, Neville, and Carter (2012) conducted a meta-analytic review examining the relationship between perceived racism and mental health among Black American adults. Drawing from 66 studies, the authors found a robust and statistically significant association between perceived racism and negative mental health outcomes, including anxiety and

depression (r = .20), psychiatric symptoms (r = .27), lower life satisfaction and self-esteem (r = .12), and general psychological distress. These results demonstrate that racism acts as a chronic psychosocial stressor with measurable psychological harm. The study highlights the importance of recognizing racism not only as a social injustice but also as a critical determinant of mental health, with significant implications for clinical practice, policy, and future research aimed at addressing racial disparities in mental health outcomes.

It can be a chronic stressor that triggers physiological stress responses that can impact cortisol levels and inflammation—which increase the risk of conditions like hypertension, cardiovascular disease, and weakened immune function (Williams & Mohammed, 2013). Beyond direct biological effects, racism limits access to quality healthcare, healthy food, safe environments, and economic opportunities, contributing to disparities in chronic illnesses, mental health disorders, and overall life expectancy (Paradies et al., 2015).

Mental health services are mostly not considered in some parts of the world and often don't even consider cultural differences in how people are diagnosed (Nadeem et al., 2021; Caballero et al., 2020). This means that we should not only look at the access to healthcare in terms of availability but also taking into account fairness, cultural connectedness and inclusion (Institute of Medicine, 2013; Spencer et al., 2019). Economic inequality, lack of insurance, geographic isolation, and culturally inappropriate models of care can impede the ability of Black women and Women of Colour to access timely adequate services (Shim, 2015). Even if services are available, they may not be accessible in a meaningful sense if they are not responsive to the lived realities, languages or values of those they are meant to serve.

The decision to focus exclusively on working women within this thesis is both intentional and strategic. One justification was that there was some accessible data. The workplace is also a critical area for understanding how gendered and racialised power can operate in organisations with set hierarchies (Acker, 2006). Limiting the study to working women aligns with the practical scope of the research, which seeks to inform workplace policy and equity initiatives.

While it is vital to resist conflating employment with empowerment—particularly given the exploitative conditions often faced by Black women and women of colour in low-paid or precarious work (Hooks, 1984)—this targeted approach can provide nuanced, actionable insights. By foregrounding employment without disregarding the broader socio-political

landscape of racism and gender inequality, the thesis remains both focused and critically engaged.

More recently, the concept of burnout has been seen as a significant mental health disease, even adopted by the World Health Organisation as an ‘occupational phenomenon’ (WHO, 2022). Since the late 1970s, burnout has been acknowledged as a phenomenon in the workplace. However, it has become increasingly concerning in recent years, impacting people of all ages and professions (Bianchi et al., 2019). Those in the medical field, education, dentistry, farming, nursing, social work, academia, and even college students report high levels of burnout (Tops et al., 2017). Extreme fatigue diminished emotional and cognitive functioning, mental detachment, and emotional impairment are the hallmarks of this widespread problem. Emotional tiredness results in a drained sensation, mental detachment causes cynicism towards work, processing capacities are affected by cognitive impairment and emotional regulation is hampered by emotional impairment (Lee, et al., 2024).

Despite it being prevalent in various organisations and workplaces, governments, legislators, and medical experts frequently ignore burnout. According to Nadon et al. (2022), how the medical system views and categorises burnout is the root cause of this lack of intervention. Burnout is classified by the World Health Organization as an occupational problem associated with ongoing workplace stress (Edú-Valsania et al., 2022). According to a novel viewpoint by De Beer et al. (2022), burnout is a condition of weariness related to one's employment that arises from an imbalance between job expectations, available resources, and coping mechanisms. This slow onset of burnout emphasises how crucial it is to treat ongoing workplace stress and encourage a positive work-life balance to lessen its effects on people and businesses.

Conducting a scoping review that identifies and synthesises existing literature is crucial. Multiple studies in recent years have examined the association between racism and health, consistently finding that exposure to racism significantly impacts both physical and mental well-being. For instance, Paradies et al. (2015) conducted a systematic review. They found that experiences of racism are linked to adverse health outcomes. For mental health they found associations between racism and psychological distress, depression, anxiety, and reduced well-being, with effects intensifying through cumulative exposure. For physical health consequences included cardiovascular issues, inflammation, hormonal disruptions, and compromised immune function, though with smaller effect sizes than mental health impacts.

These physical manifestations occur both through direct physiological stress responses and indirectly via reduced healthcare access and altered health behaviours.

Similarly, Gee and Ford (2011) identified that chronic exposure to racism contributes to the development of stress-related illnesses, which exacerbate existing health disparities. The work of Williams and Mohammed (2009) also supports these findings, highlighting that racial discrimination is a critical factor in explaining the persistent health inequalities observed in minority populations. However, there is a scarcity of research looking into Black women and women of colour when dealing with mental health. This scoping review shows the cause for further study and understanding of what research has already been undertaken. Still, this scoping review mainly looks at the relationship between racism and adverse mental health and what research exists to link these two things together, as well as the research relating to culture, stigma, and racism (April, 2008). The aim is also to understand if there are unique factors listed to show the links between being a Black woman or a woman of colour in the workplace and the existence of mental health issues.

A growing body of scholarship underscores the importance of analyzing social identities not as isolated categories but as interlocking systems of oppression and privilege. Coined by Crenshaw (1989), the concept of intersectionality provides a critical framework for understanding how individuals experience overlapping forms of marginalisation, particularly at the intersections of race, gender, sexuality, and other identity markers. In the context of this thesis, incorporating intersectionality early in the discussion is essential to situating the lived realities of marginalised communities whose experiences are shaped not by a single axis of identity, but by their confluence. For example, Black queer women may navigate systems of power and exclusion differently than white heterosexual women or Black heterosexual men—realities that cannot be fully understood through a singular lens of either race, gender, or sexual orientation alone.

Recently, literature has emphasised that neglecting intersectionality in research risks producing partial or skewed analyses that fail to account for the full spectrum of social inequality (Collins and Bilge, 2016; Purdie-Vaughns and Eibach, 2008). In studies concerning Lesbian, Gay, Bisexual, transgender, queer and Intersex + (LGBTQI+) populations, for instance, the overrepresentation of white, cisgender, middle-class individuals have obscured the specific challenges faced by trans people of colour, whose experiences often include compounded exposure to violence, health disparities, and institutional discrimination (Bowleg, 2008). Thus,

embedding intersectionality into the foundational framework of this thesis is not only theoretically sound but methodologically necessary. It ensures that the subsequent analysis moves beyond tokenistic inclusion and instead seeks to critically engage with how power operates through interwoven structures of race, gender, and sexuality from the outset.

The 1946 World Health Organization (WHO) Constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being." It defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" and prohibits discrimination in realisation of this right (WHO et al., 2001).

Paradies et al. (2015), in their systematic review of racism as a determinant of health, found that there was an impact of racism on physical health. Furthermore, their review also found a significant association between racism and overall health.

Most existing studies mainly focused on conceptual and methodological advancements in studying the role of racism in health disparities in the United States. Williams et al. (2008) found that mental health is adversely affected in historically racialised societies. They discovered that racism had an unmistakable impact on mental health through the observance of other stressors and psychological factors. More recently, the *Lancet Journal* did a volume solely focused on social determinants of racism, called "Racism, xenophobia, discrimination, and health." The series examined the profound impacts of racism as a fundamental determinant of health inequities globally. Published in 2022, it discussed how racism, xenophobia, and discrimination are critical determinants of health and equity. They conclude that these discriminations must be addressed if the world is to improve health outcomes (Pilecco, 2019). They delve deeper into the more harmful effects of racism on health.

Another study by Ariola et al. (2007) showed that Black women suffer disproportionately from poor health. For almost every health indicator, they experience excess morbidity and mortality in comparison to white women. This scoping review will assess the relationship between racism and the mental health of working Black women and women of colour.

1.2 Definition of Terms

Racism is a pervasive and deeply rooted social issue that affects individuals and communities on multiple levels (Bailey et al., 2017). Among those most affected are professional, working Black women and women of colour, who experience a unique intersection of racism and

gender-based discrimination. Several definitions are critical to this research; these are provided below:

- **Racism** - Belief, practices, and upholding of a social, cultural, political, and economic system that reproduces a racial hierarchy that benefits white people and oppresses Black, Brown, and Indigenous people (Racial Equity Tools, 2013)
- **Race** - Groupings of people based on physical appearance and presumed ancestry, such as Black, white, persons of Colour, South Asian, East Asian, Middle Eastern, or Indigenous Mexican (Oppenheimer, 2001).
- **Ethnicity** - Groupings of people based on their cultural identities as a people with a joint history, for example, as isiZulu, isiXhosa, Cape Malay, etc (Nagal, 1994)
- **Global South** - An alternative term to "developing countries" or "Third World". Countries that mainly are in the southern hemisphere and often have been colonised by European or other countries in the "Global North." (Williams et al., 2014)
- **Colonial legacies** - Current phenomena due to, like, or otherwise a continuation of phenomena typical of European colonisation of other parts of the world. For example, unequal relationships of power, domination, and subjugation between white Europeans and people of colour.
- **Overt racism** describes behaviours that are commonly recognised as racism, being harmful or unfair things, that people say, do, or think based on the belief that their race gives them an enhanced status of some sort (e.g. intelligence, physical, moral, etc.). (Amnesty International Report, 2020)
- **Racial microaggressions** describe a broad range of acts or remarks that make someone feel insulted or poorly treated because of their race. There may be no harmful intent behind the act or remark, and they can seem benign to people who do not understand their impact. However, in combination with similar acts or comments over time, they cause significant emotional harm and stress responses in personal and professional interactions (Amnesty International Report, 2020)
- **Bias and systemic racism** describe the often-subtle ways that our cognitive and largely unconscious acts embed differential treatment between people of different races in our everyday behaviours and responses (Amnesty International Report, 2020)
- **Racial equity** refers to both the process and the outcome that results from fair and just inclusivity of people of all races, taking into careful consideration all the historical and current inequities experienced by individual racial groups (The Racial Equity Index, 2022)

The definitions above will be utilised throughout the thesis. For this reason, I have used some terminology developed by the Racial Equity Index (2020), which is a collective formed by a dedicated group of people who wanted to explore the lack and need for racial equity within the international development sector and are made up of a Black, Indigenous and people of colour (The Racial Equity Index, 2022). In addition, I have sourced terminology from some international NGO reports on racism and have included them.

Chapter 2

2.1 Literature review

The mental health impacts of racism on Black women and women of colour represent a critical and yet underexplored area within public health and social sciences. The persistence of systemic and interpersonal racism profoundly shape psychological well-being, often resulting in heightened rates of anxiety, depression, and chronic stress among affected populations. Understanding this topic is significant because it highlights how mental health disparities are not solely individual issues but are deeply rooted in structural inequalities that disproportionately burden racialised women.

This literature review examines key themes of racism in the workplace, including the effects of racial discrimination, and how Black women and women of colour cope with it. By using existing studies, the review seeks to establish a nuanced understanding of how racism uniquely affects the mental health of working Black women and women of colour, setting the stage for targeted policy and practice responses in the workplace to address it.

2.1.1 Racism in the workplace

Research on racism in the workplace highlights both its prevalence and its insidious forms. Studies show that employees from marginalized racial and ethnic groups consistently face racism in the form of workplace harassment, unequal pay, and limited promotional opportunities. For example, a Catalyst study found that 66% of employees from marginalized groups across six countries experienced racism, with common manifestations including derogatory comments and professional inequities such as being passed over for promotions or receiving unequal workloads. These behaviors are often perpetuated by leaders and co-workers, with white individuals frequently being the instigators (Catalyst, 2023).

Another study from McKinsey focuses on the racial disparities in career advancement, revealing that structural barriers and biases prevent Black employees from advancing to senior management roles. These issues are compounded by systemic inequities in organisational policies, hiring, and promotion practices, which often favour white leadership styles and modes of presentation (McKinsey, 2021).

These findings suggest that organisations must commit to anti-racist practices by reforming their policies to promote racial equity and create safer, more inclusive environments for marginalised employees.

2.1.2 Racial Discrimination affect mental health outcomes

Fani et al. (2021) examined how racial discrimination impacts mental health-related outcomes in Black women. Using a cross-sectional study among 55 trauma-exposed Black women from the United States, they delved into the associations of racial discrimination experiences with patterns of neural response and behaviour to trauma-relevant images. Their findings suggest that experiencing racial discrimination was associated with a "*disproportionately greater response in brain regions associated with emotion regulation and fear inhibition and visual attention*" (Fani et al., 2021, p. 3). They suggest that this may represent pathways for race-related health disparities. This is one of the first research papers that has explored the impact of racism on brain function and health. In her thesis about racial workplace experiences of Black employees, Magubane (2019) analysed the South African post-Apartheid workplace experience and said that it seems to "promote the production of racist action as a normative workplace practice". Magubane further asserts that the post-Apartheid workplace experience contributes to the psychosocial degradation of Black employees due to issues that include silencing Black employees with "post-racialist" and "colour-blind" claims (Magubane, 2019).

Williams, Neighbors, and Jackson (2003) explore how institutionalised racism affects the mental health of African American women, leading to higher rates of psychological distress and mental health disorders. Additionally, a study by Watson-Singleton et al. (2017) highlights the cumulative impact of racial discrimination on the mental health of Black women, emphasising the chronic nature of this stressor. This can be viewed through the critical lens of the social determinants of health (SDOH) paradigm, which acknowledges that social and structural factors that impact people's lives, jobs, and interactions have a significant impact on their health outcomes and cannot be exclusively attributed to personal choices or access to healthcare (Bailey et al., 2017; Solar & Irwin, 2010).

Systemic or structural racism (Bailey et al., 2017) increases SDOH disparities for Black women and women of colour, which has a variety of detrimental effects on their mental health. Further research has shown that racism and discrimination are heavy contributors to the poor health of

Black people (Williams, 2019). These can result in increased rates of depression, prolonged stress, trauma and anxiety, and even heart disease and type 2 diabetes.

Increasingly, studies are focusing more firmly on the links between racism and health and improved ways of addressing this. However, Williams (2019) and his team are urging more understanding of how to reduce and eliminate the adverse effects of racism on health. They argue that structural racism is the most invasive way that racism affects health. The evidence shows that residential segregation is one way that racism can impact the health of Black individuals. Racial residential segregation is categorised as the living arrangements across different neighbourhood environments by race. The study highlights evidence from a longitudinal study of ethnic minorities in the United Kingdom, which identified a dose-response relationship between the accumulation of experiences of discrimination and the deterioration in mental health, with the most significant degree of mental health deterioration evident among those who reported two or more experiences of discrimination at both time points.

Wadsworth et al. (2007) show that work stress could be related to exposure to racial discrimination in the workplace among Black African-Caribbean women, and this may affect their psychological well-being. The paper examines the intricate link between racial discrimination, ethnicity, and work-induced stress. Investigating these dynamics, the study explores how experiences of racial discrimination impact stress levels among diverse ethnic groups in work environments. Analysing data from occupational settings, the paper sheds light on how discrimination affects work-related stress, offering insights into the intersectionality of ethnicity, discrimination, and occupational well-being.

Tobias and Joseph's (2020) paper 'Sustaining Systemic Racism Through Psychological Gaslighting' examines how police use local news media to deny racial profiling and justify carding practices. Through meticulous analysis, the study reveals how these narratives manipulate perceptions by downplaying the reality of racial profiling. By dissecting media discourse, the authors expose how these tactics sustain systemic racism, minimising the true extent of discriminatory practices. This research highlights the crucial role of media in shaping societal views, emphasising the need for critical examination and awareness regarding the portrayal of racial issues in news coverage. Moreover, in their analysis, they also speak about a form of racial gaslighting. They describe the psychological effects of gaslighting on Black

people, which include an increasing sense of alienation and disenfranchisement. (Daya & April 2021, Levchak, Charisse 2018).

Williams et al. (2019) studied the link between racism and poor health in the United States. Their research focused on various populations within the U.S., examining how experiences of racial discrimination impact both mental and physical health. The study highlights the widespread effects of racism on health disparities among different racial and ethnic groups within the country.

Understanding the complex relationship between racism and mental health requires an understanding of stress. Racism is not only an abstract idea for working Black women and women of colour; instead, it is a constant source of stress that has a significant negative influence on their mental health (Vance et al., 2023). Meyer's (2003) Minority Stress Model, which holds that racism and other stresses faced by marginalised groups are responsible for poor mental health outcomes, provides a clear explanation for this relationship.

2.1.3 Ways of Coping and resilience

In addition, Black women and Women of colour respond to the stresses in their lives by using various coping strategies. These coping mechanisms might range from resilient and adaptive techniques to damaging and dysfunctional actions.

Studying racism is not solely about acknowledging its historical existence but also about understanding its current manifestations, effects, and potential solutions. In South Africa, mainly where 89% of people lived under white minority rule during Apartheid, the wounds and legacies of the past are still very prevalent (April & Daya, 2021). While racism has been present throughout history, its forms, expressions, and implications have evolved due to various social, cultural, political, and economic factors (Solomos, 2020).

Mental health services that are culturally competent and readily available are necessary to address the mental health needs of working women of colour, especially Black women. Cultural competence in mental health care entails knowing and respecting varied groups' cultural values, beliefs, and experiences to ensure that services are customised to each patient's requirements. Studies have repeatedly shown how crucial culturally appropriate interventions are to reducing the gaps in mental health within these groups (Griner & Smith, 2006).

The confluence of racism, sexism, and classism presents several obstacles for working Black women and women of colour. Many people in these communities show incredible perseverance and empowerment in the face of these hardships, proving they can survive and thrive in adversity. In the context of mental health, the ideas of empowerment and resilience are closely related to the Post-Traumatic Growth Theory, which contends that people who have experienced trauma, including racism, can go through a process of personal growth and improve their mental health (Tedeschi & Calhoun, 2004).

According to Tedeschi and Calhoun (2004), people can go through traumatic events and then go on to have good psychological improvements. According to this hypothesis, racism and other forms of adversity experienced by Black women and women of colour in the workforce can act as a catalyst for personal development and better mental health results. Increased resilience, a clearer sense of purpose, more empathy, and a better sense of community belonging are examples of how such growth could appear (Tedeschi & Calhoun, 2004).

In conclusion, working with Black women and women of colour can lessen the negative consequences of racism on their mental health by embracing resilience and empowerment. Post-traumatic growth theory provides a framework for comprehending how trauma can result in personal development, emphasising the possibility of growth even during hardship. Through mentorship, education, community support, cultural pride, and intersectional methods, individuals from these communities can effectively harness their inherent strengths and resources to create excellent mental health outcomes by cultivating resilience and empowerment.

2.2 Problem Statement

Mental health is increasingly recognised as a critical public health priority, with nearly a billion people affected globally. In 2019, the World Health Organization (WHO) reported that one in every eight people worldwide was living with a mental disorder, with anxiety and depressive disorders being the most prevalent (WHO, 2019). The persistence of racism in many countries and settings intersects with other social determinants, such as gender.

Discrimination exacerbates mental health issues. The constant exposure to racism creates a hostile environment that erodes self-esteem and fosters feelings of hopelessness and helplessness among Black people and people of colour (PoC) (Sue et al., 2008). This psychological burden can lead to a state of hypervigilance, where individuals are constantly on

guard against potential threats, further exacerbating mental health issues (Williams & Mohammed, 2009).

Workplaces are critical environments where racial discrimination can manifest, significantly impacting employees' mental health. Research shows that racial discrimination in the workplace leads to increased stress, anxiety, and depression, particularly among Black employees who are disproportionately affected. Chronic exposure to such discriminatory practices exacerbates mental health disparities, making Black individuals especially vulnerable to poor mental health outcomes (Vance et al., 2023; Schouler-Ocak et al., 2021). Addressing these issues within workplace settings is crucial for promoting mental well-being and ensuring equitable treatment for all employees.

The intergenerational transmission of trauma is another significant concern, as the effects of racism are not confined to the individual experiencing it but can be passed down to subsequent generations. This phenomenon, often referred to as "intergenerational trauma," means that the children and grandchildren of those who have experienced racism may also suffer from its psychological and physical consequences, even if they do not face the same level of discrimination themselves (Comas-Díaz, 2016). This perpetuates a cycle of disadvantage and health disparities that are difficult to break.

Social determinants of health (SDoH), such as access to quality healthcare, education, and economic opportunities, are also negatively impacted by systemic racism. Black people and PoC often face barriers to accessing these essential services, which further exacerbates health inequities (Bailey et al., 2017). For example, racial biases in healthcare settings can lead to misdiagnoses, under-treatment, and poorer health outcomes for these populations (Hall et al., 2015). Moreover, the stress of navigating a system that is often hostile or indifferent to their needs further contributes to the deterioration of their health. The detrimental effects of racism on the physical and mental health of Black people and PoC are far-reaching and multifaceted. These effects are rooted in both individual and systemic racism, contributing to chronic stress, mental health disorders, intergenerational trauma, and disparities in social determinants of health.

A useful framework to use to support the research is the Social Ecological Model (SEM). It helps with the understanding of how various levels of influence—individual, interpersonal, community, institutional, and societal can interact to shape health outcomes. In the context of racism and mental health, SEM allows for an exploration of how experiences of racism at each

level contribute to mental health disparities among Black women and women of colour. At the individual level, factors such as personal experiences of discrimination and internalized racism can lead to psychological distress and coping challenges (Soto, Dawson-Andoh, & Witherspoon, 2016). At the interpersonal level, microaggressions and biased interactions within personal relationships and social networks can exacerbate feelings of alienation and stress (Soto et al., 2016). At the community level, the availability and accessibility of culturally competent mental health services play a crucial role in either mitigating or amplifying the effects of racial discrimination on mental health (Soto et al., 2016).

At the institutional level, systemic racism within organizations, such as healthcare institutions, can result in discriminatory practices that affect the quality of care and mental health outcomes for women of colour (Soto et al., 2016). At the societal level, broader societal norms and policies that perpetuate racial inequalities contribute to the cumulative stress experienced by marginalized groups, impacting their overall mental well-being (Soto et al., 2016). By applying SEM, researchers can identify the multifaceted ways in which racism influences mental health and highlights areas where interventions can be implemented to address these disparities.

Utilising the SEM framework not only provides a structured approach to understanding the complex relationship between racism and mental health but also helps in pinpointing specific levels where targeted interventions can be most effective. This approach aligns with the need to develop research aims and objectives that are coherent and focused, addressing the multifactorial nature of mental health disparities among Black women and women of colour.

2.3 Justification

While global studies have shown that there is international literature on racism as a social determinant of health, there is limited research focused on understanding how Black women experience racism and its impact on their mental health in the workplace (Dantas-Silva et al., 2023). Recent studies have brought a strong focus on racism as a social determinant of health. However, most studies have focused on physical health, and a few have focused on working women.

A broader understanding of racism as a social determinant of health is critical to support and assist organisations that want to create an anti-racist workplace that supports specifically Black women who are already embarking on change processes within their organisations and thus

need to create safe spaces in which Black women and women of colour can thrive in the workplace (Schouler-Ocak et al 2021).

2.4 Research question, overall aim, specific objectives

Research question:

In the context of socioeconomic determinants of health, what are the experiences of racism, and how do they contribute to mental health inequalities among working Black women and women of Colour globally?

Aim of the study:

The study aims to explore the published evidence describing the relationship between racism and the mental health of working Black women and Women of Colour globally.

Specific objectives of the study:

1. Identify the types of mental health challenges, including burnout and forms of racism encountered by working Black women and women of colour in the workplace.
2. Explore the relationship between racism and the mental health of working Black women and women of colour.

Chapter 3

3. Methodology

3.1 Study design

A scoping review was conducted to understand the topic presented. This is a type of evidence synthesis that aims to systematically identify and map the breadth of evidence available on a particular topic, field, concept, or issue, often irrespective of source (i.e. primary research, reviews, non-empirical evidence) within or across specific contexts (Moher, 2009). Scoping reviews can clarify critical concepts/definitions in the literature and identify key characteristics or factors related to an idea, including those about methodological research (Arksey & Malley, 2005). Furthermore, a PRISMA-ScR extension for scoping reviews was used to help organise the data into the context, concepts, searchable terms, inclusion and exclusion criteria and to identify the extracted data (Pollock et al., 2023).

Scoping reviews can help us understand what research already exists and lay the ground for future research. They can also support evidence-based practice by highlighting areas needing more targeted systematic reviews or primary research.

To ensure a rigorous and organised scoping review, we followed the PRISMA-ScR methodology, conducting the search using the timeframe, databases, and search terms. Before this, we also had to define and be clear about the topic to guide the review. This initial step focused on the search strategy and selection criteria, setting the framework for the study (Gasteiger et al., 2023).

Search strings were created to facilitate a comprehensive search of the databases. When the search strings were prepared, a two-tier search system was employed. The search string was first entered into each of the two databases and then applied to the title and abstract using the inclusion and exclusion criteria. After the relevant papers have been chosen based on their title and abstracts, full-text screening is performed to filter them further.

The following framework was used:

Timeframe: To gather data over a long enough period, January 2008 and December 2023 were chosen as the starting and closing dates.

Databases: Only English journal articles were collected, and the following databases were used: PubMed and PsycINFO. These databases were chosen because they covered all aspects related to mental health and were easily accessible through the University.

Search terms: Several search strings were developed, and a few iterations were tried and tested before settling on the terms below. The supervisors supported and ran the terms.

Table 1 - SEARCH STRINGS

Search Strings	Hits in Database	
	PubMed	PsycINFO
Racism OR discrimination OR racial bias AND burnout OR mental health OR stress or depression OR anxiety OR PTSD AND black women OR women of colour AND work OR occupation OR career OR employ ((((Racism OR discrimination OR racial bias) AND (burnout OR mental health OR stress or depress OR anxiety OR PTSD)) AND (black women OR women of colour)) AND (work OR occupation OR career OR employ) – (apply date range 2008 – 2023) PSYCHINFO - A.B. (Racism OR discrimination OR racial bias) AND AB (burnout OR mental health OR stress or depression OR anxiety OR PTSD) AND AB (black women OR women of Colour) AND AB (work OR occupation OR career OR employ) (apply date range 2008 – 2023)	210	110

Pollock et al. (2023) clarify that scoping reviews gather key 'concepts or definitions in the literature'. According to the JBI guidance (JBI), the broad nature of scoping review questions allows for the aggregation of evidence from various and different sources, making it a valuable method for summarising existing knowledge and identifying gaps in the literature. They differ from systematic reviews in that they can be broader in scope and utilise a more comprehensive

range of literature. In addition to this, scoping reviews have a different approach to the 'extraction, analysis and presentation of data and results' (Pollock et al., 2023)

Specific inclusion and exclusion criteria needed to be observed when identifying the title. This step encompassed a review of what needed to be mapped out and the need for explicit inclusion and exclusion criteria. Papers from 2008 to 2023 were included in the study, and a thorough search strategy was employed to locate both published and unpublished studies. Two databases—PubMed and PsychInfo—were selected to run the searches.

Once all papers were found in the two databases, they were exported to the referencing software Endnote. All 320 papers were collected into one file on Endnote. Endnote and Excel were used to store and organise the data. All duplicates were removed, and a manual search for duplicates was also conducted after the automatic removal of duplicates. Two more duplicates were identified and removed.

The study followed the JBI steps for a scoping review, including the data extraction process, data synthesis and analysis and quality assurance.

An Excel document was developed to track the studies, and a PRISMA diagram was used (Figure 1). The information extracted included the title, abstract, author/s, participant details, study methodology, background, and important findings relevant to the review questions.

The data extracted covered the following:

1. General study information (first author, year of study, type of work: book, article, thesis, review)

2. Participant sociodemographic data (ethnicity, age, gender, and socioeconomic level)

3. Details on the study's methodology, such as the data collection methods used to gather information on mental health outcomes and racism against working Black women and women of colour.

Once the papers were shown in Endnote, all duplicates were extracted. I also conducted a title and abstract screening process with oversight from my two supervisors.

The final review will include a PRISMA flow diagram (Figure 1) detailing the flow of studies during the scoping review process.

3.2 Population

This review encompassed publications that focused on Black women and women of colour and their experiences of racism and how it impacted their mental health. They needed to be working women but could be from any socioeconomic background, including diversity of age, sexual orientation, and gender identity; by including this diverse range of individuals, the scoping review aimed to provide a holistic understanding of the relationship between racism and the mental health of working Black women and women of colour, taking into account the multifaceted nature of their experiences and mapping out where these experiences were taking place, as well as where the existing literature was located.

3.3 Inclusion and Exclusion Criteria

By focusing on publications from 2008 to 2023, the scoping review aimed to critically examine how systemic racism has impacted the mental health of working Black women and women of colour. This timeframe was chosen to understand these impacts during heightened social awareness and activism comprehensively. These criteria were designed to provide a thorough overview of the existing research in this field. Studies were excluded if they were irrelevant, repetitive, or hindered by language limitations (Moradi et al., 2015).

Inclusion Criteria

- Studies published between 2008 and 2023 to capture contemporary research.
- Research focused on working Black women and women of colour aged 18 to 49.
- Studies exploring the relationship between racism and mental health.
- Use of qualitative, quantitative, and mixed methods research designs.
- Inclusion of various mental health outcome measures.
- Publications from diverse sources, including peer-reviewed journals, theses, and book chapters.
- Studies with a global perspective (no geographical limitations applied).
- Research that specifically addresses mental health within workplace contexts.
- Inclusion of both empirical and theoretical studies to reflect the emerging nature of the field.

Exclusion Criteria

- Studies irrelevant to the topic of racism and mental health among working Black women and women of colour.
- Duplicate or repetitive studies.
- Studies limited by language barriers (non-English publications excluded).
- Research not focused on the working population or outside the specified age range (18–49).
- Studies published outside the specified date range (before 2008).
- Publications without a focus on racism or mental health outcomes.

The review encompassed peer-reviewed journals and other relevant publications like theses and book chapters from local and international authors, covering a global perspective on the mental health experiences of working Black women and women of colour. It did not limit the search to specific geographies; interestingly, the final articles were all from the United States of America (USA) and, therefore, were relatively narrow in geographical scope. The review included diverse study types, including quantitative, qualitative, and theoretical research, due to the nascent global literature on the relationship between racism and mental health. The review aimed to comprehensively understand this emerging field and address existing knowledge gaps by including various methodological approaches.

The study specifically investigated mental health within the context of working environments, highlighting the unique challenges and stressors faced by Black women and women of colour in the workplace. By examining these dynamics, the study sought to offer insights that could inform more equitable and supportive work environments, emphasising the importance of understanding the intersection of race, gender, and mental health to improve the well-being and inclusivity of marginalised women. The study's exploratory nature was intended to map out the current state of knowledge and inform future research directions.

3.4 Data collection (or data sources)

This data collection stage involved searching for studies using the databases selected and the keywords identified. In order to ensure a comprehensive and systematic approach, this research used a structured literature review methodology. It began with identifying relevant academic databases known for extensive collections of peer-reviewed publications in the field of public health, social science and psychology. The key databases identified were Pubmed and

PsycINFO. These journal databases were chosen for their broad coverage and interdisciplinary relevance to the topic of racism as a social determinant of health, more so as it affects mental health in global contexts.

Following the database searches, titles and abstracts were screened against predefined inclusion and exclusion criteria to identify potentially relevant articles. Full-text reviews were then conducted to assess eligibility, and reference lists of selected articles were hand-searched to capture any additional pertinent studies. This rigorous selection process ensured that the final literature was both relevant and representative of current research in the field.

After the search, the titles and abstracts articles were screened using the inclusion and exclusion criteria.

3.5 Data Management

Efficient data management is crucial for organising and synthesising the collected information. All the data collected here, including study design, sample characteristics, findings related to racism's impact on mental health, and relevant methodologies, was added to an Excel spreadsheet. All the data extracted from the 24 empirical studies were systematically recorded in a spreadsheet, accessible only to the myself as the core researcher as well as to my supervisors. Each study was recorded through key information alphabetically - such as study location, population focus, methodology, key findings, and gaps. Data was then stored on a password protected laptop, with regular backups to ensure security and data integrity. No personally identifiable information was collected, and all sources were publicly available, eliminating the need for data anonymisation. As this is a scoping review based on publicly available, published literature, there were no ethical concerns related to data sensitivity, and formal data anonymisation or participant consent was not required.

3.6 Data Analysis

Data analysis is crucial in a scoping review, bridging raw data and meaningful insights. Unlike systematic reviews, which focus on evaluating the quality of evidence and synthesising findings for specific questions, scoping reviews aim to map the extent, range, and nature of research on a broad topic. Data analysis is essential for several reasons (Peters et al., 2020).

Firstly, data analysis helps organise and categorise the vast information typically gathered in scoping reviews. By systematically analysing data, researchers can identify key themes, patterns, and gaps in the literature. This organisation facilitates a clearer understanding of the scope of research, highlighting areas that have been well-studied and those that require further exploration.

Secondly, data analysis enables researchers to draw meaningful connections between different aspects of the studies reviewed. This process involves synthesising information from diverse studies to uncover relationships and trends that might not be apparent from individual studies alone. By doing so, researchers can provide a comprehensive overview of how racism impacts mental health, offering valuable insights into the mechanisms at play.

Moreover, rigorous data analysis ensures the credibility and reliability of the scoping review findings. It involves systematic coding, theme development, and validation of evidence, which contribute to a transparent and reproducible review process. This rigour is essential for presenting findings that are not only accurate but also actionable.

The analysis process involved generating descriptive themes linked to the research questions which were then synthesised into more nuanced themes. These themes were refined and integrated to align with the research questions, providing a deeper understanding of the research findings.

Data analysis is integral to a scoping review as it transforms raw data into structured, insightful information. It helps map the research landscape, identify key themes and trends, and draw meaningful connections between variables. Ultimately, it supports the creation of a comprehensive and reliable overview of the research topic, guiding future investigations and informing practical applications.

For this review – some of these critical steps were considered.

The first step was to review the data gathered thoroughly. The papers and other sources in the scoping review were read carefully to comprehend the information. Detailed notes were made

on the primary conclusions, recurrent themes, and significant patterns relevant to the research objectives. The data extraction process aimed to systematically collect and organise information from the included studies to support a comprehensive analysis of the evidence relevant to the research questions.

An Excel spreadsheet was developed to track and record the data from each study systematically. This tool facilitated the organisation of extracted information and allowed easy retrieval and analysis. The data tracked included study titles, abstracts, authors, participant details, study methodologies, background, and critical findings.

A PRISMA diagram (Figure 1) was developed to visually represent the flow of studies through the review process. This diagram included the number of studies identified, screened, and included in the final analysis, providing a transparent overview of the review process.

The data extraction involved several key components:

General Study Information: Details such as the first author, year of study, and type of work (e.g., book, article, thesis, review) were recorded.

Participant Sociodemographic Data: Information on the ethnicity, age, gender, and socioeconomic level of participants was extracted.

Methodological Factors: The methods used to gather information on mental health outcomes and racism against working Black women and women of colour were documented.

The extraction process was supported by EndNote, where all duplicates were removed prior to further screening. A title and abstract screening were conducted with oversight from two supervisors to ensure the relevance and quality of the studies included.

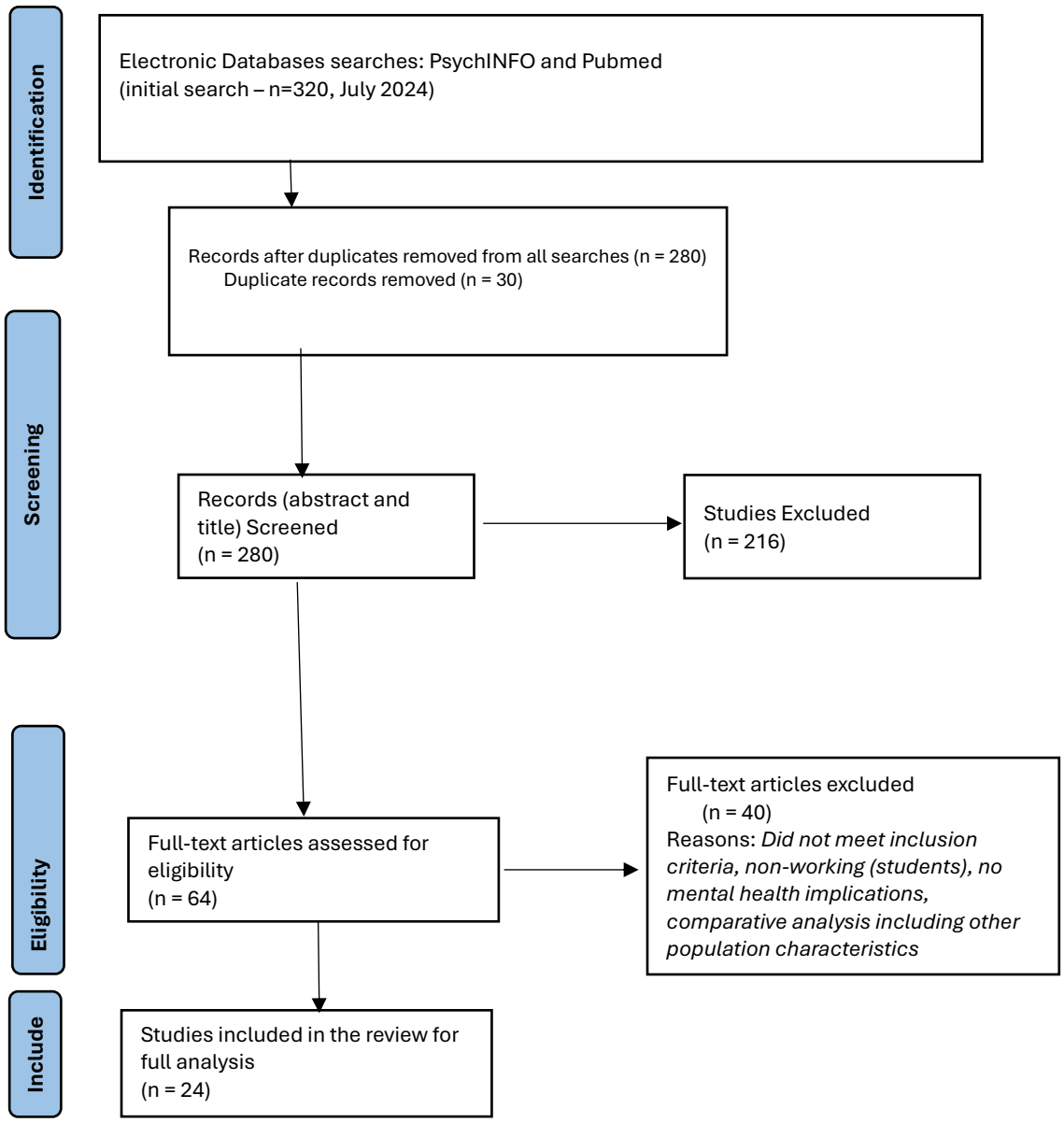
3.7 Ethics

As it is a scoping review, there are no ethical considerations because no human or animal subjects are involved in the research.

Chapter 4: Findings

4.1 Description of articles

Following the PRISMA-ScR guidelines, the initial literature search conducted across PubMed and PsycINFO identified 320 articles. After removing duplicates, 280 unique titles and abstracts remained for screening. Of these, 216 articles were excluded based on the content of their titles and abstracts, resulting in 64 articles deemed eligible for full-text review and inclusion in the scoping review. In total, 24 articles were included in the scoping review and analysed, encompassing a range of research approaches, including qualitative, quantitative, and mixed methods.



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. Doi: 10.1136/bmj. n71

Figure 2 – PRISMA-ScR diagram of the search process

The studies included in this review were conducted mainly in the United States and published over 15 years, as illustrated in Table 1. Even though the search was across the two databases and employed a global lens for looking at racism and mental health among working black women and women of colour, the final 24 articles all focused on the United States, with on paper having an additional focus on the UK as well as the US. This was a book chapter that was written in a narrative essay style produced by two professors of colour. One of the professors was based in the USA and the other professor was based in the UK (Essed & Carberry, 2020).

The figure shows that more literature was published in recent years (2022 and 2023).

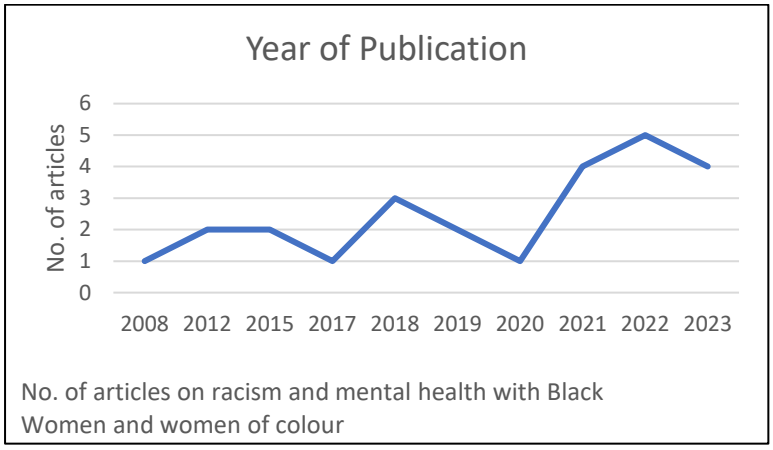


Figure 1: Year of Publication

Table 2 – General Characteristics of the reviewed articles

	n	%
Qualitative articles	14	58.3%
Quantitative articles	3	12.5%
Mixed methods articles	6	25%
Scoping Review	1	4.2%
Total	24	100%

The overview above shows that more qualitative articles were published than quantitative ones, reflecting a broader shift in research methodologies. This can be attributed to a few things, including the deeper exploration of the subject matter in the qualitative articles, including the exploration of more complex behavioural aspects related to racism and mental health that are

not as quickly captured by numbers alone. The qualitative articles provide quite a rich narrative with deep insight through interviews, focus groups, ethnography and other methods.

Table 3: Overview of the methodology, population and sample of the final articles

	Author	Year	Country	Study design	Population	Sample	Data collection methods
1	Almanza, J., et al.	2019	USA	Qualitative	African American	7	Interviews
2	Anderson, P. A	2022	USA	Qualitative	African American	10	Semi-structured Interviews
3	Bacchus, D. N. A.	2008	USA	Quantitative	Black Female Leaders	300	Questionnaires
4	Baccous, A. J	2009	USA	Quantitative	African American	171	Surveys
5	Bowleg, L.	2018	USA	Mixed Approach	African American	19	Interviews and Surveys
6	Cole, P. L. and M. C. Secret	2012	USA	Quantitative	African American	607	Secondary Data
7	Cooke, C. D.	2002	USA	Qualitative	Black Women	17	Hermeneutical phenomenology
8	Dickens, D. D.	2014	USA	Qualitative	Black Women	10	Interviews
9	Essed, P. and K. Carberry	2020	USA/UK	Literature Review	Black Women		
10	Forbes, N., et al.	2023	USA	Systematic Scoping Reviews	Asian American		Secondary Data
11	Hall, J. C., et al	2012	USA	Qualitative	Black Women	41 in 6 FGDs	Focus Group Discussion
12	Hampton Hall, A	2023	USA	Qualitative	African American	9	In-depth interviews
13	Hunte, R., et al	2022	USA	Qualitative	Black Women	23	In-depth Interviews
14	Kalinowski, J., et al	2022	USA	Qualitative	Black Women	72	in-depth Interviews
15	Lashley, M.-B., et al	2017	USA	Literature Review	Black Women		Journals
16	Marshall, S. F	2018	USA	Qualitative	African American	10	Semi-structured interviews
17	Matthews, K., et al.	2021	USA	Qualitative	Black Women	10	Interviews
18	Mehra, R., et al.	2023	USA	Qualitative	Black Women	24	Interviews
19	Miller, B.	2021	USA	Quantitative	Black Women	229	Online survey
20	Parker, J. S., et al.	2022	USA	Qualitative	Black Women	10	Interviews
21	Parnell, R	2023	USA	Qualitative	Black Women	91	Surveys
22	Rowley, A.	2021	USA	Literature Review	Black Women		Peer-Reviewed Papers
23	Rubie, N. T.	2021	USA	Qualitative	Black Women	160	Surveys
24	Velez, B. L., et al.	2018	USA	Qualitative	Black Women	273	Online Survey

In most, mainly including quantitative studies, participants were sampled using surveys and questionnaires and mainly included working women.

In the qualitative studies, participants included Black women, African American women, and Asian American women, and the methods used were primarily semi-structured and in-depth interviews.

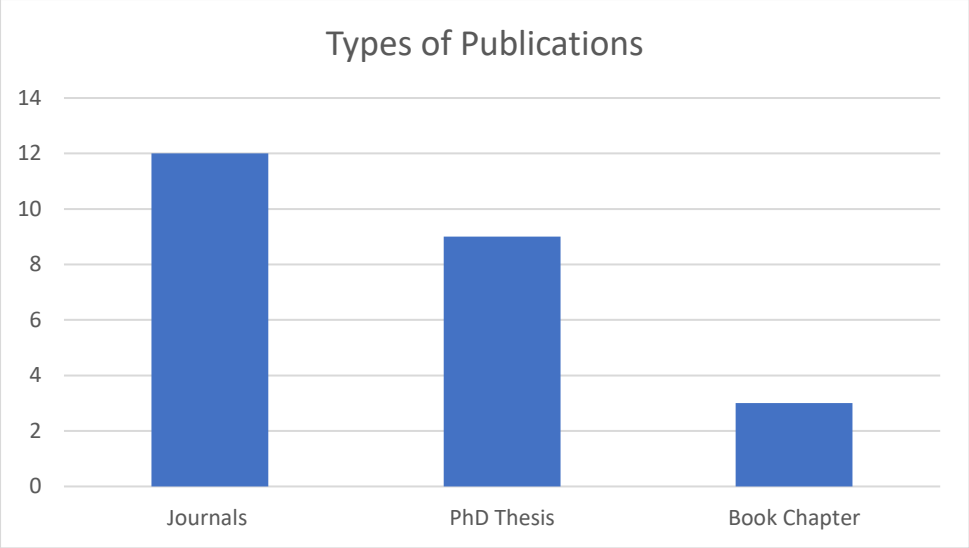


Chart 1 – Types of Publications

Descriptive themes were synthesised from the articles.

The final twenty-four articles (refer to Appendix 1) examined the mental health of Black women and women of colour, using qualitative, quantitative, and mixed-method approaches, and produced descriptive and analytic themes. Three key themes with sub-themes emerged from the analysis and synthesis of the twenty-four articles included in the scoping review: typology of racism and mental health challenges in the workplace, the relationship between racism and mental health, and coping.

4.2 Typology of racism and mental health challenges in the Workplace

The results identified types of racism and a series of mental health symptoms because of the experiences of racism in working Black women and women of colour. The ways racism is described in the studies indicate a vast array of ways that it impacts Black women and women of colour in the workplace.

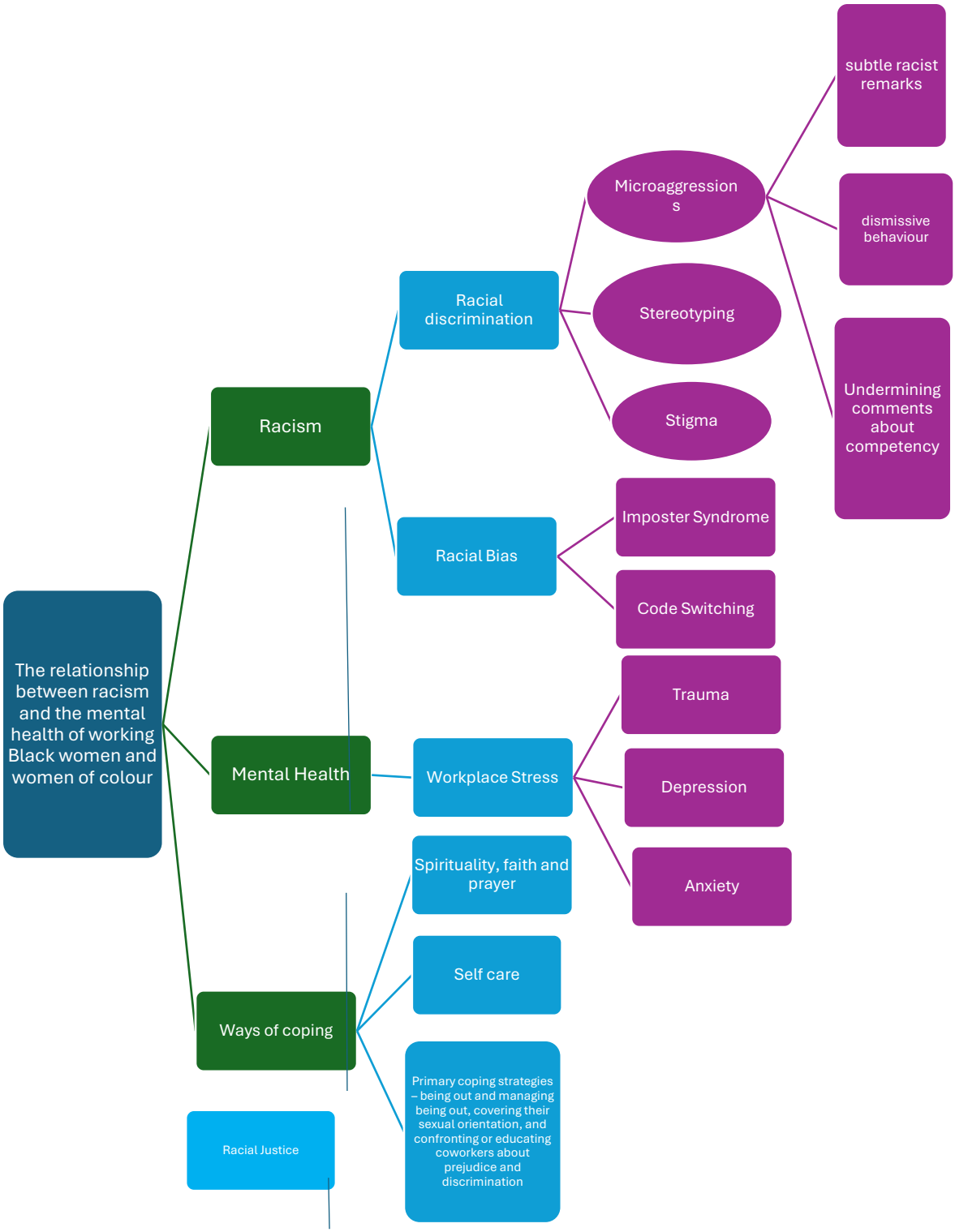


Figure 3: Summary of Descriptive Themes Identified in Final Articles

4.2.1 Racial Discrimination

Racial discrimination is described in the research papers in the workplace as a pervasive issue that manifests in various forms, such as microaggressions, stereotyping or stigma (Anderson, 2022; Hall et al., 2012; Marshall, 2018; Miller, 2021; Parnell, 2024). Racial bias and stereotypes were identified as deeply entrenched issues that permeate various aspects of the workplace, shaping the experiences of individuals of colour in profound and often harmful ways (Cole & Secret, 2012; Dickens, 2014). These biases manifested not only in overt discrimination but also in more subtle forms such as microaggressions and implicit biases that influence how people of colour are perceived and treated in professional environments. For instance, stereotypes about the intellectual capabilities or work ethic of Black women often lead to their contributions being undervalued or their potential underestimated. Such stereotypes create an environment where Black women must work harder to prove their competence, often leading to heightened levels of stress and job dissatisfaction (Cole & Secret, 2012; Dickens, 2014).

Moreover, these racial biases are not just limited to interpersonal interactions but are also embedded within the structural dynamics of organisations. This marginalisation was further exacerbated by the intersection of race and gender (Anderson, 2022; Bowleg, 2008; Dickens, Forbes et al., 2023; Mehra et al., 2023; Essed & Carberry, 2020). The research describes intersectionality as women of colour facing compounded biases that impact their professional and personal lives.

4.2.2 Microaggressions

Anderson 2022, Hall et al. 2012, Marshall 2018, Miller 2021, Parnell 2024 identified microaggressions. Further, microaggressions are described as subtle racist remarks, dismissive behaviour, and undermining comments about an individual's competency (Parnell, 2024). Though sometimes delivered under harmlessness or humour, these actions reinforce negative stereotypes and contribute to a hostile work environment (Anderson, 2022; Hall et al., 2012; Marshall, 2018; Miller, 2021; Parnell, 2024).

Racist remarks, which can manifest as microaggressions, are not necessarily overtly malicious. However, they can carry a significant psychological burden for the recipient, who may feel belittled or disrespected (Hall et al., 2012). Dismissive behaviour is another way in which microaggressions manifest in the workplace. This dismissiveness can be particularly harmful

when it comes from colleagues or superiors, as it signals a lack of respect and can impede career advancement by preventing individuals from fully participating in workplace dynamics (Marshall, 2018). Undermining comments about competency are a further expression of microaggressions, where individuals of colour are subtly, yet consistently, questioned about their ability to perform their job duties. Such remarks harm the individual's self-esteem and create an environment where they are constantly forced to prove their worth beyond what is expected of their peers (Miller, 2021).

Overall, microaggressions are a form of racial discrimination that, while subtle, has far-reaching consequences in the workplace. They contribute to an atmosphere of exclusion and inequality, where individuals of colour are consistently reminded of their "otherness" and are made to feel inferior. The cumulative effect of these microaggressions can lead to significant psychological distress, diminished job satisfaction, and hindered career progression. Addressing these issues requires a concerted effort to recognise and challenge microaggressions whenever they occur, fostering a more inclusive and equitable workplace culture for all employees (Parnell, 2024).

4.2.3 Systemic Racism

The findings here support the notion that systemic racism is present across the workplaces identified (Dickens, Hunte, Matthews). Structural racism, both - interpersonal and institutional - is a relatively common occurrence across the workplace. Structural racism is a system of connected relationships between the individual, institutional and structural levels and thus operates as a system of racism (Racial Equity Tools, 2013). This emerged from some of the qualitative interviews, and they highlight how structural racism is often overlooked, dismissed or not believed when raised by Black women and women of colour. Further, the lack of accountability mechanisms and fear of retribution adds to a culture of fear in workplaces. Systemic racism, through the lack of opportunities and willingness to allow people of colour to progress through the organisation and racial pay gap inequalities, contributes to an environment where people of colour cannot feel safe and supported. At the same time, the findings suggest that people of colour, in general, experience high levels of racism and discrimination, Black women, in particular, experience pernicious forms of racism. The findings also highlight an area of concern that reflected little faith in current mechanisms and leadership to bring about open, non-defensive, non-retributive and effective responses to racism in workplaces generally.

4.3 The relationship between racism and mental health

The experience of stress among working Black women and women of colour is a complex issue deeply rooted in the intersection of race, gender, and societal expectations (Anderson, 2022; Bacchus, 2008; Bowleg, 2008; Cole & Secret, 2012; Cooke, 2022; Dickens, 2014; Essed & Carberry, 2020; Forbes et al., 2023; Hall et al., 2012; Mehra et al., 2023; Rubie, 2021).

4.3.1 Stressors

The research revealed that the women faced unique stressors that were often amplified by systemic racism, sexism, and the constant need to navigate hostile or dismissive work environments. Anderson (2022) discusses the phenomenon of intersectional invisibility, where African American women in leadership positions are overlooked and undervalued, leading to significant psychological distress. This sense of being unseen or undervalued in professional settings compounds the stress experienced by Black women, as they are often forced to prove their worth and competency in environments that are not designed to support or recognise them fully (Dickens, 2014). Moreover, studies such as those by Bacchus (2008) and Bowleg (2008) highlight the additional burden of coping with workplace stress, which is exacerbated by experiences of microaggressions and discrimination. The presence of microaggressions can seem minor on the surface, have a cumulative effect, and can profoundly damage their mental health (Anderson, 2022; Hall et al., 2012; Marshall, 2018; Miller, 2021; Parnell, 2024). These stressors are not only external but also internal, as women of colour often engage in code-switching or other adaptive behaviours to fit into predominantly white spaces, which can further drain their emotional and psychological resources. Code-switching references a behaviour where a person can change their speech or appearance to fit in a dominant culture of a workplace or social environment (Giles & Coupland, 1991; DeBose, 2005). Cole and Secret (2012) and Dickens (2014) explore the tension between professional success and personal well-being. Black women must continuously navigate the dual pressures of meeting high-performance expectations while managing the impact of racial and gender biases. The cumulative effect of these stressors can lead to significant mental health challenges, as noted by Cooke (2022) and Hall et al. (2012), who emphasise the critical need for supportive networks and mental health resources tailored to the unique needs of women of colour.

Furthermore, the intersectional analysis provided by Forbes et al. (2023) and Mehra et al. (2023) shows how these stressors are magnified by additional factors such as socioeconomic status, sexual orientation, and motherhood.

These studies show that the stress experienced by Black women and women of Colour is multifaceted and requires a nuanced understanding that goes beyond traditional workplace stressors. Essed and Carberry (2020) further illustrate the emotional toll of academic racism, which not only affects professional advancement but also profoundly impacts the mental health and sense of belonging for women of colour in academia. Rubie (2021) adds to this narrative by linking adverse childhood experiences to workplace stress, showing how past traumas can be re-triggered by current discriminatory practices, leading to chronic stress and its associated health outcomes. In comparing these findings, it becomes clear that the stress experienced by Black women and women of Colour is deeply embedded in the systemic inequities of the environments they navigate daily. Addressing this stress requires organisational change and the development of targeted support systems that acknowledge and mitigate these women's unique challenges.

Further analysis of the scoping review examined the effects of this even further, including trauma, depression and anxiety. Lashley et al. (2017) refer explicitly to multifaceted stress whereby black women face a unique combination of stressors, including health risks, economic hardships, increased caregiving responsibilities, and social isolation. They reveal that the confluence of all these stressors creates a complex and intensified stress experience that significantly impacts mental health. Moreover, the need to code-switch exacerbated the stress and pressure associated with imposter syndrome, as it required constant vigilance and adaptability. The women found themselves continuously performing, which drained their energy and intensified their feelings of inadequacy (Hampton, 2023). By constantly adjusting their behaviour to meet external expectations, they struggled to maintain a sense of authenticity, further deepening their imposter syndrome. This cycle of self-doubt and adaptation highlights the profound impact of workplace cultures that do not fully embrace diversity and inclusivity, forcing individuals to suppress their true identities to succeed professionally (Hampton Hall, 2023 & Bacchus, 2008).

4.3.2 Intersectionality between race and other identities

The impact of racism on mental health varies across different populations and contexts (Anderson, Bowleg, Dickens, Forbes et al, Mehra, et al, Bacchus, 2019). For instance, Bacchus (2019) explores the experiences of racial discrimination among LGBTQ+ individuals of colour, demonstrating how the intersection of race and sexual orientation creates unique mental health challenges. These individuals often face compounded stigma and discrimination, which exacerbates their mental health struggles. The concept of intersectionality is crucial, as it reveals how overlapping identities, such as race and gender, compound the experiences of discrimination.

Marshall (2018) focuses on the experiences of Indigenous populations, highlighting how historical and ongoing racism contributes to high rates of mental health disorders among these communities. The legacy of colonialism and systemic marginalisation has had a profound impact on mental health, leading to higher prevalence rates of depression, substance abuse, and suicidal ideation among Indigenous people.

Forbes (2023) describes the kind of intersectional discrimination faced by Asian American women and includes sexism and ethnic stereotypes in various settings. This impacts their mental health, which manifests in increased stress, anxiety and depression. Forbes's study highlighted how these experiences of invisibility led to ongoing emotional and mental strain, which created extra challenges in the workplace. This rang true for five other papers in the review (Anderson, 2022; Bowleg, 2008; Dickens, 2014; Forbes et al., 2023; Mehra et al., 2023), which also highlighted that intersectional identities could lead to imposter syndrome in the workplace.

4.4 Imposter Syndrome

The women reported experiencing *imposter syndrome*, a feeling of self-doubt and inadequacy despite their accomplishments, which often manifested in their behaviour as "code-switching" (Hampton, 2023 and Bacchus, 2008). This term refers to altering one's speech, behaviour, or appearance to conform to the dominant cultural norms of a workplace or social environment (Giles & Coupland, 1991; DeBose, 2005). Some women felt compelled to adopt these behaviours to fit in or be taken seriously in professional settings, often at the expense of their authentic selves. While sometimes necessary for navigating workplace dynamics, this coping

mechanism added to the emotional burden and reinforced feelings of not genuinely belonging or deserving of their positions (Hampton Hall, 2023 and Bacchus, 2008).

4.5 Ways of Coping and Resilience

Supportive social networks are needed in order for women to survive and thrive in the workplace. Cole and Secret (2012) highlight this and recognise that despite the negative impact of racism on mental health, individuals and communities develop various coping strategies to manage and mitigate these effects. They emphasise the importance of resilience and community support in buffering the adverse effects of racism. Fitting in culturally is something that plays an important part as well in how individuals build resilience and cope with the psychological impact of discrimination in the workplace as well as collective action (Velez et al. 2018 and Cooke, 2022). These studies suggest that the strategies provide immediate relief from stress and contribute to long-term resilience by fostering a sense of agency and empowerment.

4.5.1 Racial Justice as a coping strategy

Racial justice was a strong theme that motivated Black women and women of colour to support other women in the workplace. Racial justice is described as "ethics and actions based upon the belief that all humans should experience equal treatment in systems and interpersonal encounters and should not experience poor outcomes based on race. Racial justice seeks to correct structural and systemic racism and eliminate resource barriers." (Almanza, 2010). The findings across the studies by Kalinowski et al. (2022), Essed & Carberry (2020) and Almanza et al. (2010) converge on the pervasive impact of systemic racism and the urgent need for structural changes to achieve racial justice highlight how systemic racism manifests in different settings—whether in healthcare during the COVID-19 pandemic, within academic institutions, or in professional environments and how it disproportionately affects the well-being of individuals of colour. These workplace environments play a part in how they subject people of colour, particularly women, to microaggressions, exclusion, and heightened stress levels, which impact their mental and physical health (Kalinowski et al. 2022; Essed & Carberry 2020; Almanza et al. 2010). The research highlights that in addressing these issues workplaces must first acknowledge that racism exists and then make immediate, systemic reforms to dismantle the structures that sustain inequality. The studies reiterate the importance of advocacy and empowerment in fighting against racism.

They stress the need for individuals of colour to have an active role in decision-making processes and to be involved in shaping the systems that impact their lives (Almanza, 2010). The findings across the studies by Kalinowski et al. (2022) and Essed & Carberry (2020) Together, these findings suggest that achieving racial justice requires a holistic approach that addresses both the systemic roots of racism and empowers marginalised groups to advocate for it and supports the fact that it is also a way of coping for Black women and Women of colour.

4.6 Occupations

The studies were diverse in scope and focused on professions across the employment spectrum showcasing diverse work experiences and environments. The wide range of occupations was able to give an extensive analysis of how workplace roles, stressors, and dynamics impact women's well-being through the lens of racism.

By including participants from multiple fields, the review identified both shared and unique experiences of racism at work, highlighting differences in how professional contexts shape these women's challenges and coping strategies. It contributed to understanding how structural inequalities manifest in different professional settings (Hampton Hall, 2023; Hall, 2012; Marshall, 2018).

Including the different professions also shed light on how the women balanced the personal and the professional, enriching the study through these insights (Marshall,2018). These included occupations like social workers, supervisors, school therapists, HR Managers, academia, government workers, endocrinologists, managers and psychotherapists. Various job demands, workplace cultures, and support systems were found to have significant impacts on both the physical and mental health of women. For example, women in male-dominated industries often reported higher levels of stress and workplace discrimination, while those in more inclusive environments experienced better well-being (Dickens, 2014; Forbes, 2023; Hunte, 2022; Miller, 2021). Participants' diverse professional backgrounds helped illuminate how specific fields may exacerbate or alleviate work-life balance struggles, revealing the role of workplace culture in shaping overall health outcomes.

Furthermore, this diversity enabled a deeper exploration of how women navigated the dual pressures of work and personal life in the face of workplace racism. Job demands and organisational support systems influence professional success and resilience in managing discrimination (Dickens, 2014; Essed & Carberry, 2020). These varied perspectives helped

highlight the intersection of occupational roles, stress management, and health, showing how women from different professional backgrounds experience, resist and cope with racism. The review's comprehensive approach provided a nuanced understanding of how gendered and racialised work environments affect overall well-being and professional growth.

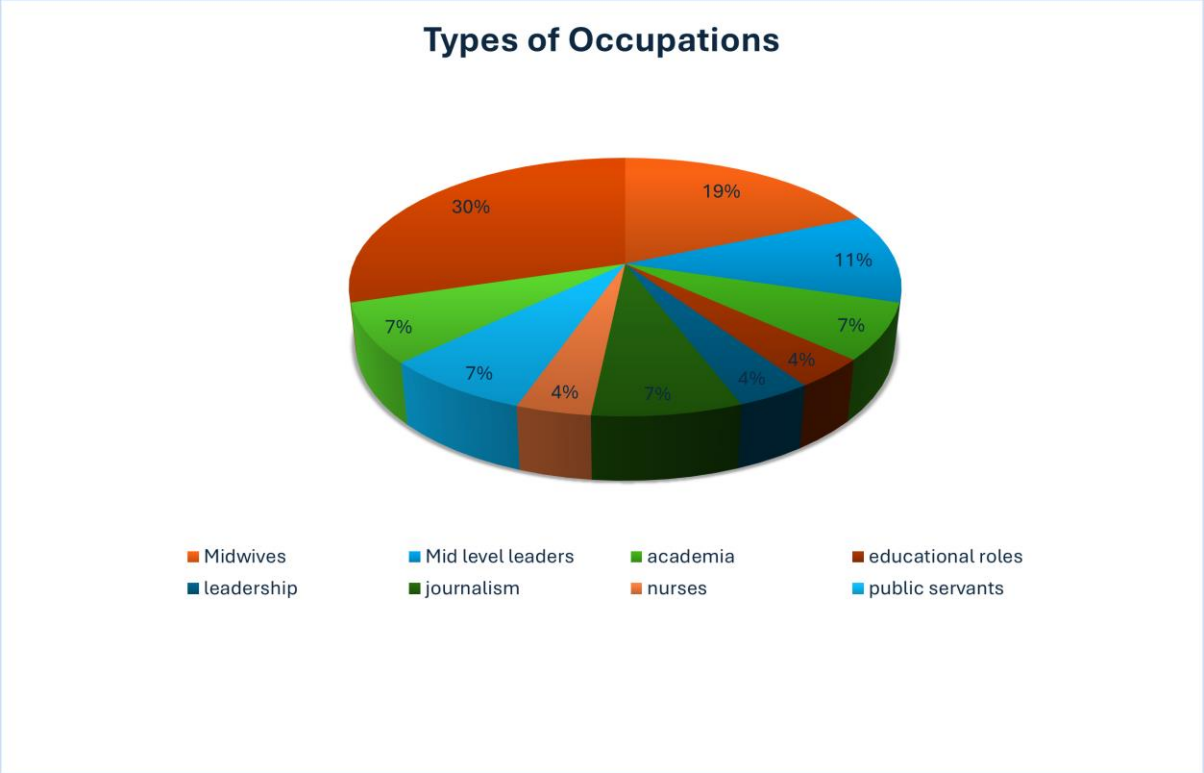


Figure 4 – Types of Occupations

4.7 Links between racism and Mental Health

The research finds explicit linkages between racism and mental health. The findings above also outline the urgent need to address systemic racism and provide culturally competent mental health support in workplace settings to improve the outcomes for black women and women of colour.

Table 3 – Linkages between Mental Health and racism

Author	Category	Description

Anderson (2022); Bacchus (2008); Hall et al. (2012)	Intersectional Identity Stress	Stress from compounded racism and sexism. Being black and a woman in a predominantly white institution
Anderson (2022); Mehra et al. (2023)	Lack of Mental Health Support	Limited cultural safety, mental health services, stigma and distrust in healthcare systems
Bowleg (2008); Cole & Secret (2012); Cooke (2022)	Workplace Discrimination and Structural Racism	Microaggressions, limited career mobility and higher performance expectations
Dickens (2014); Rubie (2021); Mehra et al. (2023)	Psychological and Emotional Toll	Chronic stress, racial trauma exposure, internalised racism and imposter syndrome
Forbes et al. (2023); Essed & Carberry (2020)	Care Burdens and Cultural Expectations	Pressure to show their commitment to community and family, fulfill expectations and caregiving roles that intensify burnout

The evidence reviewed across a range of studies consistently demonstrates the urgent need to address systemic racism and to implement culturally competent mental health support in workplace settings to improve outcomes for Black women and women of colour (Anderson, 2022; Bacchus, 2008; Bowleg, 2008; Cole & Secret, 2012; Cooke, 2022; Dickens, 2014; Essed & Carberry, 2020; Forbes et al., 2023; Hall et al., 2012; Mehra et al., 2023; Rubie, 2021). The overlapping intersections of race, gender and working spaces can keep stress levels high, create psychological tension and lack of inclusion in the workplace. These are not isolated feels but are embedded in the very structures of working women's places of business and showcase the discrimination faced by them on a daily basis.

Many Black women and women of colour have reported how they are subject to racial microaggressions, gaslighting and stereotypes that create false expectations of them in what can be considered a toxic workplace environment (Dickens, 2014; Essed & Carberry, 2020; Rubie, 2021). Having little to now access to culturally appropriate mental health support makes it harder for them to acclimatise in the workplace. As Cole and Secret (2012) and Hall et al. (2012) show, conventional employee support systems often fail to consider the socio-cultural dimensions of mental health, leading to underutilization and inadequate support for those most in need. The result is a cycle in which psychological distress is both exacerbated and rendered invisible.

This chronic emotional strain affects both personal wellness and career advancement for women of colour, causing burnout and contributing to their leadership underrepresentation (Forbes et al., 2023; Mehra et al., 2023; Cooke, 2022). Such patterns reveal systemic exclusion perpetuated through organizational actions and inactions.

False diversity, equity and inclusion (DEI) initiatives are not enough to tackle these issues and a more deeply rooted, transformative system is needed. It needs to be one that recognises

racism in the workplace as discrimination and openly addresses it in the context of social and systemic change by taking an active anti-racist stance rather than a broader DEI

framework (Anderson, 2022; Bacchus, 2008).

These findings show the need for urgent interventions in workplace settings which still perpetuate systemic racism, inappropriate and inadequate mental health support and cultural ignorance. The lacklustre approach by organisations to dismantle these systems are being challenged and toxic way in which organisations treat Black women and Women of colour is being recognised (Bowleg, 2008; Cole & Secret, 2012; Dickens, 2014; Essed & Carberry, 2020; Mehra et al., 2023). If there is not more intentional engagement in a meaningful way, Black women and women of colour will continue to experience racism and discrimination in the workplace as well as barriers to achieving leadership within the workplace.

A recent analysis of representation within a popular media platform podcast "The Diary of a CEO" showed that Black women and women of colour were showcased in only 7 episodes out of 393 (1.8%) as guests (Gabriel, 2016; Sobande, 2021).

This small, yet significant measurement shows the lack of representation of Black women's stories and narratives and how they are not considered or centred (Alinia, 2015; Noble, 2018). It is symptomatic of a bigger challenge in workplaces that sustain systems of oppression that can be toxic for Black women and Women of colour and ultimately cause the mental health symptoms.

Chapter 5:

5.1 Discussion

The findings of this review align with previous studies (Paradies et al., 2015; Williams & Mohammed, 2009). It highlights effect of racism on health outcomes for ethnic and racial groups. Racism consistently emerges as a key determinant of social health, especially through structural and interpersonal forms, contributing to adverse physical and mental health conditions such as hypertension, depression, and anxiety.

Everyday racism which can include subtle, chronic, and often normalised experiences of discrimination, make these disparities worse by inducing chronic stress, affecting individuals' physiological and psychological well-being over time. The findings of this scoping review confirm results from previous reviews that show the cumulative nature of racism, especially when faced daily and plays a critical role in health inequities, disproportionately affecting marginalised communities across various health indicators.

Mentally counting the cost of Racism.

The goal of the research was to **explore the relationship between racism and the mental health** of working Black women and women of colour globally through a scoping review. To gather sufficient in-depth knowledge of this, the scoping review had to identify the keyways this emerged in the literature. The review, based on twenty-four studies over 15 years, examined the complex challenges of addressing racism and its impact on the mental health of Black women and women of colour.

This review showcased the gaps in the research on Black women and women of colour.

Most studies coming from the United States used qualitative research methods. They were predominantly published in the last six or seven years, which suggests that this is a growing area of interest. However, within the databases explored, there was not much documentation from low and middle-income countries (LMICs) and other countries where racism and gender in the workplace are still very much an issue.

In providing analysis from the different women in different occupations, the research provides a deeper understanding of how racial discrimination manifests and the profound toll it takes on individuals' psychological well-being.

These findings highlight some new perspectives that contribute to our understanding of racism and mental health as they relate to Black women and women of colour.

Intersectionality

First, there is the perspective of intersectionality, which explains that Black Women and women of colour's experiences of racism are multi-fold. The findings emphasise that racism is not the only way women are discriminated against. They are also subject to discrimination linked to sexuality (Bowleg), sexism and ethnic stereotypes (Forbes et al.), economic instability and social isolation (Kalinowski et al.). These multiple discriminations impact women's mental health, and a one common thread that runs through all the studies is the presence of stress in different forms.

Stress as a key symptom of racism

This interplay between racism and mental health is a common theme that emerges in almost all the studies and manifests as stress. Stress then shows up in various forms, with significant implications for mental health. Everyday stressors include work-related pressures, family dynamics, and societal challenges, with racial bias being a prevalent factor. Stress is a common denominator (Anderson, 2022; Bacchus, 2008; Bowleg, 2008; Cole & Secret, 2012; Cooke, 2022). Stress was described in various ways, including work-related, race-related and gender-related stressors. The stress also came from overlapping societal roles and racism. Racism emerged as the top three stressors (Bacchus, 2008). Some of the studies found that African American women faced workplace stress due to job demands, racial bias, limited promotion opportunities, racial discrimination, microaggressions and stereotyping (Cole & Secret, 2012; Hall, 2012; Hampton Hall, 2023). The scoping review highlights the significant impact of racism on mental health, including depression and suicidal ideation. The effects of racism reported by these women include psychological distress, persistent stress, self-doubt, frustration, not feeling valued, adjusting to fit into the workplace, imposter syndrome, and emotional discomfort.

Coping Strategies

Coping strategies vary widely where some individuals may employ problem-focused coping which means taking direct action to change the stressful situation. For example, they might seek mentorship, build support networks with other women of colour, or confront discriminatory behaviours directly to foster a more inclusive environment (Rubie, 2021;

Bacchus, 2019; Bowleg, 2008; Cooke, 2022; Forbes, 2023; Hall, 2012; Hampton Hall, 2022; Lashley, 2017). This approach often empowers individuals to assert their professional worth and create positive change within their workplaces. These are used in everyday interactions within the workplace, where they often face unique challenges related to both race and gender.

In contrast, others resorted to emotion-focused coping strategies, which are designed to manage the emotional stress of workplace racism and sexism rather than altering the circumstances themselves. These strategies may include seeking emotional support from family or friends, engaging in self-care practices, or using spirituality and religious beliefs as a source of strength. Many Black women and women of colour also employ adaptive techniques such as "code-switching" to fit into predominantly white work environments while preserving their authentic selves in safer spaces (Hampton Hall, 2023; Baccous, 2019). These emotion-focused methods helped mitigate the psychological toll of repeated exposure to bias and discrimination, allowing women to maintain their well-being in challenging environments (Hall, 2012). Both problem-focused and emotion-focused coping strategies serve as vital tools for navigating the complex intersections of race, gender, and professional identity.

These included some of the least discussed but emerging themes, including the social justice aspect raised by Essed and Carberry (2020) and Almanza (2019), which speaks to the elements of caring for 'clients' or 'students' of colour who are being supported by people who understand the everyday aspects of racism. The most significant gap was the fact that all the research was conducted in the USA, although with diverse Black women and women of colour populations. Perhaps this is a result of the databases chosen. Still, more work is needed to assess this globally and to understand how women in other parts of the world are experiencing racism and how it is manifesting in their lives linked to their mental health.

The relationship between racism and mental health is complex and profoundly entrenched, with systemic and interpersonal racism exerting a profound impact on the psychological well-being of Black women and women of colour. Racism in this context often manifests through the residual effects of historical policies, where institutional structures continue to disadvantage and strategically undervalue black women and women of colour in the workplace.

For example, unequal access to promotions and leadership roles persists, forcing many women into lower-paid, insecure positions that heighten financial stress and exacerbate mental health struggles. Additionally, the frequent experiences with microaggressions – such as being undermined in professional settings or having their competence questioned – further erode self-

esteem and foster a constant sense of hypervigilance. These women are often subjected to subtle forms of discrimination, including being excluded from informal networks that are key to professional advancement or being held to higher performance standards than their White counterparts. These compounded experiences, shaped in part by a history of racial and gender inequality, underline how systemic power structures continue to produce and sustain mental health disparities. By foregrounding these lived realities, this review emphasises the critical need to examine the intersections of race, gender, class, and mental health within the broader context of a social and economic landscape.

By embedding these racial and gendered identities within a broader historical framework of global power, we can better understand the cumulative impact of systemic racism on mental health outcomes for Black women and Women of Colour.

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5.2 Limitations

There are several limitations in this study. There is a language bias as the review included only English-language publications. This restriction potentially excluded valuable research published in other languages, which could provide additional insights into the topic.

As a result, the review may only partially represent the global scope of literature on the subject.

The scoping review might not have captured the field's most recent developments and perspectives. The dynamic nature of research implies that new studies and emerging trends published after the data collection period may not be included. This limitation emphasises the need for ongoing updates to reflect the latest advancements and findings.

Furthermore, the review focused on studies where the search terms were explicitly used in the title or abstract. Articles discussing relevant topics but not using these terms may have been excluded. This methodological choice could lead to the omission of pertinent studies that addressed the issues of racism and mental health without using the exact terminology.

Lastly, the review should have included a screening of references from the included articles, which may have led to the omission of additional relevant studies that could have enriched the findings. This lack of reference screening might limit the comprehensiveness of the review's conclusions.

Chapter 6:

6.1 Conclusion

The mental health of working Black women and women of colour is increasingly recognised as a critical issue, with numerous studies highlighting the unique challenges they face. The relationship between racism and mental health has significant ramifications for workplaces and how working Black women and women of colour are treated, especially with a dual burden of housework and professional duties, leading to high levels of stress, depression, and anxiety. Women's roles at home and in the workplace often result in them carrying more emotional labour, particularly during crises such as the COVID-19 pandemic. This dual pressure not only affects their mental health but also impacts their personal lives, making it difficult to achieve a balanced work-life dynamic. Racism emerged as a stressor in a significant number of studies for working Black women and women of colour.

The research here underscores that working Black women and women of colour are more prone to mental health disorders such as stress, burnout, depression, generalised anxiety disorder and trauma. Many of these issues still remain largely invisible in the workplace, as women are often discouraged from discussing their struggles and may face professional consequences for doing so. The silence surrounding these issues further exacerbates mental health problems, making it essential to address the systemic barriers.

6.2 Recommendations

To address these challenges, it is crucial to create work environments that prioritise the mental health of Black women and women of colour, particularly those from marginalised and underrepresented backgrounds. Moving forward, organisations should adapt to the evolving needs of their workforce by creating inclusive environments that support the mental health and well-being of all employees. To better support Black women and women of colour in the workplace, organisations must recognise and address the unique challenges these employees face due to intersecting forms of discrimination. This includes creating a culture that actively combats racial biases and provides resources tailored to their needs. Implementing policies that promote racial equity, such as diversity training that focuses on anti-racism, mentorship

programmes that support career advancement, and safe spaces for discussing race-related issues, is crucial for fostering an inclusive environment.

Furthermore, organisations should ensure that mental health resources are culturally competent and accessible to Black women and women of colour. This means offering counselling services that acknowledge and understand the impact of racism on mental health and providing support networks that allow these women to connect and share their experiences. By implementing these strategies, workplaces can become more inclusive and supportive, helping to alleviate the additional burdens that Black women and women of colour often carry in professional settings. This includes recognising the additional emotional labour women often take on and actively working to reduce these burdens through equitable workplace practices.

Moreover, the findings emphasise the importance of developing meaningful and effective interventions to address the mental health impacts of racism. The studies underscore the need for culturally sensitive approaches that acknowledge the specific experiences of marginalised communities and promote resilience and healing.

This comprehensive body of work serves as a critical resource for policymakers, healthcare professionals, and advocates seeking to create more equitable systems of care that respond to the unique mental health needs of those affected by racial injustice in the workplace.

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Appendix 1

Date of Publication	Article Title	Authors	Publication	Methodology	The topic of Focus: Racism	The topic of Focus: Mental Health	Working Black women and Women of Colour
2019	The Experience and Motivations of Midwives of Color in Minnesota: Nothing for Us Without Us.	Almanza, J., et al.	Journal of Midwifery Women's Health	qualitative	Results revealed three main motivations for midwives of Colour: 1) delivering racially concordant care, 2) advancing racial justice, and 3) ensuring safe, supportive care. Racially concordant care was highlighted as a key motivator and a means to offer physical and emotional safety.	Midwives often noted the stress of being the sole midwife of Colour in their practice and struggling to meet clients' demands for racially concordant care. One expressed frustration, saying, "One of my biggest pet peeves is that providers do not reflect the culture or race of the people they serve."	Midwives
2022	Psychological distress, intersectional invisibility, and the African American female mid-level leader: A qualitative phenomenological study	Anderson, P. A	PhD Thesis	qualitative	Intersectional invisibility Racial microaggressions Tokenism	Psychological distress Pervasive stress Self-doubt frustration not valued adjusting to fit emotionally crushed and hurt	Female mid-level leaders Middle-level management
2008	Coping with work-related stress: A study of the use of coping resources among professional black women	Bacchus, D. N. A.	Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice	quantitative	In a study of 203 women, 45% reported stress from working with prejudiced colleagues, 44% from racial discrimination at work, and 30% from disrespectful interactions with whites—additionally, 9% faced layoffs due to race. Racism was among the top three stressors in the study.	Measured stress through control levels on the appraisal scale showed 68% had 'no control' to 'some control,' with high-stress levels and spirituality is often used as a coping mechanism.	Academia, business administration, legal, education, medical, technology, helping professions
2019	Explicating the discrimination against Black women in the workplace,	Bacchus, A. J	PhD Thesis	quantitative	Found that there was discrimination but no real relationship to any mental health	This contrasted with studies that had indicated Black women would often code–switch to "fit in" with their non-black coworkers (Hall, 2010).	educational roles

2008	Bringing home more than a paycheck:" an exploratory analysis of Black lesbians' experiences of stress and coping in the workplace	Bowleg, L.	J Lesbian Stud	mixed (qual and quant)	Highlights workplace stressors and coping mechanisms for Black lesbians, urging organisations to tackle intersectional discrimination and foster inclusive environments for better support and future research.	Four workplace stressors were identified: heterosexism, racism, sexism, and the intersections of race, sex/gender, and sexual orientation.	19 Black lesbians between the ages of 26 and 68, predominantly middle class, highly educated respondents had to be Black, identify as gay, lesbian, bisexual or queer, and be at least 18 years old. bank manager, fundraiser, social worker, financial planner, mortgage, physical therapist, medical clerk
2012	Factors associated with work-family conflict stress among African American women	Cole, P. L. and M. C. Secret	Soc Work Public Health	quantitative	The study found that workplace culture, job demands, and racial bias, especially subtext bias, significantly impact work-family conflict stress, highlighting the need to address these factors to improve African American women's well-being at work.	Ethnic minority women, especially African American women, face workplace stress from job demands, racial bias, limited promotion opportunities, and bicultural stress, impacting their work-family balance and overall well-being.	A national sample of 607 African American women in 16 Fortune 1000 companies. The study analysed secondary data on 607 African American women aged 21 to 50, focusing on work-family conflict stress. To answer our research questions, we used secondary data analysis of a subsample of the National Women of Color Work/Life Survey (NWCWL).

2022	Black women social workers: A qualitative exploration of stress and coping	Cooke, C. D.	PhD Thesis	qualitative	The study revealed that Black Women in Senior Work (BWSW) experienced significant stress, affecting them physically, mentally, emotionally, and spiritually. This stress stemmed from overlapping societal roles and racism. Participants also reported feeling fraudulent in their influential positions, struggling with their roles and sense of belonging. ***Racism also played a role in the definition of participant stress.***	Stress for Black women in social work includes work-related, race-related, and gender-related stressors, often linked to workplace challenges. Participants felt tokenised and powerless, with high expectations and little support. Qualitative methods revealed stress manifestations, coping strategies, and the negative impact on mental, physical, and spiritual health.	**Black women social workers**
2014	Double consciousness: The negotiation of the intersectionality of identities among academically successful Black women	Dickens, D. D.	PhD Thesis	qualitative	The findings highlight the challenges of double consciousness and the importance of institutional support in helping these women navigate their academic and personal lives. They also highlight the resilience and systemic barriers faced by academically successful Black women, offering a nuanced perspective on their experiences.	The intersectionality of identities affects Black women in academia, where additional barriers from racial and gender biases overshadow their achievements. Negotiating these identities often leads to significant psychological stress.	The study focuses on academically successful Black women. Participants are typically women who have achieved notable success in their academic pursuits and are involved in higher education settings. currently working in a predominantly White environment
2020	In the name of our humanity: Challenging academic racism and its effects on the emotional well-being of Women of Colour professors	Essed, P. and K. Carberry	Book Chapter - The International Handbook of Black Community Mental Health	Book chapter	Based on an earlier article - women of Colour in the Academy, the 2nd Author provides a running commentary on the article.	Women of colour professors, committed to social justice, are reshaping educational leadership. This chapter explores how their work affects emotional well-being and offers strategies to build resilience. It highlights the psychological toll of daily racism and advocates for support to prevent stress and trauma among educators of color.	Academia

2023	"Intersectional discrimination and its impact on Asian American women's mental health: A mixed methods scoping review	Forbes, N., et al.	Front Public Health	mixed methods scoping review	Outlines increased focus on culturally sensitive mental health support and policy changes to address the needs of Asian American women facing intersectional discrimination that links to racism and gender.	Asian American women face intersectional discrimination—racism, sexism, and ethnic stereotypes—in various settings, impacting their mental health with increased stress, anxiety, and depression. Qualitative and quantitative studies reveal personal experiences and statistical links between discrimination and poor mental health, highlighting gaps and the need for targeted research and interventions.	No breakdown of employment
2012	Black women talk about workplace stress and how they cope	Hall, J. C., et al.	-	qualitative	Black women report experiencing various forms of stress in the workplace, including: Racial Discrimination: Experiences of racism, microaggressions, and stereotyping.	Workplace stress for marginalised individuals includes gender discrimination, heavy workloads, and toxic dynamics. Coping strategies involve seeking support, practising self-care, pursuing professional development, and advocating against discrimination. Persistent stress negatively impacts mental health, job satisfaction, and overall well-being, leading to burnout and decreased performance.	no breakdown of employment
2023	Something like a phenomenon: High achieving women of Colour and experiences of mental health resource utilisation	Hampton Hall, A	PhD Thesis	mixed methods	Stigma was said to be present in the workplace and the counselling room The women in this study are hyper-aware of the stereotypes and biases that exist in society for black women	Participants experienced racism through family and friends dismissing their mental health concerns, negatively discussing mental illness, and fearing judgment from supervisors or coworkers about their diagnoses. They struggled with accessing counselling and felt pressure to code-switch, using faith as a coping mechanism.	The population consists of high-achieving women of Colour, including academia, journalism, tech, school administration and mental health
2022	Black Nurses in the Home is Working": Advocacy, Naming, and Processing Racism to Improve Black Maternal and Infant Health	Hunte, R., et al.	Matern Child Health J	qualitative	Experiences of Racism: Naming Racism: Nurses frequently encounter and name instances of racism within the healthcare system. This includes direct experiences of discrimination as well as witnessing the effects of systemic racism on their patients. Naming racism involves	Processing Racism: Nurses also engage in processing their own experiences of racism, which can affect their emotional well-being and professional effectiveness. Processing includes strategies for coping with personal and professional challenges related to racism.	Nurses

					recognising and acknowledging these issues openly.		
2022	Shouldering the load yet again: Black women's experiences of stress during COVID-19	Kalinowski, J., et al	SSM Mental Health	qualitative	The combined effects of racial injustice and COVID-19, termed a 'twin pandemic,' intensified stress for Black women, who faced heightened vulnerabilities without adequate relief or support for their intersecting stressors.	Racism exacerbated stress for Black women during the pandemic, leading to heightened anxiety and depression. Fear of health risks, economic instability, and social isolation compounded their stress, intensifying their psychological distress.	Essential workers
2017	Looking through the window: Black women's perspectives on mental health and self-care	Lashley, M.-B., et al	Book chapter - Black Women's Mental Health: Balancing Strength and Vulnerability	Book chapter	Recognises how race, gender and economic conditions affected the mental health of black women.	Racism-induced daily hassles lead to chronic stress for Black women, resulting in unhealthy behaviours and poor mental health, such as depression. This can contribute to serious health issues like cardiovascular disease. Many rely on prayer and spirituality as coping mechanisms to manage stress and mitigate mental health risks.	no occupation breakdown
2018	The effects of workplace microaggressions as experienced by Black women of a high socioeconomic status	Marshall, S. F	PhD Thesis	qualitative	Workplace racial microaggressions, including stereotypical comments, exclusion, and differential treatment from supervisors and colleagues, were perceived by most participants as intentional acts to demean and insult them due to their race.	The continuous and repeated expressions of workplace racial micro-aggressions were consistently mentioned as non-productive stress. decrease in their work performance and satisfaction, resulting in physical and mental health issues and a decrease in their overall well-being.	Social worker, supervisor, school therapist, HR Manager, academia, govt worker, endocrinologist, manager, psychotherapist
2021	Pathways To Equitable and Anti-racist Maternal Mental Health Care: Insights from Black Women Stakeholders	Matthews, K., et al.	Health Aff (Millwood)	qualitative	In discussing how racism affects Black women's experiences with maternal and mental health care services, one practitioner shared: "It is all of these things that trace back systemically and institutionally to slavery, and how it has just evolved.	Racism impacts mental health by affecting access to education and career paths in mental health care. Barriers and biases in the educational system undermine Black individuals' opportunities to become therapists, contributing to systemic inequities in mental health support and well-being.	women perinatal mental health stakeholders

2023	'Oh gosh, why go?' cause they are going to look at me and not hire": Intersectional experiences of black women navigating employment during pregnancy and parenting	Mehra, R., et al.	BMC Pregnancy Childbirth	qualitative	"You are judged on your intelligence because of your skin colour. You are judged on your competence because of your skin colour." After becoming pregnant for the second time, she perceived that her coworkers questioned her competence and performance. Using an intersectional framework allowed us to examine how racism and economics more fully marginalisation contributes to the lived experience of stress experienced by Black birthing people, clearly exemplified by a participant in this study who shared that she wondered whether the aggression and poor treatment at work, she experienced was due to her race or her pregnancy and subsequent parenthood.:	discrimination and bias manifested in many different areas of their life. Because employment is tied not only to income, but also health insurance and other health benefits, difficulty finding a job or concerns regarding a job during or after pregnancy could be a significant life stressor. Participants reported stress related to the financial worries of pregnancy discrimination and bias. These stressors, in turn, could create or exacerbate mental health issues.	no occupation breakdown
2021	Microaggressions experienced by self-identified women and non-binary people of Colour employed by human service agencies:	Miller, B.	PhD Thesis	mixed methods	Subtle and Covert Forms: Many microaggressions are described as subtle or covert, making them difficult to address or confront directly. Examples include microinvalidations, where participants' experiences or feelings are invalidated, and microinsults, which undermine their professional competence or personal dignity. Impact on Well-being:	Psychological Effects: The experience of microaggressions leads to significant psychological distress, including stress, anxiety, and diminished self-esteem. Participants often feel demoralised and isolated due to these interactions. Job Satisfaction: Microaggressions negatively affect job satisfaction, contributing to feelings of disengagement and dissatisfaction with the workplace environment. The ongoing nature of	Public service employees, human service settings

						these experiences can lead to burnout and decreased motivation.	
2022	"Early career Black women in school-based mental health fields: Understanding their experiences of workplace discrimination."	Parker, J. S., et al.	PhD Thesis	qualitative	Participants faced racism and discrimination not only from school personnel but also from White families and other minoritised groups. This included explicit racial slurs, requests for their child not to work with them, and undermining their expertise by consulting less qualified individuals.	The study examines early career Black women school mental health providers' experiences with racism and gender-based discrimination. It focuses on how these forms of discrimination impact their mental health and professional experiences.	Participants included 10 Black women in school psychology and school counselling in school-based mental health fields. four school psychologists and six school counselors
2024	Reflections of Black Married Working Mothers Managing Occupational Roles and Racism				Four major themes emerged for being a Black employee and were defined as non-negotiable tasks. Black workers must (a) Manage discrimination, (b) Pioneer, (c) Advocate, and (d) Be better than.	Study findings align with reports that Black adults (individuals and couples) experienced discrimination in employment and police interactions, microaggressions, and overt racial epithets. Another woman risked her health to avoid negative perceptions. "I felt the pressure to fit in, to go the extra mile, like going to the conference with an open wound!"	
2021	Unstoppable: A Black woman's journey through the professorate. The beauty and the burden	Parnell, R Rowley, A.	OTJR (Thorofare N J) Book Chapter: The Beauty and the Burden of Being a Black Professor (Diversity in	qualitative book chapter			no occupation breakdown academia

	of being a Black professor.		Higher Education, Vol. 24),				
2021	Toxicity at the workplace: An investigation of adverse childhood experience, workplace stress, and health outcomes among black female state workers in Florida					Most participants in this study (125 of 153) agreed that within the last thirty days of working, they experienced conflict at work. Participants mentioned the aggregated stress and anxiety they experienced from various types of inner and outer conflicts. People noted that instead of coping, they sometimes withdrew and avoided the situation altogether. Harmful coping methods ranged from high-risk behaviour to medication and substance misuse. More positive coping methods were mentioned, and spirituality was one of the most mentioned coping styles.	Female State Workers in Florida
		Rubie, N. T.	PhD Thesis	quantitative			
2018	"Discrimination, work outcomes, and mental health among women of Colour: The protective role of womanist attitudes	Veles, B. L., et al.	J Couns Psychol	quantitative secondary data analysis	This study explored how sexist and racist workplace discrimination affects job burnout, turnover intentions, and psychological distress among women of Colour. It also noted the challenge of distinguishing whether discrimination stems from gender, race/ethnicity, or both.	The study examined how self-esteem and perceived fit with the workplace mediate the impact of sexist and racist discrimination on mental health and work outcomes. It also tested womanist attitudes as a buffer. The findings have important implications for clinical practice and future research.	No breakdown of employment

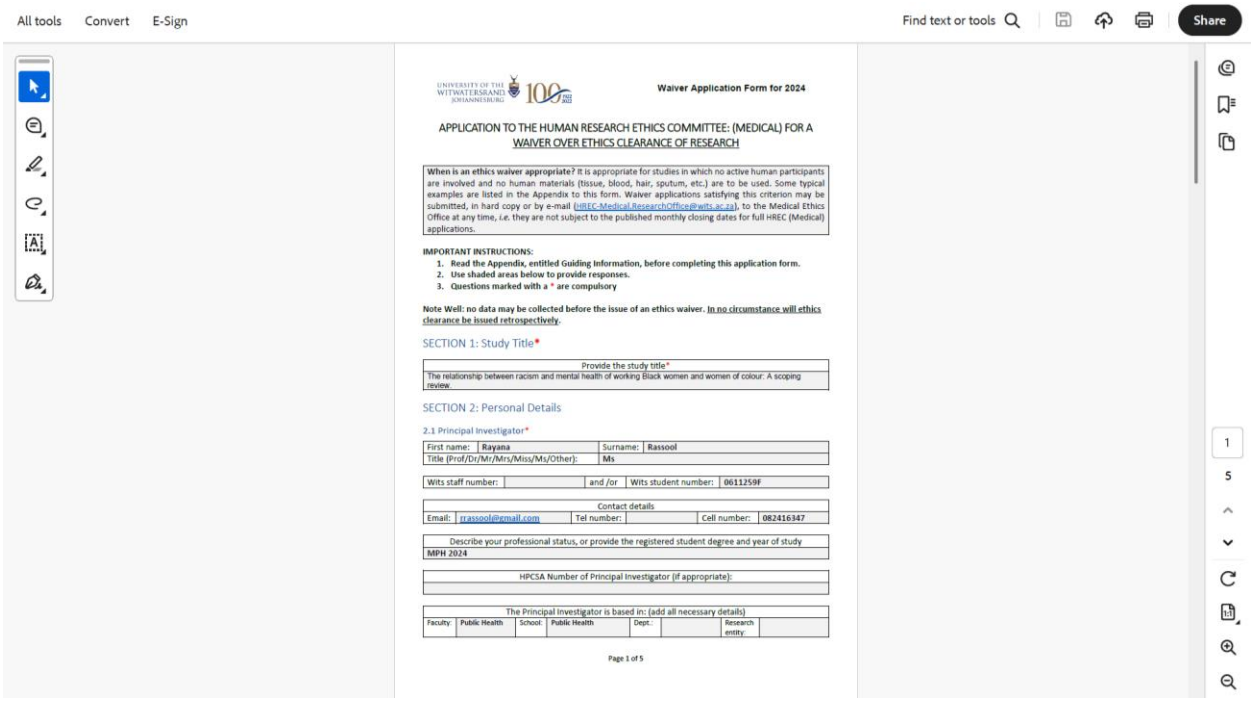
Appendix 2

Plagiarism declaration

I, Rayana Rassool, know and accept that plagiarism (i.e., using another's work and pretending it is one's own) is wrong. Consequently, I declare that:

- This research report is my work.
- I understand plagiarism and the importance of clearly and appropriately acknowledging my sources.
- I understand that questions about plagiarism can arise in any piece of work I submit, regardless of whether it is to be formally assessed.
- I understand that a proper paraphrase or summary of ideas/content from a particular source should be written in my own words, using my sentence structure, and accompanied by an appropriate reference.
- I have correctly acknowledged all direct quotations and paraphrased ideas/content using appropriate, APA-style in-text references.
- I have provided a complete, alphabetised reference list, as the APA referencing method requires.
- I understand that anti-plagiarism software (e.g. Turnitin) is a valuable resource, but such software does not provide definitive proof that a document is plagiarism-free.
- I have not allowed and will not allow anyone to copy my work to pass it off as their work.
- I am aware of and familiar with the University of the Witwatersrand's policy on plagiarism.
- I understand that the University of the Witwatersrand may take disciplinary action against me if it believes that this is not my unaided work or that I failed to acknowledge the source of the ideas or words in my writing.
- The word count (excluding the reference list, etc) given above is correct.

Appendix 3



Waiver Application Form for 2024

APPLICATION TO THE HUMAN RESEARCH ETHICS COMMITTEE: (MEDICAL) FOR A WAIVER OVER ETHICS CLEARANCE OF RESEARCH

When is an ethics waiver appropriate? It is appropriate for studies in which no active human participants are involved and no human materials (tissue, blood, hair, sputum, etc.) are to be used. Some typical examples are listed in the Appendix to this form. Waiver applications satisfying this criterion may be submitted, in hard copy or by e-mail (HREC-Medical.ResearchOffice@wits.ac.za), to the Medical Ethics Office at any time, *i.e.* they are not subject to the published monthly closing dates for full HREC (Medical) applications.

IMPORTANT INSTRUCTIONS:

1. **Read the Appendix, entitled Guiding Information, before completing this application form.**
2. **Use shaded areas below to provide responses.**
3. **Questions marked with a * are compulsory**

Note Well: no data may be collected before the issue of an ethics waiver. In no circumstance will ethics clearance be issued retrospectively.

SECTION 1: Study Title*

Provide the study title*
The relationship between racism and mental health of working Black women and women of colour: A scoping review.

SECTION 2: Personal Details

2.1 Principal Investigator*

First name:	Rayana	Surname:	Rassool
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):	Ms		

Wits staff number:		and /or	Wits student number:	0611259F	

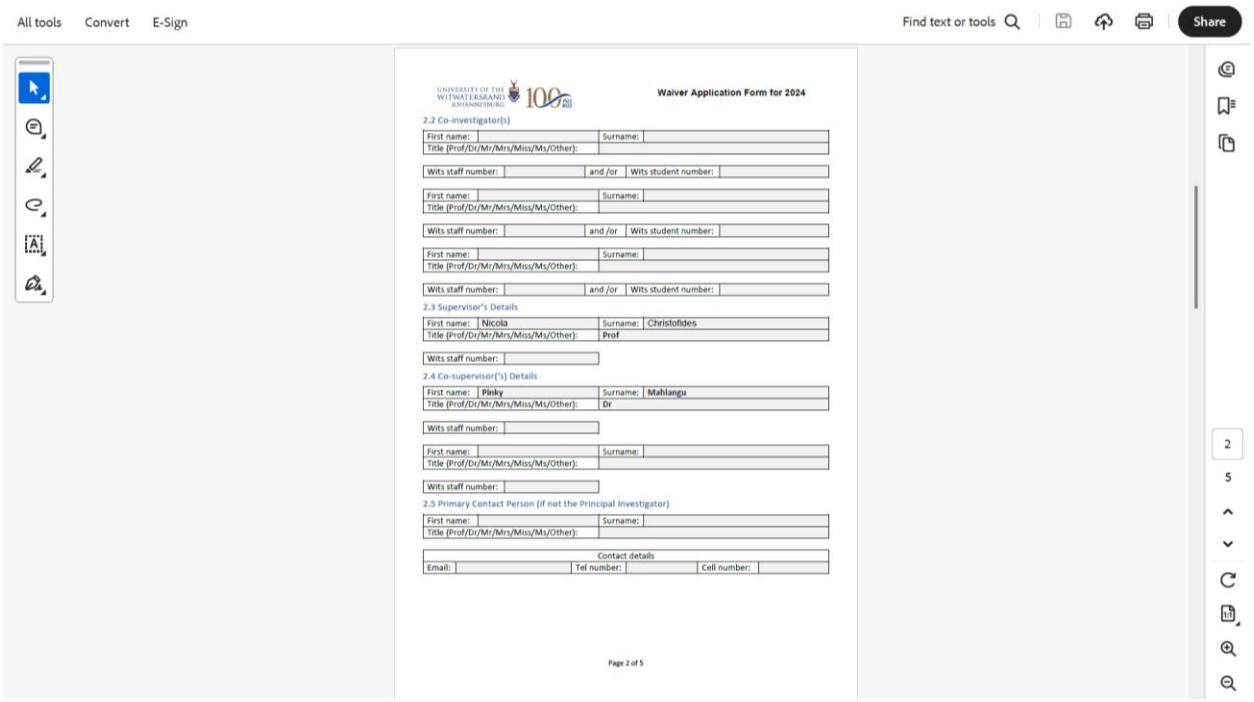
Contact details					
Email:	rrassool@gmail.com	Tel number:		Cell number:	082416347

Describe your professional status, or provide the registered student degree and year of study
MPH 2024

HPCSA Number of Principal Investigator (if appropriate):

The Principal Investigator is based in: (add all necessary details)							
Faculty:	Public Health	School:	Public Health	Dept.:		Research entity:	

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2.2 Co-investigator(s)

First name:		Surname:	
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):			

Wits staff number:		and /or	Wits student number:		

First name:		Surname:	
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):			

Wits staff number:		and /or	Wits student number:		

First name:		Surname:	
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):			

Wits staff number:		and /or	Wits student number:		

2.3 Supervisor's Details

First name:	Nicola	Surname:	Christofides
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):	Prof		

Wits staff number:	

2.4 Co-supervisor('s) Details

First name:	Pinky	Surname:	Mahlangu
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):	Dr		

Wits staff number:	

First name:		Surname:	
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):			

Wits staff number:	

2.5 Primary Contact Person (if not the Principal Investigator)

First name:		Surname:	
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):			

Contact details					
Email:		Tel number:		Cell number:	

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SECTION 3: Physical Location Details*

Provide details of where the study will be carried out (e.g., name of hospital, institution, department, etc.) *
School of Public Health

Provide the applicant's place of employment*
International Planned Parenthood Federation

SECTION 4: Description of Research and Motivation for Waiver*

4.1 Purpose of the research – select one box using an "X" *

Postgraduate degree/diploma:	X	State which degree/diploma:	MPH
Undergraduate degree/diploma:		State which degree/diploma:	
Not for degree purposes:			

4.2 List the objectives of the research: (Do not say "see attached") *

Primary objectives*
Identify the types of mental health challenges including burnout and forms of racism encountered by working Black women and Women of Colour in South Africa.

Secondary objectives*
Exploring the pathways between racism and mental health of working Black women and Women of Colour.

4.3 Motivation for waiver: (Do not say "see attached") *

Record motivation below* **Please refer to categories 1-4 in the Appendix**
The proposed study is a scoping review, which involves the systematic mapping of existing literature to identify key concepts, gaps, and areas for future research. Unlike primary research involving human subjects, a scoping review does not directly involve participants, interventions, or data collection. It is a secondary analysis of already published data and literature.

4.4 Study protocol *

PLEASE REMEMBER TO ATTACH A FULL STUDY PROTOCOL

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Section 5: Signatures (To be kept on a separate page) *

In appending my signature below, I confirm that am aware of and agree to abide by the University's policy on plagiarism. I further confirm that no data will be collected until I receive the full ethics waiver certificate, signed by the HREC (Med) Chairperson.

Title of research project (please repeat from above) *
The relationship between racism and the mental health of working Black Women and Women of Colour in South Africa - a Scoping Review

5.1 Principal Investigator*

Signed by the Principal Investigator:

Date: 23/02/2024

5.2 Supervisor (where applicable)

Signed by the Supervisor:

Dr Nicola Christofides

Dr Pinky Mahlangu

Date: 23/02/2024

5.3 Head / Research Co-ordinator / Academic Head of Department

First name:	Ntombizodwa			Surname:	Ndlovu		
Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other):							
Faculty:	Health Sciences	School:	Public Health	Dept.:		Research entity:	

Contact details					
Email:	zodwa.ndlovu@wits.ac.za	Tel number:	011 717 2311	Cell number:	

Signature:

Date: 19 June 2024

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