HEALING JUSTICE LDN

THE VIOLENCE OF LIBERAL RACISM

What Palestine Reveals About British Mental Health Care

An Original Research Report by **DR TAREK YOUNIS**

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I have lived pain in all its details and I have tasted pain and loss repeatedly. Despite this, I have never hesitated to convey the truth as it is, without distortion or falsification.

May God be a witness against those who remained silent and accepted our killing, and against those who choked our breath and whose hearts were not moved by the scattered remains of our children and women, and who did nothing to stop the massacre our people have faced for more than a year and a half.

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أنس الشريف

ANAS AL-SHARIF, GAZAN JOURNALIST,
MARTYRED ON AUGUST 10TH, 2025

HEALING JUSTICE LDN

THE VIOLENCE OF LIBERAL RACISM

What Palestine Reveals About British Mental Health Care

An Original Research Report by **DR TAREK YOUNIS**

[ENDORSEMENTS]

Reading The Violence of Liberal Racism felt like being handed a map of a world many pretend not to see. The report combines sharp analysis with human stories of people who sought help, who worked in care settings, and who were then disciplined or silenced for simply standing in solidarity with Palestine. What this work does so powerfully is name the mechanisms, from counter-terrorism frameworks to the normalisation of Zionist logics in institutions, that make so many spaces unsafe for Palestinians and their supporters. This is not only an academic critique; it is a call to conscience for anyone in mental health, education, or public service. If you care about justice, about honest anti-racism, or about the integrity of care itself, read this report. It forces difficult questions and points, with clarity and compassion, toward what real change must look like.

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Dr Samah Jabr,
Consultant Psychiatrist

This report provides an urgent overview of both the conceptual and technical mechanics of Palestinian and pro-Palestinian suppression in the psy-disciplines in such a way that the logic becomes an extremely important portable tool for all of us concerned with increasing fascistic creep in the field.

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Professor Lara Sheehi

Dr Tarek Younis' report exposes the disturbing relationship between state repression and the delivery of mental health services. At a time when the British Government and NHS are escalating their assault on solidarity with Palestine, including seeking to implement the IHRA definition of antisemitism - this report is vital in highlighting the role mental health services already play in silencing, criminalising and disciplining patients and staff who are disturbed by the violence of the genocidal apartheid state of Israel. Central to the institutional violence is the weaponisation of antisemitism - functioning as a bad faith shield against accountability for anti-Palestinian racism and islamophobia. Dr Younis' report cuts through the erasure of Palestinian pain and challenges the flimsy liberal politics dominant in mental health institutions - which claims to be anti-racist whilst enacting and enforcing Zionist racism at the same time.

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Oscar Leyens,
International Jewish Anti-Zionist Network

[ACKNOWLEDGMENTS]

This report is the product of many hearts and hands. An Islamic tradition observes, "those who do not thank the people, do not give thanks to the Lord."

I would like to thank every person who trusted me with their stories; trust is a privilege I do not take for granted. I also would like to thank and bear witness to the dozens of individuals who shared their stories of repression, irrespective of this project. I tried my best to ensure the analysis in this report extend to every single story I carry.

I thank everyone directly involved in the report. To begin, everyone at Healing Justice London —past and present—who supported and encouraged this research from the beginning. Healing Justice London is a paragon of a grassroots organisation that practices the values it preaches.

I thank the Palestine project community ethics team, whose feedback were indispensable to the project's design. I thank all the reviewers for their valuable commentary, including David Goldberg, Jeyda Hammad, Mashal Iftikhar, Molly Lipson, Sujeena Navajeeva and Asim Qureshi. I would also like to thank Dr Samah Jabr, Professor Lara Sheehi and Oscar Leyens for endorsing the report. I give special thanks to the editor, Hil Aked, for their essential support with the final copy of the report. Finally, I thank the designers, Sabba Khan and Beth Robb, for the beautiful design and presentation of the report.

[ABOUT THE AUTHOR]

Dr Tarek Younis is the Racial Justice Researcher at Healing Justice London and Senior Lecturer in Psychology at Middlesex University. His teaching, writings and clinical work centre on state violence, liberal racism and Islamophobia in mental health, as well as the politics of psychology.

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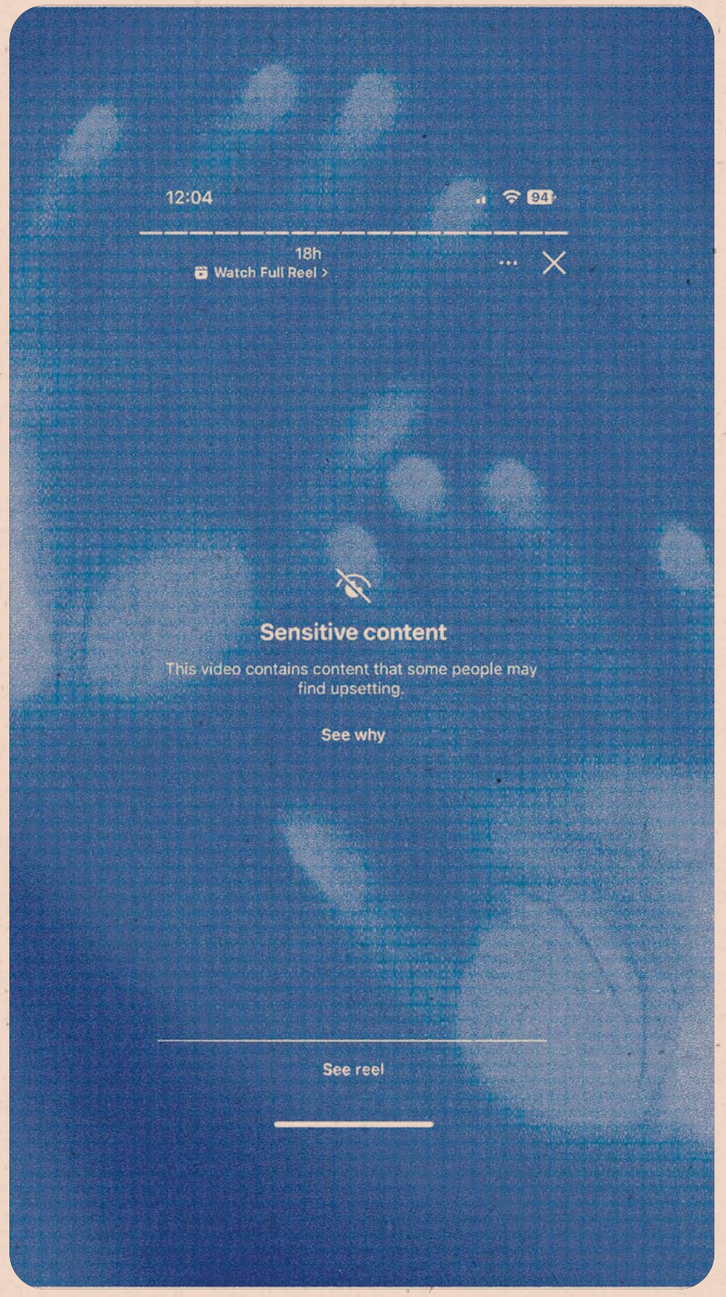
For an accessible version of this report, including an audio reading, please visit healingjustice.org



HEALING JUSTICE LDN

Contents:

So, I went to my therapist, and felt [it was a] non-judgmental, empathic and safe space. I felt safe with her. Until I found out that she was a Zionist.

One day in a session, she said

> *"I'm surprised you came to me, because my surname is very telling?"*

And I was like,

> *"Oh, your surname?"*

Then she said it. I didn't put two and two together. She was like,

> *"yeah, I'm Jewish."*

.... And in my head I was like, *"okay, she's Jewish—so what?"*

We're taught to bring taboo topics like religion and politics in therapy; at least, [as a trainee therapist] that's what I've been taught to do. Bring everything in the room. So, I had told her that I went to a protest yesterday, and I took out the Palestinian flag. And the look on her face...she was shocked. She responded with *"poor Israel, the people dying in Israel"*. And then she said, *"I believe in the State of Israel. I've got a family in Israel. They live average lives and they're at peace with the Palestinians over there. But I don't know much about politics."* So she said her views, but at the same time, she says she doesn't have a political opinion. It was contradictory.

I then told her I'm feeling really depressed about all of this, especially how the media was framing everything, and who gets framed as a terrorist. I was treading very carefully to not say something about Hamas. And then she said, *"well, Israel had every right to defend itself. And it may be disproportionate in the future...but I just have to tell you, as my duty, [that] if you support Hamas, that means you're spreading terror, and*

I won't be able to work with you."

So, yeah—uuf. I swear to you, it felt like my body was on fire in that moment.

"You're spreading terror". For her to say that... what was she implying?

I felt so stressed, I started shaking. And then, in the middle of the session, I blacked out. She continued for the rest of the session — talking about relationships — and I think I dissociated. I don't know where I went. She never knew what was going on, when I dissociated.

It happened internally. I couldn't voice it to her anymore. It was like she was suffocating me at that moment.

Then I walked out hysterically, crying on the streets.

EXECUTIVE SUMMARY:

HEALING JUSTICE LDN

An Original Research Report by
DR TAREK YOUNIS, Racial Justice Researcher

This report examines what the genocide in Palestine has revealed about the racist logics of British mental healthcare.

It does so by exploring the experiences of those who have been managed, silenced or disciplined for Palestine solidarity.

Repression of Palestine solidarity cannot be understood without an understanding of the processes of racialisation underlying Zionism or Islamophobia. Zionism is a settler-colonial ideology which racialises Jews as a monolith in the orbit of Israel, and Palestinians as undeserving of rights and liberty. The global War on Terror racialises Muslims and Arabs as security threats, prone to antisemitism.

This report is based on narrative-based and community-grounded qualitative research. It involved interviews with 30 mental health practitioners and trainees who self-censored or were disciplined for Palestine solidarity.

PART 1: MENTAL HEALTH CARE IS POLITICAL

Part 1 demonstrates how Palestine is explicitly positioned outside the boundaries of acceptable liberal politics in British mental health. Disciplinary measures enforce this erasure, underwriting Palestine's association with terrorism and antisemitism. As a result, staff, students and service users self-censor their solidarity out of fear. If they do speak out, they employ a myriad of "safety strategies" to shield themselves from allegations of antisemitism and terrorism.

PART 2: MENTAL HEALTH CARE IS RACIST

Part 2 uncovers the racial politics of British mental health care, as revealed by the genocide. There are two processes of racialisation at play in the management of Palestine solidarity. First, prevailing counter-terrorism structures racialise and securitise Muslims for their political thoughts and behaviours. Second, Zionism racialises Jews as vulnerable to expressions of Palestine solidarity, which are coded as antisemitic. These racial formations appear most saliently in "anti-racist" spaces, including those led by 'Equality, Diversity and Inclusion.'

PART 3: MENTAL HEALTH CARE IS NOT SAFE

Part 3 surfaces the clinical implications when British mental health care legitimises Zionism and counterterrorism. It explores how these render mental health spaces unsafe for practitioners and services users alike. Palestinians and Lebanese, particularly those whose family members had been killed by Israel, shared disturbing interactions with Zionist colleagues.

CONCLUSIONS

The legitimacy afforded to counterterrorism and Zionism's racist logics are fundamental to the erasure and repression of Palestine solidarity. A space is not simply safe and anti-racist because it is claimed to be. Racial formations must be theorised and understood. For a healing space to become truly anti-racist, especially with regards to Palestine, it must contend with counterterrorism and Zionism.

INTRODUCTION:

The report begins with the tragic story of a Lebanese woman in therapy with a Zionist.

Hers is one of many racist experiences of repression in the UK, a country that has been complicit in the Zionist project's ethnic cleansing of Palestinians for over 100 years. Indeed, Israel's genocide in Gaza would not have been possible without support from its Western allies. It has therefore been called "a collective crime".[1]

Zionist ideology remains entrenched within British society. Mental health care is no exception.

This report examines what the genocide in Palestine has revealed in the racist logics of British mental healthcare.

Indeed, the politics of violence and healing are inseparable.[2] The violence against those speaking up for Palestine in Britain exists on a continuum with the genocidal violence against Palestinians.

The following analysis deepens our understanding of how global racial formations are constructed and maintained locally. It demonstrates how Zionism and counter-terrorism's racist logics transcend the geographical boundaries of Palestine itself. Therefore, while this research uses Palestine as a mirror to reflect on institutional racism in British mental healthcare, most of its findings hold relevance beyond this setting.

This introduction provides critical context for understanding the analysis which follows. It begins by introducing racism, incorporating Islamophobia, Zionism, antisemitism, philosemitism and counterterrorism in the process. It then summarises how racism and repression play out in the landscape of contemporary British mental healthcare, especially around Palestine solidarity.

Race & Anti-Racism

Liberal racism and the process of 'racialisation' is essential to understanding how racism proliferates and is reproduced, including in relation to Palestine, within mental healthcare.

Hajj Malik el-Shabazz — better known as Malcolm X — famously distinguished between wolves and foxes when thinking about racists.[3] Wolves are overtly hostile, he argued. They snarl and bark before they bite. Their racism is that which vilifies and attacks certain communities wholesale. This is illiberal racism. And countering this explicit 'hate' is the primary concern of liberal anti-racism.

However, foxes are more subtle. They reject the blanket hatred of illiberal wolves. They smile. And they may be eager to work with the very communities that wolves attack.

Yet while they often evade charges of racism, they too uphold racial logics. Their racism operates in registers of good and bad. Not all Muslims are bad — only the terrorists. Not all immigrants are bad — only the scroungers on our economy. It is this liberal racism which is prevalent and embedded in mental health.[4] By denying the significance of race—and often claiming racial 'colourblindness'—liberal racism reinforces racist logics while evading the charge of racism.

1. UN Special Rapporteur Francesca Albanese. (2025). Gaza Genocide: A collective crime (UN Special Report No. A/80/492). https://www.un.org/unispal/document/special-rapporteur-report-gaza-genocide-a-collective-crime-20oct25/ 2. Younis, T. (2025, July 1). Why I wrote an expert report supporting the case to deproscribe Hamas in the UK. Middle East Eye. https://www.middleeasteye.net/opinion/why-i-wrote-an-expert-report-supporting-case-deproscribe-hamas-uk. 3. https://americanradioworks.publicradio.org/features/blackspeech/mx.html 4. Younis, T. (2021). The muddle of institutional racism in mental health. Sociology of Health & Illness, 1467-9566.13286. https://doi.org/10.1111/1467-9566.13286

‘Race’ is not a fixed property; people do not belong to discreet ‘races’. Rather, people of colour are ‘racialised’ through political processes unique to their social and historical contexts. In Britain, for example, Black youth have long been racialised by the media, the police and the State in association with crime, gangs and urban disorder.[5] This racialisation explains why Black youth are far more likely to be stop-and-searched by police than white youth.

The story of the Islamophobic attack on two Egyptian Coptic Christians, shortly after 9/11, neatly illustrates the process of racialisation. The two men had attempted to join an Islamophobic protest against the refurbishment of a mosque near Ground Zero.[6] However, detecting that the two men were Arab, the crowd attacked them as if they were Muslims. Such is the fluidity of racialisation; it matters little how one identifies oneself. What matters is how one is racialised according to context.

In the case of Palestine, early Zionists justified their settler-colonialism as a European civilising project.[7] Therefore, anti-Palestinian racism and Islamophobia were fundamental to the Zionist project’s legitimation.[8] Unlike the ‘backwards’, non-European indigenous population, Zionists claimed to be ‘making the desert bloom’.[9]

They also claimed that Palestine was ‘a land without a people for a people without a land’, discursively erasing the existence of the Palestinian people. Such erasure is fundamental to any settler-colonial project. Its most violent material manifestations in Zionism have included the Nakba — the ethnic cleansing and wholesale displacement of Palestinians in the formation of the Israel in 1948 — an apartheid system and and the current genocide. These crimes have all been enabled by the racialisation of Palestinians as undeserving of their own land. Today, the different strands of political Zionism — from liberal to revisionist — still orbit around the inherent exclusionary concept of Israel as a ‘Jewish state’. As the page opposite explains, Zionism also racialises Jews as well.

5. Hall, S., Critcher, C., Roberts, B., Clarke, J. and Jefferson, T., (1978). Policing the crisis: Mugging, the state and law and order. Macmillan. 6. Council on American-Islamic Relations. (2010, June 7). NY Anti-Mosque Protesters Harass Christian Arabs Mistaken for Muslims. https://www.cair.com/ny_anti_mosque_protesters_harass_christian_arabs_mistaken_for_muslims_11427. 7. Pappé, I. (2007). The Ethnic Cleansing of Palestine (2nd ed.). Oneworld Publications. pg. 253 8. Hanieh, A., Knox, R., and Ziadah, R., (2025). Resisting Erasure: Capital, Imperialism and Race in Palestine. Verso. 9. George, A., (1979). ‘“Making the Desert Bloom”: A Myth Examined’, Journal of Palestine Studies 8, no. 2: 88-100.

ZIONISM

Palestinian writer Mohammed El-Kurd defines Zionism as “an ideology of dispossession, an expansionist and racist settler-colonial enterprise”.[11] Like all colonial projects, the Zionist movement’s essential relationship vis-a-vis the Palestinians has been that of dominator towards a dominated indigenous population.[12]

As a settler-colonial movement, Zionism always prioritised achieving and maintaining a demographic majority in the land between the river and the sea. This imperative led the UN General Assembly, in 1975, to pass Resolution 3379, which determined that “Zionism is a form of racism and racial discrimination.”[13]

Zionism emerged in the late nineteenth century in response to widespread antisemitism in Europe and Russia. This provenance led late Palestinian scholar Edward Said to observe that “to be the victim of a victim does present quite unusual difficulties”.[14] Today, however, Zionism thrives on European ‘philosemitism’ (love, admiration, or support for Jewish people). While opposites, both philosemitism and antisemitism are types of ‘allosemitism’; they engage in ‘othering’ which sets the Jewish community apart.[15]

A detailed discussion of the Zionist movement is not within the scope of this report. It is nonetheless important to understand that, besides racialising Palestinians as undeserving of their own land, Zionism racialises Jews as a monolith in the orbit of the Zionist project—in Israel and abroad.[16] Yet Zionism is not synonymous with Jewishness. Indeed, the Zionist movement incorporates numerous evangelical Christians, Muslims and others. In other words, not all Zionists are Jews. At the same time, anti-Zionist Jews have long argued that the safety of the Jewish community is not contingent on Israel.[17]

11. El-Kurd, M. (2025). Perfect Victims and the Politics of Appeal. Haymarket Books. Pg. 36 12. Césaire, A., & Kelley, R. D. G. (2000). Discourse on colonialism. Monthly Review Press. Pg 42. “Between colonizer and colonized there is room only for forced labour, intimidation, pressure, the police, taxation, theft, rape, compulsory crops, contempt, mistrust, arrogance, self -complacency, swinishness, brainless elites, degraded masses.” 13. Erakat, N., Li, D., & Reynolds, J. (2023). Race, Palestine, and International Law. AJIL Unbound, 117, 77–81. https://doi.org/10.1017/aju.2023.9. Note: this resolution was only revoked at Israel/United States’ request during the Oslo Peace Accords. 14. Said, E. W. (1994). The Politics of Dispossession: The Struggle for Palestinian Self-Determination, 1969-1994. New York. pg 121 15. Bauman, Z. (1998). Allosemitism: Premodern, Modern, Postmodern. In B. Cheyette & C. Marcus (Eds.), Modernity, Culture and “the Jew.” Polity Press. pg. 143 16. Pappé, I. (2017). Ten Myths About Israel. Verso Books. 17. Rubin, E. (2024). Taking the state out of the body: A guide to embodied resistance to zionism. PM Press. This is a central facet of our work and values at Healing Justice London. Communities protect each other—our oppressions are all tied together.

In the era of the War on Terror in the Global North, Muslims are racialised with extremism and terrorism in public consciousness. The racialisation of Muslims is commonly justified in reference to public safety, national cohesion and state security. For example, when the All-Party Parliamentary Group on British Muslims defined Islamophobia as "rooted in racism and a type of racism that targets expressions of Muslimness or perceived Muslimness", police chiefs rejected this definition on account it would render their work racist .[18] Counterterrorism narratives and policies have long rendered any signifiers of Islam — practice, dress, Arabic language — potentially suspect.

ISLAMOPHOBIA

For the purposes of this report, Islamophobia is defined as a form of racism which includes the discourse, institutions and movements which racialise Muslimness as a security threat.[19]

Islamophobia overlaps with racism common with all people of colour. As most Muslims are not white, this fact is significant in an era of burgeoning nationalism which encodes whiteness in the logic of belonging.[20] Increasing nationalism across the Global North thus affects Muslim communities, but not exclusively.

Islamophobia also frequently finds expression through 'cultural racism'; narratives that depict a clash of civilisations between Islam and the West. The West has long viewed itself as the 'end of civilisation', that is, the liberal benchmark to which the rest of the world ought to aspire. As scholar Joseph Massad explains, liberal values were historically established in juxtaposition to nefarious framings of Islam and Muslims.[21] Liberal racism along these lines allows for the inclusion of some good / 'moderate' Muslims provided other bad / 'extremists' are denounced.

Here, Islamophobia overlaps strongly with xenophobia and anti-migrant hostility, especially Islamophobic discourses which see Muslim migrants as the 'death of Europe'.[22] While many migrants are racialised as 'scroungers' or a threat to cohesion, the integration discourse around Muslims — their capacity to adopt Western secular-liberal values — is also securitised.[23] What was previously 'integrate or leave' has become 'integrate or you're a security threat.'

Zionism and Islamophobia interact in important ways, the former contributing not insignificantly to the latter.[24] For example, Palestinian resistance to occupation and dispossession has long been labelled terrorism and Zionists within Israel have made critical contributions to counterterrorism industries and their accompanying discourses.[25] Zionist narratives, in essence, attribute political violence to 'irrational', religious fundamentalism linked to Islam, rather than a response to decades of settler-colonial oppression.

On the global stage, the same basic Islamophobic logic helps legitimise the Western world's imperialist projects in Muslim-majority lands. Western governments frequently draw on Islamophobic discourse to justify colonial and imperial projects in the name of liberty and democracy.[26] They draw upon lineages of European history which have long framed Islam and Muslims as monsters, fanatics and barbarians.[27] Indeed, Israel posits itself as the West's vanguard, on the frontier of Muslim lands. At the same time, contemporary Zionist movements in the US and Europe, which are aligned with the xenophobic, Islamophobic Far Right, position Israel as a geopolitical bulwark against the 'Islamisationof the West'.[28] Similarly, despite the Far Right's antisemitism, Israel itself has built allegiances based on so-called shared 'Judeo-Christian' heritage. White supremacy — for simplicity, referred to here as whiteness[29] — is ever present.

These racial politics are significant and play out in British mental healthcare. Zionism and counter-terrorism provide the subtext for the story which opened this report, featuring the Lebanese trainee psychotherapist and her liberal Zionist therapist. In particular, we will see that Palestinians, Muslims, and Arabs have been racialised to be antisemitic — a curious example of racism expressing itself as anti-racism. This myth has been cultivated by the Zionist discourse of 'new antisemitism' which muddies the water between antisemitism and anti-Zionism. Its proponents argue that the state of Israel (not Jewish people) is the main target of 'antisemitism' today and that leftists

18. Vikram Dodd. (2019, May 15). Police chiefs in row over definition of Islamophobia. The Guardian. https://www.theguardian.com/news/2019/may/15/police-chiefs-in-row-over-definition-of-islamophobia
19. For a discussion on the word 'Islamophobia' and its discontents, leading some to favour the term 'Anti-Muslim racism' instead, see Younis, T. (2023). The Muslim, State and Mind. Sage. 20. Valluvan, S. (2019). The clamour of nationalism: Race and nation in twenty-first-century Britain. Manchester University Press. 21. Massad, J. A. (2016). Islam in Liberalism. The University of Chicago Press 22. Goldberg, D. T. (2008). The Threat of Race: Reflections on Racial Neoliberalism. Wiley 23. Younis, T. (2023). The Muslim, State and Mind. Sage. 24. Massoumi, N., Mills, T., & Miller, D. (Eds.). (2017). What is Islamophobia?: Racism, Social Movements and the State. Pluto Press.
25. Stampnitzky, L. (2013). Disciplining Terror: How Experts Invented' Terrorism'. Cambridge University Press. 26. Massad, J. A. (2016). Islam in Liberalism. The University of Chicago Press 27. Arjana, S. R. (2015). Muslims in the Western Imagination. Oxford University Press. 28. Lerman, A. (2022). Whatever happened to antisemitism? Redefinition and the myth of the "collective Jew." Pluto Press. Pg. 253 29. References to "whiteness" refer to racial formations, not white people. This is important; many white people are experiencing disciplinary consequences for speaking out on Palestine, as this report will show.

and Muslims (rather than the right) are its main source. It is also central to the International Holocaust Remembrance Alliance (IHRA) definition of antisemitism, adopted by the British government in 2016.

We will see, too, that people racialised as white may also face disciplinary consequences according to these racial formations. While their bodies are free from racialised associations with threat and violence, their the Zionist project, anti-Zionist Jews are also vulnerable. behaviours — such as standing in solidarity with Palestine and/or critiquing Zionism sees them fall foul of this new definition of antisemitism. Given the way Zionism racialises Jewishness as aligned with the Zionist project, anti-Zionist Jews are also vulnerable.

Racism and Repression in British Mental Healthcare

Britain's aforementioned complicity in the Zionist project, including the genocide in Gaza, has long entailed not only support for Israel but also repression of Palestine solidarity.[30] Such repression is enacted primarily by the state and by Zionist organisations. It occurs across society in economic, academic, cultural and educational arenas — and, of course, within healthcare. Repression by the state takes many forms. Most obviously, in Britain, Palestinian armed resistance groups are outlawed under UK law. In summer 2025, even non-violent direct action group Palestine Action — which targeted British sites linked to Israeli arms company Elbit Systems — was proscribed, becoming the first such organisation in British history to be labelled a terrorist group. More broadly, while the enhancement of police powers and the erosion of protest rights in Britain have been long term trends, both have intensified recently as the state strives to curtail the outpouring of popular solidarity with Palestine since the onset of genocide.

Within healthcare, the Prevent 'counter-extremism' strategy — a branch of the UK's counterterrorism programme — is a more subtle form of racist policing of political thought, masked in a liberal discourse of safeguarding. In public sector spaces such as healthcare and education, workers have been mandated and trained to spot signs of potential 'radicalisation' for over a decade. Prevent operates in the pre-criminal space, encouraging staff to rely on their gut feelings to report suspicious behaviours.[31] As Muslims are racialised to threat in public consciousness, the Islamophobic impact of the Prevent strategy has been widely documented. Moreover, support for Palestine has, time and again, been deemed suspect under Prevent, as indicated by Prevent officials and case referrals even prior to 2023.[32]

The state has also mobilised the idea of the new antisemitism.

In October 2025, British prime minister Keir Starmer called on NHS England to adopt the IHRA definition of antisemitism and ordered mandatory anti-racism training to "end the scourge of antisemitism in the health service".[33]

Referring to "recent incidents of antisemitism from doctors which drew stark attention to problems of culture and the regulation in the health system", the government press release's quoted two self-professed pro-Israel organisations, the Jewish Leadership Council and the Board of Deputies. The government has appointed Lord John Mann — who has a long history of promoting the idea of new antisemitism — to lead an urgent review. Meanwhile, Zionist organisations such as UK Lawyers for Israel have applied pressure on healthcare bodies to shut down any signs of Palestine solidarity.[34] The group has been prolific in filing complaints to regulatory bodies, sometimes mobilising claims of new antisemitism using the IHRA, or, in other cases, weaponising Prevent.[35] One example of UK Lawyers for Israel's work was successfully lobbying, in 2023, for the removal of artwork painted by Palestinian students from the walls of a children's outpatients ward at a London hospital, where they had been on display for eleven years.[36] In another instance, the group prompted an East London trust to update its uniform code to prevent staff wearing Palestine badges. One NHS trust even ordered a nurse to remove a watermelon backdrop from her video profile, which it called 'antisemitic'.

30. Aked, H. (2023). Friends of Israel: The Backlash Against Palestine Solidarity. Verso Books.
31. Younis, T. (2023). The Muslim, State and Mind. Sage. 32. Asim Qureshi & Tarek Younis. (2023, February 26). A review of the Prevent review: Shawcross's guide to "good Islam." Middle East Eye. https://www.middleeasteye.net/opinion/uk-prevent-shawcrosss-guide-islam-good. 33. https://www.gov.uk/government/news/government-to-tackle-antisemitism-and-other-racism-in-the-nhs
34. CAGE International. (2025). Britain's Apartheid Apologists. CAGE International. https://cdn.prod.website-files.com 35. Ullah, A. (2025, August 20). London hospital reports midwife to Prevent after UK Lawyers for Israel complaint over Gaza posts. Middle East Eye. https://www.middleeasteye.net/news/london-hospital-reports-midwife-prevent-uklfi-complaint-uk-lawyers-israel-gaza-posts
36. Abu Sneineh, M. (2025, March 2). London hospital removed Gaza children's artwork following legal threat. Middle East Eye. https://www.middleeasteye.net/news/uk-gaza-children-artwork-london-hospital-removed-legal-action-threat 37. UK Lawyers for Israel. (2025, March 10). Barts Health NHS Trust introduces No Political Symbols staff dress code following multiple sightings of pro-Palestine badges. https://www.uklfi.com/barts-health-nhs-trust-introduces-no-political-symbols-staff-dress-code-following-multiple-sightings-of-pro-palestine-badges
38. Siddique, H. (2025, June 18). NHS nurse ordered to remove 'antisemitic' watermelon video call background launches legal action. The Guardian. https://www.theguardian.com/society/2025/jun/18/nhs-nurse-ordered-to-remove-antisemitic-video-of-watermelon-launches-legal-action

These phenomena take place within the wider context of a health service in which anti-racism is in a period of flux (Younis, 2021).[39] The 2020 Black Lives Matter uprising following the murder of George Floyd in the US saw numerous institutions confronted — and seemingly forced to reckon — with racism. Yet the subsequent increase in ostensible anti-racist rhetoric within British mental healthcare has largely been performative.[40] Substantive demands of the BLM movement, such as opposing the increasing privatisation of healthcare, abolishing the Prevent policy, and support for the liberation of Palestine, have been ignored wholesale by the NHS. This contradiction — anti-racist in discourse but racist in practice — speaks to the vacuous irony of liberal anti-racism, which ultimately maintains racial formations by reducing racism to issues of ignorance or individual prejudice, rather than material structures and oppressive relations.[41]

While it is common, therefore, to see the NHS (and mental health spaces in particular) represented as safe, welcoming, and even anti-racist in practice, there have been no significant material changes in response to the demands of the Black Lives Matter movement, or other anti-racism initiatives. Counterterrorism policies like Prevent remain intact across the NHS. Indeed, the relationship between mental health services and policing is in many ways deepening.[42] So, too, do hostile environment policies, which entrench discrimination against migrants,[43] and have seen health services share data with the Home Office leading to detention and deportation.[44]

Funding pressures and a hyper-managerial culture also contribute to a culture of fear where staff feel obliged merely to 'do their jobs' and keep their mouths shut.[45]

Several studies attest to the way this impacts staff in relation to the genocide in Palestine, leading to self-censorship, silencing and harm.[46] [47] In a recent survey of 651 British Muslim healthcare staff, for example, 93% reported feeling censored in relation to the genocide.[48] Despite this climate of fear, participants interviewed in this study engaged in a wide range of creative acts of solidarity with Palestine in the mental health spaces, including: political education; collectivising at work; posting on social media; sending emails; putting up posters; speaking out in meetings; wearing symbols of solidarity; providing a safe space for likeminded colleagues; and calling out regulatory bodies for their complicity in Palestine's erasure. The repressive responses to many of these actions provide the fodder for this report's exploration of precisely how the racialised management, silencing and disciplining of Palestine solidarity takes place in British mental health care.

39. Younis, T. (2021). The muddle of institutional racism in mental health. Sociology of Health & Illness, 1467-9566.13286. https://doi.org/10.1111/1467-9566.13286. 40. Younis, T. (2021). The muddle of institutional racism in mental health. Sociology of Health & Illness, 1467-9566.13286. https://doi.org/10.1111/1467-9566.13286 41. Ahmed, S. (2006). The Nonperformativity of Antiracism. Meridians, 7(1), 104–126. JSTOR. 42. Heath-Kelly, C. (2024). Unhealthy Liaisons? NHS Collaboration with the Counter Terrorism Clinical Consultancy Service. In Medact. Medact. https://stat.medact.org/wp-uploads/2024/07/Unhealthy-Liaisons-WEB-final-2.pdf. 43. Gentleman, A. (2023, February 9). UK's hostile environment policies 'disproportionately impact' people of colour. The Guardian. https://www.theguardian.com/uk-news/2023/feb/09/uks-hostile-environment-policies-disproportionately-impact-people-of-colour 44. Pogrund, G. (2019, April 14). Home Office used suicidal girl's medical records to reject family's asylum claim. The Sunday Times. https://www.thetimes.co.uk/article/home-office-used-suicidal-girls-medical-records-to-reject-familys-asylum-claim-jqk5xrzhh 45. Younis, T., & Jadhav, S. (2019). Keeping Our Mouths Shut: The Fear and Racialized Self-Censorship of British Healthcare Professionals in PREVENT Training. Culture, Medicine, and Psychiatry, 43(3), 404–424. https://doi.org/10.1007/s11013-019-09629-6 46. Berger E, Jabr S. Silencing Palestine: Limitations on free speech within mental health organizations. Int J Appl Psychoanal Studies. 2020; 17: 193–207. https://doi.org/10.1002/aps.1630 47. Cavazzoni, F., Mustafa, A., Sousa, C. et al. "Anyone Else Struggling with Work-Genocide Balance?" Exploring the Psychological and Social Impact of Collective Annihilation in Gaza. Cult Med Psychiatry(2025). https://doi.org/10.1007/s11013-025-09953-0 48. Khanji, M. Y., Green, N., Khan, N., Imtiaz-Umer, S., Faizur Rahman, M. E., Hopkins, P., Younis, T., & Kader, Y. (2025). Well-being impact, freedom of expression, censorship and Islamophobia experienced by Muslim healthcare professionals during the current Gaza genocide. Medicine, Conflict and Survival, 1–18. https://doi.org/10.1080/13623699.2025.2561529

METHODOLOGY:

Choice of methodology

This is a narrative-centric, qualitative research project. There were two reasons to eschew a quantitative approach. Firstly, several organisations are already compiling statistical analyses on this topic. Secondly, inspired by projects such as 'We Are Not Numbers' (Alnaouq and Bailey, 2025)[49], this research resists the "quantification" of suffering, seen in the discourse around the genocide. As such, it is also explicitly not policy-focused, an orientation which tends to favour quantitative research. The methodology chooses to bear witness to and honour the stories of those who were silenced or managed for their Palestinian solidarity — no one is just a number. Moreover, there are important nuances to racial politics which stories bring to light.

49. Alnaouq, A., & Bailey, P. (Eds.). (2025). We are not numbers: The voices of Gaza's youth. Hutchinson Heinemann

PARTICIPANTS

Healing Justice London recruited 30 individuals for this project. Participants were recruited via a combination of social media (convenience sampling) and word-of-mouth (snowball sampling). The inclusion criteria for participants were that they must:

- have been disciplined and/or self-censored expressions of Palestine solidarity in mental health
- be a student and/or practitioner of a mental health discipline
- be based in a public institution (i.e. NHS) or third sector institution (not private healthcare)
- be willing to speak to their experience of marginalisation post-Oct 7th, 2023, though anything earlier remains relevant

Given the high degree of confidentiality and anonymity needed for this project, only the following demographic details of the 30 participants will be disclosed. Other information, such as location, are withheld to protect the anonymity of participants. The only significant characteristics needed to understand the research results are racialisation and job role/discipline. Of the thirty participants:

- Twenty were racialised as Muslim (irrespective of faith) and 10 were not. Of the latter, nine were white or white-passing, and one was Black.
- Twenty-five identified as women and five as men.
- Twenty were practicing mental health professionals (e.g. therapists, mental health nurses, psychologists and psychiatrists). Eight were students/trainees with clinical experience, on the path towards receiving their professional credentials. One was both an academic and a practitioner and one was a student who was yet to begin their therapeutic training.

Procedure

Interviews took place between September 2024 and January 2025. Participants were interviewed via an online platform. They were provided with an overview of the project via a participant information sheet and given the consent form in advance. They were reimbursed £30 for their time. Given the sensitivity of the subject, participants were provided with a draft of this work prior to public dissemination/ speaking engagements. They were offered two different levels of confidentiality and anonymity:

1. *Having all identifiable information removed but otherwise maintaining the details of the experience. The level of obfuscation was determined by participants, to their satisfaction (i.e. they may want to be identified as either Asian or as a person of colour).*

2. *Having all identifiable information removed and changing several key elements of the story which could compromise their identity. For example, if the individual was based in Birmingham, we may state that they live in Manchester, insofar as it does not change any significant details pertaining to the themes discussed.*

Interviews lasted on average 1.5 hours. Given the sensitive nature of the topic, interviews always began with a check-in to see how participants felt. Check-ins were also maintained throughout.

Afterwards, participants were offered a debrief sheet and an after-care menu, curated by Healing Justice London, offering secure support spaces should they need them. If pertinent, participants were offered a more extensive support system, including avenues for legal counsel and otherwise. As discussed in Part 3, all participants found the interview space supportive, and some even found it healing.

Analysis

Once transcribed, interview data wase analysed using thematic analysis. All analysis was conducted with NVivo 15. A sample interview was coded by everyone in Healing Justice London's research team (three people). We established high intercoder reliability (>0.7). In other words, there was strong agreement on the codes and themes appearing in the interviews. The analysis remained almost entirely on the overt meanings of the interview; a latent analysis was unnecessary.

A research project involving 30 individuals is not generalisable. However, it is worth noting that many participants spoke to departmental and institutional dynamics. As such, their experiences often reflect the statements and policies of senior management of major institutions.

There are two other considerations which arose during the analysis. First, participants who were disciplined for expressing solidarity with Palestine—as opposed to those who self-censor—required additional attention. This is not because participants who self-censored are less important. Rather, the racial politics of British mental health comes into focus most in relation to those who spoke out. As Rosa Luxembourg said, "you don't feel your chains until you begin to move."

Second, participants who spoke out more inevitably had more to share, therefore their interviews were longer and more substantive.

However, the experiences of participants who self-censored out of fear remain important because of the vital role that surveillance and racism play in self-censorship.

Ethics

This project received academic ethics approval (Middlesex University: 28225). However, university ethics was only a small component of the rigorous Community Ethics process prototyped at Healing Justice London. Our community ethics is informed by community-centred values including transparency, accountability and non-extractivism (the full details will be published in a separate document).

As such, prior to university ethics, the research proposal and related documents were reviewed by a community ethics committee of six individuals who were paid for their labour. Three of these individuals were research experts on Palestine. The other three matched the recruitment criteria but were not interviewed for the research. These reviewers commented on a shared document by name or anonymously. They were asked to highlight any concerns with theoretical framing, participant safety or research methodology. The project changed significantly according to their essential feedback. The university ethics review process only began once the community ethics committee was satisfied.

Positionality

All research is subjective, and this project does not claim to be otherwise. I work especially close with individuals, families and communities impacted by the repression of Palestine solidarity. As such, while the research project nominally involves 30 participants, it inevitably speaks to an abundance of racist experiences I bear witness to daily.

To state my position clearly: this report is not simply pro-Palestinian, denoting two sides. Rather, it is anti-racist and, therefore, anti-colonial. It rejects Western imperialism, its military-industrial complex, and its support for settler-colonial occupation as a matter of principle and ethics.

Since the project began, the organisation UK Lawyers for Israel has campaigned against me personally, exerting pressure on those giving me a platform, contacting my employers, and sending complaints about me to the registering body for practitioner psychologists. I am one of many such cases. As such, while the project focuses on how others experience repression, I am also aware of the personal impact such scrutiny and harassment can have.

1

Mental Health Care is **POLITICAL**

When I joined this NHS Trust, I thought it was politically active. Everyone's email signatures included Black Lives Matter, rainbow symbols representing the LGBTQ+ community, and even references to Ukraine. Everyone had supportive pin badges. So, this is mine [shows badge of the raised fist in Palestinian colours]. It's pro-Palestine. It isn't even like an aggressively pro-Palestinian badge, right? I've also got one that is "stop bombing Gaza," which is more visual. So, I chose a more neutral one. Because I'm always having to check myself; not be too Muslim, too Arab.

A manager from another team saw the badge and said,

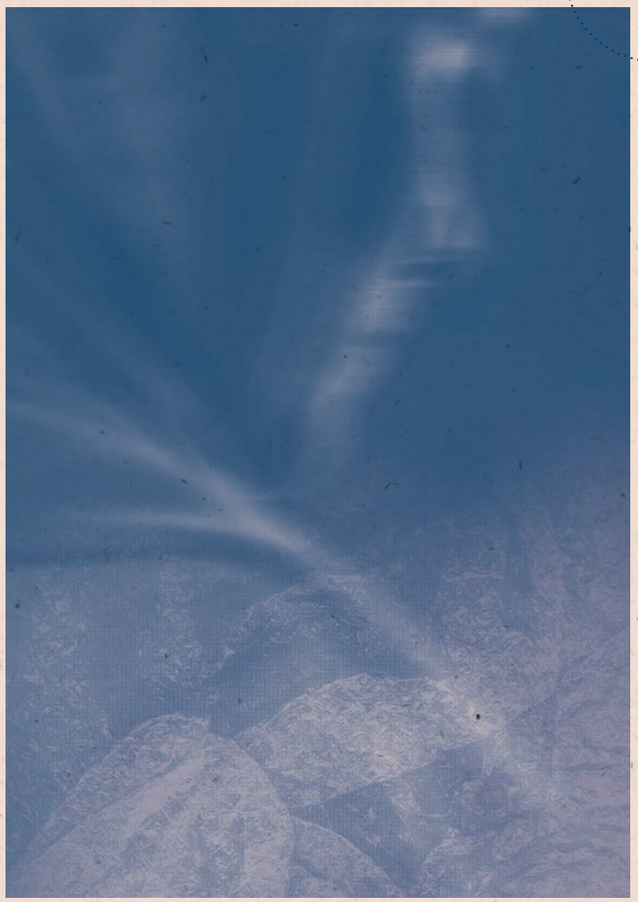
> *"How do you think it would make a Jewish service user feel?"*

And I said

> *"I don't think this is saying anything bad to the Jewish community."*

It turned into a whole debate. Then two colleagues from my office joined the conversation. Now it was three people versus me. The question was: is it right to wear symbolic things that suggest your stance as a professional to the service users you work with?

I'm always having to check myself;
check myself
check myself
check myself
check myself



not be too Muslim,
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too too Arab,
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I think that's a valid question, and I would never have done it — for example, I never wore anything in my previous job on my lanyard, because that wasn't what we did in that work culture — but at this NHS Trust, it really felt like political symbols — BLM, the rainbow lanyard, Ukraine flags — were part of the accepted work culture.

Then, one colleague then said,

> *"you know, it's disgusting there are all these hate marches against Jewish people."*

And, I said,

> *"I don't understand why I can't wear this badge, but we can wear a Black Lives Matters badge or a rainbow badge."*

Then she said,

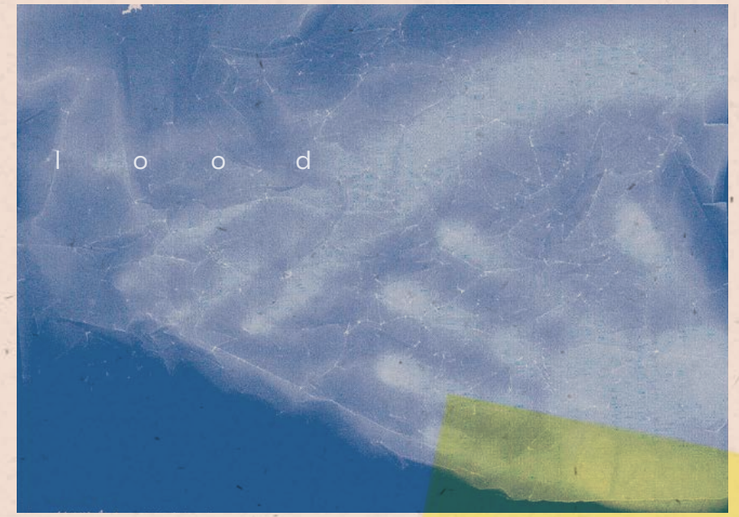
> *"Oh, but they're not political movements."*

And I was like,

> *"yes, they are. They are literally political movements, but this one, because it's in support of Muslim Arabs, is not an acceptable political movement."*

I'm a calm person. But at that moment, I felt my blood everywhere, just hot blood.
And I remember I left and called my partner crying because it was just so unjust.

I felt



b l o o d

like everywhere,

b l o o d

just hot blood.

INTRODUCTION

Sundus, a racialised Muslim, Arab woman who works as a care coordinator in a community mental health team, shared the story above. She faced scrutiny for wearing a Palestine pin badge — despite her best efforts to avoid appearing "too Muslim, too Arab." She was bullied by colleagues who viewed Palestine solidarity as offensive to Jewish colleagues and patients yet argued that Black Lives Matter and LGBTQ+ symbols, they argued, are "not political".

What is deemed politically acceptable in British mental health care? What does it mean to recognise certain forms of political expression as legitimate but not others? This part of the report unpacks how political neutrality is weaponised to protect Israel and erase Palestine simultaneously. It shows how this framing reflects a liberal Zionist narrative; one that is allegedly progressive on race and sexuality but precludes Palestinians' rights to life and land.

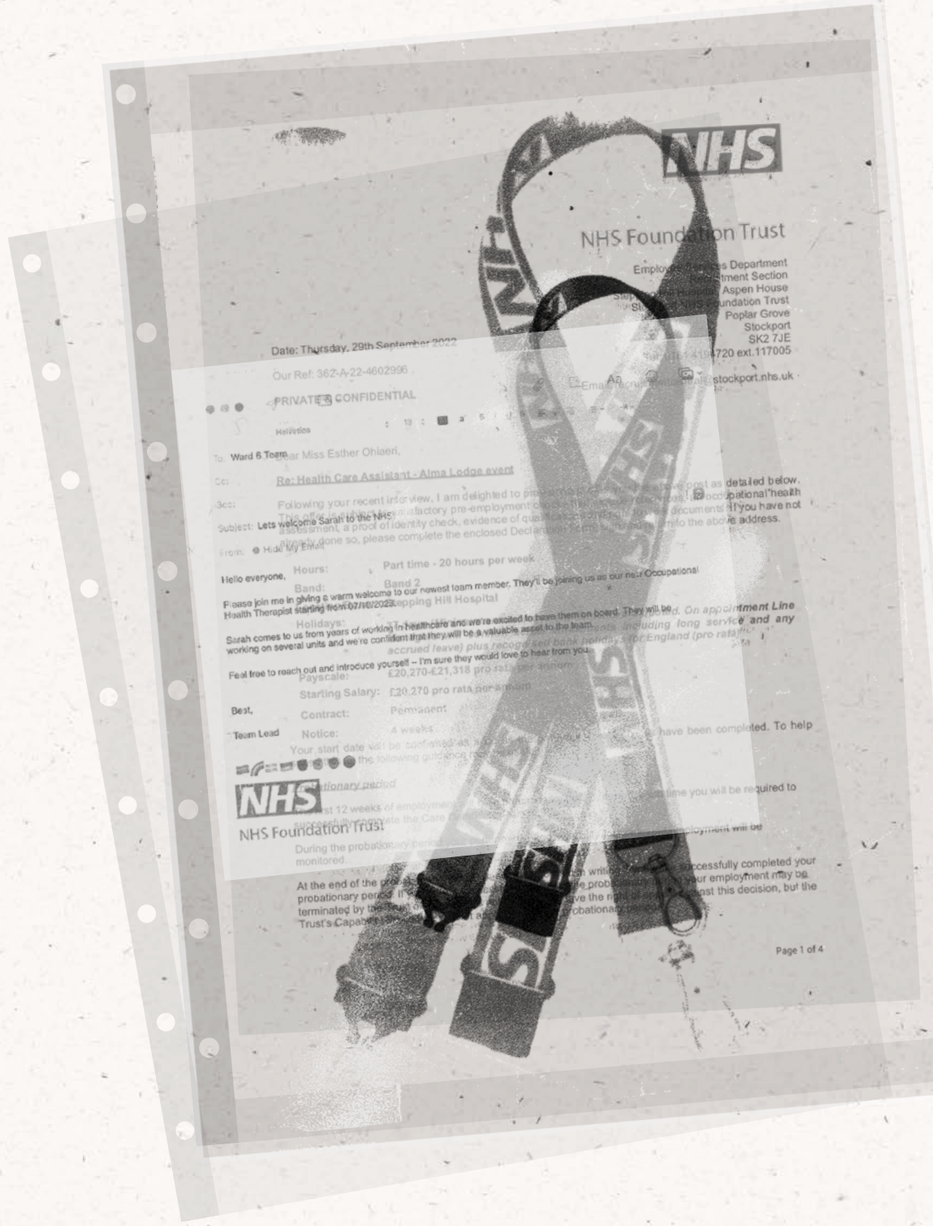
This is not to say British mental health care is truly progressive on the issues it claims to champion — far from it. As the introduction noted, the supposed anti-racist awakening of many British institutions, including mental health bodies, following the was heavily performative and belied any real material change.[50] So when interviewees compare Palestine to Black Lives Matter, it is a contrast at the level of discourse — which forms of anti-racism can at least be discussed — not of structural change.

Yet even the neoliberal, surface-level integration of anti-racism in British mental health care cannot tolerate Palestine solidarity. As we will see, British and Zionist imperialist structures have shaped the liberal boundaries of acceptable politics, even within anti-racism.

The first sub-section will demonstrate how Palestine is explicitly erased in British mental health and positioned outside the boundaries of acceptable liberal politics (as 'too political'), often on the grounds of allegedly maintaining neutrality. This informs the second sub-section: given this erasure, staff, students and service users experience Palestine solidarity as dangerous, given Palestine's association with terrorism and antisemitism. Because of the intrinsic danger of expressing solidarity with Palestine, the final sub-section explores the myriad pre-emptive, safety strategies used to shield oneself from harm.

To summarise the logic of the sub-sections

1. **Erasure:** Palestine is too political and therefore repressed.
2. **Violence:** Because it is repressed, it is dangerous to speak of Palestine.
3. **Defence:** Because it is dangerous, to speak of Palestine requires defences.



50. Younis, T. (2021). The muddle of institutional racism in mental health. Sociology of Health & Illness, 1467-9566.13286. https://doi.org/10.1111/1467-9566.13286

The Location of Politics & the Erasure of Palestine

The notion that British mental healthcare is politically neutral is a fallacy. National and local healthcare strategies are informed by political decision-making, from the numbers of beds to the choice of therapies (Jones, 2017; Knight & Thomas, 2019).[51] As we will see, interviewees often contrast the permissibility of openly supporting Ukraine and Black Lives Matter with Palestine. These comparisons speak to participants' feelings of betrayal. Sundus, who shared her story at the beginning of this part, for example, had been delighted to join the NHS. She thought it was political and progressive. But Palestine revealed to her the hypocrisy beneath its progressive veneer.

For some, the hypocrisy begins in mental health training. A white clinical psychology trainee, Abby, described how superficial solidarity with BLM–and even less with Palestine–left her feeling alienated and questioning her career choice:

I started my psychology training and expected [my university] to support activism and engagement with social issues. However, my hopes were not fulfilled. There was some talk, but not much action. The Black Lives Matter process brought this issue to the forefront, highlighting the hypocrisy, tokenism, and lack of depth in psychology's approach to supporting the wider cause. The genocide in Palestine further decimated my view of the British psychology institution and my place within it.... I'm uncertain about my future direction.

Topics such as "anti-racism" and "decolonisation" are increasingly integrated into mental health training programmes. However, as Abby reveals, Palestine remains outside this apparent anti-racist shift. A racialised Arab Muslim psychologist, Mazen, felt similarly indignant at the hypocrisy of not being allowed to wear a symbol of Palestine solidarity:

I'm an Arab man, so if I wear Arabic attire, for example a keffiyeh or something similar, you'd imagine it would be accepted as part of my culture. Unfortunately, you're not allowed to display any sense of solidarity with Palestine. There is this double standard. In emails about Black Lives Matter, there's no concern about upsetting racists, or about the invasion of Ukraine — there's no concern about upsetting Russian patients or Russian staff members.

This participant's story demonstrates how the location of Palestine as beyond the boundaries of political acceptability leads to censorship and erasure. Moreover, in the censorship of Arab symbols (i.e. the keffiyeh), there is an understated critique here of the alleged multiculturalism of mental health spaces.

51. Jones, R. (2017). Growth in NHS admissions and length of stay: A policy-based evidence fiasco. British Journal of Healthcare Management, 23(12), 4; Knight, T., & Thomas, P. (2019). Anxiety and depression in the age of austerity: Public health's problems with IAPT. Perspectives in Public Health, 139(3), 128–130.

Palestine reveals a deep sense of hypocrisy and betrayal for participants, already overwhelmed by the genocide.

A Muslim Asian doctoral psychology student, Maryam, discovered something similar. She described the response she received when she requested that her course take a position on Palestine. The course leaders had previously expressed support for Ukraine and were apparently attempting to take racism and whiteness seriously. Maryam paraphrases their statement:

Following the 'Addressing whiteness in counselling and psychology' teach-in last week, you mentioned that you hoped the course would make a statement [about Palestine]. I want to get in touch to let you know that as a course, we do not do this because of the number of terrible things that are happening daily in the world, and the reality that inevitably we would not be able to give a voice to everyone." Bear in mind, they did say something about Ukraine. This is what the institution's saying. We can't say anything about Palestine. We're apolitical.

Though the course clearly articulated a position on Ukraine, Palestine was, in this case, located outside the boundaries of political acceptability. Likewise, Aminah, a Muslim, Asian clinical psychologist, went on leave at a time of considerable engagement with Ukraine and Black Lives Matter, but on returning to work soon after Oct 7th, found nothing was said about the genocide:

There was much discussion about the war in Ukraine. In the NHS, we were talking about how to support the government initiative. People added flags to their NHS profiles, posted messages about charities and events, and asked [people] if they knew of housing for [refugee] families coming into the UK. I left the NHS then, around the time George Floyd [was killed] and the Black Lives Matter movement erupted. When I returned from leave, I noticed the NHS has made positive changes in how we work with Black, Asian, and minority groups due to the George Floyd movement. I came in with a mindset of discussing the current situation in Palestine. But it seemed different. I hadn't seen any comms or heard anything about it for two weeks after I returned. Weeks passed, and no one was talking about it.

MENTAL HEALTH SPACES OSCILLATE ABRASIVELY BETWEEN BEING

EXPLICITLY POLITICAL ON THE ONE HAND, AND SEEMINGLY DEPOLITICISED AND NEUTRAL ON THE OTHER.

Staff were taking race more seriously in the wake of BLM and had also campaigned whole-heartedly for Ukraine. Yet, as the genocide unfolded, Palestine's erasure was noticeable.

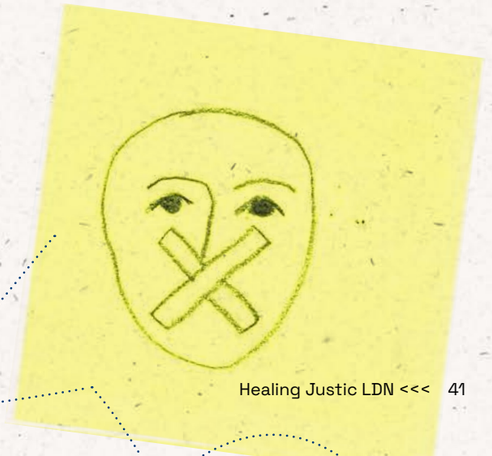
Palestinian health workers themselves experienced this erasure in large ways, such as loss of family members, and through smaller interpersonal interactions. A Palestinian trainee psychiatrist, Salma, shared the response she received from a white colleague, when distributing Palestine badges:

I was giving out badges, little watermelon badges to different people. And people were really receptive. And I offered [a badge] to this one guy — a white, British guy. He was someone who made a point of highlighting how there are racial disparities in mental health and how the Mental Health Act targets Black people. He paused for a second, didn't really know what to say, and then said something about "not being political at work".

Salma highlights here the hypocrisy of a colleague who advocates strongly against racial disparities in mental health yet draws the line of 'politics' at the watermelon badge. Such incidents reveal how for some — like this white colleague — Palestine is deemed too "political," highlighting the difference between liberal anti-racism and anti-racism that is global and anti-imperialist in its foundations.

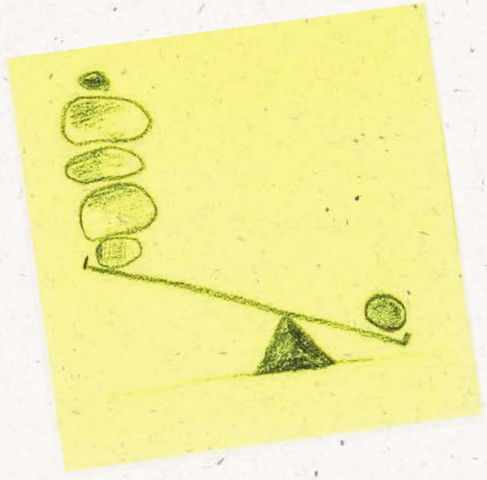
The boundaries of acceptable politics are policed in manners which are often stressful, especially for racialised Muslims. An Asian Muslim assistant psychologist, Shamima, describes the moment a psychologist who initially claimed to be unaware of Israel's abuses against Palestinians later appeared to be actively cultivating his ignorance by preventing discussion of Palestine:

Despite a colleague's neutral stance on the issue, I was shocked when he admitted he didn't watch the news. This was a senior colleague I respected, so his statement deeply affected me. I shared some news and Israel's actions with him, but he was unaware of them. He was shocked and asked if it was true. I provided evidence and articles, explaining that this had been happening for years. We had another reflective practice with our team that afternoon. When I mentioned Palestine in the reflective practice, he expressed concern and advised me to avoid discussing political topics in that group. He made me feel really anxious.



Some staff were even told that crossing the boundaries of acceptable politics was at variance with the very values of mental health care. A white mental health nurse, Maya, related how management responded to staff collectivising around the issue of Palestine at work:

Initially, they said it was "political action". They said, "You may feel really strongly about things that are going on, but this is against our sacred values, like compassion."



> We felt it was a crisis — a humanitarian crisis. I mean, obviously it's got political causes, but we just felt like they weaponised the word "political" when it suited them.

"We can't have you talking to patients about political issues in the clinic room." And I said, "What about Ukraine? People talked about Ukraine so much. Why can we not talk about this?" She said, "Ukraine is a totally different issue." I asked, "Why is Ukraine different?" She said, "Because in Israel and Palestine, there's thousands of years' worth of religious history".

The way Palestine is framed here as a religious conflict fits a Zionist and Western narrative which, as the introduction noted, is deeply racialised and depoliticises the reality of settler-colonialism.

There were also many instances of the word 'genocide' itself being erased or prompting repression. A white lecturer and therapist, Alison, was disciplined after their use of the word 'genocide' during their teaching triggered a complaint by a student. The same thing happened to an Irish psychologist, Saoirse, based in South England:

In the first [email], I didn't use the word genocide, and then in the second one, I think I said, "This is protesting the ongoing genocide in Gaza." And that's when there was a response from senior management.

Likewise, a white clinical psychologist, Victoria, described the complaint she received from management when she mentioned genocide: "I've been told you cannot use this term. This term equates to anti-semitism."

Such erasure of the genocide plays into a Zionist narrative, revealing the racial formations of the institutions. Indeed, removing the possibility of even naming the genocide contributes to its continuation—denial is one pillar of its violence.

Finally, many participants explained how their institutions—including the Department of Health—took an immediate pro-Israeli position following the October 7th attacks. If Palestine was mentioned, it was never in context of an existing occupation. Farhana, an Asian, Muslim doctoral student of psychology, explained how her university put Israel first and shared the impact this had on her:

As a trainee psychologist, we have our university side and our placement side. In university, a senior lecturer emailed the course about Israel, a week into the genocide. The email discussed the events in Israel, but Palestine wasn't mentioned. It was all about Israel, and I felt disconnected from the team and my cohort. I think I'm one of two people from a racialised background in my cohort. I was scared to email back, fearing I'd risk my place on the course.

The threat of being removed from her training was overwhelming, but Farhana mustered the courage to speak out against the Israel-first position. Yet she admitted the sense of betrayal was remarkable; psychologists are trained to see nuance, which her department was clearly not displaying.

SHE ADMITTED THE SENSE OF BETRAYAL WAS REMARKABLE—

PSYCHOLOGISTS ARE TRAINED TO SEE NUANCE

Self-Censorship and the Dangers of Speaking Out

Palestine is located outside the boundaries of acceptable discourse in mental health care. But what does it mean to inhabit the space outside of acceptable politics? Crossing the line brings with it fear, anxiety and danger. Whereas explicit forms of censorship reveal clear disciplinary measures around Palestinian solidarity, experiences of self-censorship—without any explicit displays of threat or intimidation—reveal the latent threats coded within institutions. One is never certain how one's speech or body will be received.

Self-censorship in spaces of healing is informed by a foreboding sense of danger (Younis & Jadhav, 2019).[52] Almost every participant communicated feeling a sense of threat accompany their Palestine solidarity. The fears were frequently material; losing one's job or training was often mentioned. For example, Victoria, the clinical psychologist who received a complaint from management for mentioning the word 'genocide', shared her fear of possible consequences whereby:

I could be charged and the consequences of having a criminal conviction would mean losing my professional registration, losing my employment.

Charlotte, a white psychologist doctoral trainee, shared a similar anxiety about speaking up on Palestine:

I would lose my job, and I would fail my report, and basically my future, and my prospects, and a very expensive course that I am paying for myself would be going down the drain. So, it's not just me invested in this doctorate, it's my entire family. [I would be] letting down everybody.

Kareem, a young Muslim Asian therapist, likewise connected his fear of being referred to Prevent with a fear of being unable to provide for his family:

I'm not as worried about being accused [of anti-semitism], as I am [about] being referred to the Prevent policy and then losing my job in a heartbeat. I believe [Prevent] would lead to a really long process ... And then my family—my mom and dad, wife, child—who else would support them? It's about me having a job.

Kareem's fear is grounded within a reality of structures which discipline racialised Muslims foremost for stepping out of line, like the Prevent policy. An Asian, Muslim doctoral student of psychology, Sidra, explained that her primary fear was the body regulating her profession:

The British Psychological Society (BPS) is my biggest threat. First of all, I think they did speak of Ukraine. Then, they had the audacity to do a decolonisation conference after October 7. The conference did not mention the genocide, of course. So that's one part. The other part is, thanks to the BPS, my training is the only space where I've had to think to myself: could I lose what I'm doing? The BPS is my biggest threat because they are the ones, to an extent, I'd have to fight in court if they say, "this person's antisemitic." So, I sat myself down and made the decision: worst case scenario, I only become a psychologist after liberation.

52. Younis, T., & Jadhav, S. (2019). Keeping Our Mouths Shut: The Fear and Racialized Self-Censorship of British Healthcare Professionals in PREVENT Training. Culture, Medicine, and Psychiatry, 43(3), 404–424

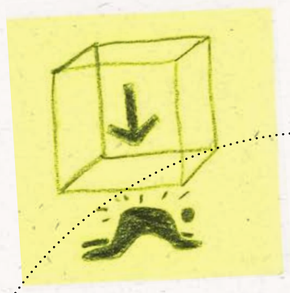
WHAT DOES IT MEAN

TO INHABIT THE SPACE

OUTSIDE OF ACCEPTABLE POLITICS?

Meanwhile, Sundus, an Asian Muslim clinical psychologist trainee, born and raised outside the UK, explained how her immigration status played a significant role in self-censorship:

> “I was in the process of trying to apply for “leave to remain”, which I think amplified the sense of “You cannot say anything, you better not make a wrong move. You will lose your job. You will get kicked out [of] the country.”



What is evident in the examples above is the fear of impending catastrophe as a consequence of speaking out on Palestine. These fears are not unfounded; word of disciplinary actions against those expressing solidarity spreads quickly; institutionally racist policies like immigration controls and Prevent cause real harm; and the legitimacy afforded to Zionism in British mental health care is pervasive. Underlining the racialised pattern of self-censorship, some white participants articulated a sense of responsibility to speak out on Palestine in light of the fact the threat is greater for racialised Muslims and Arabs.

Importantly, self-censorship grounded in a sense of threat is compounded through a process of community socialisation. Many participants reported instances of being told not to ‘rock the boat’, either by colleagues or family. In other words, the anxiety around Palestine is deeply socialised. This is evident, for example, in the case of a Palestinian trainee therapist, Reem, whose father was expelled during the Nakba. By the time of the interview, she had lost contact with five members of her family in Gaza. Two Zionist students abused her for mentioning this in the course. She explained her father’s concern:

I think it’s a political fear, like “if you go to a protest, you might get arrested.” He’ll say things like that. He’s worked as a doctor in the NHS, so he’s probably used to not talking about politics at work, because it’s inappropriate. And interestingly, when I told him what was going on in the course, he was like, “Be careful. They’re really violent people. Something might happen to you. And if you need me to come pick you up, I’ll come pick you up.”

Here, a Palestinian father fears for his daughter’s safety, recognising the potential for violence that is likely informed by his own experiences. Telling her to “be careful” serves as a warning for Reem to choose her words carefully around her Zionist classmates.

Similarly, a Muslim psychiatrist, Sania, shared how several of her Muslim colleagues expressed concern for her.

I’ve had more than one Muslim colleague say this — and not in a malicious way — but like, “Look, you just need to be careful about what you say and what you post on social media and empathising with Palestine.” There was very much a fear of “we come from a certain background,” so you could end up causing that trouble for yourself. And people are getting referred to the General Medical Council (GMC). Whenever I put stuff on social media, I tried to be factual. Not anything that I think breaks GMC guidance... but yeah, that was something I noticed with relationships with colleagues that I was working with — day in, day out.

The censorship expressed in this incident is not disciplinary. Rather, it comes from well-meaning colleagues, aware of the racist environment racialised Muslims — “of a certain background”—must navigate around Palestine. In another instance, a lecturer expressed their concerns to Maryam, a Muslim doctoral trainee, directly:

[My lecturer] said — and she was doing this from a place of care — “You need to be really careful about what you’re saying. You’re clearly very passionate but you have to be mindful. Please, just be careful.”

In all the examples above, the intent of those expressing concern is the same — protecting someone from the potential disciplinary consequences of speaking out. Nonetheless, its impact may be to encourage self-censorship, thereby also contributing to the erasure of Palestine in mental health.

Safety Strategies

We have established, since Palestine sits outside the boundaries of acceptable liberal politics in British mental health care, people feel threatened when expressing solidarity as a result. They may self-censor or be encouraged to do so by others. However, many participants chose to speak out regardless of the dangers. When they did so, they deployed a variety of what I call 'safety strategies' to protect themselves from danger. The three key strategies observed were: emphasising the psychological wellbeing of Jewish colleagues; strategically using language, including intellectualising and condemning; and, for racialised Muslims, centering white people and organisations in their Palestine solidarity.

Across multiple interviews, participants revealed the pressure to communicate to their colleagues and institutions they are not antisemitic, when speaking out against the genocide in Palestine.

In one interesting case, Lamia, an Arab, Muslim psychologist, explained how she approached a known Zionist colleague after speaking up about Palestine at her work.

When we have spoken about Palestine openly — I'm ashamed to admit even I've done this — we've then gone to our known Zionist colleagues and said, "hope that didn't make you feel uncomfortable." And I think the rationale behind that was because of conversations above our head we were aware of. It came to our attention [that] they were saying they were feeling bullied. And I think one of them actually escalated an official complaint about one of my colleagues.

Here, Lamia expresses concern to her Zionist colleague — but the courtesy is not fully sincere. It emanates rather from the awareness of danger explained previously. Lamia sought to pre-empt the complaints Zionist colleagues are making about those who bring up Palestine. Similarly, Maya, a white mental health nurse, tells us how she and her Muslim colleague approached their Jewish colleague in a similar vein.

We were 'uhming' and 'ahing' about whether to tell our Jewish colleague. She was our friend and colleague. We wanted to be transparent and explain to her we want to talk about Palestine, and to say it's not antisemitic. We're against what the Israeli government are doing. I tried to, you know, I tried to reassure her it wasn't about the religion. Israel was killing children; we're against that, and we have to talk about it. The colleague was just very angry. She reported us, said she felt unsafe at work, and did an incident report the next day.

Maya's experience is ironic: she and her colleague received a complaint because they reached to their Jewish colleague out for concern. Layla, a Pakistani Muslim family therapist, reflected on her experience of emotionally validating a Jewish colleague. She expressed her dismay when the labour was not reciprocated:

I also had conversations with [a Jewish colleague] when all of this was happening. I did so much work to be like, "I care about you. I'm really interested in the Jewish perspective." He talked to me about his intergenerational trauma, and the Holocaust. So, when he heard we wanted to do something for Palestine, he had this recurring dream about the Holocaust, it was almost like he was asking me to take responsibility for that. And I was like, so understanding, "I'm so sorry that that happened to you. I understand that antisemitism is a really, really, really big issue, and it's an issue in the Muslim community." There was nothing that he gave back to me... nothing about my experience. Nothing that came to me from on the other side, where he was empathising and humanising my experiences.

Relatedly, Dina, a Lebanese trainee psychotherapist, shared she once made a banner for a protest that read "there's a difference between anti-semitism and anti-Zionism" to avoid being accused of antisemitism. These incidents reveal the laborious time and energy invested to evade the accusation, especially among racialised Muslims. As outlined in the introduction, Muslims are racialised as prone to harbouring antisemitic beliefs and therefore feel constantly compelled to disprove this stereotype.

Adjusting one's speech was another prominent safety strategy. Rather than speaking freely and concretely of Palestinian erasure and the impact it has on them, participants invested significant energy into modifying their speech. These modifications included intellectualisation and condemnation — both strategies predicated on anxiety and underwritten by a lack of safety. A Muslim doctoral trainee, Maryam, highlighted this labour clearly:

> "At the start [I was afraid of being called antisemitic], yes, definitely. But it was all about language. And I had this response ready, if I was going to be actually called [antisemitic.] Like I had these notes; I was just going to say "read this."

Gathering evidence base to prove one is not antisemitic is not a banal — nor unemotional — exercise. But even when not mentally 'preparing their case', participants like Alison, an art therapist and lecturer, highlighted the shifts in language they made according to the people around them:

In my department, there's a real difference in how I frame [the genocide] and the language I use. I'm quite careful about the language I use around them.

Similarly, Mazen, an Arab psychologist, spoke about being unable to speak freely in large part because of their identity:

You can't talk about it in the same way unless there's a professional and almost legal protection behind it. But even then, there's no real sense of safety. So, my whole life, there's been limitations, and there's been barriers in being able to talk about the Palestinian experience and the wider identity of being an Arab. It's been about 20 years now where your identity is taboo as a Middle Eastern person.

Mazen is alluding to a history of racism wrought by the War on Terror, which has impacted his self-expression. Fear is central to this experience and feeds directly into self-censorship, especially as it relates to the UN-enshrined right to resist occupation on the one hand, and condemnation of Hamas on the other. Likewise, Abby, white clinical psychology trainee, explained how she avoided any mention of resistance altogether.

The only permissible frame to speak of Palestinians, in the liberal setting of British mental health care, is when they are framed as victims:

Unfortunately, in terms of Palestinians, it does erase an important conversation about Palestinian legitimacy; how they organise themselves, or what resistance means for them. These conversations cannot be heard in a whole way— in a safe way. I have to almost pretend like I'm not talking about Hamas or Palestinians who are fighters. Only Palestinians who were being indirectly killed as civilians. So that's kind of how I frame all of my conversations.

This point affirms what scholars have long claimed to be an essential frame when discussing Palestinians — always victims, never as agents of resistance. Condemnation of terrorism and denial of the right of resistance has a long history among racialised and securitised minorities. It denotes a state of being whereby, teetering on the precipice of social and political acceptability, one panders to a liberal framing of counterterrorism to remain palatable.

The third safety strategy commonly deployed by participants was to centre white people and organisations. One manifestation of this was the compulsion to name Western humanitarian and human rights organisations deemed legitimateby liberals. For example, Salma, a Palestinian psychiatrist, recalled:

Even if it's not consciously there on a day to day basis, it's definitely there. I'm careful with the words that I use around specific colleagues, around a certain demographic, like maybe middle/upper-class white people. Annoyingly, I'll use more humanitarian language and bring in Doctors Without Borders; organizations they supposedly support or value. That's when I'll bring in the very Western humanitarian lens … It's speaking their language, but also not coming across as whatever stereotype they might have.

Jana explained how this is not a one-off event, but a strategy she employs on a continuous basis. Shamima, a Muslim trainee doctoral psychologist, described using this same safety strategy to protect herself in a moment of danger:

I got really emotional and I cried again at this point. They were nice about it. But I just felt really embarrassed afterwards, and I kept apologising to the facilitator and to everyone in the room. I don't know why I felt like I had to apologise. I felt compelled to mention my past work for charities, which I shouldn't have had to do. That's when they finally understood — when I mentioned Amnesty, or when I pointed out the numerous human rights organisations and charities, like the UN, that are all condemning the situation.

The same logic was at play when Ali, a Persian social worker in the NHS, noted that western humanitarian and legal organisations are necessary to cite. He does so to make the genocide legible to audiences in majority white institutions on the one hand, and to protect oneself from threat on the other:

You could be targeted. So, let's talk about how this connects to Gaza. So, here's the Lancet report. Here's the Save the Children report. And here are excerpts from the ICJ [International Court of Justice].

By name-checking international bodies, these participants hoped to lend authority to their arguments in solidarity while protecting themselves from any accusations of antisemitism or terrorism.

As for centering white folks in Palestinian solidarity, this happened from both directions: Muslim participants sharing their expectations for white folks to speak out more, and white participants recognising the privilege they hold in this securitised space. Jonathan, a white mental health nurse with Jewish heritage, spoke of mobilising his whiteness to speak about Palestine, given the freedom it entails to be a "bit of an asshole."

Obviously being white, it just gives you so much more freedom to be a bit of an asshole. Like, in their eyes, to be frank, I can be a bit more pushy. That would be a lot scarier for a black woman or a Muslim man or a trans person or anyone else that wants to talk about an issue that's dear to them as well. But that's me using that power, that bit of power I've been given as a white working-class person, to be able to say: let me use this to try and see what I can get done for Palestine.

Insofar as white colleagues recognise they have a privilege to speak out, this does not diminish the process of racialisation which securitises Arab and Muslim voices. In fact, it brings this process to the forefront. In a revealing incident, Sofia, a Muslim art therapist, highlighted an incident at her place of work. It involved a white colleague — whom she later realised was Jewish — who organised a space to hear from Palestinians in Gaza:

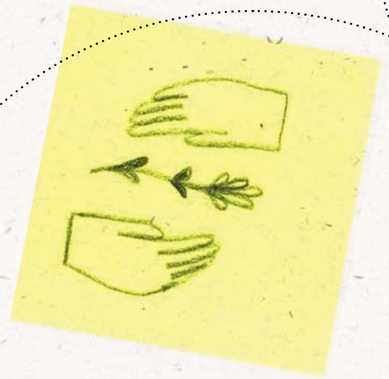
It was really odd, because there hadn't been any conversation prior to that. All of a sudden there's this email and... It just still doesn't feel safe enough. And I know that there are experiences that are completely the opposite; other spaces that they are being kind of more directly censored. But this also just feels like a really odd space to be in. One of my colleagues is a hijab-wearing Muslim woman. When we were in that space she said, "well, I don't feel safe enough, like you might feel safe enough, to have this conversation and send that email." And it was very significant that it was a white, Jewish man that felt able to do that.

It is important to outline here the contradictions of this safety strategy. Firstly, hiding behind white people and organisations does not in fact empower racialised Muslims to speak out. Rather, it reinforces the racial formation that privileges whiteness over people of colour, a formation closely aligned with Zionism itself. Secondly, white people are not exempt from danger when speaking up for Palestine. For example, Victoria, was asked to step into an office by a senior manager and subsequently accused of antisemitism:

Being a white woman, I'm aware that sometimes it is helpful for me to be physically present. Not only to assert my position, but also to be able to use my body and my body language to communicate where I am or am not feeling threatened or intimidated by particular tactics that might be used against me to either silence me or trap me. On that particular occasion, I felt very trapped.

Indeed, while white people alone are not subject to the same racialised and securitised calculus, they too are under threat for speaking up on Palestine. The same applies equally to anti-Zionist Jews who — though often referencing their own Jewishness — are attacked for speaking out on Palestinian rights.

As we have seen, British mental health care spaces oscillate abrasively between apparently championing the explicitly political — Black Lives Matter, Ukraine and LGBTQ+ rights — while drawing the boundaries of permissible politics in such a way as to exclude Palestine. This reflects a liberal impulse within British mental health care to partially integrate progressive movements, where possible, while protecting nationalist and imperialist interests. Palestine, a cause which directly challenges the global structures which uphold Zionism, must be instead constantly erased. This both leads to direct disciplinary mechanisms and in turn helps cultivate a climate of self-censorship. All this necessitates a plethora of safety strategies that both staff and students are forced to deploy when resisting the pressure to remain silent on Palestine, to protect themselves. In sum, the shifting boundaries of permissive politics, the liberal acceptability of Zionism and the intolerance of Palestine solidarity reveal the eminently political nature of mental health spaces.




This is the NHS, we can't talk about politics.
2
Mental Health Care is **RACIST**

__Why__ would you have them __change__ what they bring,

to __mould it__ into what you think is politically correct?

They told you — this is where their pain is.

They told you — this is where their pain is.
They told you — this is where their pain is.
They told you — this is where their pain is.

“We had a young [Muslim] group of service users. And when [the genocide] happened, they said, *“we want to do a bake sale,”* because a few of them could bake cakes. They wanted to do a little event and raise money for Palestine. We’re trying to get them to do events and things like this — get their confidence built.

They were met by the person who was facilitating the service [who said]

“I’m sorry, but we cannot align ourselves with [this]…”

She started talking about extremism and Hamas and then said,

“if you raise money for Palestinian children, you must share it with Israeli children as well. We cannot be seen siding with one and not the other.”

When those young people let me know about this, I completely hit the roof and kicked up a fuss. I wanted to understand the justification — why? Why would you censor these children? If they had come to you and said, “we want to raise money for Ukraine,” would you say, “you must raise money for Russia too?” Why would you have them change what they bring, to mould it into what you think is politically correct? They told you — this is where their pain is. And this is not just an isolated situation. We have many service users who have come in, who’ve spoken about Palestine, and their therapists have not known how to respond to it because [of] what it brings up for them.

“This is the NHS, we can’t talk about politics.”
But this is your client. You need to be able to talk about what’s impacting on them.”

INTRODUCTION:

Lamia, an Arab, Muslim psychologist opens this section. She explains how a Zionist colleague reacted to service users wanting to organise a bake sale for Gaza, at a mental health trust servicing primarily Muslim youth. The psychologist threatened and securitised the youth by referencing Hamas and extremism.

This section explores what Palestine reveals about the racial politics of liberal mental health care. It shows that Islamophobia and anti-Palestinian racism are endemic in British mental health care. It examines how the liberal co-optation of “anti-racism” places some “racisms” over others, and how the liberal acceptability of Zionism in fact reinforces the ongoing erasure of Palestinian, Arab and Muslim voices in mental health (in addition to anyone who gets too close to Palestine). Furthermore, the acceptability of Zionism in British mental health settings racialises Jews as particularly sensitive to the mention of genocide, rendering this sensitivity an anti-racist prerogative.

There are thus two processes of racialisations at play. On the one hand, Muslims are racialised as terrorists via national security structures and discourse. On the other, Jews are racialised as vulnerable via Zionism. We will see also that the racist repression of Palestinian solidarity does not preclude white people from being impacted. Nor does it preclude people of colour playing a disciplinary role in racist formations. Such phenomena are not isolated from wider anti-racist struggles.

Deep histories of racism reinvigorated

The intersection of Islamophobia and Palestine, explained in the introduction to this report, was salient throughout this research. The repression of Palestine solidarity in British mental health care emerges from Britain's wider management of Muslims/Islam and Palestinians/Arabs. The current anxiety around Palestine solidarity has deep roots prior to October 7th and has reinvigorated Islamophobia experienced by racialised Muslims throughout their lives. Farhana, an Asian, Muslim psychiatrist, summarised this:

Living in the UK, as a Pakistani Muslim woman, it's something that happens quite a bit. I've experienced it. I've been told to go back to where I've come from. I've been asked if there's a bomb in my college bag once, on my way to an exam. Those things happened. But I've always brushed them off like experiences I'm going to have to deal with. I've not really thought that much into it. But now, when it happens now [since October 7], I feel a lot more sensitive to it, I guess is what I'm trying to say.

There are two themes pregnant in this story. The first is the embodied history of being racialised as a Muslim in Britain, especially as terrorists. We can observe the direct influence of national security discourse in the process — a bomb in the college bag. This is important to bear in mind when we return later to the violence of staff accusing Muslims of supporting Hamas. The second concerns the way Palestine has rendered this process of racialisation more salient. She admits feeling more sensitive now to racism than before. Similarly, Mazen, a Muslim Arab psychologist, explained his history of Islamophobia and how this relates particularly to the securitisation around Palestine:

Since October 7, there's been a constant bereavement in my day to day life. It has numbed me — exhausted me. It has really challenged my belief set, the balance in the way I see myself as bicultural to a degree. I have this [British] accent and a British passport, but at the same time, I am very, very, very much an Arab. There's always been an awareness of how the Western world views our people, especially since September 11th. There's always been the rhetoric of who the bad guys are. So it's nothing new to us. But to have it so blatantly shoved in your face since October 7, and then to be living amongst [Israel's] apologists and enablers...

This psychologist highlights the racialised experience of being an Arab in Britain, and the pronounced securitised logics imposed. It is important to contextualise his experience of bereavement, exhaustion, and a profound existential rupture in with his sense of belonging and identity against this backdrop. Muslim participants, like Sundus, a clinical psychologist trainee, readily admitted they only participated in this research because they knew the primary author had expressed a sensitivity and understanding of Islamophobia:

I guess knowing you're someone who's done work regarding Islamophobia, that it's safe to talk about that. That's the perspective being taken to me. I think I feel very safe coming into this interview, and I feel like I can breathe and I'm not bracing for wounding, if that makes sense. Because in every environment I'm moving through at the moment, I'm braced. I'm ready for a fight.

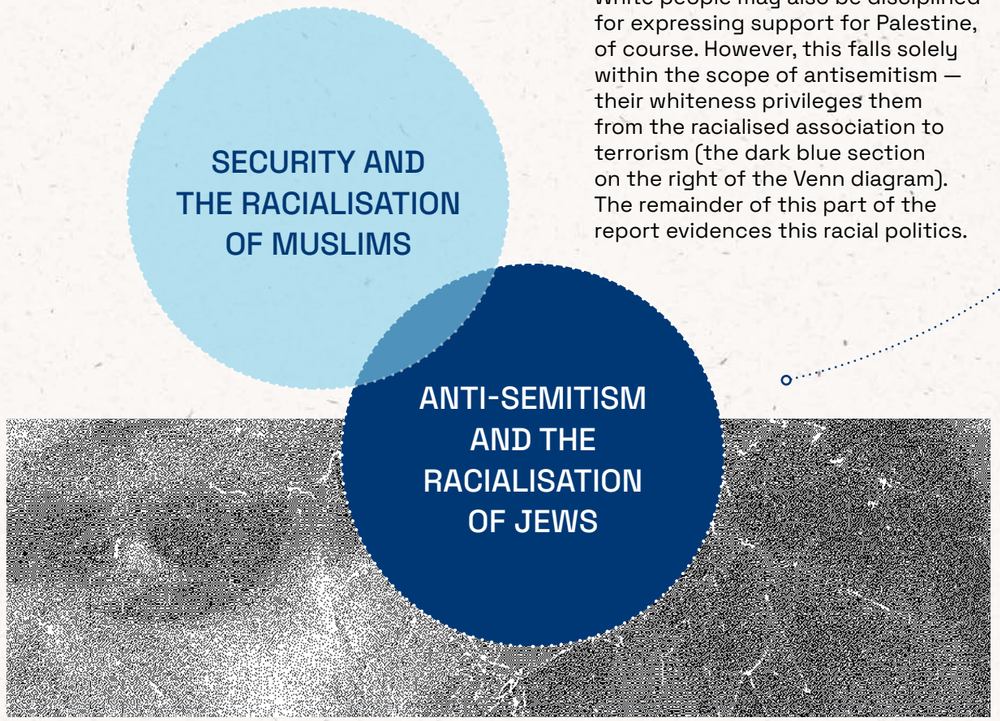
> "I don't know when something's going to be said that I'm going to have to go home and cry about later on or go to the bathroom and have a breakdown."

This quote underlines the experiential overlap between Islamophobia generally and the safety to speak on Palestine specifically. The participant's embodied safety with the research—away from the violence of the everyday—was because the researcher was known to work on Islamophobia. In a contrasting experience, Charlotte, a white-passing clinical psychologist of a Central European background, also illustrates the centrality of deeper histories of racial politics around Palestine. Here she discusses how others relate to her, not least on Palestine:

They look at my children, they look at my spouse, and I become white to them. I get let into another world whereby, "oh, you're one of us. Your hair is blonde, your skin is light, you're probably Southern European, but, yeah, we'll conveniently forget you're not." They'll let me into what I can only classify as horrifying. Have you forgotten my surname? I've suddenly been thrown into something else which is completely unfamiliar and yet so familiar. And even there, when I am passing [as white] and I'm accepted initially on a superficial level, it goes deeper. People open up and really come out with their deepest, darkest thoughts.

As such, the racial politics of Palestine within British mental health care are built upon the existing racial formations of Britain itself. Indeed, contestation over Palestine has thrown these structures into relief, making them undeniable. White supremacy, in other words, has unveiled itself.

This part offers the main contribution to the racial politics of British mental health care. There are two processes of racialisation at play in the management of Palestine solidarity, as depicted in Figure 1. First, there is a security discourse, and therefore the securitisation of Muslims. Second, Jews are racialised by Zionism as vulnerable to expressions of Palestine solidarity which are coded as antisemitic. Muslims are therefore liable to a two-fold disciplinary process when speaking in solidarity with Palestine: in their own racialisation as threat (terrorism), as well as in the racialisation of Jews as vulnerable (antisemitism).



White people may also be disciplined for expressing support for Palestine, of course. However, this falls solely within the scope of antisemitism — their whiteness privileges them from the racialised association to terrorism (the dark blue section on the right of the Venn diagram). The remainder of this part of the report evidences this racial politics.

The spectre of terrorism and the racialisation of Muslims

Muslim political activity around Palestine is particularly managed and disciplined through existing security structures like counter-terrorism legislation. While it is unsurprising that counter-extremism policies like Prevent, as the introduction to this report explained, would constitute a primary threat for racialised Muslims in British mental health care, it remains significant how many expressed anxieties around Prevent and broader counter-terrorism legislation. Nor is this unfounded.

The introductory story of this chapter substantiates this fear: terrorism allegations (via Hamas) are casually weaponised within British mental health care. The Zionist mental health professional posed a material threat to those Muslim adolescents; it is a criminal offence to support a proscribed group. Furthermore, allegations of terrorism have a long history of stripping Muslims their rights. As participants admitted, the Hamas allegation therefore is an astounding experience of violence.

Prevent: Counter-Extremism

It is significant that 13 of the 20 racialised Muslim participants raised concern with the Prevent policy; the policy was not raised among the 10 remaining participants not racialised as Muslims. On the surface, this speaks to Prevent's continued, racist impact in healthcare spaces, still relevant in our post-October 7th political climate. Layla, a racialised Muslim Pakistani family therapist, shared the story of a patient who received a Prevent referral:

The child connected with aspects of Islam and her friends who are going on all of these Palestinian demonstrations. She was reported to Prevent. I got a call from the Prevent lead, asking about her. And then I went to my team, and I asked, "How much do I have to disclose about what has been going on? I don't have any worries about this child." I wondered maybe if her parents had reported her, or where that where that had come from. But then I never heard back.

While many of the nuances of such a Prevent referral may be lost in an excerpt, the connection between Palestine and Prevent was significant enough for the therapist to express concern of the racism of this referral. Above all else, she did not feel the adolescent warranted a Prevent referral.

Prevent's chilling effect extends beyond the immediacy of actual referrals. Indeed, British Muslim staff and students experience a significant "chilling effect"—self-censorship—because of Prevent.[53] Mazen, an Arab Muslim psychologist, colours this experience further:

I shouldn't have to be that cautious in my approach and to humanise people experiencing a genocide comes with that level of risk in this day and age and within the NHS to side with who they would call terrorists, and to explicitly say that I don't see them as terrorists at all, all of a sudden now, as part of Prevent protocol, some alarm bells should be going off that the bearded Arabic Muslim man identifies with [people] who the Western world feels are terrorists. All this, all of a sudden, it all just fits, and this training that is pushed to all NHS staff members now is suddenly targeting me. So I also have to be very careful with how I word it and with how I come across and what I talk about.

Testimonies such as these exemplify how much counter-terrorism strategies are experienced on a racialised, embodied level. One's political agency (i.e. whose resistance counts as terrorism) is not experienced in isolation; it's sensed within a body (i.e. Arabic, Muslim, bearded) that lives in constant vigilance of counter-terrorism. Furthermore, it is important to underline how Prevent already primed racialised Muslim participants with an understanding that public mental health spaces are racist and unsafe. Sania, a Muslim Asian psychiatrist, affirmed this point:

If I turn around and say I'm so upset and so angry about what's happening in Palestine, am I going to end up with a Prevent referral? [..] I mean, even before this, sometimes I would talk to Muslim colleagues about Prevent and people say, "you've got to be careful what you say." And sometimes it's said as a joke. Like you'd say something and you'd say, "Yeah, I don't want you guys to report me to Prevent." You almost kind of say the anxiety bit out loud.

53. Amnesty International UK. (2023). This is the Thought Police: The Prevent duty and its chilling effect on human rights. In Amnesty International UK. Amnesty International UK.

The point of socialised anxiety is clearly articulated in this excerpt. It underlines how toxic a policy like Prevent is in mental health care, a setting in which the formation of trusting, therapeutic relationships ought to be central. It also affirms how the emphasis on the numbers and demographics of Prevent referrals is only the tip of the iceberg when considering its racist impact.

For some racialised Muslim participants like Ali, a Persian Muslim social worker, the link between a Zionist understanding of antisemitism (i.e. including anti-Zionism or Palestine solidarity) and British counterterrorism was made explicit via Prevent.

[My manager] explicitly said, "Have you completed your Prevent training? Because there's rising antisemitism and it's important to do the Prevent training." And I was just like, I think we'll stop the conversation here. Yeah, that soured the relationship.

This bridges neatly into a far more pernicious phenomenon — the weaponisation of terrorism and Hamas allegations.

Terrorism and Hamas

The introductory vignette to this chapter reveals how a liberal Zionist mental health professional — an individual who happily works with majority Muslim service users — can shut down all discussion around Palestine in one fell swoop. All they needed was to mention Hamas. Ten participants shared direct instances of Hamas/terrorism being used to shut down instances of Palestinian solidarity. Farhana, an Asian Muslim psychologist, reflects on emails she received from management. For context, staff initially received an email following October 7th expressing solidarity with Israel (the 'Israel email'). This was then followed a few weeks later by another email warning staff of expressions of Palestine solidarity considering Hamas' proscription (the 'Hamas email'). The Muslim psychologist explains her reaction to the latter:

It was something along the lines of: "showing solidarity," "Hamas," and she mentioned that it was a proscribed terrorist group. So the message was giving, "don't show solidarity, don't wear the keffiyeh, don't show support for Hamas." But then I'm thinking, well, that's, you know, in clinical psychology, we always look at context. Responding to the 'Hamas email' would have definitely been a reason for them to either kick me off the course or refer me to Prevent. So I felt, I guess, in terms of risk, the 'Israel email' felt risky to respond to, but the 'Hamas email' we got after felt riskier. I decided not to take that risk. I didn't reply to that one. I felt very, very angry.

"If I go to the course [and] say "I'm pro-Palestine" now, apparently that makes me a terrorist."

This experience is significant insofar as it refers to how Palestine solidarity and Hamas were treated as synonymous in the communication from management. For the participant, the message had a pointed subtext: do not show any support for Palestine. The embodied experience is especially important in all this, especially as the psychologist compares their anxiety in responseto the 'Israel' and 'Hamas' emails. To criticise Israel and proximity to it is one thing; to relate to resistance against Israel's settler-colonial occupation is another matter entirely. It was thus 'the Hamas email' that immobilised the psychologist.

The fear of being associated with terrorism was pronounced amongst Muslims, as two racialised Muslim doctoral therapists in training, Udin and Dina, expressed:

Udin: That was the course that I'm on, I was like, "Okay, I don't know how this is going to be received. If I go to the course [and] say "I'm pro-Palestine" now, apparently that makes me a terrorist."

Dina: But I think in many of my conversations, I might have said, this is not me being antisemitic, okay? But, I think for me it was more [about] not being portrayed as a terrorist.

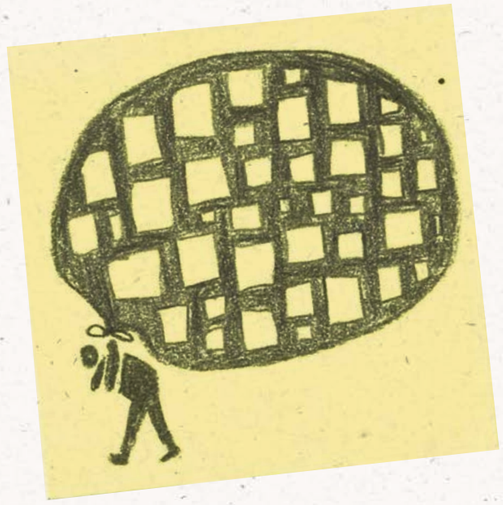
These sentiments describe a common fear about the participants' racialised proximity to Palestine, given its securitised associations. In fact, as the Arab participant highlighted, the fear of being framed as a terrorist reigned higher than accusations of antisemitism — in stark contrast to my white participants.

It's important to state that terrorism allegations can also be levied against white individuals. This may come as a surprise, given counterterrorism's racial subtext. Charlotte, a white-passing psychologist of Central European background, shared what occurred when she expressed sympathies with Palestinians. Remarkably, this story takes place during an "Anti-Racist Meeting." For context, in the meeting preceding this one, the Zionist colleague had spent the hour articulating Zionist sympathies:

I even led with the atrocities, you know, of Hamas. I condemn Hamas, etcetera. I gave them what they wanted to hear at that point, and more. And then I went into what's going on in Palestine. And then I went into the percentage of children being raped and United Nations finding Israel guilty of war crimes, crimes against humanity, extermination. The Zionist said, and I quote, "I would choose very carefully the next words that come out your mouth." And there was an absolute, and this is an oxymoron, but like a humdinger of silence. And I thought, "Oh, this is someone in power. Have I just messed up my [professional] evaluation? Is this going to affect my qualifying? My hands and feet, talking about it now, are cold and I have pins and needles. That says a lot of cortisol is running through my body right now, just talking about it.

This story surfaces several dynamics. Firstly, that the strategy of condemning Hamas fails as a mode of protection. Secondly, that the threat of terrorism is experienced on a visceral level. Thirdly, and most significantly, that the liberal acceptability of Zionism explains why Zionist sympathies were acceptable for an entire "anti-racist" meeting while simultaneously erasing the possibility of expressing sympathy with Palestinians. These dynamics are two sides of the same coin and are acutely revealing of the performative dimension of "anti-racism" in British mental health spaces. They are anti-racist in name, without recognition or accountability for existing racial formations.

The psychologist, having just spoken up on Palestine, is met with such intimidation by a Zionist colleague, her body still reeled from the experience during the interview. While stories of Zionists threatening staff and students bullied into silence were ubiquitous, there was not a single instance whereby this violence was acknowledged, let alone reprimanded by others in management. The following are two more stories of such encounters. They did not occur to either participant directly, but as a socialised anxiety, these racist encounters directly inform their sense of safety in the workplace.



The first story comes from Layla, a racialised Muslim Asian family therapist. She explained a white woman responded when a Muslim colleague spoke of pro-Palestine marches:

> "And this white woman, who is considerably older, turned around to my Muslim colleague and said to her how angry she is. "How dare you say that? Like, do you support Hamas?" She accused her of supporting Hamas in the office."

So, I just had this paranoia the whole time of like, "what are these people thinking of me?" And it does play into all of these like tropes, like Muslim people being like terrorists and dangerous and violent and all of this kind of stuff.

Sofia, an Asian Muslim art therapist, also shared a pertinent story whereby Hamas was not name-dropped explicitly as a form of intimidation. Her story reveals the innocuous ways in which Hamas is raised around Muslims, not necessarily to silence, though its mention is nonetheless experienced as disciplinary.

The previous manager of the team is a Jewish woman, her brother lives in Israel. About a year ago, not too long after October 7th, she called me into her office. She said, "Hamas has Israeli hostages, and I would like to make some scarves for the Israeli hostages. I don't want us to be in a conflict."

And was like, "I didn't know that that would be a possibility." In response to my puzzled face, she stated "because of what's happening between Israel and Hamas." Thus, she was aligning me, a Muslim, with what she sees as a terrorist organisation. And it felt like she was cornering me in that meeting and holding me hostage, to challenge me where I stood [on the subject]. It is significant that she said "Israel, Hamas" and "conflict between Jews and Muslims."

The narrative is an extraordinary example of liberal racism. The Jewish colleague was not explicitly antagonistic towards the Muslim therapist. A narrow reading might state she was only asking for help to make scarves. But the framing is essential: she predicted a possible conflict with the request because she had already associated the Muslim therapist with a proscribed organisation. Immediately, the Muslim therapist felt trapped — a common securitised experience — for being framed and interrogated as pro-Hamas by a Jewish colleague.

It cannot be overstated how violent these encounters are. As explained previously, Muslims have a long history of being racialised and therefore securitised as threats. They are thus primed, on an embodied level, to be wary of terrorism allegations. When Zionists weaponise Hamas as a form of intimidation and a silencing tool, this is not a banal event.

A terrorism allegation is a material threat. To accuse a racialised Muslim of terrorism is to mobilise one of the worst contemporary forms of state violence, for terrorism legislation enforces exceptions to regular legal proceedings, stripping individuals of their rights and dignity. Indeed, counter-terrorism is embedded within racist, Western-led structures of extraordinary state-sanctioned assassinations, citizenship deprivations, deportations and renditions. As such, to be confronted with a "Hamas" accusation is an extraordinarily powerful encounter, laced with profound anxiety and fear. The accusation hinges on the racist ideologies which equally underwrite the more rabid, vocally racist articulations of the Far-Right. Yet, because counter-terrorism and Zionism is afforded legitimacy in liberal mental health settings, Zionists can get away with Hamas allegations to suppress discussion and support for Palestine. Such narratives also serve to demonstrate how liberal racism operates in British mental health care. They act as a reminder of the significance War on Terror — and the Zionist investment in it — in conversations around Palestine.

Antisemitism and the racialisation of Jews

The process by which Jews are racialised within the racial politics of British mental health care is as significant as it is for Muslims, Arabs and Palestinians. There are two dimensions to the racialisation of Jews relevant to British mental health care. The first is Zionism's longstanding project to racialise Jews as a monolith, with a particular territorial affiliation to Israel, despite their diversity in thought — including anti-Zionist Jews.[54] The second concerns the way Israeli/Zionist identity is socialised around trauma and a particular sensibility to terrorism.[55] There is thus a nexus in the process by which Muslims and Jews are racialised through counter-terrorism and Zionism, but to different effect.

This section looks at how Zionism racialises Jews as committed to Israel and the particular discourse around their psychological safety as it relates to the genocide. It then explores how this process, and the subsequent erasure of Palestine, is upheld in Equality, Diversity and Inclusion (EDI) spaces and by people of colour. Finally, it asks: what does it mean for antisemitism when British mental health institutions distinguish Jewish staff and service users from other communities in the experience of the genocide?

Psychological Safety of Jews

Safety was a reoccurring theme across the interviews, revealing a clear tension in institutional perceptions of who deserves to feel safe. Previously, the danger participants felt in expressing their Palestine solidarity was highlighted. Here, we provide more nuance to this, insofar as their sense of unsafety is framed in direct opposition to — and predicated upon an ostensible need to protect the safety of — Jewish colleagues and services users. This contrast was most starkly experienced by, Lamia, a Muslim Arab psychologist:

A group of us had met with [a senior manager], and we were terrified. He had invited us all in to talk about Palestine, to hear our opinions and what was going on. Every time we spoke, there was a consistent reminder of our Jewish colleagues, a consistent "they don't feel safe." And it felt almost like what we were saying was antisemitic. And then, you know, we had to really work hard to highlight we are against Zionism, we are not anti-semitic. And even saying that it wasn't getting through to them.

This story of a senior manager attempting to "hear the opinions" of staff concerned with the genocide is illustrative, because it highlights two processes coinciding at once. First, there is an immediate inflection of the discussion around genocide to centre Jewish safety. Second, there is the corresponding insinuation that, because Palestinian solidarity and Jewish safety are framed as mutually exclusive, any discussion of the genocide may be perceived as antisemitic. The focus on Jewish safety thus forces the psychologist and her colleagues to assume a defensive posture; for every statement of Palestine solidarity, there is an equal demand to shield oneself from allegations of antisemitism.

54. Pappé, I. (2017). Ten Myths About Israel. Verso Books. 55. Plotkin-Amrami, G., & Brunner, J. (2015). Making up 'national trauma' in Israel: From collective identity to collective vulnerability. Social Studies of Science, 45(4), 525–545.

Similarly, a senior manager of a mental health trust in a diverse neighbourhood reprimanded, Tara, an Irish psychologist, for raising awareness around Palestine. The framing around the censorship is key:

What we wanted to do was have a vigil within the team, and also a fundraiser for medicine in Palestine. I really carefully constructed an email to my senior management, being really cautious how I framed what I said. I made sure I mentioned hostages, being really careful with my wording, and highlighting the number of deaths, the number of hospitals functioning, and the type of injuries that people are seeing. They didn't get back to me until just before the date. The clinical director — she's really nice — was like, "Oh, I really appreciate you emailing about this, but I'll need to check this out." Why does that need to be checked out? You know, it's a vigil for healthcare workers that have died. But then she took another week, and then I got this email from my service manager, really patronising, saying something like, "it's so lovely that you're so empathetic, but we can't allow this to take place in the workplace, because our buildings need to be an inclusive place for all." Then she said, "why don't you just do a fundraiser for Save the Children or Oxfam," you know, a more general charity. We'd also suggested we wanted to make a space for people to talk about [Palestine] but, yeah, it wasn't allowed because the building has to be "inclusive for everyone".

Like psychological safety, the psychologist explains how "inclusivity" was weaponised to centre the experiences of Jewish staff and service users. It is not unusual, as many staff and students have noted, to organise events for various events and catastrophes. However, a vigil for murdered Palestinian healthcare workers is refracted through a lens which foregrounds a Zionist framing of Jewish sensibility. In doing so, white leadership render Palestinian life secondary to Jewish sentiment. At the end of this section, we will return to the implications this has for antisemitism.

The discursive focus on Jewish colleagues and service users did not only use positive words like safety Maya, a white mental health nurse, detailed how "indirect bullying" formed the substance of the complaint against her:

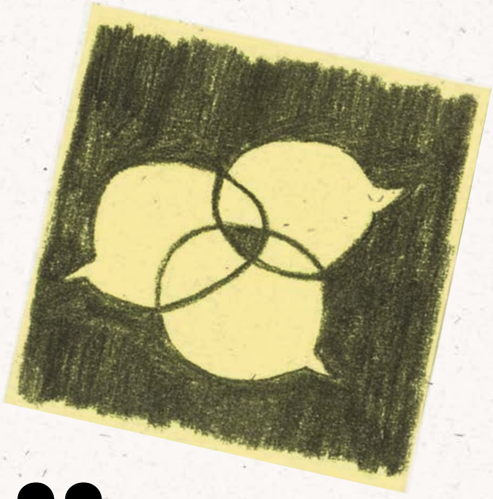
In the latest email I had, they said there's no bullying, but there's "indirect bullying." The report had not recommended disciplinary action. There were, however, issues raised that it viewed quite seriously. [The report said], "Another staff member did feel bullied and unsafe to come into work for reasons based on religion and identity as a result of this. [The nurse's] return to work needs to be managed carefully to ensure that she and others feel supported. [The nurse] was made aware of this." It feels like the investigation is over, but I feel like I'm also being kind of punished. They're like, "Oh, we have to manage you because of the grievance." And this whole thing about indirect bullying. I've Googled 'indirect bullying'; that's none of the things I've done, so I don't understand. If they're going to spread that around, what does it mean—when I talk about Palestinian lives and a genocide—that someone feels bullied because it threatens their

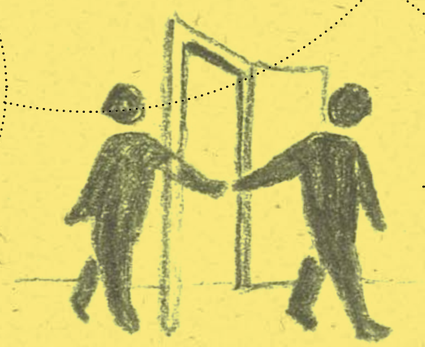
"Indirect bullying" is a manufactured concept. It does not appear in NHS guidance nor does it appear to be normatively used in workplace anti-bullying discourse. As such, when the nurse's report concluded no direct bullying had taken place—and therefore no disciplinary action was required—leadership appears to have conjured up "indirect bullying" to account for the Zionist staff member's grievance with Palestine solidarity. This reveals Zionism's influence on how antisemitism is understood within British mental health care: the explicit mention of Palestine, the genocide, or mobilisation against Israel, are all considered offences against Jewish colleagues. Likewise, Sundus, a Muslim Asian psychologist trainee, shared an instance when a Zionist student made a complaint. The focus here is the framing of the Zionist student's experience:

I remember, and this already felt quite brave for me [in our reflective space], I said, "I think it's really important we question when the word conflict is used. Is it really a conflict? Who is it a conflict for and who gets to name it a conflict?" And because of that, my tutor [later] shared with me that a Zionist in our cohort sent an email, because all they did was respond to me saying "I think that's a really good point." The Zionist told them, "I find you really oppressive, and I think you were being really oppressive towards me in teaching." They then had a follow up chat. So to me, that was the direct blowback—we're barely even naming [the genocide].

The significant point in this excerpt is not the entitled appeal to a disciplinary mechanism by the Zionist in this story, but the framing of safety underlying it. The Zionist felt "oppressed" because the student—and subsequently the tutor—raised into question the liberal Zionist framing of the so-called Israeli-Palestinian 'conflict.' As above, it is the political Zionist framing of Jewish safety that is crystallised in these moments. Ultimately, when legitimised in liberal mental health care, this Zionist framing inevitably results in Palestinian erasure.

> "I think it's really important we question when the word conflict is used. Is it really a conflict? Who is it a conflict for and who gets to name it a conflict?"





“I’M SURE HE’S PERCEIVING YOU AS AN ANTISEMITE.”

The final case study involves Charlotte, the psychologist of Central European origin, and her Jewish patient whose clinical engagement appeared precarious to her colleagues. Her case revealed how Zionism informs the racial politics of the clinical space, illustrating how Zionism may reduce all matters of Jewish clinical engagement to psychological safety. The following incident occurred months before the psychologist expressed any Palestine solidarity; at a time when she still perceived the case meeting space as safe:

We had a complex case meeting, and I brought the case of a Jewish adult. […] When I finished presenting my complex case, the [Zionist Jewish clinical head] jumped in and said, “Well, I’m sure he’s perceiving you as an antisemite.” My surname was suddenly, randomly and incorrectly racialised as Iranian. I didn’t say anything. And then other people started talking. Then a second, another Zionist Jewish person came in and said similar things. Then a third, a Black lady incidentally, followed suit. So immediately, my heart starts racing, because this is the worst thing anybody can call me. And then my name starts taking center stage. They were projecting everything they could onto my name, which wasn’t even what they were suggesting it was.

So I told them, “I find it really interesting that you’re saying this, and I’m a bit confused as to what clinical information you’re basing this on, because the client is coming to every single appointment 10 minutes early, like clockwork, so he’s validating his time with me. The client missed one session, but he let me know beforehand. He valued and wanted to be there. And immediately, all the Zionist clinical head did was take it back, “No, no. It must be his perception.”

And I said, “But you weren’t in the room. I’ve given you the clinical information. What are you basing this on?”

“I think it’s perfectly valid as a question,” she said. “Do you think he’s perceiving you as antisemitic? Is the client afraid? Is there something stopping him from progressing?” Yeah, there was something stopping him from progressing, but it’s not antisemitism. [The psychologist broadly explained the personal challenges the service user was undergoing.]

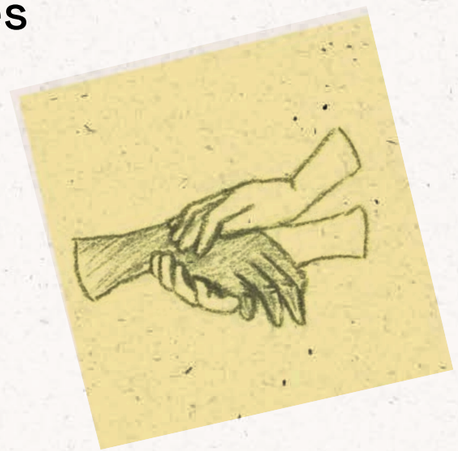
I left it at that. The client actually came back and asked to have some cognitive-behavioural therapy with me, the same client they said perceived me as an antisemite. Yeah, I got real pleasure from her knowing that he’d come back and specifically ask for his antisemitic therapist. I should mention my supervisor was in that session. She got flustered and tried to help me out. And the best thing she could do was say, “Oh, well, I find it really interesting how, after the Second World War, Jews would choose Germans as their therapists.”

And I’m thinking, “What are you saying?”

This story raises several interconnected themes related to Zionism and psychological safety. The first is the psychologist’s surname and its potential (but false) association with Iran, framed as a cause of perceived antisemitism and lack of clinical engagement. This is directly informed by Zionist framings of Muslims and Iranians. Yet the lack of clinical engagement was a fabrication. The two Zionists—and the Black team members—assumed a Zionist racialisation of the Jewish service user, framing them immediately as unsafe as a function of the psychologist’s alleged antisemitism. The Zionist framing here relied on nothing else than her name and her vocal support for Palestine to affirm this conclusion. Therefore, despite the psychologist’s constant attempts to prove otherwise, the Zionists believed the clinical relationship must necessarily be compromised. Even the supervisor, in a superficial attempt to support the psychologist, affirmed her possible antisemitism by arguing that Jews sought psychological care from Germans following the Holocaust. As we can see, Zionist discourse cannot but frame anti-Zionism, and therefore the psychologist, as antisemitic, thereby concluding the Jewish service user was unsafe. Anti-Zionism and Jewish safety are therefore positioned as two sides of the same coin.

The fact a person of colour joined the bandwagon to accuse the psychologist of antisemitism is also significant. The final section of this chapter will discuss how Palestine solidarity is managed in supposedly anti-racist spaces, by people of colour, and how this speaks to the racial politics of British mental health care.

Equality, Diversity and Inclusion and Anti-Racist Spaces



It is erroneous to centre white people or the Jewish community when discussing the racial politics of British mental health care or the wider structures of white supremacy aligned with Zionism. Existing racial formations are legitimised by all within liberal institutions, including people of colour. 'Anti-racism' which gives primacy to Jewish sentiment — especially insofar as the Zionist project is concerned — is not principled anti-racism but allosemitism, which as the report's introduction explained, encompasses the othering of Jews (both negative and positive). The issue is structural — not individual. The issues presented by the liberal acceptability of Zionism are ever-present, including self-declared anti-racist initiatives and spaces which champion Equality, Diversity and Inclusion (EDI). These spaces can also, then, serve to uphold the erasure of Palestine and the supremacy of Jewish psychological safety. Indeed, this emerged frequently in interviews.

Jonathan, a white mental health nurse of Jewish heritage, shared his feelings of betrayal by people of colour who frequently mobilise on anti-racism but actively dismiss Palestine in their work:

[Our mental health trust] was going to be 'number one in anti-racism'. Like, that's not how it works — it just sounds like a marketing thing, to be honest. Loads of people involved are part of the global majority, leading the anti-racism charge on white British people. What frustrated me was when I came to them to say,

> "Can we talk about Palestine? Can we talk about the genocide? Can we talk about anti-Muslim racism? Can we talk about anti-Arab racism?" they just stone-walled.

They just don't care at all. Or, it's like "yeah, that sounds great." And then they just ignored me. The worst one I got was from the woman leading all of this anti-racism practice. […] She emailed me back, saying, "I don't really know about that. I'm not really political." And I was like, you're the fucking lead for anti-racism and you're a clinical psychologist; read a fucking book, if you can read the difficult concepts to become a clinical psychologist. And it was the worst email to get, because it led me to feeling like these people are useless, pathetic. Which, as a white British person, you're holding that but also you're thinking how difficult it's already been for them to get to that position, to be a Black woman, to be a clinical psychologist in the NHS. It's hard work. It doesn't take away from the fact that they also need to tackle the anti-Black racism that's intrinsic in the NHS. But, I don't know — there's something there. I don't know how to describe it. It just felt like such a pathetic answer, you know?

The incident Jonathan is describing bridges the previous discussion about the location of politics in British mental health care with the current discussion on racism. It is significant that the erasure of Palestine is not only racist, but in fact its racism is mapped onto existing anti-racist frameworks. As the nurse notes, there is an indescribable tension that is difficult to put into words. On the one hand, it is clear people of colour struggled immensely to reach positions of power and to maintain an anti-racist position. On the other, erasing Palestine with a liberal posturing of being "apolitical" is a clear betrayal of everything anti-racism stands for. As a white nurse, articulating this tension is difficult, yet it remains nonetheless salient coming from a lead for anti-racism in a mental health trust with a strong anti-racist ethos.

In another instance, Saia, a Muslim psychologist, shared an awkward discussion with their Black and Minority Ethnic (BAME) lead at the mental health trust.

I met with the BAME lead, and I think initially I was hopeful she might be able to do something. But in retrospect, looking back at the meeting we had, it almost felt like...it was just really bizarre. Initially, it felt like she was quite sympathetic towards Palestinians and what was happening. But then she made a comment. She was like, "Oh, but you know, they're saying that Hamas is this terrorist organisation." I'm thinking, hmm. And then waited to see what I'd respond with. And I was like, how did she expect me to respond to that? And I found it really weird. And then later, when I thought about it, was she almost trying to, like, catch me out? She was asking, "What do your Jewish friends think about it?" She was trying to work out if I had Jewish friends or not.

This story raises many of the themes discussed previously: the mention of Hamas, the securitisation of Palestine solidarity, the concern for Jewish feeling above all else. This time it was coming from the BAME lead, who was ostensibly responsible for issues pertaining to racialised minorities. The psychologist left the conversation feeling interrogated. Both frames — of terrorism and of Jewish safety in the context of Palestine solidarity — are Zionist. These further highlight how people of colour in anti-racist positions maintain the liberal legitimacy of Zionist politics in British mental health care. This dynamic also points to philosemitism, the shadow of antisemitism, at play. Philosemitism does not uphold anti-racist values. Rather, it maintains the racialisation of the Jewish community as unique (allosemitism).

Similarly, Tara, the Irish clinical psychologist, speaks of a clinical director who promoted BLM and anti-racist spaces—but says Palestine does not belong in them:

I think about the Black Lives Matter movement. You know, it actually led to the creation of working groups—how do we ensure we're inclusive? It was integrated into our work. I feel like the Black Lives Matter movement was something everyone wanted to be a part of. From the NHS, there were working groups that were set up, anti-racist this, anti-racist that. In fact, a clinical director told me I couldn't do [Palestine] in that working group. It was like the opposite of anything I've heard of anti-racism.

Above, there is a clear impulse in mental health to de-radicalise anti-racism from its political roots. This dilution of anti-racism is also present in the story recounted by a Palestinian psychiatrist trainee, Salma, who wanted to give a presentation on decolonising mental health:

We were in a meeting, and we were discussing a slot to give a presentation. I said, "I can use that slot and talk about decolonizing mental health". One of the consultants is British Indian. She went on a rant — it was very weird. Everyone in the room was silent, which was another layer of disappointment. I think we were six or seven people in the room. She was saying, "What does decolonising mental health mean?' I feel like I see that word all the time as a buzzword. What does decolonising mean?" Then she ended up saying something like, "there are benefits to colonisation. Does anyone ever talk about that?" Yeah, it was bad — I was really shocked. I mean, it was even more disappointing that she wasn't white.

And I did reply that I was shocked, and I could see the other consultant was pretty shocked as well. I had a feeling he did maybe say something to her [later], because she later came and indirectly apologised, saying, "Actually, I was thinking about it. Maybe you should do that talk in that slot."

Regardless of this consultant's intent, the argument for "the benefits of colonisation" is a discourse rooted not only British imperial nostalgia, but also one which justifies the contemporary, ongoing Zionist settler-colonial project in Palestine. That this was said in the post-October 7th context, to a Palestinian, displays clearly that people of colour sometimes play a part in maintaining the racist structures and logics of white supremacy.

Conclusion

What does it mean for British mental health care institutions to legitimise Zionist logics? By adopting the Zionist framing and giving primacy to Jewish feelings, the Jewish community is racialised as exceptional. Indeed, exceptionality becomes a significant feature in the process of racialising Jews as a monolith, maintaining the allosemitism which can easily flip from philosemitism to antisemitism. This further essentialises the Jewish community and erases, for example, anti-Zionist Jewish movements.

More importantly, this process demonstrates how Zionism in fact legitimises existing racist logics of hierarchy, even if ironically it is done in the name of safety and anti-racism or EDI and sometimes involves people of colour. The liberal legitimacy afforded to Zionism thus maintains the racial politics of British mental health care. In doing so, it renders Muslims, Arabs and Palestinians unsafe.

If the suppression of Palestinian solidarity is coded upon existing racial logics, a number of questions arise. How do we make sense of white people being disciplined for expressing solidarity with Palestine? What does it mean for institutional racism when liberal mental health institutions —and majority white leadership—frame Jewish staff, students and service users as particularly vulnerable to themention of the Gazan genocide? What does it mean for our liberal mental health institutions to legitimise Zionism for Muslims, Arabs and Palestinians? These questions, and more, are the subject of this section.

3

Mental Health Care is not **SAFE**

I'm in a seminar I paid money for. Two Zionists were speaking for 40 minutes, talking about Israel. One of the Israelis says something about terrorists, *"not even animals behave like that."* No reaction from anyone. I felt like I really can't say anything. And they persisted to bring this topic to the group.

One day, my mom contacted me,

"They've killed my dad's cousin's two little girls."

It affected me—we've got the same surname. I started to share with the group.

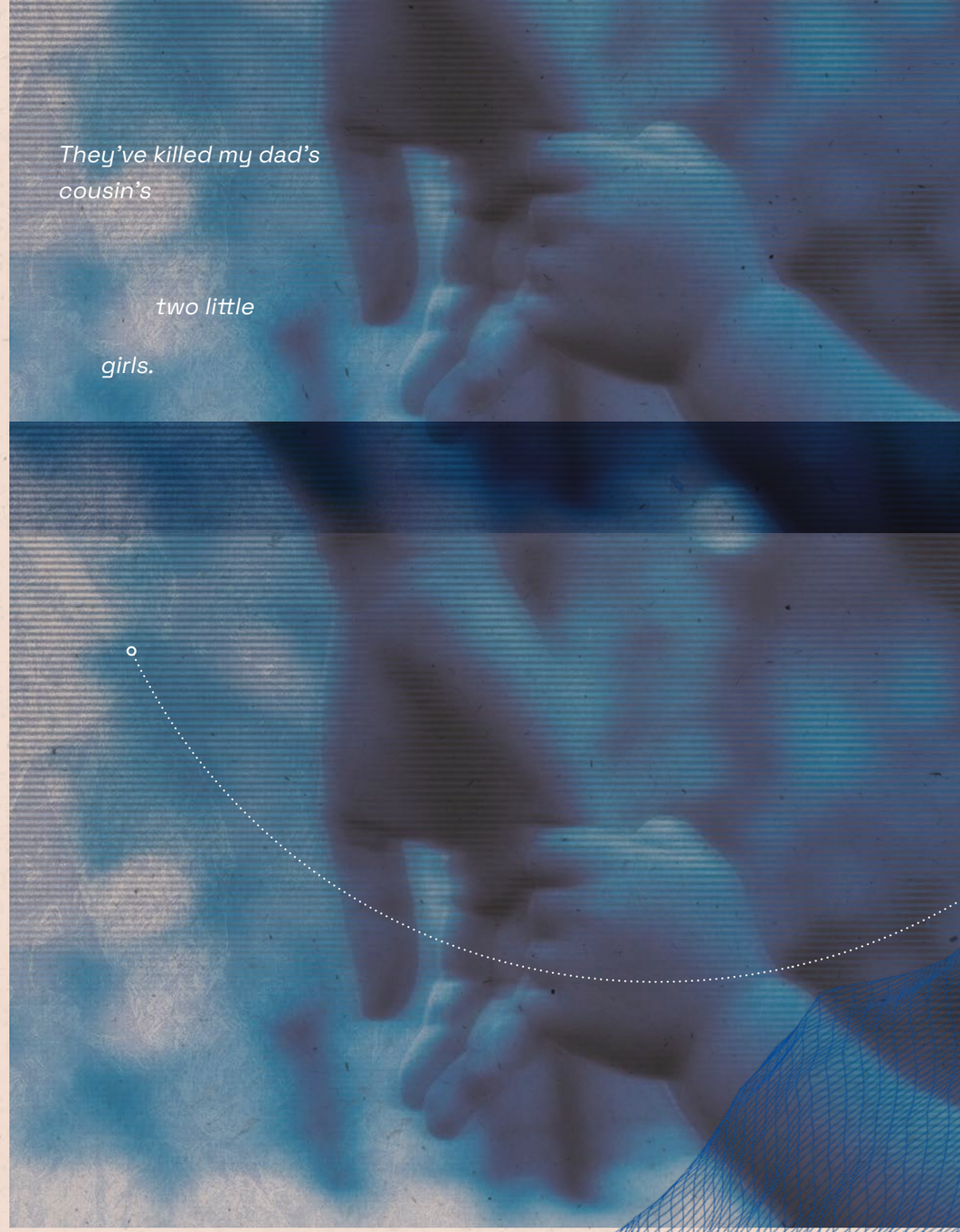
Actually, we've had two deaths in the family, two little girls."

And that is when the two Israelis started to verbally attack me.

"So sorry, this has happened. But why didn't they get out the house? Because the military warns people. We don't actively kill people."

One of them had said to me, I don't even understand why Palestinians live there. There's so many other Arab countries. So, she was expressing a view in favour of ethnic cleansing. After I shared what happened in my family she said, *"there's this many hostages from my town."* She didn't know a single one of them.

I think it just completely derailed these two women. They just went on the attack. It got so bad.



Having shown how Zionism contributes to the erasure of Palestine in British mental health care and identified how this erasure is legitimised based on racial formations which securitise Muslims, Arabs and Palestinians, it should come as little surprise that claims of safety within such spaces are questionable. This section explores how any space of healing which legitimises Zionism is unsafe for everyone but those aligned with the Zionist project. It begins with experiences of Palestinians and Lebanese health workers who were directly abused by Zionists in British mental health settings, being denied their familial and historical relationship to Palestine. It then explores how Zionism impacts the safety of service users and those in distress. Finally, it exposes the impact on professionals, students and healers, and their ability to practice ethically and authentically.

The section ends by underscoring the deep sense of betrayal these impacted workers feel towards professional and regulatory bodies and affirms the significance of trust and safety in spaces of healing.

Palestinian and Lebanese Experiences

Palestinian and Lebanese people working in mental health care share a particular history and familial relations in regions occupied by Zionist forces. While they may still self-censor — and we have seen instances of this — their personal and family histories remain deeply entangled with lands occupied by Zionists. As such, by virtue of belonging to colonised peoples, their existence and history pose a concern to the Zionist colonial project, wherever they are.

Four participants were of Lebanese or Palestinian origins (with one participant related to a Palestinian). They shared stories which spoke directly to the magnitude of their experiences of violence. Two of those participants have already been introduced. The report began with the first story. It followed Dina, a Lebanese trainee psychotherapist who, after having had warm relations with a liberal Zionist therapist for over a year, was suddenly met with violence at the mention of pro-Palestinian protests. The therapist warned her not to support Hamas which, as we established in the last chapter, is experienced as a material threat given how Arabs/Muslims are racialised within counter-terrorism discourse. It is worth noting that Dina's family comes from the South, an area that has long suffered attacks by Israel directly. As such, the Zionist therapist's threats did not occur in isolation. Rather, it follows a historical trajectory across time and space, from the south of Lebanon to the therapy room in Britain. The permission the Global North offers Zionists to attack other nations in the name of national security — in this case, on southern Lebanon— reflects their same impunity to draw on counter-terrorism discourse to repress solidarity in the therapy room. As mentioned, Dina disassociated in that instance. She exited the room to have a panic attack outside, away from the therapist.

The second example is that of Reem, the Palestinian art therapist trainee introduced in the beginning of this chapter. Reem offers another glaring example of what it may look like for a Palestinian to share a space with Zionists. The harm began before she spoke a word; she is white-passing so people may not question her background. The two Zionist students dominated the conversation. They lamented October 7th and Israel's circumstances more broadly. The fact they have family members in the Israeli Defence Force, who may be stationed in Gaza, was also noteworthy. When Reem chose to speak, it was not with the intention to silence the Zionists. Nor was it to express solidarity with Palestinians or even concern about the genocide, as most other participants would. Rather, Reem wanted to share a personal experience the others were unaware of: Israel had recently murdered her two cousins in Gaza. They were young children. The Israelis' reactions were astounding. They questioned why Reem's family did not leave the area before they were killed. Embodying the settler-colonial spirit, they wondered why Palestinians choose to remain in their land at all.

There was noteworthy moment of depoliticisation in Reem's story. A course leader offered her psycho-active medication, because of the impact of the genocide and following the emotional abuse of her Zionist colleagues.

And I thought [Israel has] completely cut communication. They're going to absolutely kill everyone and get away with it. And I had a panic attack. But I think the panic attack was also brought on because I was in a space with these women that attacked me. The course leader turned to me and said, Do you want to take a Valium? She offered me a Valium, and the other one offered me an antidepressant. But I just thought, an antidepressant is a prescription drug that you take daily, so you don't just give one tablet to someone.

> **But I remember that actually heightened my rage. They're fucking trying to silence me by drugging me.**

As incredible as this incident is, the point here is the nature of this interaction. The course leader may have meant well. But it speaks to Malcolm X's distinction between wolves and foxes. It is racism with a smile, one that is attuned to the emotions of the victim but wilfully dismissing the source of violence. Instead the problem was individualised as her emotional reaction, rather than the genocide itself.

For all four participants, the acceptability of Palestine's erasure significantly impacted their trust and safety in mental health institutions. Mazen, an Arab psychologist with relatives in Gaza, shared his sense of betrayal providing mental health support in a British setting:

To feel personally demonised in a country where you've devoted your life to support the inhabitants, to help them overcome some of those horrible experiences they've gone through. And [...] at the same time, I'm also having t experiences that I absolutely cannot speak about. One of them is that I personally lost 25 members of my family who are living in [Gaza]. Well, I say lost. We don't know because we haven't heard from them; that's how the occupation works, we will probably never know. But considering [location in Gaza] is now completely wiped out and has been used as an Israeli base and everything, it's safe to assume.

Losing 25 members of one's family is extraordinary. However, Mazen's focus was not the grief — though significant — but the legitimacy afforded to Zionist framings of counter-terrorism and the wider suppression of Palestine solidarity in British mental health. His main issue was the oppressive racial politics in British mental health institutions which legitimised Zionism. This explained his experience of betrayal after having "devoted [his life] to support [Britain's] inhabitants." The erasure of the Palestinian experience is further compounded for service users. A Muslim, Asian clinical psychologist, Khadijah, explained how her team avoided the significance of the genocide during clinical discussions regarding a Palestinian family:

We have a very small treatment caseload, so we all know who each other is working with. And one of the families is a family who are very deeply connected to Palestine. And when I learned about that, I found it so incredibly strange that it had not featured in our case discussions and reflective practice, which is designed to talk about complex cases. We were talking about them struggling to engage, and maybe these conversations happen in supervision for the people who are doing this work, you know, I'll give them the benefit of the doubt, but I feel like it was really important for us to be having this discussion as a team, because this is just one family. There will be many, I'm sure.

The Palestinian family's lack of engagement with the clinical team featured prominently in this participant's wider experience of erasure. Notably, leadership had also interrogated Khadijah for wearing a Free Palestine badge on her lanyard, concerned that it might impact Jewish service users. Leadership thus erased Palestine from the practitioner (removal of badge) and practice (dismissal of its clinical relevance) simultaneously.

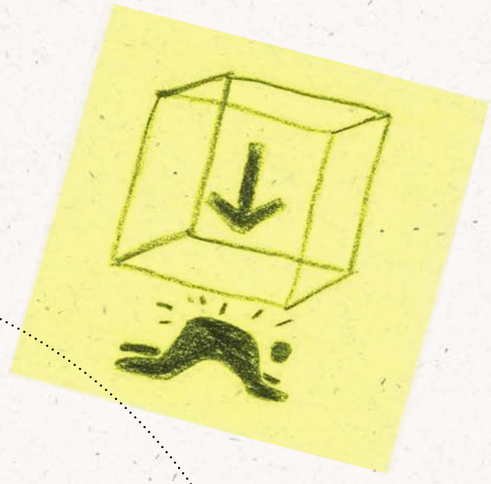
Salma, a Palestinian psychiatrist trainee, shared how uncomfortable she felt working with an Israeli patient. She related this discomfort with her Jewish supervisor with whom she had a good relationship and had discussed Palestine in the past — including the genocide. When the Israeli patient appeared, the supervisor validated her anxiety but reminded her what mental health work is about.

[My supervisor said], you're anxious, but you don't know where he stands. I was like, "Yeah, but that's part of the anxiety." Then [my supervisor] was like, "Well, he lives here, not there [in Israel]." Then he said I need to explore all the different possibilities. And he said something about how doctors need to treat [all] people. This really played on my mind for a while; treating people irrespective of wherever they are from. That was a really, really hard one.

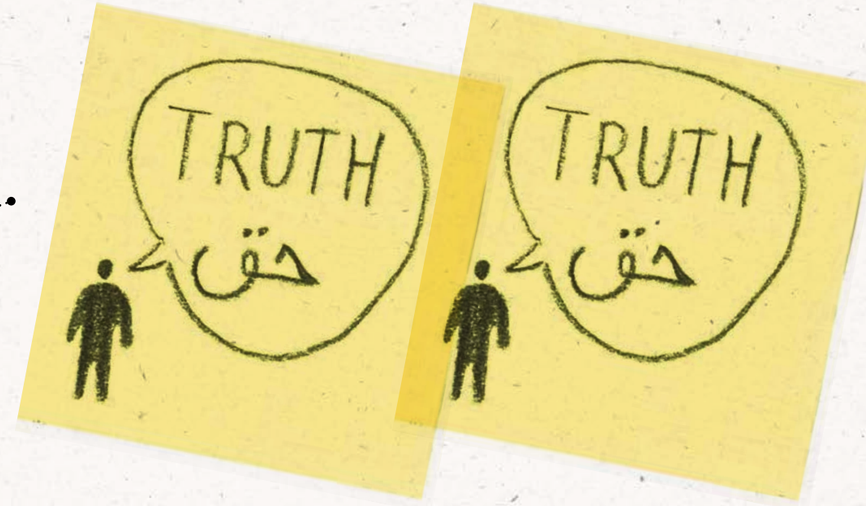
Many themes surface in this short extract: how power dynamics between supervisor and trainee map onto existing racial formations; the alleged depoliticised role of health professionals, especially in colonial contexts; and ethical distress, as in, to be tasked with a health intervention that goes against one's system of values. Despite her supervisor's encouragement, Salma remained apprehensive. She noted how her supervisor's support—this safety net—was completely up to chance. She admitted a fear a Zionist may soon wield power over her progression in the future, dictating how to behave and feel around Israeli patients who uphold colonial relations. As such, her anxiety is institutional—not the individual. It is not only about supervisors and patients, but the racial politics of erasure permitted in British mental health care. If Zionism is allowed to freely erase Palestinian lives, expressions and solidarity, Salma will never feel truly safe.

In all the cases above, it is not the statements — outright expressions of Palestinian erasure — that are the focus. Rather, it is the glaring lack of accountability around Zionism in mental health care. Palestinian erasure remains unaccounted and legitimised; liberal anti-racist policies and trainings dismiss the racial politics sanctioned by Zionism. Indeed, in all the cases mentioned, it was inconsequential for Zionists to threaten others who raise concern with the genocide. The liberal Zionist therapist who abused the Lebanese trainee simply continues their work with Muslim supervisees; the art therapist students go on to receive their degrees. The violence of erasure crosses boundaries, from Gaza to the British therapy room.

If Zionism is allowed to freely erase Palestinian lives, expressions and solidarity, Salma will never feel truly safe.



Implications for practitioners



While Palestinians are particularly unsafe in liberal mental health settings, Palestinian erasure is not only a Palestinian issue. Rather, Palestinian erasure is mapped unto existing racial formations. This affects everyone in public institutions, including practitioners. As Part 1 explained, practitioners do not feel safe to speak of Palestine. The experience of censorship is compounded by the private turmoil bearing witness to a genocide. Participants shared intimate moments of crying secretly behind closed doors and re-evaluating work friendships they held dear. Such moments are snapshots of the impact the genocide has on their ability to work with those in need. By legitimising counter-terrorism and Zionism, British mental health care is unsafe for everyone. Practitioners shared numerous examples of how difficult it has been to manage work alongside a genocide. These are not idiosyncratic, but a common experience shared across participants.

To set the stage, Victoria, a white senior clinical psychologist, reflected on what ignoring Palestine has meant for practitioners in a service with an above-average number of Muslim staff.

And I think more broadly, as I'm in a leadership position, what I have felt quite strongly is an absolute gaping hole at a leadership level from other managers and then my seniors in being able to hold any type of conversation around [Palestine]. I think that that really speaks to a huge gap in learning and understanding, but also, I believe fundamentally different world views on what is happening. Any discussions around Palestine and how people are feeling, and even the use of the term genocide, has been completely shut down. And anybody who tries to name it or speak up or use this particular language, which I deem to be completely appropriate language, has either been problematised or censored and and therefore, relationally, it feels very difficult, right? For me, this has fuelled suspicion amongst people. People in the team exist within this sphere already, and the ability for staff to feel they can sustain themselves in these conversations while supporting families that are experiencing harm whilst they're experiencing harm as employees within the system — there's just no emotional or psychological reserve to enter into these conversations. And then those in positions of power authority, who tend to be white British people by default, because of how our systems work either don't feel that the conversations are applicable to them, or they don't have the language to have it, or there's just a complete disinterest. I've come to the conclusion as to where my senior leadership sit, not only on their position on Palestine, but their relationship more broadly, to Black and Brown people and to Muslims. There is no relational safety; it feels incredibly volatile. There is no trust.

The senior psychologist shares a birds-eye view of both cause and effect of Palestinian erasure. She blames a glaring clash of worldviews, understood as a Western-Zionist viewpoint on the one hand, and a global majority on the other. But moreover, the psychologist affirms how challenging it has been for staff to sustain themselves during this genocide, bearing witness to harm abroad and experiencing harm themselves. White leadership, she observes, does not seem to care. This reflects a wider trend of disregard for people of colour in general and Muslims in particular.

Sania, an Asian, Muslim psychiatrist, related how the NHS's continuation of the UK government's messaging on Palestine has created resentment amongst its staff:

This situation seemed surreal after a year of continuous escalation. However, there was also significant anger about the government's stance, which included statements of support for Israel and the denial of responsibility for the horrific videos. People felt that nothing could be worse, but the news continued to report on Israeli flags flying from government buildings and politicians expressing support for Israel's right to defend itself. The NHS's response was particularly bizarre. They present themselves as politically neutral but sent out emails that contradicted this image. This anger and frustration stemmed from the stark contrast between the government's response and the public's feelings. [...] I just want a group of people where we can just talk and not feel like we're talking in code. We can sit there and I can say to [management], I feel so angry at seeing what's happening in Palestine. I wish I could stop it and not feel like I'm being policed or monitored. I know that if I got an email saying, you know, "there's been a lot of anxiety for people who've seen this genocide happening, would anybody like to have a group where they can talk about it?" I would jump on that. But I can't imagine my organization would be open to that. I think I'd learnt my lesson [from receiving an unfavourable email from management previously]. I'm not going to meddle with managers. I'm not going to ask permission from managers. I'm just going to talk about it and if someone has a problem with it, we'll get to that.

Sania's reflections reveal how her relationships with management have been disrupted. She neither trusts them nor the institution where she works. She yearns for a space where the genocide could be named; to no longer speak in code. However, it is important to underline how this request for a 'safe space' is a direct reaction to the danger of speaking out for

Palestine. She is not the only one to articulate this request. It is unclear if any space in mainstream mental health institutions would truly be 'safe'.

Similarly, Kareem, a young Muslim and Asian therapist, explained how difficult it has been to work during a genocide:

It's impacted me immensely in every sort of way, a really strong range of negative emotions and impacting my sleep. I've been trying to be balanced about how often I engage with such content [on social media]. And then I worry that I might inadvertently contribute to these issues by working in mental health. I thought about my 18-month-old daughter, who I love and enjoy spending time with, but who also reflects to me the suffering of children in Palestine. It's a real issue, and it's impacted me deeply. It's the most political theme that has affected me in such a way, except for post-9/11 and being a young man in school, having to manage relationships and how I'm viewed with the potential to get [referred to] Prevent. You know, I've shed a tear, I don't mind sharing that. And, yeah, it's been horrible, to say the least. Just mentally difficult.

Likewise, Aminah, a Muslim, Asian clinical psychologist, described the impact the genocide had on both work and therapeutic relationships:

People were talking about cats, dogs, and the weather, which made me uncomfortable. I wondered if everyone had seen the news. I felt isolated and alone, and I wondered if I was the only one who found it difficult to focus on work. Even just hearing conversations about the weekend, people's activities, and the weather made me feel angry and irritable. Sometimes, before therapy sessions or family work, I'd pick up my phone and see disturbing images on Instagram; dead bodies, babies being torn apart. I'd have only 30 seconds to see these images, process them, and then return to my next session. Sometimes, I'd burst into tears because of what I'd seen. I'd have to come into sessions 10 minutes late because I had to take a break, but it was hard because I didn't have anyone to talk to. I had to process my feelings alone In sessions, I'd tune out, not be present, not be mindful, not listening to what was being said. This was terrible because my job is to listen and support people with emotional difficulties. I wasn't doing that well because I felt like I wasn't in a space where I could do it well. Lots of people were experiencing this: not having anywhere to go and voice it. Because they don't know how somebody's going to take it. People had to kind of almost whisper in corridors [about Palestine] because they were afraid of being overheard.

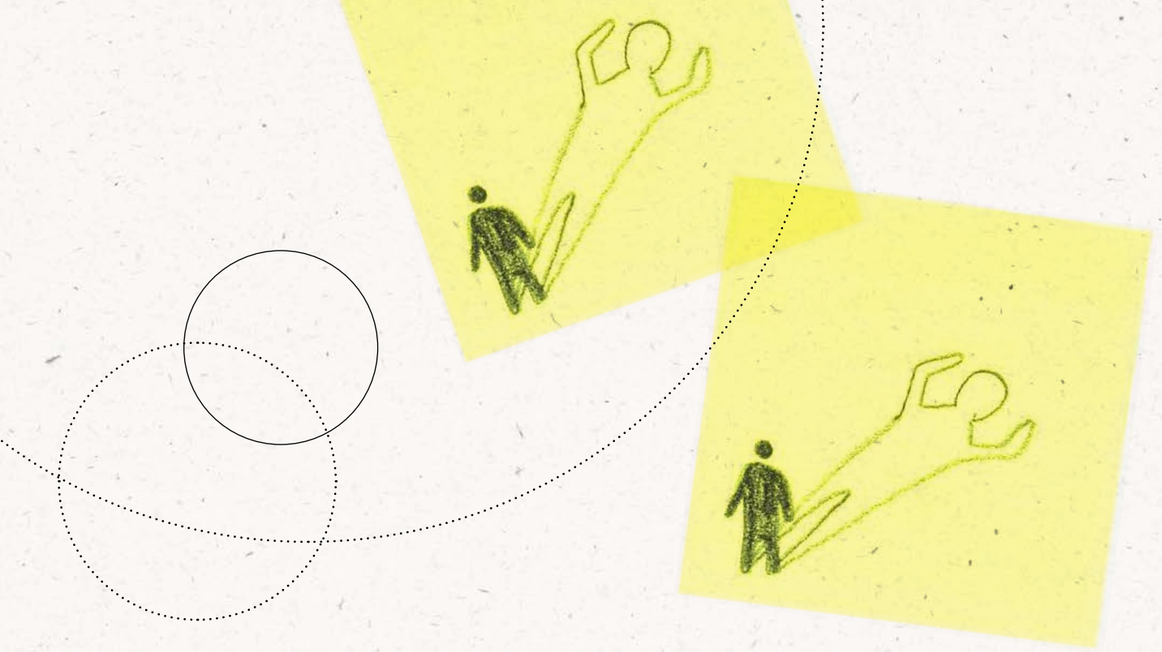
Aminah foregrounds how deeply the genocide has impacted them. At the same time, it would be remiss to ignore how institutional erasure burdens individual practitioners to hold the weight of witnessing a genocide without support. It is not only about leaving practitioners in precarious situations to process their feelings of the genocide in their own time and space; it is the exhaustion of having to hide these feelings from others as well.

The idea of a safe, reflective space to discuss Palestine surfaced across many participants. Some, however, had such experiences. Shamima, an Asian Muslim woman and assistant psychologist, explained how a reflective space was set up to discuss politics, though it made staff uncomfortable. Notably, this trust services a sizeable Muslim population:

When we had our reflective practice group, I initially thought I wouldn't talk about Palestine. I wanted to hear from everyone else.The first half hour was spent skirting around the topic, talking about unrelated subjects. For instance, someone mentioned how it was during the Blitz in Britain. I could understand when he was trying to relate it to the current situation, but I felt we weren't discussing Palestine. The team manager was upset because two nurses had previously expressed their opposition to discussing [Palestine] in the morning meeting, citing its political nature and its lack of relevance to their work. The facilitator wanted us to discuss the issue; He asked if anyone had clients who were discussing it. Many people said many of their clients weren't talking about it with them. Many of our clients are Muslim. The facilitator asked what needs to change to make clients feel comfortable talking about sensitive topics. Someone suggested discussing it as a team to foster a comfortable environment for clients. However, [the] nurses expressed discomfort with political discussions, though they had poppies in their email signatures or on their work attire. I ended up rambling on about my experiences, causing the room to fall silent. I said when I discussed Palestine with someone, they initially suggested that millions could be dying; it's only been thousands, so could've been worse. Some were shocked and expressed disbelief that a team member had said such things. I told them I understand why Muslim clients don't feel uncomfortable discussing this with us.

There are several interrelated themes in this extract worth noting: the anxiety of bringing up Palestine in a space dedicated for it; and the way personal experiences of erasure — "it's only been thousands" — feeds this anxiety further. Each of these themes can be traced back to the legitimacy afforded to Zionism in spaces of healing. Shamima, navigating all these themes at once, says she understands why Muslim patients don't feel like they can bring Palestine to their service. She understands because she experienced the anxiety in the here and now.

It is one thing to witness a live genocide — it's another to not acknowledge it at all. Practitioners felt that they were not given any capacity or space to navigate the genocide, let alone the normalisation of racial politics legitimised by Zionism. They felt helpless and hopeless; an experience of suffocation which transcends the location of Gaza proper, experienced across the globe while the Global North remains complicit.



Implications for patients

One of the most significant observations made in this research involved the implications of Palestinian erasure for those in need of healing. To set the stage for this conversation, we will begin with the reflections of Sadia, an Asian Muslim psychotherapist, who works in a third-sector mental health organisation. This organisation is not bound by policies like Prevent and serves a sizeable Muslim population:

There is never a conversation [where Palestine is not mentioned]. [Clients] are often comparing, "well my issues are not are they worthy to talk about, because we have this genocide going. I need to be feeling compassionate and fortunate that I am here." Most of the clients I speak to, and supervisees, they feel so down about it — really upset. They feel their issues are not really worth talking about. So I have to keep bringing them back, saying, "Look, the genocide is going on, but this is also going on for you right now, and that's what you're here for." So, [I have to] just really bring them back to focus. And it can be quite hard sometimes, because all the thinking is about Gaza, what's going on there, especially for those that have children of the same ages, especially around grief and loss. We've had lots of clients who lost family members, and some have come closer to Allah and to their faith, which is not a bad thing. It's not that you're forgetting your family member, your husband, your wife or your child that's died; it's not to forget you also have a voice. You are also allowed to have feelings about what's going on right now. They tell me, "Oh, I went to the march on Saturday in central London." The room is full of energy and deep sadness. But on another side, there's a lot of happiness too. So, it is very hard to manage right now, for lots of clients, seeing what they're seeing, feeling how they're feeling.

The Muslim psychotherapist articulates how central Palestine has become for clients. There are many factors which play a role in why a racialised Muslim attends to a third sector organisation, as opposed to the NHS. These range from the cause of concern (i.e. grief), therapeutic approach (i.e. Islamic psychology), costs (i.e. third sector may not always be free) and security (i.e. no Prevent policy). Yet, despite the differences to government-funded healthcare, Palestine's relevance to therapy remains starkly present — when it is safe enough to surface. Themes of grief, politics and faith permeate the space *given* the genocide. Such themes are otherwise suppressed in public settings.

Lamia, an Arab Muslim psychologist, shared her thoughts on management's erasure of Palestine within the NHS, and what this meant for patients.

And I think I ended up having some really difficult conversations with management. It feels heavy because you are the one having the conversations, no one else is doing it. So I've had to, like, really push and say, "Well, did you know how many clients have come into the service talking about Palestine? Because I've had several families coming in tears, and we are working with a community where [many Muslims are impacted by other events]. You do realise that many of these people are going to be impacted by Palestine? There's a huge correlation between the way they think of injustices. You can't disconnect that. We need to as a service talk about Palestine, because our clients need us to, and many of our colleagues are not doing that.

Lamia later noted an impulse in the trust to forward all patients with "Muslim" and "Palestine" issues to Muslim staff.

> "And we [Muslims] just get all the clients. We hold all of that. And so all the white therapists are like, "Oh, well, you know, they're talking about Palestine, give it to the Muslim therapist." No, you should be dealing with this. It's just really frustrating how, as Muslim therapists, or as people who can talk about Palestine, you get tasked with being *that* person. And that shouldn't be the case. We should all be able to talk about it."

There is no contradiction in Lamia's reflections: though leadership erased Palestine's significance on an institutional level, they tacitly referred Palestine-related issues to Muslim staff on an individual one. Indeed, the muted, ad hoc strategy of referring Palestine-centric patients to Muslim staff affirmed Palestine's institutional erasure. Similarly, Victoria, a white senior clinical psychologist, reflects on what ignoring Palestine has meant for staff and patients.

On a daily basis we're supporting children and families who are going to be affected by this, either because they're seeing people — children are on social media, seeing other children that might look like them, while this extreme violence takes place. I'm in one meeting, and they're saying, "Oh, this image of this youth violence attack in London was circulated last week, and we're worried about the harm this is causing." But on the other hand, we're not going to be talking about a genocide unfolding before our eyes, thinking about the impact of that on the people that we're supporting, but also on our staff workforce. There's this multi-layered mass trauma taking place, and we're not acknowledging that people are impacted by it.

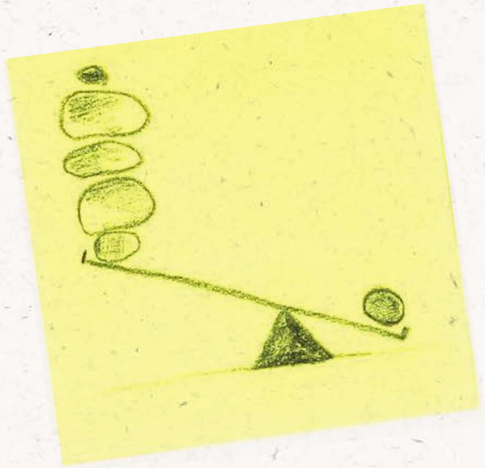
The senior psychologist above reflects on the institutional erasure of Palestine and what that means for patients. In particular, she notes that leadership is *capable* of empathising with Muslim patients in particular instances of turmoil — such as youth violence. This only makes Palestine's erasure more pronounced.

Practitioners also felt apprehensive to raise Palestine with service users, a theme which permeated many conversations. For example, Tara, a white consultant psychologist (Participant 12) shared how the culture of repression impacted her ability to raise Palestine with patients:

There was a lot of talk on social media, particularly a clinical psychology Facebook page. The biggest psychology Facebook page was led by a guy who would tell you you're antisemitic for anything that you said in support of Palestine, or any concerns that you raised. So, I think that raised a lot of people's anxiety, "what can we say about this? Is it antisemitic to critique Israel?" It led to a sense that we couldn't bring this to the workplace, it was too political. So really, me and my colleague felt that we just had each other to talk about this. I certainly didn't think it was anything I could talk to clients about.

The consultant psychologist highlights how repression *outside the therapy room* feeds repression *within.* Kareem, a young Muslim and Asian therapist complicated this feeling of repression around patients even further:

So, I've always had that conflict. But if someone was to talk about Palestine, I would definitely explore it with them. And I have talked about it with them but, again, I felt very worried about exploring it with them, and how much I'd share that I was giving them that space [with the team]. Am I breeding a radicalisation process [according to Prevent]? You know, thinking more of a young male, if I was to validate a young male's frustration towards policies, how much would I then openly share that I did validate and explore those ideas with him [with the team]. Probably, not at all.



The Muslim therapist reveals a suffocating dynamic essential to the racial politics of healing spaces, especially as it relates to Palestine. Exploring his anxiety, we observe his trepidation in *discussing Palestine with a Muslim patient* as a *Muslim therapist.* These three components are more than the sum of their parts. While each component is securitised individually — a non-Muslim white therapist may feel apprehensive discussing Palestine with a non-Muslim white patient — this Muslim therapist feels a racialised unease to hold the securitisation of himself, his patient **and** Palestine all at once. Other racialised Muslim practitioners related a similar phenomenon. Shamima, an Asian Muslim assistant psychologist, reflected on her apprehension to name Palestine out loud in therapy, when it seemed relevant:

I think at the time I had maybe some Muslim clients, and I was wondering, like, whether [Palestine] is something that's affecting them. Because sometimes they would turn up and they would feel really low. And I think when I was feeling really low about [the genocide], maybe the client picked up on that. And then I think at that point, I just asked the client, and she did say [Palestine] is something that's affecting her, and I felt like we were able to understand each other, because I felt the same. So I felt like we were able to talk about that together. […] But I don't feel like I've got to speak about it properly with clients. And again, like I wasn't sure if it's something that I'm allowed to bring up or not. I don't think it came it came up a lot for clients in general. And I think maybe the anxiety enters on both the client's side and the clinician's side.

This therapist then offers another side to the story, which follows naturally from the previous conversation on the location of politics in British mental health care. The assistant psychologist, wary if raising Palestine is a breach of political boundaries, self-censors. It was only when a patient revealed that Palestine is also preoccupying them that she observes both therapist and patient are equally apprehensive in discussing it.

Some practitioners shared strategies for managing their anxiety and integrating Palestine into their clinical space. Below are three positive examples of working with clients *despite* experiences of repression. Mazen, an Arab psychologist, explained how service users provide an important window into critiquing existing structures. Prior to this conversation, the psychologist explained how difficult it is to discuss Zionism directly.

However, when clients bring up [Palestine], and they do, I can bring into supervision and think about it clinically; discuss the intensity of their experiences and also use it as an opportunity to normalise and validate their experiences. An example is an [Arab] patient I was working with who was on the waiting list for [a clinical issue]. And the idea was that when they're in [a place attacked by Israel], there's a constant hyper vigilance and fear that a bomb will be dropped onto them. When they're not in [that place], that fear does not exist. And so when I saw them for assessment, I kind of had a frank conversation with the patient to be like, is this something that requires treatment. Because there's a difference between hyper-vigilance to an imagined threat and then there is an actual, real threat going on. And I was able to bring that to the supervision and challenge the idea and open a conversation.

The psychologist is surfacing a defence strategy that was not touched upon in Part 1: using the patient as a medium to speak of Palestine because it is dangerous to do so directly. As such, the psychologist is free — relatively speaking, since he mentions later it remains too dangerous to critique Zionism directly — to bring Palestine into conversation *because* it is a clinical matter. Others, like Jonathan, a white mental health nurse with Jewish ancestry, also framed Palestine as a matter of clinical significance, but blurred some details in his notes to protect the service users:

You can tell they want to talk about [Palestine], and I want to be able to give them the space for that. Usually they're young Muslim women or Black men, or even some white patients as well. But if I'm the one that leads on that and sort of opens it a bit, then yeah, I will maybe mince the way the topic came about [in the notes]. So it's nebulous; they don't know who brought it up in the first place. The topic would still be there, but written in a way that others may…you're not allowed to talk about political things with patients, allegedly. Even though all of mental health is political, and we find ways to navigate that. […] And our space is confidential. I'm not going to put it in the notes unless it's to their health, right? Like, if they say, what's happening in Palestine has made me depressed, then obviously I'm going to write that. But if they say, you know, oh, this is x, y and z [speaking of resistance], then I'll mince the words a bit for the medical notes, so it doesn't get them in any trouble or anything like that.

Jonathan navigated the securitisation of healthcare by ensuring his clinical space remained confidential and his notes remained palatable to an institution where Zionism had legitimacy. Finally, Aminah, an Asian Muslim art therapist, spoke about the simplicity of having Palestine symbols on her wall to create an opening for apprehensive patients.

I've also always had a Palestine poster in my therapy room since before the past year. I'm very careful with the images that I select to put up on the walls. I don't put up a lot because I don't want it to be distracting, but I still put up things that might provoke some thinking or evoke an emotion or something. So there are a few images up in my therapy room, but the Palestine poster has always been there. I don't speak about anything up on the wall unless a [service user] brings it up. But it's part of the space that I create. In therapy, the space is important. But in art psychotherapy, in particular, the space and the environment and the materials—what's on the walls—is a significant part of it. So, yeah, that's kind of unspoken holding in that space I tried to create. I hope that was part of why [a service user] felt comfortable and safe enough to bring this to me.

The service user in question was a Muslim adolescent who was reprimanded by their school for wearing a Palestinian symbol. The art therapist shares an unspoken strategy to signal safety — using the space itself. In doing so, she created an opening to validate the student's experiences of repression in a securitised environment.

To conclude the subject of safety in British mental health care, especially in glaring times of racism and security, it is important to affirm that a space is not "safe" simply because it is designated as such. Some participants did believe a safe space to discuss the genocide would alleviate the tension. Yet those participants who were given a "safe" space — via anti-racist reflective groups for example — arrived at a stark realisation: insofar as counter-terrorism and Zionism is given legitimacy in these anti-racist spaces, Palestine solidarity is never truly safe.

Conclusion: The Significance of Trust and Safety in Healing

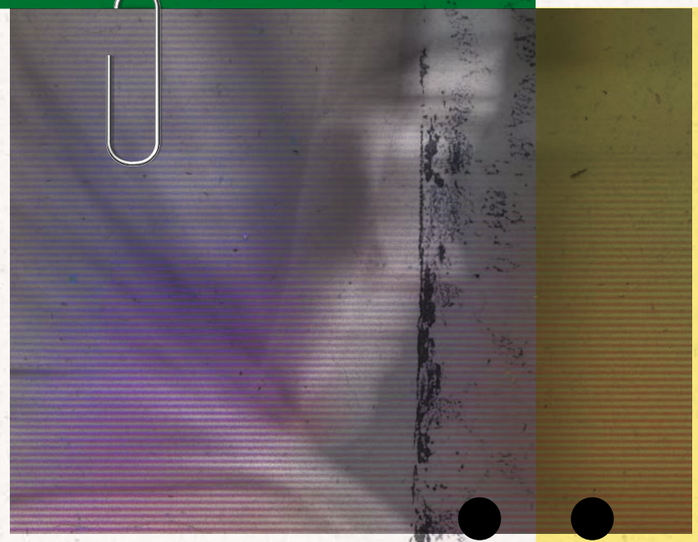
It is also important to surface how research itself can be a space of validation and healing. This, in turn, affirms what is lacking in public settings where violent logics are affirmed and threat is omnipresent. Before and after the research interview, I checked in with participants and explored their feelings in engaging with an interview such as this. Many participants admitted feeling anxious before the interview. Those not feeling anxious told me it was because they already knew of my and Healing Justice London's work. Trust was essential.

This is a reminder then there is hope to change our spaces. But safety must be intentional. We must understand the process of racialisation, and then explicitly counter-act their racialising and securitising logics, like counter-terrorism and Zionism. Otherwise, spaces of healing necessarily and inevitably be unsafe for everyone but those who acquiesce to the status quo.

As for the participants who felt anxious prior to the interview, they admitted a sense of relief and solidarity afterwards. This speaks to an important facet of research that is central to the values of Healing Justice London; research should not be an extractive process, but one in which we can consider how research itself can be embedded within structures of healing and witness-bearing.

Trust and safety are even more essential in this regard. In fact, the entirety of this research project affirmed the importance of trust and safety when navigating the violence of racial politics. Had it not been for the very notion of threat—had threat not been omnipresent around Palestinian solidarity—then trust would have no value. But, as we know, as any form of solidarity among marginalised communities, trust is an essential currency.

CONCLUSION:



This report focused on stories of repression in British mental health care to evidence an essential point of racism: those who experience racism are best placed to outline the racial politics of an institution. In the case of Palestine, Zionism and counter-terrorism are fundamental in the erasure and repression of Palestinian solidarity.

For many in the UK, the struggle has been to get our institutions to recognise there is a genocide in Gaza. Indeed, as this research demonstrated, even the mention of genocide is suppressed. It begs the reader to question and theorise the racial politics underlying Palestine's erasure in liberal settings, like British mental health institutions.

THE FINDINGS OF THIS RESEARCH ARE FAR FROM DEFINITIVE.

There is a great deal yet to be explored, not least on the impact racist structures and ideologies have in spaces of healing. The following are but a few questions which arose during the research process, opening to further avenues of research and discussion. Readers are invited to consider these questions moving forward.

- What impact did the legitimacy afforded to Zionism have on psychological theories and practices? How do psychological theories and practices maintain racist ideologies in mental health professions?
- How are counter-terrorism and Zionism negotiated in allegedly anti-racist and EDI spaces? What could a truly anti-racist space of healing look like, outside of liberal anti-racist practices of diversity and inclusion?
- What are the implications of the normalisation of counter-terrorism and Zionism on the well-being of Palestinians, Arabs, Muslims and anti-Zionist Jews?

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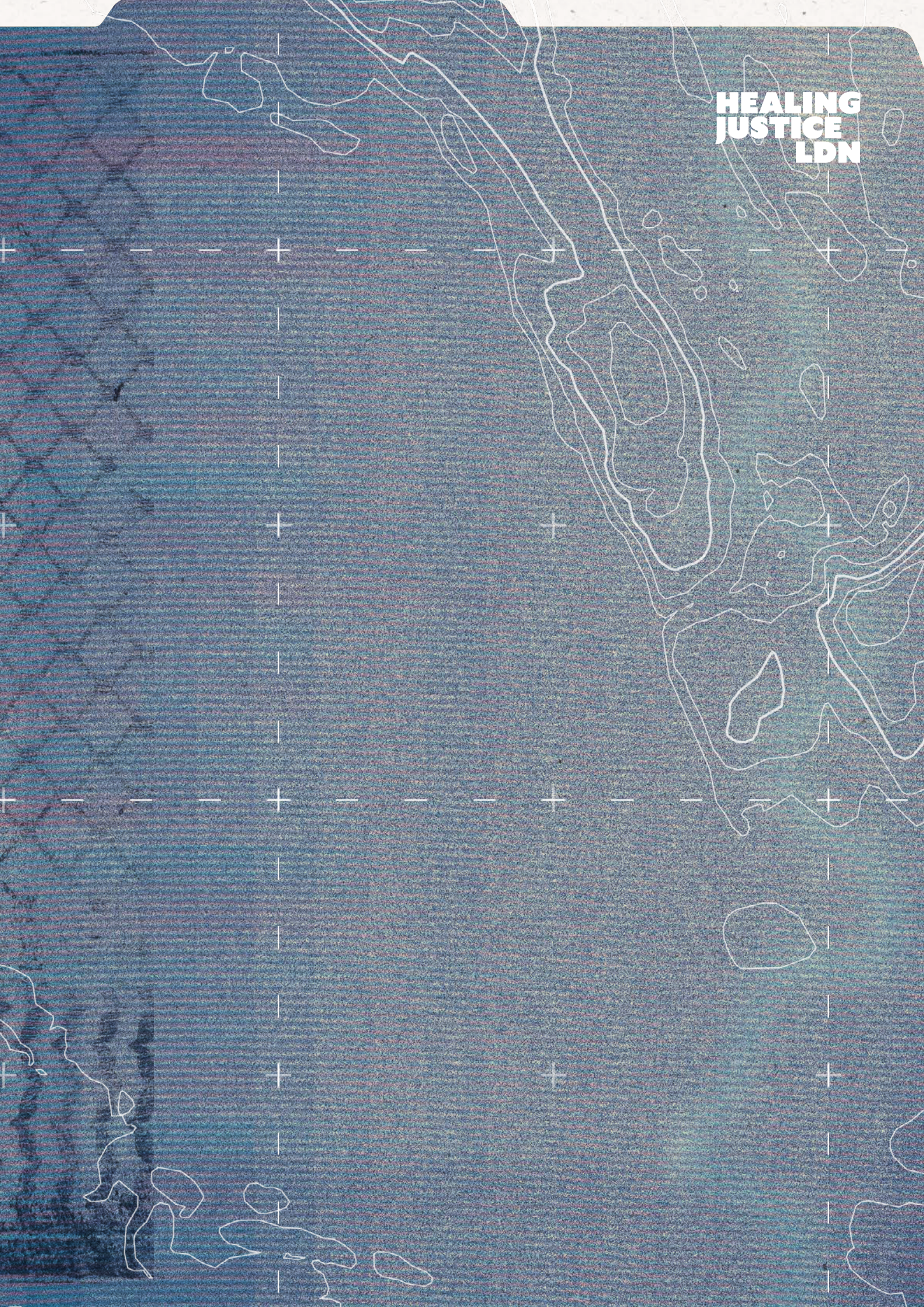
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