

# A Meta-Narrative Review of the Effects of Racism on Childhood and Adolescent Mental Health

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Racism is common in the social lives of children and adolescents racialized as Black or of Color in Germany (Karakayalı/Heller 2022). They are a special group because, given their relatively limited power and autonomy, the various exclusions from the circle of human concern due to prejudice they experience every day because of their skin color, country of origin, and/or religion have concerning affective consequences (Bidol 1972). One detrimental mental health outcome, for example, is internalized racism, a phenomenon defined as the lived experience of transforming public shaming of one's purported inferior racialized identity into private shame about that racialized identity's purported inferiority (Watts-Jones 2002). Internalized racism demonstrates that racism is not about which group is elevated in the socially imagined racist hierarchy – more so, it is about racist hierarchy existing in the first place (ibid.). Racism is a localized as well as globalized phenomenon. It manifests differently depending on local history and political climate. Being aware of this is paramount to determining which structural transformations are necessary to address racism's consequences, for instance the effects of ongoing institutional racism in healthcare settings on people's health (Kluge et al. 2020).

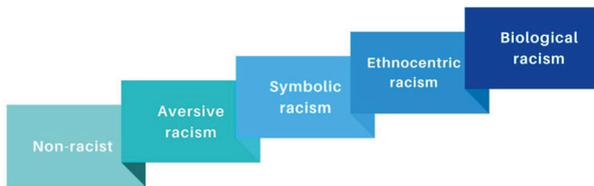
Another group severely affected by racism, and one that intersects with age, are migrants and refugees. Research suggests that Black people and people of color migrating to Western countries from non-Western ones, especially sub-Saharan Africa and the Caribbean, are more likely to develop severe mental illnesses such as psychotic disorders as a result of racism encountered while integrating into the Western country (Lazaridou et al. 2022). This finding may directly translate to the experiences of migrant children and adolescents who are also racialized as Black and of Color. As models of care might not reflect their mental health needs in the context of discrimination based on skin color, country of origin, and/or religion, this may have formed a barrier to early intervention. Therefore, it is particularly important to gain more insights on their experiences of racism in order to improve mental health care for these groups in Western countries. My aim here is to provide a current perspective on academic contributions to racism research in the field of mental health as it relates to migrant children and adolescents.

## A Severity of Racism Continuum

In response to recent waves of asylum-seeking and refugee migration, Germany has seen an increase in mental health research on refugees, raising awareness that the post-migration context is important in disease etiology (e.g., Brandt et al. 2017). Ang et al. (2021) argue that racism is often viewed not only in terms of a simplistic *white/Others* binary, but as a problem that exists only in the West. However, intersectional identity issues such as racism, sexism, genderism, classism, and ableism are also woven into the fabric of many non-Western migrants and refugees' pre-migration contexts (Wendt 2007). One could argue that because of the prominence of issues such as war, violence, and poverty, identity politics are often overshadowed in public understandings of non-Western migrants and refugees. However, it is critical to recognize that they are not separate issues: they are one and the same.

There is a continuum of racism, with genocide at one extreme (see Figure 1). Racism's severity, like the severity of pain caused by racism, exists on a continuum. The severity of racism may influence the severity of negative mental health consequences. That said, as with most continuums, measuring the severity of racism is far more complicated. It would be more appropriate to consider each section of the continuum as a continuum in itself.

Figure 1: The severity of racism on a continuum



Biological racism is defined as the firm belief that humans are made up of radically distinct genetic groups that are intellectually and culturally distinct from one another (Auma 2018; Miles/Brown 2003; Rommelspacher 2011). It is typically defined as the belief in the myth that some ›races‹ are naturally more intelligent and hardworking, and has better cultures (Hochman 2017; Saini 2019). Biological racism exists throughout Europe, despite the fact that we now know that ›races‹ do not exist from a biogenetic perspective (the catalyst for social perspectives) (Rapp 2016). The Human Genome Project discovered that, despite surface-level similarities, there is more significant biogenetic variation within the so-called ›races‹ than between them, and that geographic location is more important than phenotypic similarity

(McCann-Mortimer et al. 2010). These ground-breaking discoveries should have far-reaching ramifications for society (Saini 2020). However, contemporary conceptions of ›race‹ remain linked to forms of »the biodeterministic imagination,« which scholars such as Blakey (2020) argue returns the problem of colonial imaginary significations to a specific epistemology. That is, to the very boundaries and binaries of heteronomous hierarchization, bearing an uncanny resemblance of Galton's nature/nurture binary (Heinz et al. 2014). Within racist evolutionary narratives, it is believed that ›races‹ acquire their intellectual capacity and their personality through the heritability of mind and brain architecture. This conception of biological nature serves as a foundation for a social positionality based on the pseudoscience of ›race‹ (see also social Darwinism, eugenics, craniometry, and scientific racism) (Heinz 1998).

Biological racism does not automatically imply genocide, but genocide does not result from ethnocentrism in the absence of biological racism, for example. A belief in racist »cleansing« is tantamount to genocide, the worst form of racism. It impoverishes people; it is structural violence; and it is war (Shaw 2003, 2007a). It intends to inflict the deepest severity of pain, suffering, and – at its most extreme – annihilation upon specific groups of people. Furthermore, it is a crime against humanity because, as the concept of »genocide without resistance« is nonsensical, genocide entails forms of physical and social conflict perpetrated on an unarmed social group by an armed social group (Shaw 2007b). It matters that genocide happened in German history on more than one occasion. The first was Germany's racist extermination of the Herero, Namaqua, and San peoples in what is now Namibia between 1904 and 1907 (Erichsen/Olusoga 2011). The second was Germany's racist extermination of European Jews, as well as Roma/Romnja and Sinti/Sintizze, Soviet prisoners of war, homosexual men and women, and opponents of Hitler and the Nazi dictatorship, including Jehovah's Witnesses, throughout Europe between 1941 and 1945 (Haber 2013). Acknowledging both matters because it says something about the value system in Germany at those points in time. Genocide did not (and does not) happen accidentally (Stanton 2012); it is consciously planned. It also matters for understanding racism as not solely confined to the West that genocide has occurred in the sociohistorical contexts of some non-Western migrants and refugees, such as in present-day Turkey, Rwanda, and Sudan (Naimark 2017).

Ethnocentrism is defined as a firm belief in the superiority of a specific social group's (political) intellectual knowledge/power/being/truth/freedom over other social groups (Naidoo 1996; Bonilla-Silva 1994; Solomos/Back 1996; Dirks 1992).

Symbolic racism is more subtle forms of racism in which the object is not so much race as it is people's social and political style (Fanon 2004). It uses normative rhetoric about the social and political style of groups of people to justify their position within society (Sniderman/Tetlock 1986; Sears/Henry 2003).

Arguments that, despite all scientific evidence to the contrary, seek to perpetuate the idea that races exist are quite prevalent and typical examples of aversive racism. That is, racism which claims it is not racist, and arises through socialization and contact with racist ideas (Dovidio/Gaertner 1992; Rapp 2016).

## Racism and Power

Racism results from the exercise of power (Jones 1972). Racism cannot exist without power. Genocide, for instance, cannot become genocide unless people in positions of authority, such as soldiers, police officers, or militias, sanction the atrocious crimes. Racism can thus be defined as something in the perpetrator's worldview as well as the power to exclude victims from the circle of human concern (Bidol 1972). Structural racism describes how this power extends beyond micro (interpersonal) and connects across meso and macro (institutional) levels, and how racism is systematically upheld by institutionalized practices and norms across the nation state. Institutional structures serve as the primary transmission vehicle for racism's »colonial imagination« (Carmichael/Hamilton 1992). These significations define how Blackness is seen in contrast to *whiteness*, and the way they are related to one another (Fanon 1967a). These interrelationships span a variety of collective structures, including aesthetics, religion, epistemology, and morality, forming hierarchical boundaries (Fanon 2004). The invention of social hierarchies is woven into humans' ability to imagine in capitalist economic systems (Sindzingre & Tricou 2022).

The demonization of Black people and people of color through the construction that the signification »Black« (and associated connotations including migrant, asylum seeker and refugee) refers to »dangerous« is a societal problem that is not rooted in the racism of *white* individuals but in *white* institutional structures within super-diverse societies (Amir-Moazami 2005). Super-diversity refers to demographic changes through process of migration and »integration« where those who were traditionally marked as »natives« in societies no longer form the clear majority (Schneider et al. 2015). The paradox of super-diversity is that each dimension of »integration«, such as housing and access to education, work and healthcare, is also inversely a dimension of systematic structural exclusion (Aikens et al. 2021). From an urban policy perspective, the United Nations' 2015–2024 International Decade for People of African Descent is an example of an inclusive practice (United Nations 2021). This project fosters intercultural dialogue and exchange as forms of meaningful participation. Community-based expertise, on the other hand, argue that each dimension of »integration«, even those with strong notions of equality and inclusive citizenship, is constrained by regulations and practices in contexts of perceived/actual rejection (Hamann/Türkmen 2020). In higher education, for example, the »ivity

tower« structure skews achievement distributions and dropout proportions against students racialized as Black and of Color, reinforcing these institutions as impenetrable enclaves of normative *whiteness* (Hirschfelder et al. 2019). Further examples include barriers that exist to prevent equal access to health and mental health care (Ben et al. 2017; Hackett et al. 2020).

## Racism and Health

According to Paradies et al. (2015), racism has a five-step impact on health: limited access to resources leads to negative affect/cognitive functionality, which results in the cumulative physiological burden of chronic stress known as allostatic load, which leads to reduced engagement in healthy behaviors and finally to direct physical injury (see Figure 2).

Figure 2: Racism as a social determinant of health, adapted from Paradies et al. (2015)

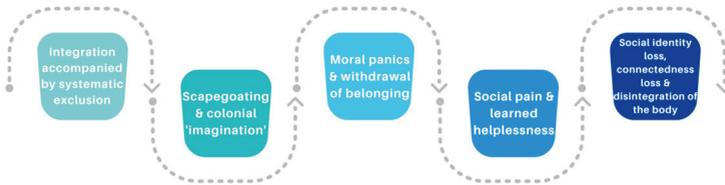


Racism thus affects health in a variety of ways, not just through overtly derogatory behavior in interpersonal interactions; it is a systemic issue that has a negative impact on health at multiple societal levels. It is a major contributor to the social conditions that perpetuate health disparities in affected communities (Williams et al. 2019). It also exacerbates the stigma and discrimination associated with mental disorders, in turn exacerbating symptoms on multiple levels (Eylem et al. 2020). Social determinants of health, such as racism, can additionally be understood structurally. The World Health Organization in 2010, for example, released a report which identifies governance, macroeconomic policies, social policies (labor market, housing, land), public policies (education, health and social protection) and culture/societal values as five socioeconomic and political domains for action on the social determinants of health (Solar/Irwin 2010). Proponents for the existence of structural racism argue that racism is enacted through, and thus can be measured across, these five domains (Braveman et al. 2022). And furthermore, that in addition to racism's effects on health, another important health determinant is access to, and willingness to utilize, healthcare to deal with the negative effects of racism (ibid.). Whether a person seeks and receives adequate help, in turn, also de-

depends on the culture of mental health services and medical institutions. Clinicians frequently naturalize this culture as non-discriminatory. Metzl and Hansen (2018), however, explains how power and structural racism in mental health and medicine have mutually reinforced unequal social distributions of disadvantage. »Structural competency«, then, is an awareness of this history that puts institutional-level accountability and decision-making at the forefront of strategies for greater equity (Lazaridou/Fernando 2022).

The nature of institutional structures traps racialized communities in cycles of deprivation and existential nihilism. In Figure 3 I conceptually map the pathways through which racism adversely impacts mental health, with structural racism serving as the starting point.

Figure 3: A conceptual map of racism and mental health



a) »Integration« accompanied by systematic structural exclusion

The socioeconomic and political milieu of a super-diverse society has, in the words of Jock Young (2007: 32), »strong centrifugal and centripetal currents: it absorbs and it rejects.« Super-diverse societies »celebrate« interculturalism yet simultaneously build defense strategies, from failing to account for the needs of Black people and people of color when planning public spaces, for instance by maintaining colonial street names, to further managing the citizenship rights of these populations in the name of security (Bustamante 2002; Ebu 2012; Ahmed 2004; Thompson 2020).

b) Scapegoating and colonial »imagination«

The concept of governmentality (Foucault 1982; Foucault et al. 2019), helps to explain how racism is firstly the of color. Secondly, how it is the scapegoating of Black people and people of color as society's »crime problem.« And thirdly, how it is the invocation of colonial »imagination« at the global nexus of power and knowledge (Amir-Moazami 2005; Alexopoulou 2019; Aberra 2012). In German history, for example, the sense of superiority evoked in Nazi colonial »imaginings« propagated on the one hand the idea of a supposedly homogenous *white* »racial« group – thus glossing

over strong socio-political differences in attitudes and cognitions – and on the other hand, the idea of a pure Germanic native *Rasse* or »race« (Mosse 1966; Heinz 1998; Wolf 1999). Since then, however, antisemitism became the sole Nazi crime, which has taken the focus off making visible and investigating antisemitism and racism (Neiman/Younes 2021).

#### c) Moral panics and the withdrawal of belonging

Despite inclusion in the form of anti-discrimination laws, Black people and people of color are excluded at the individual and the systems levels. Symbolic and concrete scapegoating necessitates the creation of colonial ›imagination‹ that combine fear and disgust to paint an undesirable and avoidable future as opposed to an idealized one (Cohen 2011). Racialized groups are targeted through stigmas constructed in public narrative and discourse (Goffman 1968). In order for society to legitimize ideologized visions of collective imagined futures, racialized groups become the target of derogatory stereotypes about socially unacceptable traits and characteristics that instigate moral panics; through which society essentially positions itself in an epistemological state of »crisis,« in an imagined gap between the forecasted future and the future that should be aspired to (Hall 2021). To manage this socially constructed crisis, the dissatisfied mainstream both unintentionally and intentionally undermines racialized and stigmatized groups' sense of belonging (El-Tayeb 2011). For targeted Black people and people of color, belonging in a larger society thus has to be negotiated and navigated within a dissatisfied mainstream that ascribes these communities a low value and moral worth.

#### d) Social pain and learned helplessness

Since belonging is a complex psychological need, as postulated by Baumeister/Leary (1995), the result of systematic structural exclusion as well as the denial of belonging is social pain. From a threat-management and safety-need perspective, as Williams (2009) explains through his »need-threat model,« people subjected to withdrawals of belonging – or even the mere threat of rejection and ostracism – may experience reductions in self-esteem, control, and meaningful existence (Steele 1988; Tesser 1988; Burger 1992; Rothbaum et al. 1982; Greenberg et al. 1990; Heine et al. 2006). People need self-esteem to feel motivated and capable of success, not to mention remain confident enough to explore their full potential (Wortman/Brehm 1975; Leary 1999; Leary/Baumeister 2000). They also need a sense of control over the direction of their lives (Bandura 1967). In addition, in order to live mindfully, people need a sense of meaning in life to define the congruence between their value orientation and their lived experience (Solomon et al. 1991).

Inextricably tied to the pain of social exclusion (e.g., sadness and anger) and behavioral attempts to increase social inclusion (e.g., assimilation and acculturation) – learned helplessness responses are frequently a subtext to clinical interactions with racism-affected patients (Seligman 1975; Cox et al. 2012; Hammack et al. 2012). In the context of racism, learned helplessness (Maier/Jackson 1979) results from a political reinforcement process in which Black people and people of color »learn their place« within the racist hierarchy (Fanon 1967b). A study of young Black American adults found that learned helplessness directly and indirectly mediates the association between experiences of racism and indicators of poor mental health, such as depressive symptoms (Madubata et al. 2018). Racialized people sometimes develop an unfortunate and desperate acceptance that their voice, their future, their very life does not matter (Lazaridou et al. 2022). Learned helplessness is thus defined as a performative hopelessness expressed through lethal and non-lethal self-harm (James 2020). It is the detrimental internalization of oppressive ideology related to beliefs about domination and subordination that have been socially mediated through the local and globalized structure of geopolitical environments (Collins 2009).

e) Social identity loss, social connectedness loss and disintegration of the body

Armed with this awareness, chants of »Black Lives Matter« are thus more than a mere political demand, they are an empowering form of collective resistance against learned helplessness, a reminder that these personally and collectively experienced injustices are not organic (Godsay/Brodsky 2018). They remind us that we need an internal sense of disobedience to unlearn helplessness (hooks 2014). »Black Lives Matter,« therefore, is simultaneously a process of empowerment and one of social resilience. Systemic racism, on the other hand, often results in profound losses, including that of social identity (Andrighetto et al. 2016), social connectedness (Blackhart et al. 2009), and even of the body (Walters et al. 2011). These profoundly painful losses are subcategories of social death, an epistemological concept that also includes genocide and slavery. Social death is the opposite of well-being (Card 2010; Králová 2015). In an ecosocial theory, according to van der Kolk (2015), negative affective states caused by painful experiences may become embodied in people's physical bodies as stress.

### The Focus of the Current Meta-Narrative Expertise

One key issue that frames the present expertise is the concept of belonging, and looking at racism as a means of denying racialized groups' belonging is helpful. A growing body of research suggests that racism has a negative impact on feelings of belonging in various city spaces (Lazaridou/Heinz 2021), including, but not limited to, educational provision spaces for children and adolescents, such as compulsory

primary and secondary education (Morris et al. 2020). As a form of meaningful involvement, belonging is the polar opposite of racism's structural exclusion (Craggs/Kelly 2018). A sense of belonging is positively associated with happiness – and in contrast to structural exclusion, it acts as a buffer for mental health problems such as depression and anxiety (Michalski et al. 2020). Anxiety and depression are clinically relevant psychological states that are typically accompanied by lasting fear, sadness, hopelessness, cognitive distortions, and disturbances in attention. Despite qualitative distinctions, there is often a high degree of comorbidity (Kessler et al. 2015). Especially in adolescence, depression and anxiety are both highly influenced by social and environmental factors such as histories of migration (Simonds et al. 2014). Racism's structural exclusion from the larger environment can also have negative mental health consequences.

In both cases, racism creates well-documented barriers at institutional and structural levels. From a threat-management and safety-need perspective, belonging is posited as the key to preventing a cascade of harmful stress-based outcomes associated with anxiety and depression in adolescence. The fundamental risk racism poses to developing anxiety and depression is not equally distributed across all populations. Belonging, on the other hand, has positive mental health impacts across one's life; particularly during childhood and adolescence (Michalski et al. 2020).

## Methodology

This text is written in line with the statute for the assurance of good scientific practice of the Charité – Universitätsmedizin Berlin (2018). In alignment with the academic understanding that the Black Lives Matter movement has emerged as a major public and international event that has influenced social expectations with regards to racism research, this systematic review explores the most relevant academic contributions published since Black Lives Matter was founded, adding a distinctive historical perspective. Nine core bibliographic databases in the fields of psychiatry, clinical psychology, and the allied mental health disciplines (Pubmed, Web of Science, Cochrane Library, EBSCO Academic Search Ultimate, Embase, CINAHL, MEDLINE, APAPsychInfo, and SocINDEX) were searched from January 2013 to February 2021. To ensure sensitivity and specificity, a full set of search terms was developed from an initial search of the literature to identify index terms of seemingly relevant articles: Sample – children and adolescents; Phenomenon of Interest – mental health; Design – any; Evaluation – any; Research type – published, peer-reviewed. Articles were also identified through previous reviews. An initial scoping review of the literature clarified the choice of keywords. The final algorithm is presented below in Table 1.

Table 1: Keywords algorithm used to search for evidence

((«children«) OR «child«) OR «childhood«) OR «adolescent«) OR «adolescence«) OR «youth«) OR «teens«) OR «teenagers«) OR «young people«)
(AND)
((«racism«) OR «ethnic discrimination«) OR «racial discrimination«) OR «perceived discrimination«) OR «discrimination«) OR «perceived stress«) OR «cultural stress«) OR «acculturative stress«) OR «acculturation«) OR «racial«) OR «ethnic«) OR «ethnic identity«) OR «racial identity«) OR «collective identity«) OR «ethnic socialization«) OR «racism socialization«) OR «race«) OR «racialization«) OR «antisemitism«) OR «islamophobia«) OR «antiziganism«) OR «white supremacy«) OR «xenophobia«) OR «othering«) OR «prejudice«) OR «stereotypes«) OR «ethnic harassment«) OR «language hassles«) OR «negative context of reception«)
(AND)
((«mental health«) OR «mental illness«) OR «mental disorder«) OR «psychiatric health«) OR «psychiatric illness«) OR «psychiatric disorder«) OR «psychological health«) OR «wellbeing«) OR «wellness«) OR «emotions«) OR «emotional health«) OR «adjustment«) OR «psychosocial«)
(AND)
((«depressive symptoms«) OR «depression«) OR «anxiety«) OR «internalizing«) OR «externalizing«) OR «substance use«) OR «drugs«) OR «drug use«)
(AND)
((«quantitative«) OR «longitudinal«) OR «cohort«) OR «cross-sectional«)

The discovery of literature was managed with the bibliographic software Zotero (Corporation for Digital Scholarship 2016). Empirical studies (any research design) were included when their findings related reports of racist experience to any mental health problem among children and adolescents (defined as aged 4–18). Relevant findings included internalizing problems, externalizing problems, depressive symptoms, and post-traumatic stress. Articles were excluded if there was no primary data analysis, if racism was not specifically a form of discrimination analyzed, if children and adolescents were not the identified population of interest, if the study was published prior to 2013, if the study was not published in English, and if the study reported findings on general physical health or behavioral health or did not provide separate results for mental health. To ensure scientific integrity, the search was restricted to peer-reviewed journals. Position statements, editorials, book chapters, white papers, and dissertations/theses were excluded. Titles and abstracts were screened against the inclusion criteria. JBI SUMARI (Joanna Briggs Institute 2012) was used to manage the review.

Since reviews of the literature on the effects of racism in the mental health of children and adolescence have already been conducted (e.g., Priest et al. 2013; Paradis et al. 2015), I decided that a meta-narrative review would add value to the heterogeneous racism-research literature base by developing an understanding about how different researchers, with differing research assumptions, have conceptualized and

investigated the same research topic (Wong et al. 2013). The type of data extracted strictly relates to the following research questions:

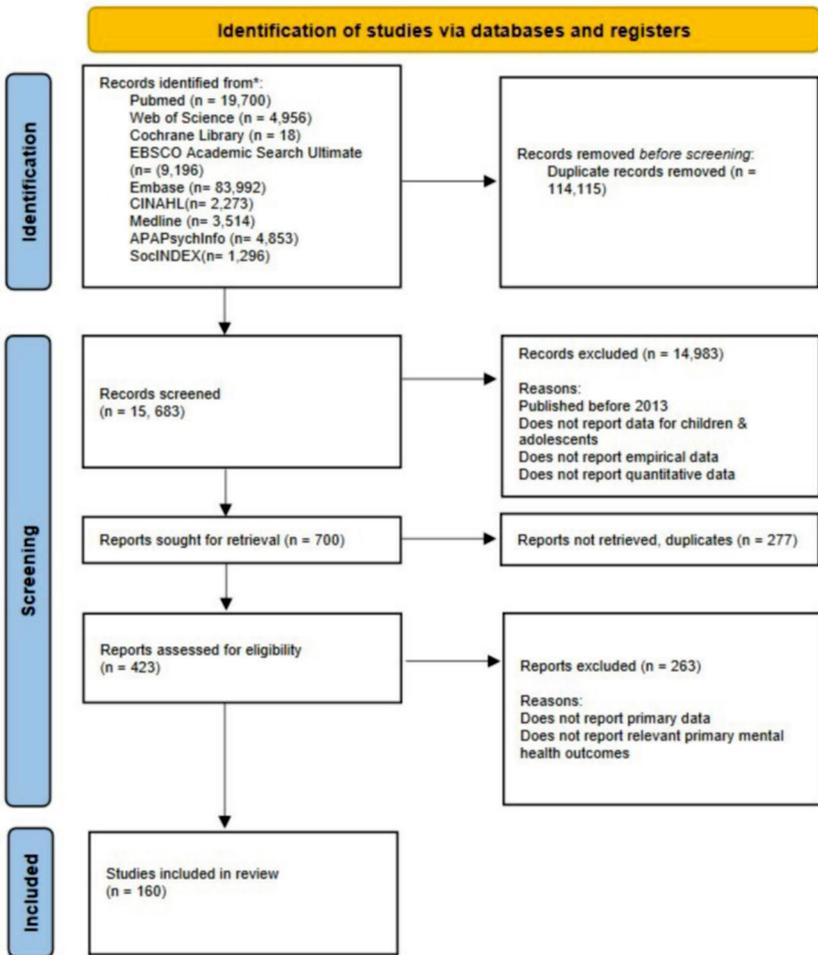


The main points of interest pertain to how the different researchers explain racism as a social phenomenon and the consequences of racism on health, and whether there are any major differences in the literature. It is also about the different theories and theoretical frameworks they use to conceptualize racism.

## Findings

Figure 4 documents the study’s search and selection process. Eventually, 160 studies published between 2013 and 2021 met the inclusion criteria. For each eligible study, information on location, research aims, research questions, hypotheses, sampling frame, significant contributions, directions for future research, recommendations for future practice, and recommendations for future policies were extracted into a purpose-designed database. All this information for each study can be found in the appendix.

Figure 4: PRISMA flowchart



The majority of the published literature comes from the United States and other Western countries such as Canada and Australia. As a result, much less is known about the effects of racism on children and adolescents in non-Western countries. Overall, a large number of longitudinal and cross-sectional studies in the international context suggest that many children and adolescents worldwide are exposed to racism. They also find that exposure to racism is associated with a variety of mental health problems. The following sections will elaborate on each outcome in detail.

Depressive symptoms are by far the most commonly studied mental health outcome among children and adolescents internationally. One or two of the studies found zero association (Lorenzo-Blanco et al. 2013; Leventhal et al. 2018; Wang/

Atwal 2015), one or two studies found an medium-extremely strong association (+/- 0.5 to +/- 0.7) (Kiang et al. 2020; Taylor/Ruiz 2017; Duprey et al. 2020; Park et al. 2018), but most studies found a small-strong effect (+/- 0.2 to +/- 0.4) (Stein et al. 2019; Park et al. 2016; Yip 2015; Zapolski et al. 2019a). Of these studies tackling the association between racism and depressive symptoms, by far the majority was conducted among children and adolescents in the US (e.g., Zapolski et al. 2019b; Tran 2018a, 2018b; Tobler et al. 2013; Ríos-Salas/Larson 2015; Perriera et al. 2019). Others were conducted in Canada (Hoglund/Hosan 2013), Norway (Jore et al. 2020; Keles et al. 2017), Sweden (Patcher et al. 2018), Korea (Park et al. 2016), Australia (Priest et al. 2017), Columbia (Sladek et al. 2020), New Zealand (Williams et al. 2018), and China (Zhao et al. 2020).

It is this author's position that for Western countries with a legacy of racism and its associated violence (embedded as both are into their macrostructural matrix of history, culture, and systems – political economy, structures, institutions, and ideologies), including, but not limited to, the United States, the United Kingdom, Australia, Canada, and Germany, a special imperative to conduct research addressing racism should resonate. The United States by far produces the most research on racism, and Canada and Australia also produce research. The United Kingdom has also produced research, most of which was ineligible for inclusion in this review because it tended to analyze trends and inequalities pertaining to rates of diagnosis and admission rates; a form of structural analysis beyond the scope of this review. By contrast, research in Germany was not discovered in this review.

Physiological arousal and anticipation of anxiety are also conceptualized in many of the studies as stress. Some of these studies investigate how experiences of vicarious racism, that is, racism directly not at the subject but at someone close to them, is related to stress. They point to a small-medium association in children and adolescents (+/-0.1 to +/-0.3) (Ford et al. 2013; Tynes et al. 2019). Furthermore, because stress is more likely to be biologically embedded, early experiences of racism can have long-term psychiatric consequences, from childhood to maturity (Chen et al. 2015, 2020).

## Why Do These Studies Focus on Young People?

In this section, I discuss the arguments and theoretical approaches the studies' authors use to justify why childhood and adolescence are important to study in the context of racism. Table 2 summarizes the authors' main points, as well as the concepts and themes to which they refer. The paragraphs below address each aspect further.

Table 2: Data captured to answer Research Question 1

Topic	Themes	Concepts
Migration	Mass global migration Within-country migration Between-country migration Marriage migration Changing multicultural landscapes	Social & cultural stress Stigma & discrimination Belonging Religiosity and religious affiliation Urbanization
Personal & social identity formation	Social adversity	Biological embedding Stable sense of self
Transition-to-independence	School climate Cognitive maturation	Meta-cognitive capacities Meaning-focused coping Cognitive appraisals
Linked lives	Mother-child dyads	Quality support

## Migration

The importance of focusing on immigrant health and well-being is underscored by mass global migration. The international migration trends includes the social and cultural stressors involved in cultivating a sense of home and belonging (Lorenzo-Blanco et al. 2016a; Lopez/Chen 2020; Lo et al. 2017). As a result, many of the studies frame racism and health in children and adolescents against the backdrop of migration experiences. Millions of children and adolescents are part of the global migrant population, and they are experiencing these stresses in geographical and sociopolitical contexts new to them (Kim et al. 2018; Kiang et al. 2020). This population is the focus of international public health concerns about the impact of social and cultural stresses on their prevalence rates of substance use, binge drinking, delinquency, and other health risk behaviors (Priest et al. 2020; Korol et al. 2020; Loyd et al. 2019). Experts usually categorize migration as either within their country or between countries. Studies in China and Korea have also revealed that an influx of marriage migrants results in rapid socio-demographic changes (Chung/Lim 2016). These are women who migrate to marry under predetermined conditions. Studies highlight that these women and their families face stigma and discrimination in addition to the racism they are confronted with as foreigners. This is not discussed as a new issue per se, but it emphasizes that children born in these situations are especially vulnerable and deserve extra evidence-based safeguards (Park et al. 2016).

Several studies highlight specific aspects and forms of migration. One is the fact that migration leads to more inter-religious encounters. Muslim, Buddhist, and Christian populations are all growing in China, for example (Pan/Spittal 2013; Xiong et al. 2021). As research in other parts of the world, such as in the United Kingdom,

increasingly establishes links between religious discrimination and mental health difficulties such as melancholy and paranoia, the diversification of religion becomes an important focal point in research on the effect of racism (Pan/Spittal 2013; Balkaya et al. 2019). A second specific aspect is rural-to-urban migration. When rural populations in African and Asian countries migrate to cities, they experience rapid urbanization (Walsh et al. 2015). Urbanization also creates a demand for more rural-to-urban migration. As a result of China's urbanization, there is a demand for labor, and citizens have migrated from rural areas to cities to meet it (Jia/Liu 2017). Externalizing symptoms such as aggression and violence occur among rural-to-urban migrant children and adolescents, and racism is seen as the direct cause of this rage and frustration (Xiong et al. 2021; Park et al. 2017).

Racism experiences are also posited as a reason why migrant children and adolescents have higher rates of internalizing symptoms than natives (Choi et al. 2020). Experts are aware that low socioeconomic status is frequently cited as a major reason for migration, yet low socioeconomic status persists as a social and cultural stressor in new environments (Lo et al. 2017). However, authors emphasize that this awareness does not diminish the importance of racism in the context of this vulnerable group (Fang 2020). Low socioeconomic status is cited as an insufficient explanation for the high prevalence of depressive symptoms among migrant children and adolescents; racism is positioned as the connecting, cumulative factor, particularly considering migration as a global issue (Sladek et al. 2020; Datu 2018).

## Personal and Social Identity Formation

Aside from migration, the studies' authors investigate experiences with racism in childhood and adolescence in relation to identity development. According to this perspective, racism is a type of social adversity that, like other adversities, sets off a chain reaction of physiological stress responses. When people are regularly subjected to social adversity, such as racism, stress can become biologically ingrained and manifest as a psychological disorder. Because young people are more vulnerable to embedding processes, this risk is greater for them (Lee et al. 2015; Grigsby et al. 2017). Adolescence, and to a lesser extent childhood, are regarded as formative years in which people develop a stable sense of self. As a result, this is a critical stage of development. Consequently, young people are more vulnerable to the negative effects of racism on the development of their personal and societal identities. According to Erikson's psychosocial development model (1968), self-esteem grows when there is space to grow, and feelings of belonging and safety are allowed to blossom.

These studies describe racist experiences as destabilizing (Ríos-Salas/Larson 2015). Migrant children and adolescents are particularly vulnerable in this context, owing to the destabilizing nexus of poverty and racism. The ability to grow and build capacities is a critical component of personal and social identity formation.

Racism can have long-term negative consequences in adulthood because self-formations that should have occurred earlier were denied a secure, safe space in which to develop. According to experts, this causes a wide range of antisocial behaviors or externalizing symptoms (Martin et al. 2019; Garrett et al. 2017). Internalizing symptoms such as depression and low self-esteem are also a result (Ferrari et al. 2017; Delgado et al. 2019). While experts acknowledge that there is a substantial body of literature on the impact of racism on personal and social identity formation in adults, they point out that fewer of these studies focus on childhood and adolescence (Cooke et al. 2014).

### Transition-to-Independence

The studies' authors tend to position schools as critical spaces where children and adolescents require safety in order to develop a stable sense of self (Arora/Wheeler 2018; Beiser/Hou 2016). Childhood and adolescence are sensitive periods in which racism acts as a disruptor. In general, the development of children and adolescents is continuously assessed in their social environments, but especially in schools, using milestones or growth indicators. To adequately achieve these goals, these young people must adjust to new expectations and responsibilities. In a variety of ways, the school climate can assist students in their transition to independence but also hinder it. Experts agree that interpersonal racism (from peers at school) and institutional racism (from adults at school) have a negative impact on the adjustment of children and adolescents in schools (Benner/Graham 2013; Benner/Wang 2017; Cheeks et al. 2020).

While racism can stymie a healthy transition to independence, growing adolescents also develop resources that can mitigate that negative impact (Perriera et al. 2019). One such resource is cognitive maturation, which enables them to evaluate the climate of certain situations as racist and unrelated to them personally (Datu 2018). Mental health and adjustment outcomes are associated with a greater awareness that the school climate (consisting of interactions with peers and adults) is racist (Fang 2020). Cognitive maturation also entails learning to comprehend complex sociopolitical and historical events and processes that shape one's standing in society (Pachter et al. 2018). In light of Islamist terrorism and the violence of Western political agents, for example, racism is an additional risk factor for high stress levels among migrants from Muslim countries, Muslims more generally and people perceived as »Muslim«. Studies show that in recent years Muslim adolescents experienced racism as a result of negative media attention such as »The War on Terror« (van Bergen et al. 2021; Balkaya et al. 2019). The current geopolitical climate has sparked a »crisis« around Islam at a societal level which manifests at the individual level of interpersonal interactions at institutional settings such as schools. Across the board, experts emphasize the importance of examining how school climates relate to a va-

riety of mental health outcomes during the critical transition to independence, because without intervention, the likelihood of these issues becoming problematic in adulthood is high (Espinosa 2020).

### Linked Lives

Aside from structural, interpersonal, and institutional racism, experts emphasize the negative effects of vicarious racism in childhood and adolescence. Although young people navigate a greater variety of social contexts outside the home as they get older, the family remains the bedrock during this developmental period. There is a large body of literature on the effects of racism on adult mental health; experts emphasize that it has an indirect impact on the lives of young people under the care of racism-affected parents (Nair et al. 2013; Martin et al. 2019). They also draw on established research that links maternal depression to poor mother–child relationships, which in turn affects the mental health of children, who are not adequately supported to develop stable self-perceptions or meaning-focused coping capacities for facing racism (Chung/Lim 2016). Experts agree that focusing on children and adolescents is critical because racism-induced mental health outcomes in mothers are linked to children and adolescents’ psychological adjustment (Ford et al. 2013).

### Racism Conceptualizations

The second research question focuses on the theoretical approaches authors used to research racism experiences among children and adolescents. There are various forms, as shown in Table 3.

Table 3: Data captured to answer Research Question 2

Topic	Concepts	Themes
Demeaning messages	Subjective interpretations Perceptions Internalization	Unfairly targeted Exclusion Disempowerment Devaluation
Bullying	Peer-to-peer attacks Peer rejection	Racist ascriptions Racist insults

Topic	Concepts	Themes
Negative context of reception	Hostility -race-related processes -unfair treatment -stereotypes -phenotypic perception Inferiority ideology Anti-refugee sentiment	Feeling unwelcome Unequal access to opportunities Negative social interactions Phenotypicality Stratifies Devalues Disempowers
Microaggressions	Daily Enduring Subtle Insidious Interpersonal slights Verbal Non-verbal Visual Interpersonal Perceived daily experience	Mistreated Irritating Inconvenient Being assumed incompetent Being assumed unintelligent Being treated as suspicious Being assumed a criminal Being treated as a second-class citizen
Societal	Authority figures Imbalance of power	Neighborhood (police officers) Schools (teachers) Historical and structural inequalities Oppression
Online	Social media platforms Chat rooms Discussion boards Web pages Online games/videos Graphics	Anonymity Explicit »viral«/»trending«

The paragraphs below address each aspect further.

## Demeaning Messages

Many studies consider racism to be a form of group-based devaluation (Hart et al. 2021; Brody et al. 2014). The subjective interpretations or perceptions of the child, adolescent, or guardians determine whether something is racist. This is typically the perception that expressed attitudes or treatment are unfairly directed at themselves or their group due to their characteristics. This must involve some social comparison. Migrant children and adolescents face racism in rural and urban settings because characteristics associated with their migration background, such as accent, skin color, and low socioeconomic status, are highly stigmatized. Internalizing racism has a negative impact on mental health because it instills

demoralizing messages of exclusion, disempowerment, and devaluation in people's minds (Kiang et al. 2020).

## Bullying

Bullying involves attacks among peers, particularly in school settings. In the context of racism, it is defined as harboring unfavorable attitudes toward people after ascribing them to a specific racialized group and insulting them on the basis of this racialization (Stone/Carlisle 2017). According to experts, the consequences of bullying among children and adolescents are a major global health concern (Pan/Spittal 2013; Priest et al. 2019). Experts distinguish between racism (or racist bullying) and general bullying for two reasons: First, racist bullying has a heinous global history. Second, the emotional consequences of racist bullying are qualitatively distinct from those elicited by general bullying (Cardosa et al. 2018).

## Microaggressions and Daily Hassles

If we look at racism as the perception of being mistreated, it can be a persistent feature of migrant children and adolescents' daily lives. Importantly, low social status can be concrete, as it is for refugees worldwide and rural-to-urban migrants, or it can be due to the ›native's‹ perception that migrants or other racialized groups are dirty and violent. For multi-heritage natives, this may manifest as feeling pressured by ›natives‹ to acculturate, speak ›better‹, and be less conspicuous. Experts view racism as a daily annoyance, owing to its vexations and inconveniences (Chen et al. 2020; Cheeks et al. 2020). Racism socializes *white* people to have a particular attitude toward racialized children and adolescents in their daily interactions (Keles et al. 2017; Jore et al. 2020; English et al. 2016). The attitude at issue is usually one of superiority, and the behavior that results is referred to as microaggressions. The latter manifest societal attitudes toward racialized minorities in general. Teachers acting surprised at a racialized student's academic excellence, for instance, or people in public places watching or following Black people and people of color for no good reason. Placing products targeted specifically at Black people and people of color behind lock and key while products for *white* people are easily accessible is another example. Microaggressions can have a cumulative harmful effect on children and adolescents' mental health (Basáñez et al. 2013). This conceptualization is in line with the life-course theory, which emphasizes the cumulative effects of phenomena like racism on children and adolescents' developmental pathways. This is a particularly important notion, since microaggressions can have long-term detrimental impacts on mental health, physical health, quality of life, and academic outcomes from childhood to adolescence and adulthood (Williams 2020).

## Racism as a Societal Characteristic

Other studies conceptualize racism as systemic, ingrained in the structure of society and its institutions, rather than just in individual interactions and attitudes (Kolarcik et al. 2015; Beiser/Hou 2016). This shifts the emphasis from condemning individuals, who, in turn, fear being viewed as racist, and defines racism as systematic behavioral patterns that benefit *white* people while disadvantaging people of color. Exposure to socially patterned health risks such as racism, is a significant social justice issue that creates disparities in health and development benefits and disadvantages at the depending on their frequency and duration, according to life-course theory (Priest et al. 2020; English et al. 2014; Cave et al. 2019). Authorities are a good example. Their power over people in general, but particularly children and adolescents, who are already a low-power population, can lead to nefarious outcomes. This is true of various levels of authority. Despite the fact that police officers and teachers have different power structures, both can systematically perpetrate racism on children and adolescents, severely harming their mental health (Macedo et al. 2019).

## Negative Context of Reception

Another way to think about racism is through the negative perception of immigrants, in this case, children and adolescents from immigrant families. The assumption here is that negative and hostile attitudes toward newcomers are a form of racism (Xiong et al. 2021). For children and adolescents, transitioning from one society to another is stressful. They may be required to act as translators between their family and mainstream society in terms of language and sociocultural norms, or they may be disadvantaged because their families are unfamiliar with the social structure, resulting in missed opportunities (Lorenzo-Blanco et al. 2017). Negative perceptions of newcomers exacerbate these general migration-induced challenges. International adoptees form another example of how the reception of migrants is linked to racism (Ferrari et al. 2017). Their increased risk stems from the fact that they frequently look different from their adoptive families, and they must adjust to their new family's sociocultural norms as well as to the mainstream's culture. Hostile attitudes and actions impede migrant access to social and economic opportunities and reinforce pre-existing social inequalities (Lo et al. 2017). Hostility toward migrants is motivated by physical characteristics, such as skin color, as well as group membership and social identity cues, such as surnames (Lopez/Shen 2020).

## Online

Finally, studies show that racism occurs not only in real-life settings, but increasingly also online (Tynes et al. 2014). Racism has particularly become more prevalent online since the Trump era (Giani/Méon 2021). Since children and adolescents spent more time online during the COVID-19 pandemic, we saw how the internet can be used to raise awareness and build communities. Children and adolescents all over the world have used a variety of communication technologies to stay in touch with family and friends while also remaining in school. Simultaneously, children and adolescents may be traumatized by racist experiences online, causing significant harm to their mental health (Cano et al. 2015).

## Theoretical Approaches to the Link Between Racism and Mental Health

One of the previous sections described how racism is empirically linked to mental health outcomes such as anxiety and depression. In this section, I summarize the theoretical assumptions the authors made regarding this link (Table 4).

Table 4: Data captured to answer Research Question 3

Topic	Concepts	Themes	Theories
Increased negative developmental outcomes	Internalizing symptoms	Depressive symptoms Anxiety symptoms Traumatic stress	
	Externalizing symptoms	Binge drinking Alcohol dependence Substance abuse Violent behaviour	
Reduced positive developmental outcomes	Negative emotions	Embarrassment Shame Low self-esteem	

Topic	Concepts	Themes	Theories
Social stress/strain	Socially stigmatized emotions Social & cultural interpretations	Incongruence Accumulative	General strain theory (Agnew 1992, 2013) The Mundane Extreme Environmental Stress Model (Peters/Massay 1983) The Immigrant Risk Model (Crosnoe/Fulgini 2012) The Minority Stress Model (Pascoe/Smart Richman 2009)
Socioemotional support contexts	Parent-child relationships	Love Esteem	Ecological theory (Siegler et al. 2006) The Risk & Resilience Framework (Masten et al. 2009)

The paragraphs below address each aspect further.

## Increased Likelihood of Negative Developmental Outcomes

To begin with, the studies assume that racism has a negative impact on a variety of mental health issues that lead to negative development in children and adolescents. One is depressive symptoms, which are associated, for example, with daily hassles and other forms of racism (Keles et al. 2017). Racism based on migration status is also linked to an increase in depressive symptoms (Lorenzo-Blanco et al. 2017). Some studies have shed new light on the fact that the identity of the perpetrator of racism affects the magnitude of the subsequent effect. Racism from neighbors and strangers has the least impact on depressive symptoms, though it is still statistically significant. Teachers' racism has the greatest impact on depressive symptoms (van Bergen et al. 2021). The combined effect of multiple types of perpetrators has an even greater negative impact. Depression on the whole is known to have a negative impact on children and adolescents' development (de Lijster et al. 2019).

Besides depressive symptoms, empirical studies demonstrate a large number of other outcomes of racism that can lead to negative developments. These include distress such as anxiety and traumatic stress (internalizing), and problems that reflect outward behaviors (externalizing) such as binge drinking, alcohol dependence, substance abuse, and violent behavior (Walsh et al. 2018; Grigsby et al. 2017; Gofforth et al. 2016). Both interpersonal and vicarious (caregiver experiences of racism) racism are associated with internalizing and externalizing symptoms (Gassman-Pines 2015). In the context of school, both institutional (from adults) and interpersonal (from peers) racism have been found to contribute to internalizing and ex-

ternalizing symptoms. These symptoms are in turn associated with, for example, poorer academic outcomes (Özdemir/Stattin 2014), but also criminal behavior (Sutton/Simons 2021), resulting in a downward spiral. These findings frequently show a pattern for both genders (Brittian et al. 2013; Assari et al. 2018a), and feminist researchers argue that more attention should be paid to women's issues, particularly in the context of justice involvement (Sutton/Simons 2021). Based on these findings, authors suggest that practitioners in the field should become aware of the association between racism and negative mental health outcomes among migrants children and adolescents, firstly at the level of young people themselves and secondly at the level of their mothers (Cooper et al. 2013).

### Reduced Occurrence of Positive Developmental Outcomes

Studies show that racism experiences also suppress positive mental health developments. One is the development of general happiness, a mental state of balance that can be viewed as a necessary foundation for managing daily life and a buffer against negative experiences (Pan/Spittal 2013; Datu 2018). According to experts, racism elicits a slew of negative emotions that can become internalized, resulting in maladaptive meta-emotions like embarrassment and shame (Ríos-Salas/Larson 2015). This, in turn, has a negative impact on general happiness, depriving children and adolescents from a basic mental resource. Self-esteem, or the self-perception that one is a person of worth, is another important mental foundation undermined by racist experiences. Self-esteem serves children, adolescents, and adults as a critical foundation for positive development in many domains (identity development, social competency, conflict resolution, achievement motivation, academic performance, and so on; see, for example, Zeiders et al. 2013). Experts discovered that negative emotions caused by racism can be internalized and lead to lower self-esteem through a causal-perpetuation cycle (Kiang et al. 2020). This, in turn, can lead to suicidal ideation in children and adolescents (Williams et al. 20018).

Whether or not racism causes adaptive or inhibiting characteristics and environments or whether the latter themselves can also contribute to racist experiences are perhaps the most crucial questions in terms of understanding cognitive, social, and development outcomes (Kam et al. 2015). Experts mostly argue that racism causes internalizing/externalizing symptoms, not that those symptoms cause racism. However, experts highlight the potential that symptoms such as negative attentional bias in depression, persecutory delusions in psychosis, and hypervigilance in anxiety have to lead people to perceive ambiguous situations as racist (Kogan et al. 2015). Conceptual models highlight certain characteristics and environments, such as peer social support, positive parenting, and dispositional gratitude, that can serve as protective factors against the negative effects of racism experiences (Chung/Lim 2016). The problem is that the frequency and severity of

exposure to racism may weaken people's ability to engage with adaptive characteristics and environments because of the evoked negative emotions, thereby creating and perpetuating a cycle of maladaptive reliance upon inhibiting characteristics and environments (Han 2014).

### Social Stress/Strain

Racism is frequently theorized in the reviewed studies as a form of stress – heightened physiological, cognitive, and affective responses – that creates and exaggerates a sense of division between migrants and natives (Keles et al. 2017; Korol et al. 2020). The authors thus use stress process theories to explain the relationship between racism and mental health outcomes (Walsh et al. 2015; Jia/Liu 2017). The general strain theory (Agnew 1992, 2013) has been used to explain the relationship between racism and externalizing symptoms such as delinquency (McDermott et al. 2019). According to experts, delinquency is a form of maladaptive coping. Being insulted or treated like an animal, for example, elicits negative emotions (Armenta et al. 2016a; Basáñez et al. 2013). These, like all emotions, require an outlet. Releasing socially stigmatized emotions like frustration, resentment, and irritability is thought to be a coping strategy (Gibbons et al. 2018; Grigsby et al. 2017). This is sometimes framed as revenge-seeking, sometimes as belonging-seeking behavior (van Bergen et al. 2021). According to strain theory, negative emotions caused by racism are due to an incongruence between ideal-reality and actual-reality; between the ideal-reality of psychosocial safety young people imagine for themselves and the actual-reality of psychosocial safety standing in their way (Agnew 1992, 2013).

The »mundane extreme environment stress model« is another stress process theory experts use to capture the enduring impact of stress responses caused by racism (Peters/Massey 1983). In essence this model shows that just as physiological stress responses are a cascade of micro-events that build and crescendo, so are people's daily social and cultural interruptions (Lorenzo-Blanco et al. 2017). Racism causes stress in people's lives, which causes more stress, which causes even more stress, and so on (Lorenzo-Blanco et al. 2016b). Experts also link this theory to how mothers' experiences with racism can be transmitted to children and adolescents as vicarious racism (Chung/Lim 2016). Experts explain that racism increases vulnerability to a variety of negative mental health outcomes using the »immigrant risk model« (Crosnoe/Fuligni 2012) and the »minority stress model« (Meyer 2003; Pascoe/Smart Richman 2009).

### Socioemotional Support Contexts

A number of factors influence the extent to which racist experiences lead to negative mental health outcomes. Theoretical approaches highlight the socioemotional

support individuals receive in their social environment (Fang 2020). Experts using »ecological systems theory« (Siegler et al. 2006) emphasize that schools and families are important contexts for children and adolescents' socioemotional support. Furthermore, while migration and settlement complicates these contexts, the quality of socioemotional support (love – i.e. affection or emotional acceptance – and esteem – i.e. respect or social acceptance) is a critical point of resilience (Xiong et al. 2021). Experts use the »risk and resilience framework« (Masten et al. 2009) to explain how socioemotional support actively counteract (or compensate for) negative effects (via an equivalent opposite yet independent effect).

Socioemotional support indirectly reduces risk (via a strong yet independent effect on separate positive outcomes) (Jia/Liu 2017). According to experts, stable parent–child relationships serve as a secure base of promotional factors capable of limiting the development of vulnerability to racism-induced mental health outcomes. It is suggested that parents can provide a level of warmth (socioemotional support) that can offset the anger and hostility caused by racism experiences (Walsh et al. 2015). This is especially true in contexts of migration, resettlement challenges, and large gaps in the soft skills required to appropriately negotiate a variety of mundane foreign situations. Experts also place schools as contexts of socioemotional support, albeit to a lesser extent (Chen et al. 2014).

## Macrostructural Factors

In this section, I summarize the macrostructural factors highlighted by the study authors regarding the association between racism and mental health (Table 5).

Table 5: Data captured to answer Research Question 4

Topic	Concepts	Themes
Unequally distributed power and resources	Boundaries	Social status Legislation Ideology
Hostile school climate	Peer-to-peer support systems Teacher training	Respect Trust Caring Friendship

The paragraphs below address each aspect further.

## Unequally Distributed Power and Resources

Migration is often a strategy for upward social mobility, yet experts draw upon mounting evidence that sharp boundaries pertaining to social status are drawn around migrants, sometimes legislatively and always ideologically (Fang 2020). These boundaries limit the access to healthcare, education, and employment that migrants are provided. The boundaries are socially constructed residues of place-based historical legacies and contemporary marginalizing institutional climates (Sladek et al. 2020).

## Hostile School Climate

Besides the general boundaries that immigrants and people of color face in society, social in- and exclusion also, or even more strongly, take place in meso-level social settings. For children and adolescents, school is one of the most important contexts. Experts point out that both Western and non-Western education systems tend to focus almost entirely on formal education, which includes academic instruction and grades (Park et al. 2016; Pan/Spittal 2013). Schools must recognize the additionally critical role they play as places of respect and trust that can improve students' non-racist stances and meaning-focused coping skills (Xiong 2021). On the one hand, schools can help *white* students develop and implement a greater sense of caring and friendship toward their Black and Brown peers (Jia et al. 2017). On the other hand, they can and should create a supportive environment for migrant students to engage in meaning-focused coping (Chen et al. 2014). Peer support systems, as well as training for teachers to commit to reducing institutional and interpersonal racism in schools, are effective components of a supportive and inclusive school climate (Datu 2018). Experts emphasize that students require space in classroom settings to discuss, and be educated about, racism (Fang 2020).

## Discussion

### Summary of Main Findings

Migrant and refugee children and adolescents who are racialized as Black or of color have a relative disadvantage in Western societies. Evidence suggests that racism is a big factor in this. There is a significant and persistent negative association between racism and mental health outcomes such as internalizing and externalizing symptoms. Nevertheless, that association between racism and mental health is a complex blend of protective and risk factors (Stewart et al. 2019). Further to this, the »attributional ambiguity« perspective (Crocker/Major 1989; Major et al. 2003) posits that

when people are able to cognitively shift the reason for their maltreatment from their self to an external entity such as their group, it becomes easier to cope more effectively. The explanation for this is labelled the »rejection-identification« effect (Armenta/Hunt 2009) and operationalized in the »rejection-identification« model (Branscombe et al. 1999).

The overarching assumption is, first and foremost, that interpersonal (individual-level) racism is more harmful to mental health than structural (group-level), because the former directly insults one's sense of worth (Armenta/Hunt 2009). Second, racism's effects are not only mitigated by group identification; racism can eventually have an indirect positive impact on mental health through group identification (Branscombe et al. 1999). People disidentify with the racist majority but identify more strongly with their racialized group. The »rejection-disidentification« model captures this part of the equation (Jasinskaja-Lahti et al. 2009; Verkuyten/Yildiz 2007). Overall, extensive research has shown that belonging to a group has a positive impact on one's mental health and well-being. The motivation for strengthening said identification, however, is also important, particularly two conceptual elements: belonging and efficacy (Çelebi et al. 2017).

## Strengths, Limitations, and Future Research Directions

The systematic nature of the literature search, which involved two independent reviewers, is one of this review's strengths. To increase the likelihood of retrieving the most relevant data, duplicate citations were removed prior to data extraction rather than early in the search. The limitations of this review are, first, that no statistical methods were used to analyze the studies, instead opting for a qualitative synthesis; and second, that only quantitative studies were included. Looking at the few mixed-method studies included in this review, it is clear that qualitative research adds a level of comprehension that quantitative methods alone cannot provide. One such study reported on the effects of Islamophobia at the institutional level in schools (van Bergen et al. 2021). Institutional racism, according to the interviewed teenagers, consisted of experiences deemed capable of impeding academic success, negative assumptions about wearing traditional Islamic dress, and hurtful remarks about Muslim traditions. Both of these points represent future research opportunities.

## Conclusions and Recommendations

Overall, negative public opinion about Black people and people of color of all ages portrays these groups as radically different from the acceptable norm. This is a social justice issue because depicting group identification as »radically different« heightens experiences of racism in conversations that ultimately are about the

right to a sense of belonging. This review suggests that this is just one domain in a network of emotional alienations that, both combined and independently, increase children and adolescents' susceptibility to poor mental and physical health (Walsh et al. 2018). Policies and programs should aim to disrupt patterns of public hostility toward Black people and people of color and to foster climates that allow students racialized as Black and of color to feel a sense of belonging at school.

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*All of the articles included in the meta-narrative analysis and thus in the study characteristics table are marked with an \*.*

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