

# Exploring the mental health benefits of participation in an Australian anti-racism intervention

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## Summary

There is a vast body of research demonstrating the deleterious effects of racism on health. Despite this, there is limited research that considers the health benefits of anti-racism interventions. We assess the mental health effects for young people participating in an anti-racism intervention that was based on the principles of intergroup contact theory and delivered through five projects addressing specific issues and contexts. An evaluation of the intervention used a before-and-after design. The analyses reported here focus on data collected from participants who completed both pre- and post-intervention surveys ( $n = 246$ ). Analyses examine the characteristics of participants, the environment for intergroup contact (equal status between ethnic groups, shared goals, co-operation and institutional support for intergroup relationships) and basic psychological needs (competence, relatedness and autonomy) as defined by Self-Determination Theory. The results suggest that the projects met the criteria for promoting positive intergroup contact. There was also evidence that participants' involvement in these projects had positive effects on their autonomy, with particular improvements among people with ethnicities other than 'Australian'. The findings suggest that anti-racism interventions can have positive mental health effects for participants. These benefits redress some of the individual-level effects of racism experiences by supporting young people to develop confidence and self-esteem.

**Key words:** racism, intergroup contact hypothesis, young people, mental health

Racism is a persistent and complex social problem. Racism contributes to avoidable and unfair inequalities in opportunities, resources and power. In multicultural societies such as Australia racism can occur in a number of forms, including internalized (where individuals

unconsciously absorb views about racial inferiority and/or superiority), interpersonal (racist interactions between individuals) and institutional (racism systematically influences access to opportunities, benefits or resources within organizations and social institutions)

(Berman, 2010). It also has significant negative implications for the health and well-being of those who are affected (Harrell *et al.*, 2011; Paradies, 2006; Pascoe and Richman, 2009; Priest *et al.*, 2013; Ziersch *et al.*, 2011; Williams and Mohammed, 2013). The inequalities and injustices associated with racism demand concerted efforts to develop effective anti-racism strategies.

While studies examining the mental health impacts of anti-racism interventions are scarce, a recent systematic review of 121 studies of racism and health among children and young people identified 461 health-related outcomes associated with experiences of racism and 51% of these pertained to mental health and well-being issues (Priest *et al.*, 2013). Anxiety, depression and negative self-esteem were significantly associated with reported racial discrimination. Individuals reporting experiences of racial discrimination were also likely to have lower levels of mental well-being (conceptualized as resilience, self-worth, self-esteem, psychological adaptation, psychological adjustment and social and adaptive functioning). The review concluded by calling for further international research exploring associations between racism and health, and the health impacts of anti-racism interventions.

A rare study that examined the health effects of an anti-racism intervention evaluated the effects of a social marketing campaign that drew attention to the persistence of racism in the USA. This study found a statistically significant decline in psychological distress among Black participants who were exposed to the campaign compared with those who were not (Kwate, 2014). This finding suggests multiple potential mental health benefits to be gained from exposure to, or involvement in, anti-racism interventions in addition to the varied health benefits of reducing experiences of racism. Evidence that anti-racism campaigns can improve the mental health of minority groups by signalling positive messages and wider social support for anti-racism efforts suggests the multifaceted benefits of anti-racism interventions.

## INTERGROUP CONTACT HYPOTHESIS

The Intergroup Contact Hypothesis (ICH), formulated by Allport (1954), is one of the most well-researched and evaluated approaches to designing anti-racism interventions. The ICH focuses on changing cognitive behaviours with respect to 'in' and 'out' groups. It also provides a clear conceptual framework to inform the design and evaluation of anti-racism initiatives. The ICH claims that promoting positive intergroup interaction

can reduce prejudiced attitudes and behaviours, and that the scenarios that are established to promote interactions should meet four conditions: (i) there is equal status amongst groups within contact situations; (ii) activities are orientated to achieving common goals; (iii) involve intergroup cooperation (as opposed to competition); and (iv) there is generalized support within auspice organizations for the initiative and objectives to reduce discrimination and racism.

The ICH has been widely adopted in anti-racism projects and a number of large review studies examining the outcomes of this approach are available. A review of 515 studies found that while reducing racist attitudes and behaviours does not require Allport's contact conditions, they appear to increase the likelihood of contributing to reduced prejudice through intergroup contact (Pettigrew and Tropp, 2006). Other findings suggest that Allport's conditions may be particularly important in efforts to influence the attitudes of individuals with higher levels of prejudice (Dhont and Hiel, 2009). Evidence also indicates that sustaining positive effects is enhanced if participants go on to develop cross-group friendships (Brown and Hewstone, 2005; Pettigrew, 1998). Other factors supporting positive intergroup contact include the perceived quality of contact and the salience of group boundaries during contact (Pettigrew and Tropp, 2006). It is also important to note that research regarding applications of ICH have tended to focus on identifying factors that promote positive intergroup outcomes. There is therefore limited understanding of potentially negative effects of promoting intergroup contact (Pettigrew, 2008). Factors such as levels of intergroup anxiety among participants may limit the effectiveness of programmes and exert negative effects for some participants. Accordingly, Pettigrew (2008) calls on future research to capture both positive and negative factors in order to build a comprehensive understanding of effective strategies to promote intergroup contact that reduces racism.

The available research is limited in that it predominantly focuses on the experiences of 'majority' group members (Pettigrew, 2008). There is evidence that members of majority and minority groups are likely to have different responses to intergroup interaction (Tropp and Pettigrew, 2005b). Such evidence indicates that contact appears to be less effective in reducing prejudice in participants from minority groups as compared with majority groups (Tropp and Pettigrew, 2005b). There is also some evidence that experiences of positive intergroup contact might lead to minority group participants becoming more accepting of current conditions of racial inequalities and injustices (institutional racism) and

decreasing motivation to work towards or demand anti-racist change (Dixon *et al.*, 2010, Saguy *et al.*, 2009).

### Intergroup contact and school-aged children

Although intergroup contact has been emphasized as a strategy for addressing racism, it does not necessarily have consistent effects across age groups and social contexts. For example, desegregation in United States schools has had mixed results in terms of changing attitudes towards people from minority groups (Aboud and Levy, 2000). There is also evidence for positive effects through interracial contact among children, adolescent and young people (Aboud *et al.*, 2003; Ata *et al.*, 2009; White *et al.*, 2009).

Considerable research has focused on interventions targeting these age groups that are widely known as cooperative learning techniques. Although there is a range of cooperative learning techniques that involve varied adaptations of Allport's key conditions, these approaches generally involve small groups of ethnoracially and academically diverse children. The children focus on learning activities that are aimed at generating academic benefits for all members of the group (Pfeifer *et al.*, 2007; Slavin and Cooper, 1999). These activities are also used as vehicles for promoting intergroup friendships to reduce racial prejudices among children. Despite initial empirical support for the effectiveness of cooperative learning techniques in promoting positive intergroup outcomes (Cotton, 1993; Pfeifer *et al.*, 2007; Slavin and Cooper, 1999), a meta-analysis of 19 studies involving 2891 children suggested that cooperative learning techniques appear to have little reliable impact on promoting interracial friendships (Curry *et al.*, 2010). This emphasis on measuring success through the establishment of interracial friendships may, however, obscure other potential positive effects as few studies focus on changes in attitudes which may lead to positive effects over time (Pfeifer *et al.*, 2007).

Allport's conceptualization of conditions for intergroup contact resonates strongly with theories of mental health and well-being which recognize the role of environments, particularly teaching environments, in supporting individual capacities to achieve self-determination, with consequent positive mental health outcomes (La Guardia, 2009; Steele and Fullagar, 2009). Self Determination Theory (SDT) asserts that the fulfilment of basic psychological needs is essential for: psychological growth (e.g. intrinsic motivation); integrity (e.g. internalization and assimilation of cultural practices); well-being (e.g. life satisfaction and psychological health); vitality (Ryan and Frederick, 1997); and

self-congruence (Sheldon *et al.*, 2004). In SDT basic psychological needs consist of autonomy, competence and relatedness. SDT has a strong focus on identifying and measuring the climates that facilitate positive development and mental health and well-being by supporting autonomy, competence and relatedness (Chirkov, 2009). This research has identified factors associated with positive psychological development among young people in both western and non-western countries (Chirkov, 2009). Allport's hypothesis identifies social conditions that promote positive intercultural contact (with the exception of its fourth condition, which is racism-specific) and these are consistent with positive attributes of autonomy, competence and relatedness that are identified in SDT (Deci *et al.*, 2001; Ryan and Deci, 2000). This in turn suggests there are two possible pathways via which interventions addressing Allport's hypothesis can improve psychological wellbeing. It can either do this directly by supporting the extent to which participants' psychological needs are met or, indirectly, by changing negative intercultural attitudes, reducing associated adverse exposures and their negative mental health sequelae.

In this article, we contribute to this body of empirical work by exploring the mental health impacts of participation in an anti-racism initiative that targeted children and young people. The analyses contribute to improved understanding of the qualities of effective anti-racism initiatives and their effects on mental health and well-being, particularly among young people from minority ethnic groups.

### The Building Bridges Initiative

Between 2008 and 2011 the Victorian Health Promotion Foundation (VicHealth) funded five projects through its *Building Bridges* initiative to promote intergroup contact among children and young people. The initiative consisted of three school-based and two community-based projects that were implemented across metropolitan Melbourne. The projects were developed to address local concerns about racism or interracial tension in community or school settings. The initiative drew on ICH approaches and aimed to improve the mental health of young people by reducing racism through intergroup contact. This was achieved through activities including playing games, dance and performance, cooking and working on cars. Projects were explicitly required to incorporate Allport's four conditions into project design, activities and processes.

## METHODS

### Survey data: instruments and procedure

In addition to demographic information, the surveys collected a range of data using the following validated scales:

1. Assessment of projects' performance in relation to Allport's (1954) four conditions (Molina and Wittig, 2006)
2. Assessment of mental health (The KIDSCREEN Group, 2004) and
3. Assessment of well-being using the short form nine-item Basic Psychological Needs Scale with three items for each of the three subscales autonomy, competence, and relatedness (La Guardia, 2009; Steele and Fullagar, 2009).

Surveys were initially piloted with small groups of project participants, and feedback was obtained from project staff. Subsequent amendments improved wording, clarity of concepts and appropriateness of literacy levels to ensure its accessibility for young people from diverse nationalities.

### Analysis of survey data

People who identified their ethnicity as Australian only or European Australian or New Zealand only were included in the Australia/New Zealand category (referred to hereafter as Australian). No participants identified as Aboriginal Australian. Participants of Pacific Islander descent who nominated dual nationalities as Australian or New Zealand were coded as a separate group. Other participants were coded according to nationalities and these have been combined into regions for reporting results here.

The health ( $\alpha = 0.7$ ) and autonomy scales ( $\alpha = 0.8$ ) showed acceptable reliability. However, the remaining two scales, competence and relatedness, did not show acceptable reliability and were not included in further analysis. Intercooled Stata was used to analyse other data. Analyses examined mean scores for the interventions in terms of the extent to which they met Allport's (1954) criteria. Analyses also examined the impact of participation in the intervention on health and autonomy and the interaction of these effects with ethnicity. The analyses controlled for 'English only' spoken at home, age and gender. The analysis also took into account clustering by project. The same approach was used to examine the relationship between equal treatment, shared goals/co-operation and organizational support for intergroup contact and changes in Autonomy scores and mental health over time.

**Table 1:** Sample characteristics

Variable		% <i>n</i> = 246
Age	Primary	72.2
	High school	27.8
Sex	Male	43.8
	Female	56.2
Nationality	Australian/NZ	28.2
	Europe and Americas	6.1
	North Africa and the Middle East	4.9
	SE and NE Asia	22.4
	Southern and Central African	14.3
	Aboriginal	22
	Pacific Islander	2.0
English only spoken at home	No	61.8
	Yes	38.2
Country of Birth Australia	No	45.9
	Yes	54.1

### Sample

A total of 1258 individuals participated in a *Building Bridges* project, with 870 participants completing a survey at least at one time point (70%), and 246 (20%) completing both pre- and post-intervention surveys. The analyses reported here focus on participants who provided both pre- and post-participation data. Table 1 outlines the sample characteristics.

## RESULTS

### Achieving conditions for positive intergroup contact

'Shared goals' and 'co-operation' criteria have been combined in this analysis because it became evident that some participants were not able to clearly distinguish between these concepts. Quantitative analyses of participants' assessments indicated that projects met Allport's conditions for promoting positive intergroup contact. The mean scores for 'equal treatment' were 92.35 (SD: 12.6); for 'shared goals/cooperation': 89.6 (SD: 13.54); and 'support for intergroup contact': 92.1 (SD: 12.31).

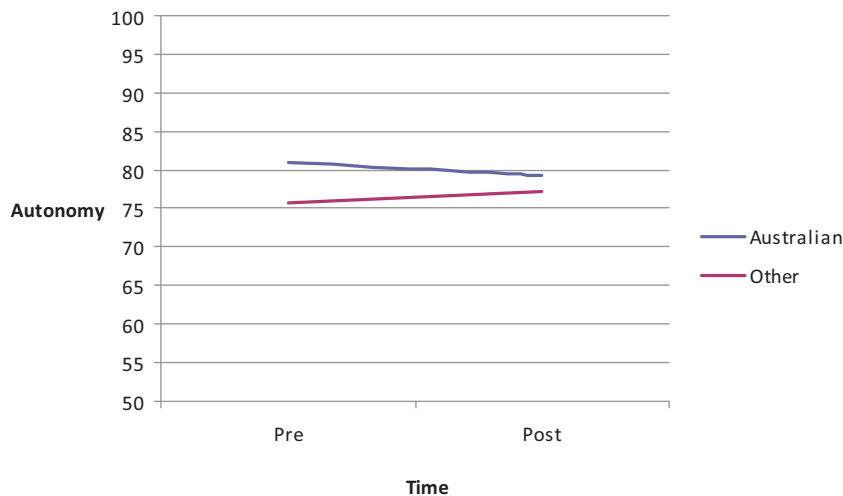
### Mental health and well-being

Data presented in Table 2 shows the analysis for health and Autonomy. Participants with Australian ethnicity reported higher levels of mental health than participants in other ethnic categories in both pre- and post-participation surveys. There were no significant changes

**Table 2:** Effects of the intervention (pre/post) and ethnicity on health score and autonomy

Dependent variable		Intervention	Ethnicity (Australian/other)	Intervention <sup>a</sup> ethnicity
Health score	B95%CI	−0.33 (−1.36 to 0.7)	2.52 (1.68–3.37)	−0.48 (−5.58 to 4.61)
	P	0.53	0.00	0.85
Autonomy	B95%CI	2.3 (1.17–3.43)	3.89 (2.85–4.93)	−4.07 (−5.99 to −2.15)
	P	0.00	0.00	0.00

<sup>a</sup>The analysis controlled for age, sex and project

**Fig. 1:** Autonomy by intervention and ethnicity.

in these health scores over the course of the intervention. Overall, people with Australian ethnicity had higher autonomy scores than people with other ethnicities; however, Table 2 shows a significant interaction of this measure with ethnicity. Involvement in the *Building Bridges* intervention was associated with increased autonomy scores for participants with nationalities other than Australian, and small decreases in these scores among participants with Australian ethnicity (see Figure 1).

Table 3 shows that the extent to which participants perceived the intervention as reflecting equal treatment, shared goals/co-operation and organizational support for intergroup contact. The criteria were all positively associated with changes in autonomy scores. However, this association was only significant for shared goals/co-operation. This is not surprising in that participants are likely to be more perceptive of qualities of shared goals/cooperation in projects. The data are suggestive that participation in the projects was particularly positive for young people with ethnicities other than Australian.

**Table 3:** Relationship between Allport's goals and autonomy

	Equal treatment	Shared goals/ co operation	Support for intercultural contact
B CI95%	0.1 (−0.01 to 0.21)	0.24 (0.15–0.34)	0.02 (−0.08 to 0.13)
P	0.07	0.001	0.67

<sup>a</sup>The analysis controlled for age, sex and project

## DISCUSSION

*Building Bridges* engaged a diverse population of children and young people, although it was less successful engaging young people of 'Australian' ethnicity. As a consequence, projects were able to provide opportunities for intergroup contact but not always between dominant (Australian ethnicity) and minority (other ethnicity) groups. The projects performed well against Allport's (1954) criteria, were well-received by

participants and had positive impacts for some participants. In particular, there was some evidence that achieving Allport's (1954) criteria was associated with higher autonomy scores among participants identifying with other ethnic nationalities.

The results for the study are notable in that other empirical work on intergroup contact has found that the benefits are usually greater for majority groups (Tropp and Pettigrew, 2005b). Participants identified with a range of ethnicities and many had shared experiences of growing up in migrant-background families and neighbourhoods, as well as encounters with discrimination and racism. In this study, non-school-based programmes tended to be more effective in attracting minority groups and offered stimulating activities and supportive environments. However, the possibility of selection bias was minimized in school-based-programmes. The analysis controlled for this distinction in program type.

The effects of promoting a sense of autonomy are potentially important because the concept is a key construct in SDT and indicates progress towards becoming intrinsically rather extrinsically motivated (Deci et al., 2001; Ryan and Deci, 2000). Autonomy has been positively associated with performance (Utman, 1997), relationship quality (Patrick et al., 2007), wellness (Chirkov et al., 2003), lower levels of psychopathology (Deci et al., 2001; Ryan and Deci, 2000) and health behaviours (Ng et al., 2012). The non-judgemental and co-operative qualities of the *Building Bridges* projects appear to have enabled participants to experience an enhanced sense of empowerment that supports capacities to exercise choice in their lives. There was evidence that autonomy scores converged over the course of the intervention with the scores increasing markedly for minority participants and decreasing slightly for majority participants. This effect may reflect the disruption of usual minority/majority power relations. The absence of change in intercultural attitudes suggests that in this case the intervention worked directly to improve wellbeing rather than this effect being mediated by intercultural attitudes. Although there were no significant changes overall in mental health scores over the course of the intervention, it is possible that, given the relatively short span of the study, that improved psychological wellbeing is yet to register in ways that can be measured. The links between Allport's hypothesis and SDT, however, suggest that evaluations of anti-racism interventions could assess the mental health outcomes for participants to gain further insights into the possible benefits of such programmes.

Finally, the results suggest that in multicultural place-based settings, focusing on changes in intergroup

attitudes and behaviours alone may underestimate the benefits of interventions based on ICH, particularly for minority groups. Closer examination of additional benefits, such as positive impacts on psychological wellbeing, may be particularly important in considering the value of participating in ICH interventions for minority groups. Furthermore, experiencing a strengthened sense of autonomy or empowerment for participants from minority groups may serve to counter noted tendencies that such interventions can sometimes promote acceptance of current inequities (Dixon et al., 2010; Saguy et al., 2009).

## LIMITATIONS

In keeping with established paradigms of understanding discrimination and its health impacts as well as the categories of identity used by participants, the analysis in this evaluation divides people into two groups: people of Australian ethnicity and people of other ethnicities. This simplification was made because of insufficient numbers within ethnic groups to conduct reliable subgroup analysis. This distinction was only made in the analysis and did not in any way impact on the conduct of the intervention. In contexts of Australian cities this may misrepresent categories of ethnicity and supposed relations. First, the category of 'Australian' is likely to be highly ethnically heterogeneous in a settler society such as Australia. Second, it assumes that people of Australian ethnicity represent a majority group and other ethnicities are minority groups. This may oversimplify the social worlds of the participants in multicultural settings where ethnic diversity in populations is unevenly distributed across neighbourhoods. Third, there were quite a large number of participants who did not complete both pre- and post-surveys. This was primarily due to difficulty in gaining consent and variability in attendance among high school students. Although age was controlled for in the analysis, it may have introduced some unknown biases. Finally, while the participants in the study broadly reflected the population from which the programs were drawn, given their small proportion of the Australian population, this meant that no participants identified as Aboriginal. There is consistent evidence that Aboriginal people are exposed to higher levels of racism than other Australians from minority groups (Kelaheer et al., 2014). Further research will be required in order to establish whether the findings from this study can be generalized to Aboriginal Australians.



## CONCLUSIONS

Overall, the *Building Bridges* projects reached appropriate target populations, were high quality in relation to the criteria initially defined and had benefits for the young people involved who identified as members of racial minority groups. The results suggest that anti-racism interventions may have positive impacts on autonomy for participants from minority backgrounds. This suggests that it may be important to expand the range of outcomes considered in the evaluation of anti-racism interventions to include mental health and well-being measures.

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