Transformation Partners
in Health and Care

Listening Project

Listening to children and young people to improve equity in mental health support for racially minoritised communities in London

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Forewords

Dr. Charlotte Harrison
Clinical Director, Acute and Urgent Care, South West London and St George's Mental Health NHS Trust

The Listening Project listened to children and young people from Black, Asian and Latin American communities talk about their mental health, what affects it, and their experience of mental health support in London. It is a privilege to introduce this report which sets out how we did this and what they told us.

To support young people from these communities differently, it is important that their racialised experience is considered and their voices are centred.

This Listening Project report focuses on supporting our NHS and the wider health and care system to both better understand and, crucially, to act upon, what Black, Asian and Latin American children and young people are telling us about their experiences and what they want from their mental health services.

As a leader in London's health and care system, I will be using the recommendations from this report to inform my own work to advance equality of access, experience, and outcomes in my local area. I hope you will do the same.

Dr. Jacqui Dyer MBE
Director, Black Thrive Global and NHS England National Mental Health Equalities Advisor

Addressing the long-overdue inequities experienced by children and young people from racially minoritised communities is a key focus of the NHS Long Term Plan. The plan aims to enhance service availability, efficiency, and accessibility. The reasons for inequities are complex, and the role of structural factors is often absent from the discussion.

The Patient and Carer Race Equality Framework (PCREF), introduced by NHS England elevates and centres the voices of patients, carers, and community members from minoritised groups and places them at the centre of decision making. It offers an opportunity to improve access, experience, and outcomes through partnerships and a participatory approach. However, the lack of quality data and insight into community experiences remains a common barrier.

The Listening Project, featured in this report, sheds light on barriers and enablers within the mental health system for Black, Asian, and Latin American young people. It reveals the impact of racism and other forms of oppression on mental health outcomes, and highlights instances where services that are meant to protect and support young people cause harm. It emphasises the need to recognise the connection between racism and health inequality and address the structural factors perpetuating inequities.

Senior leaders must demonstrate commitment to addressing inequities and foster a workforce that understands racism's influence on decision-making, resource allocation, policy development and practice. Equity impact assessments, informed by quality data, can aid in implementing anti-racist policies and practices that do not exacerbate harm to minority groups. Collaboration among services, the voluntary, community, and social enterprise (VCSE) sector, young people and community organisations is crucial for a preventive approach.

The report signals the beginning of a conversation, challenging individuals to seize the opportunity, commit to personal growth, and take action to protect and nurture marginalised communities, as well as ensuring that we create an environment where young people can thrive. To ensure the report's legacy, future work to implement recommendations should be led by young people from Black, Asian, and Latin American communities, in collaboration with parents, carers, and allies, leveraging their lived expertise.

Children in Care Council

facilitated by Partnership for Young London

We need to make sure young Londoners who are racialised as minorities have their views and opinions heard and acted on across London. It's the only way for young people to have access to the right sorts of services when they need it. This project brought together diverse groups of young people to listen to them and work out ways we can create better services. COVID-19 and the current cost of living crisis have disproportionately affected young people and we need to offer better support for their mental health.

A recent report showed that 50% of children in care meet the criteria for possible mental health disorder, and 26% of the homeless population are care-experienced. Each young person's experience is different, and services must be flexible to meet those needs and recognise what they need to change. Many young people are unaware of what support and services are available or do not trust that those services can meet their needs.

"First interaction can make such a difference; at my first contact they want into far too much detail on the telephone, and I didn't know them, that really put me off."

"I have Multiple Sclerosis. The hospital nurses ensure I feel calm and comfortable in the room before getting the IV infusion medication. They ensure all my needs are taken care of before discharging me home. During the COVID-19 pandemic I asked my GP to refer me to therapy as I felt isolated and lonely. When Talking Therapy contacted me for an assessment, I felt it was a checklist exercise and I later had a response stating I did not meet the criteria which made my mental health deteriorate."

Young people shared their views and experiences for this project, and it is our role to ensure that this report leads to change. We can't just listen; we need to act. We know that young people from minoritised communities have been seriously impacted by structural racism and discrimination and we must use our power and influence to deliver services across London that meet their needs. Individual voices need to be heard by everyone.

Manjinder Kaur

Young person, Taraki

As a young Asian person living in England, I have experienced difficulties in accessing and receiving effective mental health services. In my experience, one of the biggest obstacles is the lack of culturally appropriate care.

For young Asian people to receive the support and resources they need, we need mental health professionals who understand the unique challenges we face, and the ways our mental health concerns may show themselves.

This research is crucial not just for Asian communities but for all individuals struggling with mental health issues. I hope it will continue to be a priority in the years to come.

Executive Summary

Being Black affects my mental health as there is a lot more pressure on me to not be like the stereotypical Black boy, like being seen to have a bad attitude. But then there's pressure by social media to fit in because that's what young people do. I want to just be me. And sometimes not doing what others want you to do can affect your mental health… There is a lot of pressure on Black boys, they are always being spoken about [negatively] and I think this can affect our mental health."

– Black, male, age 15

In 2022 and early 2023, the Children and Young People's Mental Health team at Transformation Partners in Health and Care worked with Black Thrive Lambeth; Hammersmith, Fulham, Ealing, and Hounslow Mind; Partnership for Young London; Taraki; and Thrive LDN listened to the voices of young Londoners aged 12 to 25 who identify as Asian, Black, or Latin American for this Listening Project. This was to gain insight into their views about mental health and the services that are available to them. More than half - 54% - of those who shared their views with the Listening Project were aged 18 to 25. The others were younger.

The Listening Project explored:

- What factors contribute to young people from Black, Asian, Latin American and other racially minoritised communities being under-represented in community mental health settings?
- What are the experiences of young people in mental health service provision?
- What are young people's beliefs and attitudes towards mental health support?
- How are health inequalities experienced by young people in London?

Our research highlighted that young people's racialised identities played an important role in shaping their lived experience of mental wellbeing, access to and experience of mental health services, and health outcomes. The project also surfaced more nuanced insights into the issues facing them.

Throughout the report we have aimed to place the voices of young people at the centre.

It also has examples of good practice to inspire individuals and organisations to work in partnership with young people to create ways to support their social and emotional wellbeing.

The insights that young people shared with the Listening Project can support systems to better use their power and influence to prevent the onset of mental health challenges and reduce health inequalities for children and young people. This will contribute to making London a city where all are supported to thrive and to reach their full potential.

The key question for us all is: "What are we going to do differently to ensure that the ambitions of the young people who took part in this listening exercise, and many others like them, become a reality?"

A note on language

Race is a social construction, a form of identity used to demarcate social groups based on a range of characteristics (for example skin colour, hair texture etc). 'Racialisation' refers to the political process by which dominant groups use a person's phenotype to ascribe racial identity to continue domination and exclusion with economic, political, and social consequences' (Hoyt, 2016).

In the UK, several terms are used to categorise a person's race and ethnicity. There has been a move away from using 'BME' and 'BAME' to describe people who are non-white British. BME stands for Black and Minority Ethnic and BAME stands for Black, Asian, and Minority Ethnic. These blanket terms risk homogenising groups and centring white ethnicities as the norm. A decision was made by the UK Government to abandon these acronyms from 17 March 2022 (Gov.uk).

We recognise that the language we use is powerful. To acknowledge that racialisation is a social/political process, we have chosen to use the term racially minoritised communities when referring to all ethnic minority groups. We identify the specific heritage of young people as they self-identify, and we feel it is important to segment the data in this way to highlight how young people from different racially minoritised groups experience mental health and the support available to them. We have spoken to young people who have self-identified as being Black African, Asian including Indian, Bangladeshi and/or Pakistani, Black Caribbean, Latin American, and Mixed ethnicities. Following the UK Government preferred style for writing about ethnicity, we are referring to people from a Mixed ethnic background rather than 'mixed race.' For further insight and definitions of language we have used throughout the report, please refer to the glossary on pages 90-91..

Key definitions

Below are important words or concepts which feature heavily across this report and a glossary of terms can be found on page 90-91.

CAMHS: child and adolescent mental health services (CAMHS) support young people experiencing emotional, behavioural or mental health difficulties.

Institutionalised (systemic/structural) racism: refers to differential access to the goods, services, and opportunities of society by race. Institutionalised racism is normative, sometimes legalised, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Institutionalised racism is often evident as inaction in the face of need. Institutionalised racism manifests itself both in material conditions and in access to power. Regarding material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment (Jones, 2000).

Intersectionality: is the social justice theory and concept which encourages professional and organisational curiosity to understand oppression and discrimination as inter-related, overlapping combined experiences (Crenshaw, 1989) for people who possess one or more protected characteristic under the Equality Act 2010, or other specific characteristics (Advancing Mental Health Equality, 2019).

Personally mediated racism: prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race (Jones, 2000).

Racially minoritised: Refers to the racialisation of individuals or groups who are framed as social minorities based upon their demographic representation within a population. These groups often face systemic marginalisation and discrimination based on their racial or ethnic identity.

Seldom heard: people who are less likely to be engaged or acknowledged by professionals and decision-makers in health, social and other public services they use or might use.

1. Key findings and recommendations

Key findings

WHAT IMPACTS THE MENTAL HEALTH OF YOUNG PEOPLE FROM BLACK, ASIAN AND LATIN AMERICAN COMMUNITIES?

1. Young people from Black, Asian and Latin American communities have good knowledge of mental health and wellbeing and take positive action to stay well. This can include creative activities, making time for themselves, finding strength in their faith, and drawing on the wisdom of older generations.

2. Children and young people from Black, Asian, and Latin American backgrounds may share similar experiences which impact their mental health, but there are also significant differences between communities. For example, migration history, language barriers, gender stereotypes, and socioeconomic background etc.

3. Experiences of racism such as microaggressions and stereotyping in conjunction with structural barriers significantly influences their emotional wellbeing and mental health. Young people affected by these experiences are aware of the stereotypical views ingrained in the mental models held by others (creating barriers to access).

4. The stereotypes held by others can lead to support being delayed or denied for young people from Black, Asian, and Latin American communities. Poor treatment can lead to them reducing their engagement with services. As the result of direct and indirect racism from public services - including education, social care, housing, mental health services and the police - they miss out on support to reduce their vulnerability and on opportunities to flourish.

5. Despite the expectation that schools serve as a protective environment, they can become sources of harm. Young people may experience racism, bullying and harassment from both peers and staff. They recalled facing exclusion based on racist practices, contending with undue academic pressure, or insufficient support from teachers.

6. School exclusions affect their confidence and self-esteem and can negatively impact their mental health and emotional wellbeing. This can cause increased stress levels and tensions at home.

7. Counselling services frequently fail to acknowledge the underlying causes of challenges faced by children and young people from Black, Asian, and Latin American backgrounds. They may hesitate to share their experiences of oppression, as therapists may lack insight into their unique racialised experience.

8 Unemployment and structural barriers to accessing and keeping good jobs have a direct impact on their mental wellbeing and are compounded by intersections of gender, migration history and disability.

9 Racial profiling and the stop and search practices of the police can trigger feelings of anxiety and depression in young people.

10 The family environment can serve as a sanctuary of safety, support, and comfort for children and young people from Black, Asian and Latin American backgrounds. Parents, carers, and siblings play a crucial role in safeguarding their mental wellbeing, relying on their families for mental health support. The value placed on intergenerational wisdom extends beyond tradition, offering a source of hope, strength and resilience.

11 The expectations set by elders and intergenerational trauma within the family and community context can act as barriers, deterring young people from seeking help. They may perceive their challenges as less significant compared to the adversities endured by their elders, leading them to believe their struggles don't warrant assistance. Additionally, concerns about being perceived as weak can also be a barrier to accessing support.

WHAT YOUNG PEOPLE SAID ABOUT MENTAL HEALTH SUPPORT IN LONDON

1. Young people recognise that at times they may need support with their mental health. They want and try to access mental health services but often find that current services do not meet their needs.

2. Many young people were aware of Child and Adolescent Mental Health Services (CAMHS), Samaritans and Childline. They said there was a lack of clarity or information regarding mental health support tailored to their needs.

3. The use of complex and inaccessible language creates a barrier to accessing services. This may be due to text heavy resources, clinical jargon, a lack of understanding between young people and professionals, or when English is not the first language for some young people.

4. Many services are not culturally sensitive, and the workforce is not ethnically diverse enough to meet the needs of young people from racially minoritised communities. There is a lack of awareness among staff about how their own mental models on race influence their perceptions of young people, their families, and the approach to the treatment of young people.

5. Young people from Black backgrounds are more likely to be perceived as older than their actual age. Adultification leads practitioners to overlook the vulnerability of children and young people. Rather than receiving the support they need, they frequently face repercussions for expressing their trauma and distress.

6. Mental health services designed for young people often overlook the racialised trauma and cultural contexts unique to them. To effectively address their needs, mental health services must acknowledge and understand their racialised experiences to ensure services meet their needs.

7. Given past instances of the misuse of data, particularly concerning racially minoritised groups. Some young individuals may refrain from sharing their data, fearing potential negative consequences for themselves and their community.

8. Services often overlook intersectional discrimination experienced by young people navigating challenges related to neurodiversity, faith, migration history, immigration status and other factors.

9. To earn trust from young people, when mental health professionals share information between colleagues and institutions, young people need to be sighted on what is shared.

10. Young people value the opportunity to build long term therapeutic relationships with practitioners. They express a desire to access more informal spaces (such as non-clinical settings and community spaces) and approaches to therapy.

11. Young people feel it is important to have choice. They will be more likely to seek support if they are given the opportunity to select the type of professional they work with and can have some influence over their treatment options or interventions.

The changes young people want to see

The thoughts and suggestions shared by young people tell us, in their own words and lived experiences, the changes they want to see in services. We hope these insights will inspire services to consider how and where changes can be made as part of implementing the recommendations in this Listening Project report.

"I understand that services are full to the capacity at the moment, but the waiting times have got to improve. Find a solution to this, you're all incredibly talented."

– Black, male, age 20

A service that shows what I can be and achieve – not just my problems and stereotypes. I think the service will need to have different departments – like one which is by a younger male to work with a boy like me so we can relate, and he understands the life I go though. It would be good if we could go out and socialise like trips and days out and do different things than just hanging around the ends."

– Black, male, age 15

You should have someone to talk to about why you behave badly – not what you do but why you do it."

– Black, Mixed background, female, age 15

Start helping children more – not just talking; do activities and help them. Have a relationship with them; not just professional and questions – understand where they're coming from and relate to them. Mental health is about them but it's also about their life, so help them with things in their life, not just what is stressing them out."

– Black, male

I wish it was run by younger people with real experience— who understood, looked like me, had their own experience of life, challenges, road like you name it— everything we have to deal with."

– Black, Mixed background, female, age 14

Hiring Black/Mixed/Asian workers that are relatable, who show that they care and understand the struggle."

– Black, male, age 19

I think I would approach it from an art side of things and open creative spaces for young people."

– Black, female, age 23

There's so many local youth offers where youth workers are trained to support young people in the most challenging times. You can introduce – not signpost, it's such an ugly process – introduce them to the youth workers and in the meantime, check in with the youth organisation and the young person to let them know they're not forgotten."

Invite the staff to more youth clubs. Not when young people are 15/16 but when they are 12/13 years old and are not involved in road life. Stress and mental health problems come with road life and being young, if you help young people before they get trapped in a bad lifestyle, it would be more helpful."

– Black, male, age 15

Work to actually help me as a person – not as someone who they're told has bad behaviour and should be in a PRU [pupil referral unit]. They don't even know how it affects your mental health to be in a PRU and how stressful it is – so why would they be trying to help school send kids there?"

– Black, male, age 13

Services need to care and understand young people, not judge or just take the school's point of view. To make things better, it would be good to help children more around life, not just talking but doing activities and helping them."

Analyse before you prescribe any type of drugs you give people, analyse the person extensively to make sure you are truly doing what's best for them as people who are looking for such services, people who are seeking help are often at a very sensitive point in their life, so you must make sure you don't push them towards the wrong direction, whether this be through bad advice or introducing a new possible addiction into their life."

[Mental health support should be] separate from school"

– Black, male, age 14

There has been a lot of learning done and this piece of work that Healthy London Partnership (now known as Transformation Partners in Health and Care) are developing is a step in the right direction."

– Black, male, age 20

Key recommendations

THE FOLLOWING SECTION BRINGS TOGETHER RECOMMENDATIONS FROM THE LISTENING PROJECT.

These recommendations should undergo further development in collaboration with young people, parents, carers, and community members ensuring their active involvement and their voices centred. The process should be mindful of their social identities and acknowledge the existence of structural barriers. Implementation of initiatives such as NHS England's Patient and Carer Race Equality Framework and other anti-oppressive and anti-racism endeavours like A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach can enhance this process. More details with strategic next steps are included in the Recommendations section on page 81.

1 Integrated Care Systems, Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs) and provider trusts, along with NHS England, should prioritise preventive approaches to tackle the root causes of systemic racism, and holistic approaches to improve access, experience, and outcomes for young people from racially minoritised backgrounds.

Effectively tackling the root causes of systemic racism will require close collaboration with communities and organisations capable of supporting statutory organisations to address inequities across the social determinants of health.

Holistic improvement approaches will include reviewing existing pathways, commissioning services designed to counteract stressors faced by young people from racially minoritised communities, investing in community organisations, and making use of intergenerational wisdom in community spaces.

2 Provider organisations and mental health trusts should nurture their workforce's cultural capability and awareness in anti-racism, while diversifying their workforce at all levels. This will involve senior leaders showing commitment to addressing inequalities, embedding reflective practice, supporting staff to engage in open dialogue around race and identity, to embody anti-racism to enable them to build positive therapeutic relationships with young people and improving the representation and visibility of staff from racially minoritised backgrounds.

3 The mental health system in London should come together to develop a co-produced pan-London Action Plan that addresses mental health services, education, health and social care, and the police. This plan should set out responsibilities, learning, and reflections to improve outcomes for young people. Actions can include supporting systems, improving data quality, workforce development, research, and partnership working and collaboration.

2. Advice to young people from their peers

We would like to thank the young people for their contributions which enabled us to produce this report. During the project we asked young people to share advice they would give to their younger selves and peers around mental health and the support that is available:

Don't always believe what you think. I did a lot of work on my thoughts and emotions with Hammersmith, Fulham, Ealing and Hounslow Mind. Learning the different types of negative thinking was really useful for me to understand that I can think the wrong things or the worse things which are not always true. When I do this, I can get myself wound up and angry and it's hard to stop that. So, taking time out before you react is the best advice I have learnt and would tell someone else."

– 15-year-old

Learn to understand yourself, then learn to accept your feelings. If someone asked you for support because they were upset about something you would automatically accept and understand why they feel sad. So, do the same you've done for that person, do it for you. However, if you find it hard to actually support yourself, I'd recommend getting support from someone you trust or a professional."

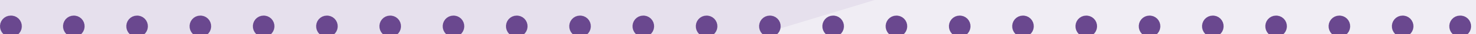
– 16-year-old

Because I'm older, I'm better at managing my wellbeing whereas back in school – given the circumstance I was in and my experience with dealing with the noise – I would be learning as I go on. Feel comfortable with therapy. There's a lot of stigma within communities which is completely understandable given the historical context, but humans are emotional beings, and it can be a good way to support your wellbeing."

– 20-year-old

The only advice I can offer for others is to call someone even if they aren't able to be there with you physically. A phone call can go very far and while I do understand that people may find it difficult to do so when in that state, I implore you to reach out however you can to someone who cares about you. If unfortunately, you do not have anybody, then use any crisis service available to you and talk to someone. Honestly, the pain does not vanish, nor is there a quick fix to it, however it is the most gratifying feeling knowing where you were and seeing how far you have come when you do get through it, and you will. The feelings you felt at the time may linger but there is an unexplainable beauty in knowing this feeling ruled you at one point in time and now it is something that you can manage and move on."

– 20-year-old



3. What impacts the mental health of young people from Black, Asian, and Latin American backgrounds?

Many of the young people who took part in the Listening Project had experience of poor mental wellbeing. They spoke about how vulnerable it made them feel and how they managed to stay strong. They described their experiences of "systems of oppression" such as systemic racism, ableism, sexism, heterosexism, classism and ageism. All of these could have or had impacted their mental health.

In focus group sessions, young people spoke about experiencing racism and how it made them feel diminished. It became clear this was a shared experience.

They spoke about:

- Being rejected for professional opportunities because of their age and race
- Societal challenges in the education system (discussed in the schools' section of this report from page 27-33)
- Cost barriers to accessing quality housing in London
- The social pressure to reach career milestones by a certain age.

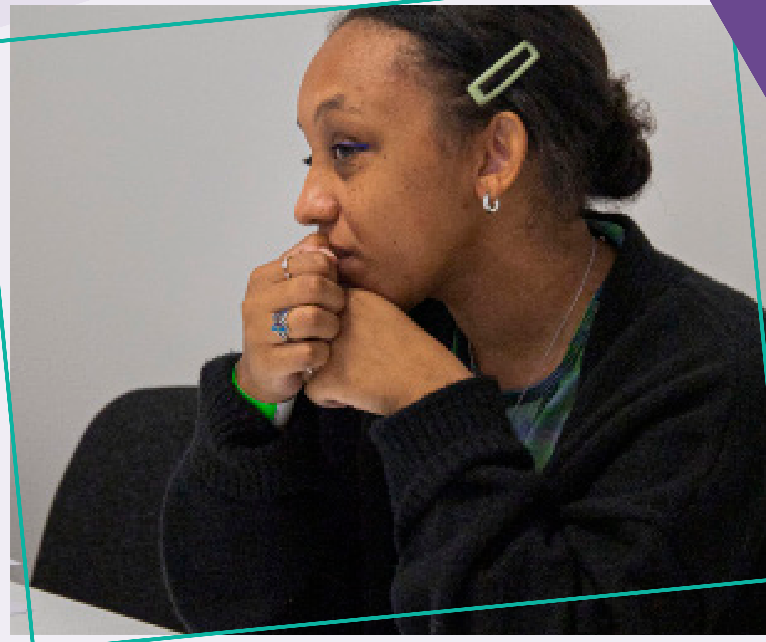
Young people also talked about trauma and their experiences in their:

- Families (such as conflict with their parents, and intergenerational trauma)
- Communities (such as COVID-19, violence which affects young people and Stop and Search).

Given that oppression is so pervasive individuals from racially minoritised communities may not be aware of how it influences their experience of the world. Young people should be supported to understand the role of oppressive systems in creating or reinforcing the stressors they face. This may empower them and prevent them from blaming themselves.

Practitioners may also be unaware of the links between these systems and inequalities. The **'Four I's of Oppression' framework** provides a useful guide for practitioners on how oppression operates in the lives of young people. It may be helpful in guiding practice and conversations. For more information, see appendix 1.

This section provides insights into how various factors contribute to shaping the social and emotional well-being of young people.



4. Mental health and its social determinants

It is widely accepted that mental illness is preventable. Tackling inequalities in the conditions in which people are born, grow, live, work and age (e.g the social determinants of health) can help to prevent poor mental health and aid recovery (Alegría M, NeMoyer A, Falgàs Bagué I, et al, 2018). The following section gives an overview of the themes that emerged from the Listening Project, looking at individual, family/community, organisational, and environmental factors.

4.1. Individual level factors

While young people spoke about factors influencing their mental health, it is important to bear in mind that individual level factors are also shaped by their experiences with their family, community, peers, the institutions they have dealings with and wider society.

A. YOUNG PEOPLE'S KNOWLEDGE OF HEALTH AND WELLBEING

Young people were asked to share their views on mental and emotional wellbeing and what influences it. Their responses included the social determinants of health and identity. Identity is discussed in more detail on page 22.

Health and wellbeing is being comfortable with yourself, being able to have a comfortability, in terms of being healthy and keeping yourself happy, with the right food and the right exercise, and with the wellbeing. It means making sure you're alright in yourself."

– Black participant

A young person who lives with several long-term conditions shared her views on the connection between physical health and emotional wellbeing.

I feel like I do suffer from a lot of mental health problems… it's linked to my physical state, because I have a lot of physical health conditions. They're all intertwined. If I'm not feeling great, I'm obviously going to have those thoughts. I'm going to be honest, I've had a lot of suicidal thoughts, especially when I'm suffering from my medical conditions, because some of them are incurable."

Participants referred to how the social determinants of health including environmental conditions influence their mental and emotional wellbeing.

I'd say…environment, but there are loads of things that come under environment: the people they are surrounded by – their job, their education."

– Mixed ethnic background, male, age 21

B. SELF-CARE PRACTICES

The young people who shared their experiences identified a range of approaches they adopt to manage their wellbeing this included journalling, creative activities, dedicating time for themselves, faith and intergenerational wisdom.

I'd say when I'm in a dark place it's really easy to grab a pen and scribble out some thoughts and also when I'm in a good place… so my mental health has always felt different through art."

– Black, female

In terms of writing, it's like everything that you can't say. You can write it down and you know that it's up to you to share it with other people. And I think it just seems to give a certain power."

– Black, male

I feel that art and creativity is vital when it comes to topics like mental health."

– Black, male

To a certain extent I feel I'm my own therapist sometimes. Like, I can talk to myself, I write in my notes how I'm feeling one day, and then later, when I'm feeling better, I reflect on that time, and try to find a common theme when I'm getting sad, so I can work on that."

– Black, female

Clothes, fashion like trainers make me feel happy and well. I really like music and art helps me to be free."

– Latin American, male, age 19

I suffer from… anxiety as well, I would play the piano whenever I feel very overwhelmed, because it is very soothing and calm, and it distracts me from everything else. I have my friends who bring me joy as well and watching stuff… on YouTube. It is things like that just help me."

– Black, female

I work out."

– Mixed ethnic background, male, age 21

I love listening to music. I love going for walks as well. I do a lot of sewing at home, and I like to read books. I'm currently reading a book about emotional intelligence."

– Black, female

In addition,

I try to start my day off with an early morning walk to clear my head before I begin the day."

– Asian, male, age 17

Connecting with green spaces helps me relax."

– Asian, female, age 18

I really enjoy using the evenings on the weekends to spend some time doing things that bring me joy, like drawing and painting."

– Asian, female, age 19

I step away from my phone and social media in the evenings to spend some time writing and reflecting on the day I've had."

– Asian, female, age 18

One participant who recently became a mother describes how she uses the evenings when her son has gone to bed to relax.

So, in that time, I could be on social media and that kind of stuff, but I might watch movies, do some paint by numbers, that kind of stuff."

– Black, female, age 26

C. THE ROLE OF FAITH

Young Asian people in particular spoke about turning to faith at times of mental health difficulties. For example, many found their faith supported them during the COVID-19 pandemic when facing low mood, persistent anxiety, or suicidal thoughts. Faith can be an important element of maintaining mental wellbeing within Asian communities.

Whenever I feel anxious, I try my best to sit quietly and focus on reciting prayers – it makes me feel calmer."

– Asian, female, age 21

During the pandemic, I wasn't able to visit my Gurdwara and pray alongside the Sangat (faith-based community) which usually really helps to keep me going – so a few of us tried our best to Zoom and pray together when we could which was really helpful in terms of feeling hopeful about the future."

– Asian, female, age 22

To acknowledge the role of faith in many young people's lives, mental health services need to integrate faith as part of their social support and recovery plans. There is an opportunity for health services to engage with faith-based organisations in the prevention of mental ill health and to support young people on their recovery journey. For example, they could be resourced to raise awareness around mental health, co-produce and/or deliver health education programmes, support projects and service delivery for their members.

In wider services, it is important that staff working with young people address any biases and preconceptions about their religion or culture. This will help to ensure young people can bring their whole selves to the therapeutic setting, including their faith, without feeling unsafe. By fostering an environment free from judgment, staff can begin to establish trusting relationships with young people, contributing to more effective and inclusive mental health support.

POSITIVE PRACTICE EXAMPLES

NAME: COFFEE AFRIK'S ADVOCACY SUPPORT PROGRAMME adopt an intersectional approach when delivering their services. They have developed a referral pathway which connects their clients with over 45 third sector organisations in Hackney, who support people with housing, welfare, debt, and mental health support.

NAME: SIGNSS developed by Thrive LDN, the citywide public mental health partnership for London, is a simple guide to help faith and community leaders to start conversations about mental health with their communities.

NAME: GOOD THINKING London's digital mental health and wellbeing service, worked with faith communities to develop resources to support mental health and wellbeing. These include 'Five Ways to Wellbeing' guides for Buddhist, Jewish, Muslim, Hindu, Christian, Rastafarian, and Sikh communities. There are also a library of videos, podcasts and bereavement guides co-developed with faith communities.

D. AWARENESS OF SERVICES

Young people's knowledge of services and how to access them was variable.

I don't know, maybe I don't have that much knowledge on the right way to access help. I know about services like Childline and stuff, but my knowledge on accessing help, mental help, I don't really have that much knowledge on it."

– Black, female

I have heard of many organisations like CAMHS [child and adolescent mental health services], Childline, Samaritans, but I am not sure as to what they can do for me or how simple accessing them can be."

I don't know of many services. I just know a bit about the NHS and Childline, but I am not sure how they will appropriately help me."

Some young people reported accessing support through their GP or school. Others said their family or peers told them how to access mental health support. The role of the family and community will be discussed in further detail later in the report on page 42.

To transform young people's access to mental health services, health systems should learn both from the insights from both those who have been in contact with the mental health system and those who have found support through alternative avenues. This dual perspective provides a more comprehensive understanding of young people's needs, preferences and experiences.

Ideally, this work would focus on:

- How to improve access to services
- How to prevent young people needing services in the first place.

This will require mental health systems to consider the role of structural barriers and how they can influence other providers in health systems to alleviate the stressors that young people are experiencing.

E. HELP-SEEKING AND EXPERIENCE OF SERVICES

One's lived experience and witnessing the impact of institutional racism on others may make young people hesitant about seeking support from statutory services because they fear being misunderstood or even harmed.

Some had concerns that the challenges they faced were not severe enough or they were not 'unwell enough' despite the toll of oppression on their wellbeing. Additionally there was a sentiment among some young people that they should not allow these challenges to affect them. Young people also reported that they were uncertain about the support that was available to them.

Most young people who participated in the Listening Project were very clear that the only people they would go to when they were struggling with their mental health would be their friends, siblings or parents, who they trusted and felt sure would protect their confidentiality. Participants indicated a higher likelihood of seeking support from someone outside their immediate network if they had established a trusting relationship with that individual.

Some young people said they would reach out to existing mental health services if they had an issue they felt was serious enough. Others said they would not access statutory mental health support under any circumstances.

I believe that sometimes, when Black people want to approach some sort of help, they're not really seen as needing the help, or they're just seen as, 'Oh, it's just a joke,' and I tend to see it a lot…. micro-aggressions. But I feel like it's hard to say what you need help with, and how Black people can be helped because there's so many barriers that you just have to try and overcome and face before you can give some help."

– Black, female

Within the wider diasporic community, trauma is something we have had to unwillingly accept in order to continue living… it's hard to express struggles with day-to-day life when our people are fighting just to see the next day and services don't always understand the added pressures we face."

– Asian, female, age 25

Mental health services need to consider the social and historical context of young people accessing services. They should also think about ways they can support and work with trusted family members and friendship networks to deliver culturally responsive care and reach young people with information about the support they can access.

It is very important that practitioners explore the reasons why young people from these communities are not comfortable seeking support or feel they do not meet the threshold for it. Fear of potential risks posed by the mental health system (such as being restrained, over medicated, or detained against their will) needs to be addressed urgently. Mental health systems need to demonstrate that they are trustworthy institutions that provide safe and high-quality care.

F. IDENTITY

Young people often spoke about their identities and the links to their wellbeing. They discussed how they saw themselves and the way others perceived them.

Mental models (deeply held beliefs and assumptions that shape our actions) shaped by racial bias (such as stereotyping or microaggressions) often influenced the behaviour of mental health professionals, teaching staff, police, employers, family, and friends. This led to young people being treated poorly and negatively impacted their mental health.

I'm fully aware that, to services, my identity precedes me. Being a Black male, I am at a disadvantage in any system. The people who work in the system do not look like me and have no idea how to support me. My identity means I will not get the help I need, and life will be harder for me."

– Black, male, age 19

The young people interviewed felt the odds were stacked against them, largely driven by racialised stereotyping. They felt the stereotypes that practitioners and people in wider society held about them were untrue and unfair. They expressed frustration as they described their experiences and emphasised the need to protect themselves from its harmful effects. Racialised stereotyping can threaten identity which can negatively impact mental health causing frustration and leading to depression, anxiety, and racial trauma (Vines A et al, 2017).

They expect Black students to get kicked out of school – the world thinks that. Society paints this picture that Black boys are bad and will be excluded – just like how the NHS shows the data that more Black people have bad mental health."

– Black, male, age 13

Being a Black male, I am always stereotyped without doing anything bad. I get stopped and searched by feds on a regular – I do not even have to wear a hoodie; I just have to be me – Black! Always having that happen to you plays on your mind and makes you feel like you are a problem. As that is what they expect of you, you might as well just give in and be what they think and say you are. So, when I play into the bad things, they think I am – am I really being the true me? I am just living up to a negative stereotype because it has constantly been put on me."

– Black, male, age 15

It is important for young people who are racialised as minorities to develop positive ethnic and racial identities. Young people would need to reflect on their ethnic background and their racialised experiences as members of racialised minoritised communities in the context of living in London. The social construction of race and ethnicity is bound to the sociohistorical context, and there is a unique history for specific groups.

G. GENDER AND MENTAL WELLBEING

Societal stigma often fuels perspectives that suggest that experiencing mental health difficulties is a sign of weakness. This stigma can discourage people from talking about their experiences and seeking support.

MASCULINITY

Young people were acutely aware of the stigma faced by young men and the expectation that they should be strong. They also spoke about the impact this had on people in their community.

Men in our community are supposed to be physically and emotionally strong all the time, there isn't room for us to struggle and complain."

– Asian, male, age 23

I think our Asian communities are more comfortable with our men drinking because of their difficulties rather than openly talking about their issues. I've seen this happen in my own family."

– Asian, male, age 26

I had the belief that I had to soldier on, this led to me using alcohol to cope, it was an easy route."

– Asian, male, age 24

A Latin American young person, aged 21, shared that discussing mental health can be linked to a lot of shame and weakness which may affect one's reputation and image.
This can mean these young men are less likely to seek help for their mental health and more likely to try alternative coping behaviours instead.

STRONG BLACK WOMAN STEREOTYPE

We heard that young Black women often grapple with the Strong Black Woman (SBW) stereotype. This stereotype perpetuates the notion that Black women are innately resilient and can handle any stress, upset, or trauma that comes their way. It implies they can overcome challenges that are insurmountable for others, without the practical or emotional assistance they need, and which is given to their white counterparts.

The impact of the SBW stereotype is profound. It can affect women's ability to recognise their own vulnerability or share their needs (for example, with family, friends, colleagues, or services). These concerns are reinforced when they reach out for help and services are unresponsive.

I think, when it comes to wanting to seek help, I think we're told early on we are strong Black women and, you know, we don't need help."

– Black, female

Studies have suggested that the internalisation of traits associated with the 'Strong Black Woman' may have been a 'personal, familial, and community survival' response to chattel slavery' (Donovan and West, 2014). Interestingly, research also suggests that the SBW continues to be considered by some Black women an important part of their identity. Donovan and West (2013) conclude that:

…[Although] Black women no longer have to contend with institutionalised chattel slavery, … they do have to contend with such significant intersectional stressors as racialised sexism and gendered racism. Given these realities, it makes sense that [they may embrace the] SBW… as central to their self-image.' (Donovan and West, 2014).

On the surface, the Strong Black Woman as a concept may appear to be positive as it celebrates strength and independence. However, the limited literature available suggests that living up to this expectation is linked to poor health outcomes; high levels of stress, anxiety, and depression (Romero, 2000; Woods-Giscombé, 2010; Donovan and West, 2014); and creates a barrier to accessing mental health support.

One young Black woman expressed that she was not sure if certain types of support were meant for her:

The biggest barrier has been more of my own self-confidence and not really thinking I'm the… demographic of someone who would go to see a counsellor or seek advice because I never think my issues are great enough to be seen by a professional. I feel a lot of people like me do feel the same way…It did take a lot for me to see someone ... And it has definitely been helpful."

– Black, female

THE STRONG FEMALE CAREGIVER

Themes around strong women also surfaced for young people from Asian backgrounds. In some multi-generational households, young Asian women may be expected to act as caregivers for the family, alongside their mothers.

My older brothers are always able to do their own thing whereas I'm stuck looking after our grandparents."

– Asian, female, age 19

Because caregiving is often seen as duty, seeking professional support for mental health difficulties can lead to feelings of embarrassment. It can cause some young women uncomfortable feelings of guilt, frustration and anger towards themselves and their families. This is especially when they see other women apparently coping well. This can lead to young women feeling unable to access support.

Home-life keeps me feeling that I can only be a good and authentic Asian woman if I keep giving selflessly and putting my life on hold for others – I'm exhausted."

– Asian, female, age 24

Unapologetically Me (2022) is a research study exploring how young people with racialised identities from minoritised communities develop strength and resilience. Young people shared that their grandparents and parents' stories of survival from atrocities, such as genocide, or fleeing civil wars, gave them a sense of gratitude. They saw them as role models and this fuelled their tenacity and contributed to their resilience.

Another key finding from this study was how young Black and Asian women who are the eldest in their families felt pressure to create better outcomes for themselves and their younger siblings. Young women felt obligated to withstand pain and pressure from their families, communities or institutions like school and work, to break glass ceilings. But this pressure can have a negative impact on their mental health.

POSITIVE PRACTICE EXAMPLES

Examples of community organisations which have worked with young people around identity include:

NAME: "S.M.I.L.E-ING BOYS PROJECT" uses photography, poetry, film, and podcasts to address the mental health needs of Black boys and challenge negative portrayals in the media. The project is a research-led public health series of workshops based on eight pillars of happiness, designed as a response to rising levels of violence experienced by young people.

NAME: HAMMERSMITH, FULHAM, EALING AND HOUNSLOW (HFEH) MIND'S THE WORLD I WANT TO SEE project delivered psychoeducation workshops for Black boys in the local community. The sessions explored the impact that racism, racial trauma, and social injustice had on young people's mental health. Boys who took part spoke openly and honestly about their experience's discrimination and prejudice at school, in the local community, and online.

All the boys involved were positively impacted by the therapeutic psychoeducation interventions delivered. They expressed feeling empowered to express and explore their thoughts and emotions surrounding mental health, race, identity, and social injustice. The boys conveyed increased self-awareness, self-esteem, confidence and emotional regulation.

In his letter one young person wrote:

> We should be in a space where we all feel safe no matter our race. I have vowed to contribute positively to the world I want to see. So, to my future self, if you are reading this, I hope I have made you proud."
>
> – Black, male, age 14

Southall Black Sisters, a not-for-profit, community and inclusive organisation, was established in 1979 to meet the needs of Asian and African-Caribbean women. They highlight and challenge all forms of violence against women and girls, supporting them to:

- Gain more control over their lives
- Live without fear of violence
- Assert their human rights to justice, equality, and freedom.

Off the Record, Project Zazi, "know yourself, know your strength" focuses on creating opportunities, building aspirations, and empowering young people from racially minoritised communities. It supports them to explore culture, and to identity and tackle the inequality they face. The project delivers targeted group sessions in seven secondary schools and community hubs. They include:

- Girl Talk (for young females)
- Masculinity (for young males)
- Speakers Corner (online group sessions)
- Expressions and Chat Bout (mixed sessions)
- Sister Circle (Somali young females)

For more information, see appendix 2.

4.2. The influence of social and community factors

Social and community influences can be both harmful and protective factors for young people's mental wellbeing (World Health Organisation, 2021). The next section of this report provides an overview of what young people shared about their views and experiences of stigma, school, employment, stop and search, COVID-19, and how they have shaped their mental health.

A. STIGMA

Lots of my mates are having a hard time but it feels like it's something we should not be talking about. It's hard to explain sometimes."

– Asian, male, age 17

Stigma about mental health is an issue within wider society, acting as deterrent for people to seek the help they need. Research suggests it may reduce the likelihood of people starting or completing treatment. It also creates a psychologically unsafe environment that may hinder a person's recovery or ability to stay well when faced with challenges or adversity (Corrigan and Watson, 2002).

This section reflects on what young people said about their experiences of stigma outside their families. The impact of mental health stigma within families is explored from page 42-47.

Because it's such a stigmatised thing, I feel like as soon as someone says, 'Oh, depression,' it's kind of, 'Ah, no, could never be me,' I definitely can't be that because it's frowned upon. It's looked as something that no one can have because if you do have it, there's something very wrong with you."

– Black, female

Young people shared their concerns that the media does not provide a balanced view on mental health and focuses too heavily on experiences where someone may require acute care or pose a risk to themselves or others. This discouraged them from accessing support for their mental health as they did not want to be labelled as they described, as "mental". They also observed that young people who experience mental health challenges are treated differently in school and expressed concerns about having services "forced" upon them.

Despite young people's awareness of the harm that stigma causes, some have internalised these negative stereotypes as demonstrated by their use of language such as "mental". The negative stereotyping of people facing challenges with their mental health may lead young people to distance themselves from their own experiences, potentially reducing the likelihood of seeking help. Addressing and challenging these internalised stereotypes is crucial in creating an environment where seeking mental health support is seen as a positive and empowered choice.

B. SCHOOL

Increasingly the health system is looking to schools as a place for interventions to support the mental health of children and young people (Department for Education, 2021). However, school-based interventions may not always reach the most vulnerable. For example, young people who have limited contact time in school or who experience exclusions are more likely to have poorer outcomes (Tejerina-Arreal, 2020). Lack of engagement in school may reduce a young person's chances of accessing support.

This section looks at the positive and negative experiences young people shared regarding their time in school.

SCHOOL AS A SITE OF SUPPORT

Some young people from Black backgrounds said school was a place that supported their mental wellbeing, and where they accessed social support through their interactions with teachers and peers.

I have friends, I have good grades, I'm doing well at the school and there's nothing wrong at the school, and I enjoy the school"

– Black, female, age 16

"…secondary school and college I had great teachers, absolutely amazing teachers, and I always felt motivated by them and… I also feel like they saw potential… in everyone regardless of the kind of person they were."

– Black, female, age 26

COUNSELLING IN SCHOOLS

Counselling can be helpful in supporting young people to manage challenges in school.

Going to therapy helped a lot in secondary school but in the back of my mind I never believed that things would be truly better due to the external forces like school trying to pull me down. What didn't help was all the noise around me when word got out about me being depressed. Therapy was a positive source of support during that challenging period, but it was only after school did I realise things were going to get better."

– Black, male, age 20

For some Black and South Asian young people interventions offered in school do not address the systemic issues faced including the social determinants of health. Some young people expressed a preference for services not at school.

Whether therapy is provided in school or in community settings, practitioners need to be equipped to hold discussions with young people about the wider systemic issues they face.

SCHOOL AS A SITE OF HARM

A survey conducted by Mind on the experiences of minoritised groups found that 70% of children and young people who responded said they had experienced racism in school, and it had negatively impacted their wellbeing (Mind 2021). Racial abuse can be experienced not just as a personal attack but as something which undermines and degrades the person's family, community, and culture. The impact of such abuse can cause significant damage to a young people's self-image leading to feelings of shame, negatively impacting their relationships with others, undermining their confidence and mental health.

The Listening Project also surfaced similar themes about the harm that young people experienced in school such as the pressure to achieve academically, bullying, and experiences of institutional and personally mediated racism from other students and teachers.

They spoke candidly about the systemic nature of racism within the school system and the impact this has on their wellbeing. They felt that teachers and mental health professionals expected "Black students to get kicked out of school."
Also that,
"Society 'paints a picture' that black boys are 'bad' and will be excluded."

They described teachers belittling young people in the classroom, not addressing racial bullying, showing insensitivity in working with young people in distress, and failing to see and respond compassionately to their vulnerability.

Teachers would knock my confidence in the classroom and would make me feel like I was the issue. It's actually difficult for me to even write about this right now. I remember going to CAMHS as the director at my school mentioned that I was something along the lines of 'losing it'. CAMHS diagnosed me with depression and during that time I didn't think much of it but looking back this must have been going on long before my diagnosis."

– Black, male, age 20

Experiencing bullying in childhood or adolescence is often very distressing. It may negatively impact a young person's engagement and behaviour in school and their sense of self-worth and can increase the risk of self-harm as well as a range of other issues (Wolke and Lereya, 2015).

Within the school setting Black and Asian young people may experience bullying at the intersection of their race and other social identities such as religion, gender and so on. In addition, Colourism and texturism, which are rooted in racist ideologies, manifest as prejudice and discrimination based on one's skin tone and hair texture. These biases reinforce the harmful notion that darker complexions and afro hair types are undesirable, adding another layer of complexity faced by young people from these communities:

In school, a lot of students made comments about my skin tone and not having a father."

– Black, male, age 20

The bullying experienced by Black and Asian young people can be exacerbated by the wider school context if there are policies and practices that are institutionally racist. For example, uniform policies can "…reinforce racist ideologies… which dictate how young people should dress and groom their hair. Although a uniform policy may be perceived as benign, they can function to 'other' young people's cultural and religious backgrounds…" (Black Thrive, 2022).

Following court cases, in October 2022 the Equality and Human Rights Commission issued guidance encouraging schools to revisit policies that cause indirect discrimination to Black children by excluding them from school for wearing natural and/or protective hairstyles. It is hoped that schools will learn from this and amend their policies and practice accordingly.

Exposure to bullying is a risk factor for poor physical and mental health. Its consequences may be felt into adulthood, affecting the person's ability to form healthy relationships, causing difficulties integrating at work and becoming economically independent. Bullying in schools is a systemic issue that may not be addressed with the seriousness that it deserves (Wolke and Lereya, 2015).

Exposure to bullying is not isolated to Black and Asian communities. However, the experience of racial trauma is unique to communities who are racially minoritised which may be further compounded when their race intersects with other social identities (e.g., disability, LGBTIQ+ etc).

It is important for schools and partner organisations to work with young people and their families to prevent bullying and to ensure adequate support for young people who are affected by it. Children and young people who bully or harass others are also likely to need support. Professionals should exercise their professional curiosity to understand whether their behaviour is a consequence of challenges they may be experiencing in their own lives.

SCHOOL EXCLUSION

Schools in London issue tens of thousands of formal exclusions every year. Young people can be excluded on a fixed-term basis ("suspended") for a maximum of 45 days in a year, or permanently excluded ("expelled") from school. School exclusions can have wide ranging and long-lasting impacts on young Londoners' futures, affecting their mental health, educational attainment, increasing their risk of exploitation, and negatively impacting their health and socio-economic outcomes in the longer term (Commission on Young Lives, 2022).

"School exclusions often provide examples of how racism shows up in young people's lives and [for Black children and young people]. Due to the racist mental models held by people in the workforce, Black children are more likely to be perceived as unruly, aggressive and a risk. When young people from these communities exhibit behaviours that are signs of distress, they are often met with a punitive response." (Black Thrive, 2022).

This is also demonstrated in the late diagnoses of Special Educational Needs and Disabilities for Black children and the lack of referrals to mental health services.

An evidence review carried out by Gill et al (2017) suggested that unconscious racist stereotyping in teachers' perceptions, especially of Black students' behaviour and self-expression, combined with inconsistencies in challenging behaviour between races, may explain the higher exclusion rates of young Black people in schools.

CYP MH Inequalities Integrated Care Systems (ICS) Snapshots highlighted that Black boys from African-Caribbean backgrounds are more likely to be excluded than their white counterparts for similar misdemeanours (Demie, 2019). As highlighted earlier in the report, this form of discrimination can affect young people's self-esteem, aspiration, mental health, and attainment, worsen existing mental ill health, and trigger long-term psychiatric illness. (Department for Education, 2019).

The Children's Society (2019) reported that young people who are outside mainstream education are more vulnerable to becoming the victims of criminal exploitation, where they may be manipulated, threatened, or coerced into criminal activities. However, the report did not explore the consequences of removing a pupil from the school roll without resorting to permanent exclusion. Further research is required to explore how the practice of 'Off Rolling' influences the wellbeing of children and young people.

School exclusions affect students' confidence, self-esteem and can negatively impact mental health and emotional wellbeing.

The use and impact of school exclusion was a recurrent theme in the Listening project:

They didn't care about how excluding me would make me feel as a person, they just saw me as a bad kid – not the bad things that have happened to me that make me behave badly. I needed someone to understand me and that takes time – no one seems to have time."

– Black, male, age 13

Being asked to leave when you are excluded is not nice. They're basically rejecting you like you're not wanted."

– Black, male, age 12

When young people are excluded from school, they are suddenly cut off from a place of familiarity and sometimes any contact with people their own age, weakening connections with friends and deepening their sense of isolation. If young people have social, emotional, or mental health needs before they are excluded, these are likely to be made worse by their removal from the school setting.

I am a statistic, being a Black boy excluded from school. The odds are stacked against me before I even begin. So, am I destined to have bad mental health? Don't they realise that always being told that school doesn't want you and being away from your friends can affect you badly?"

– Black, male, age 13

Being excluded from school already affects your mental health."

In school they made me feel like I'm the problem – and it made a bad reputation for myself which was why I ended up permanently excluded. My mental health has been so much worse since school excluded me – I feel like crap and unwanted, like I'm not good enough to be in the mainstream."

– Black, female, age 13

Some students who had been excluded from mainstream school believed that mental health services worked in conjunction with their schools to assist in their exclusions.

I was sent to CAMHS because my behaviour changed – the school said that my behaviour had got worse, they used the word dramatic. School just sent a referral without asking my mum. My view of CAMHS is not good. I think they just tick boxes and work with school to help get me excluded from school... I thought mental health services were supposed to help you, not help school to gang up on you to help get you excluded. Don't they realise that being kicked out of school just ruins your life, why would CAMHS be used to help get me excluded – how is that helping someone?"

– Black, female, age 14

I think that the CAMHS lady judged me as my school told her my behaviour was bad and so they were working together to get me permed [permanently excluded]. After I spoke to the CAMHS lady, I got moved to a managed intervention centre – so clearly CAMHS helped the school to get me out. That's not helping me. That's just making my life go downhill until I end up as another statistic."

– Black, male, age 13

Some spoke about being frequently excluded; being told repeatedly that they were not allowed to come into school which made them feel worthless or a failure.

Case study:

A YOUNG PERSON'S LIVED EXPERIENCE OF SCHOOL EXCLUSION

"I'm a 15-year-old from west London. I enjoy playing football, hanging with my friends, and going to the gym. I used to be from a tight-knit community but as I've got older, I prefer to hang out with friends in the local area. We always go to the chicken shop or play football together. I enjoy exercising because it makes me feel good and clears stress out of my mind. I think I have a good sense of humour and enjoy making others laugh and have a good time.

"I was getting into trouble for little things at school, it felt like either no one understood me or why I did things, or they were just against me.

"School telling my parents that I needed to go to CAMHS didn't help. I wanted to make decisions for myself and not feel like I am being forced. Just because I may not be doing well at school or may be getting into trouble doesn't automatically mean that I need mental health support. It was more about why I was getting into trouble and who I was hanging around with that messed with my head.

"School didn't ask the right questions, or maybe they didn't care enough to – so they just tried to send me off to CAMHS. In the end I got permanently excluded from school and then I knew nobody cared.

"One day everything changed; I felt rejected by my school and got kicked out into a pupil referral unit. It really messed with my head, some days I did not want to get out of bed. I was sad and angry at the same time and did not know what to do. It felt so horrible, everything felt bad. School kicking me out really messed with my mental health, I was always down because I knew I did not deserve to be in a pupil referral unit. I just didn't realise that it was a mental health problem for me.

"Hammersmith Fulham Ealing and Hounslow (HFEH) Mind gave me good things to do when I'm stressed and angry – not just deep breathing but things that work. Like challenging my thoughts and thinking through my responses and how others may receive them."

This story shows the importance of professionals to understand and embrace complexity. Support should centre around the needs of the young person, and their voices should be central to shaping what support is offered.

WIDER CONSEQUENCES OF SCHOOL EXCLUSION

Understandably the process of exclusion causes stress, both for the young person involved and their caregivers. Young people spoke about the difficulties they experienced dealing with their parents'/carers' stress, feelings of shame and disappointment.

> You have to deal with all the stress and getting in trouble at home after being excluded – then your mum has to come in for meetings which annoys her, so she gets angry at me, and I feel crap that she's sad. It's horrible."
>
> – Black, male, age 13

The impact on the wider family and the caregiver, who is often ill-informed of their right to challenge exclusion, is overlooked. Elevated levels of stress may impact on a parent/carer's ability to provide the emotional support their family requires. The lack of emotional support offered to families may also make it difficult for them to manage the transition to another school, home schooling or alternative provision.

POSITIVE PRACTICE EXAMPLES

Below is an example of good practice that prevents and reduces the negative impact of exclusions on young people and seeks to address the barriers young people face so they are able to thrive:

NAME: HAMMERSMITH, FULHAM, EALING AND HOUNSLOW (HFEH) MIND'S EDUCATION INCLUSION PROGRAMME

WHAT WERE THE AIMS?

The aim of the programme is to provide prompt access to effective early interventions to improve students' mental health and access to education and avoid the negative trajectory that often accompanies school exclusions.

WHAT DID THEY DO?

The programme offered student workshops, staff workshops, senior leadership consultations, focus groups and open discussions with students, parents, carers, and education staff for a whole school approach to improve uptake of mental health support in three alternative education provisions.

Students engaged in interactive psychoeducation workshops which explored their reasons for lack of engagement with mental health services, understanding of emotions, emotional regulation, understanding and managing anxiety, self-esteem, stigma, behaviour for learning, and restorative approaches to managing conflict in lessons. Young people who found it challenging to express their worries through words participated in trauma-informed therapeutic interventions such as using art for emotional expression and modulation skills. This was combined with practical strategies to support their mental health.

Education staff participated in workshops on understanding complex trauma and how this impacts student behaviour, secondary trauma, self-care for education staff, and how to identify and manage barriers to academic attainment due to challenging and disruptive behaviour.

Senior leadership teams were supported to assess the underlying causes of challenging behaviour and develop reasonable adjustments to school policies to support marginalised young people. This also included strategic planning of effective early interventions to improve students' mental health and access to education.

The programme supported education providers to identify barriers to academic attainment due to behaviour linked to low mood, anxiety, and emotional dysregulation.

WHAT WERE THE RESULTS?

There was a significant increase in children and young people 1:1 referrals to the HFEH Mind mental health support team.

- 100% of students referred reported knowing ways to support their mental health
- 100% of students understood that their thoughts and emotions affect their learning
- 100% of students involved knew ways to manage their anger
- 100% of students knew what strategies to use to help manage their anxiety in lessons.

Results showed an improvement of 88% in the Conflict with Teachers intervention for young people. All the staff involved reported that the workshops delivered were helpful and relevant. They also reported:

- They were aware of the negative impacts of exclusion on children and young people who experience mental health difficulties
- They were able to explore beyond students' behaviour and address their needs, recognising and placing emphasis on achievements and talents
- They were learning new ways to support their mental health and wellbeing if impacted by secondary trauma.

Overall, there was an impact of 96% for all participants (young people and staff) involved in the Education Inclusion Programme.

Find out more at:
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C. GOOD WORK AND MENTAL HEALTH

Access to good work is described as another factor that protects health. Unemployment, especially long-term unemployment, can have a negative impact on mental wellbeing (World Health Organisation, 2022).

Due to the structural barriers that racialised minorities experience, there are significant impediments to them accessing and sustaining good work (McGregor-Smith,2017). These may be experienced differently due to the intersection with gender, migration history, disability and so on.

In 2021 in the UK, the rate of unemployment across all ages for Bangladeshi and Pakistani (11%), Mixed (10%) and Black (9%) ethnic groups was more than double that of their white counterparts (4%).

Unemployment for women (Bangladeshi 12%, Pakistani 12%, and Black 11%) was slightly higher than for men (Bangladeshi 10%, Pakistani 10%, Black 8%).

The gap in employment between men and women in Bangladeshi, Pakistani and Mixed groups is increasing (Ethnicity Facts and Figures, 2021).

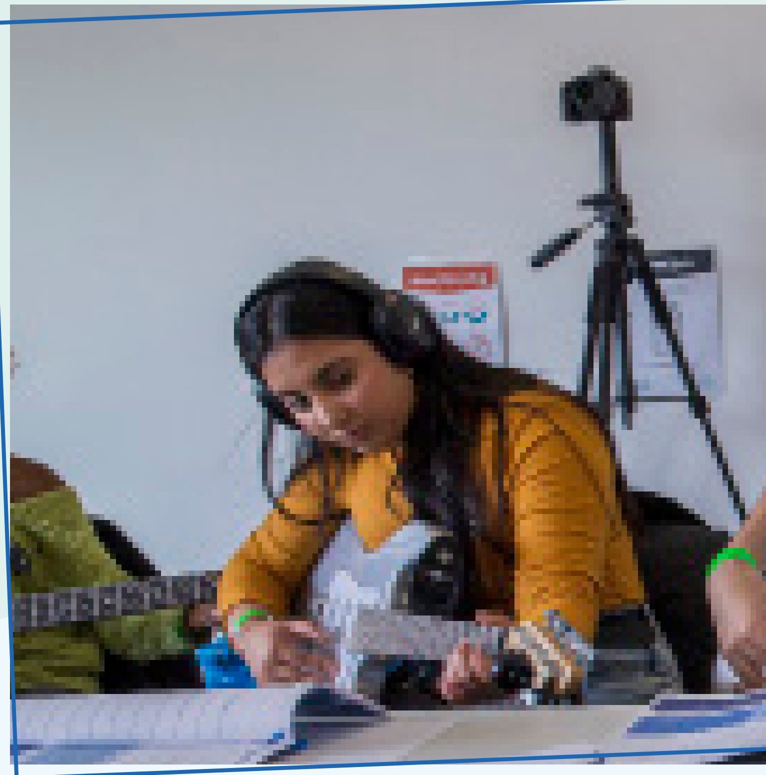
In the UK, 14% of the working age population is from racially minoritised communities and this is predicted to rise to 21% by 2051, according to the Office for National Statistics.

The McGregor-Smith Review (2017) highlighted that representation within the workforce, career progression and outcomes for these groups tend to be lower than for their white counterparts.

For example, higher proportions of people from racially minoritised communities are in low paid work and at risk of unstable working patterns.

The Living Wage Foundation (2022) reported that people from these communities are more likely to be in precarious work and face discrimination, which often negatively impacts the physical health and mental wellbeing of workers (Moscone et al, 2016).

During the Listening Project, young people spoke about the impact of having pre-existing mental health needs on accessing meaningful employment opportunities.



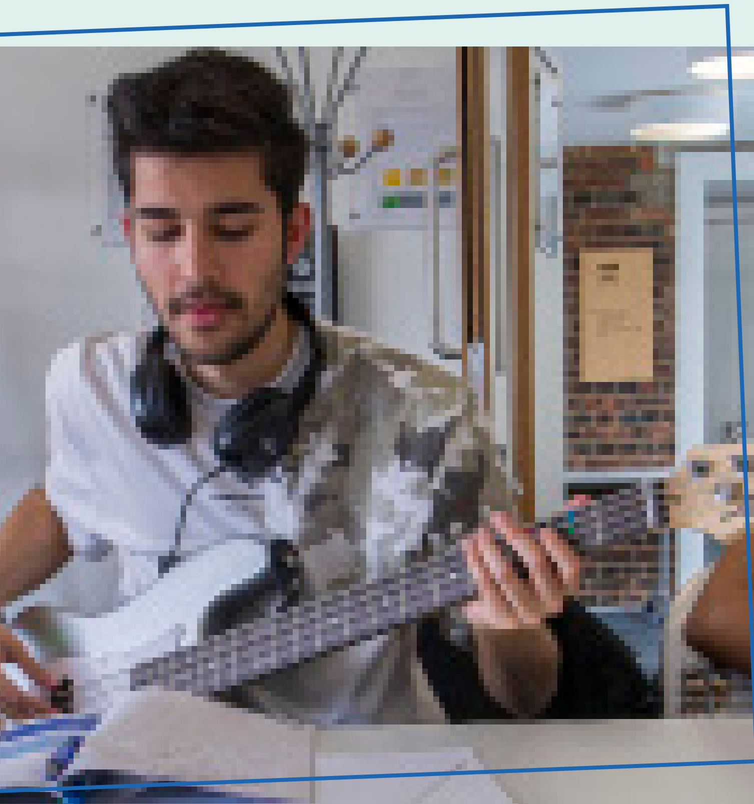
Well, I have anxiety already, which makes it harder to find work."

– Mixed ethnic background, female, age 25

They said experiences of unemployment had a negative impact on their mental wellbeing, creating a vicious cycle whereby their poor mental health hindered their ability to find suitable work. Being out of work makes them feel worse about themselves, which in turn makes it harder to find work.

Yeah, it makes me more depressed because, obviously, there's nothing to do, you just get more depressed when you can't work and you're having breakdowns on your own. You're unable to work because you feel crap."

– Mixed ethnic background, female, age 25



What happens is the more you fail and fail and fail and get rejected, the more people will just give up. Many people will just decide that it's…it's not gonna work. And, and that's how… you know… you get sort of, lost, in a sense. That's how a lot of kids go off the rails, because they're being told that they can't get a job, but they're trying to make it through…"

– Mixed ethnic background, male, age 21

Unemployment also impacts people's personal connections, making them feel isolated because they are unable to afford to pay for leisure activities they would ordinarily share with friends.

You can't go out so, you don't really want to speak to many people, and you don't want to, when you're unemployed, there's not many things you can do, so I guess it makes you want to speak to people less."

– Black participant, age 25

OVERCOMING BARRIERS TO ACCESSING GOOD WORK

Young people who already experience challenges with their mental health may need extra support to be able to work. This could include support to identify suitable roles, with strategies to help them stay well, and with confidence-building so they can make the case for reasonable adjustments that enable them to stay in work.

Research highlights that access to regular and appropriate work can help to prevent the onset of long-term physical and mental ill health and play a significant role in supporting a person's recovery journey. In the current economic climate, young people from minoritised backgrounds find it harder to find jobs. These challenges may be more pronounced if they also experience challenges with their mental health.

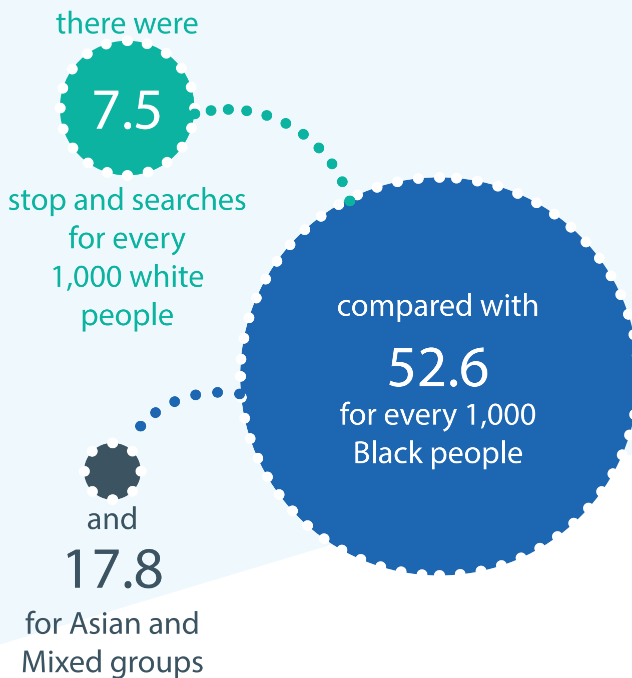
Exploring the role of employment on the mental wellbeing of young people from these communities was out of scope of this research project. Further research is required to understand the needs of young people in work to see how their mental wellbeing can be best supported and safeguarded within and outside their working environment.

D. STOP AND SEARCH

Stop and search is a police power to search a person's clothing, belongings, or body. This can also involve the removal of clothing.

There are stark inequities in stop and search practice for young people from Black and Asian communities and other racially minoritised groups.

Data published by Ethnicity Facts and Figures highlights that in England and Wales in 2020/21



Stop and searches were highest among the 'Black – other' group (158 per 1000).

The practice is often framed as an inconvenience and young people who have been stopped and searched may have internalised this and accepted it as something to expect. This narrative undermines the negative impact that it has on young people who are overly surveilled by the state:

I've been stopped and searched numerous times. It's annoying… I deal with it as a nuisance. It's affecting me… but I didn't realise it."

– Mixed ethnic background, male, age 21

My identity as a young Black boy is seen before me as a person. They see me like a target. When something in the ends goes wrong or stabbings, you're always first to get stopped, or more times there doesn't need to be anything that's happened, they just see you walking down the road minding your own business and they just stop you, for no reason. This makes me bare angry, so I always run rather than let them search me."

– Black, male, age 15

The Centre for Society and Mental Health's REACH study has been working with Black Thrive to explore the impact of stop and search on the mental wellbeing of young people in south London. Consistent with police data, it found Black young people and in particular Black males are being disproportionately stopped and searched.

Their work also found that young people who have been stopped and searched reported higher levels of anxiety and depression.

The young people engaged in the Listening Project spoke passionately about their negative experiences of engaging with the police and called for reforms to stop and search practice. Through listening to our partners, it also became apparent that there is little to no support for young people and their families who are affected by stop and search even in cases of police malpractice. This leaves the young person and the family alone and unsupported to deal with the emotional consequences of this traumatic experience.

The use of stop and search on racially minoritised communities is a form of institutional racism. Young people and partner organisations are calling on local and national health systems to recognise stop and search as a form of trauma, to put measures in place to end discriminatory practices and to provide support for young people and their families who are emotionally and/or physically harmed by their experiences with the police.

E. COVID-19

Multiple studies show that Black, Asian and other minoritised communities in England were disproportionately affected by COVID-19. Communities racialised as minorities were at higher risk of depression and anxiety during the COVID-19 pandemic than their white counterparts (Nguyen LH, Anyane-Yeboa A, et al, 2022).

The pandemic, it's, like, made things a lot harder, it's made my anxiety a lot worse and I think a lot of people, their mental health has been not very well since the pandemic."

– Mixed ethnic background, female, age 25

A survey by the Office for Health Improvement and Disparities in 2021 revealed that, in England, young adults aged 18 to 35 were the group whose mental health was most adversely affected by the lockdown. There was a three-fold increase in reported symptoms of depression during the pandemic compared to pre-pandemic, with young adults, individuals on lower incomes, and those with greater exposure to stressors at particularly heightened risk. The isolation caused by unemployment contributed to this.

Approximately

90%

of university students reported increased depressive symptoms and 60% experienced increased anxiety symptoms during the pandemic

(Chen T & Lucock M, 2022).

However, some young people found the pandemic sheltered them from environments that had not been good for their mental wellbeing.

I think it was mainly the lockdown that helped, because I was mainly away from the pressures of school and constantly being in an environment that I didn't really enjoy."

A study with 40 young people aged 16 to 25 from Black, Asian and minority ethnic backgrounds in south-west London was carried out by University College London in partnership with Wandsworth Community Empowerment Network (WCEN). It highlighted socioeconomic and emotional challenges young people faced because of the pandemic, including dealing with racism and difference. It also suggested new ways to support young people through a future response.

This diagram shows what it found:

Young people were more affected emotionally by lockdown periods. Following the lifting of restrictions, mental health services reported a spike in demand for services (Care Quality Commission, 2022). It is possible we are yet to see the full long-term impact of the pandemic. Meaningful and strategic research is needed to understand the specific COVID-19 experiences of young people from racially minoritised backgrounds, including its impacts and their needs.

Below are two accounts from young people about their experiences during the pandemic and the lockdown periods.

Case study:

PERSONAL STORY FROM A UNIVERSITY STUDENT:

“I am a 20-year-old Nigerian living and studying Cybersecurity at university in the UK. I am a basketball player and play numerous other sports like netball and badminton. My other interests involve gaming, a deep interest in reading and watching manga/anime, and the music genre of Afrobeats. I often lose myself listening to the sounds. I also like finding amazing new sounds and artists in this genre which I would happily give up hours of my day to listen to.

“The COVID-19 pandemic and entering university led me to feel like I needed mental health support. The stress of not being able to genuinely connect with people in my course, the course itself and the never-ending feeling of isolation made me feel like I would fail. The experience of being stuck in my room day in and day out was gruelling and the monotonous trips from my room to the closest supermarket was probably the most human interaction I had for weeks. This was not good for my mental health in any shape or form, and it got progressively worse as the year went on.

“I was also behind on my course which added to the stress. It got to the point where basic activities were strenuous for me to achieve. Being completely honest, nothing necessarily helped. I got adjusted to the feeling of failure and this only changed when an opportunity to talk about my mental health fell into my lap. It adjusted my perspective when I knew I wasn’t the only person suffering with this. It was nice to know I was not alone.

“It has become easier to talk about my situation to other people. Hearing how they have gotten better has given me hope for a better tomorrow. However, I do still feel shame for allowing myself to get to that state and having to repeat my first year due to mental health and struggling with telling my family this out of fear of their reaction.

“I am currently in private professional therapy and that has been a big help for me since it has allowed me to speak and express my mind freely without the fear of being judged. It has been a great help to know that I can talk to someone about everything knowing it stays between the both of us which is reassuring and comforting.”

Case study:

PERSONAL STORY FROM K:

“Hey, I’m K and I’m into creative writing, love interior design and enjoy piecing together outfits. It’s an outlet of expression for me and each thing tells a story. I’m also into bad thriller films and reality TV.

“I didn’t receive professional support until lockdown. Six weeks into lockdown, I went in because the pandemic really heightened things for me. I felt like I needed more support due to the isolation. I generally like being by myself but because of the laws around not being able to go outside of the house, I wasn’t able to go to different spaces if I was having a bad day.”

POSITIVE PRACTICE EXAMPLES

NAME: THE BLACK STUDENTS MENTAL HEALTH PROJECT is an Office for Students (OfS) funded project with London South Bank University (LSBU) that aims to initiate institutional change.

It was set up to promote early access to mental health support services and good mental wellbeing practices and to prevent mental health deterioration in the Black community.

The project team works on the co-creation of proactive and preventative mental wellbeing interventions with Black students for Black students at LSBU.

Good Thinking partnered with the Black Students Mental Health Project to host a range of mental wellbeing resources, including blogs, podcasts and videos created by the Black community at LSBU.

NAME: WEST LONDON TRUST 'PEOPLE LIKE US' is an initiative to give Black, Asian and minority ethnic students at the University of West London (UWL) access to innovative, racially and culturally adapted mental health and wellbeing support. It is designed by students for students in collaboration with wellbeing experts from the community.

People Like Us is a six-week course created by the West London Trust in partnership with the Office for Students and The Recovery College. The first cohort included Black female, Black and Asian LGBTQ+, Black and Asian Muslim students.

There are face-to-face workshops lasting up to three hours each, online peer support and pre-recorded workshops. They are run by peer trainers and mental health practitioners. Sessions were co-designed with the practitioners with lived experience. Through the course, students are encouraged to discuss important issues such as gender norms, microaggressions, cultural identity and racism.

GRIEF AND BEREAVEMENT

Some participants spoke about the impact of bereavement on their mental wellbeing and the strategies they used to cope. This included therapy and engaging in their spirituality.

During the pandemic, the number of deaths from COVID-19 was disproportionately higher for people from Black, Asian, and other minoritised backgrounds (Office for National Statistics, 2021). Tragically many of these deaths occurred during periods of restrictions preventing families from taking part in ceremonies in the UK and abroad. The limitations on communal gatherings further hindered the ability of families to offer and receive vital emotional support during these challenging times.

Based on the disproportionate impact of the pandemic on these communities, it is likely that young people from these groups were more likely to experience bereavement than their White counterparts (Public Health England, 2020). According to Harrop, Goss, Longo et al (2022) the notable gap in research on these communities' experiences of bereavement before the pandemic has not yet been addressed post-pandemic.

Researchers have expressed concerns that young people's exposure to bereavement during the pandemic may lead to complicated grief. They urge services to take urgent action (Weinstock et al, 2021). Urgent investment in research and the provision of suitable mental health support are crucial to address and mitigate the potential long-term impacts on the well-being of bereaved young people.

POSITIVE PRACTICE EXAMPLES

NAME: APART OF ME: DEVELOPING A CULTURALLY RESPONSIVE TOOLKIT

The £1 million Resilience Fund was set up by the Mayor of London to incentivise innovators to develop solutions to key challenges and help London emerge stronger from COVID-19. The fund invested in 10 areas including health and wellbeing.

Thrive LDN ran a Bereavement Services Challenge for the fund. Research shows that racially minoritised groups are less likely to access mainstream bereavement services. The challenge asked young Londoners from ethnic minority backgrounds who had experienced loss to come up with guidance and support for their peers who were bereaved by, or during, COVID-19. It would be accessible and culturally relevant, reflecting their community's history and culture.

WHAT DID THEY DO?

The toolkit was co-created specifically for young Londoners aged between 16 and 23. Some of the young people reflected on their experiences of helping shape the toolkit.

"I realised your culture affects how you deal with grief, and you don't have to stick with it either. It is important to know there are other ways and I don't have to do it one way." Young person – Loss in Translation co-creator

"I learnt a lot about other people's experiences and how they react to loss. I learned so much about myself, and it helped me to reflect on different situations in my life." Young person – Loss in Translation co-creator

Find out more: [Loss in Translation - Get involved]

F. FAMILY

Parents and carers play a significant role in shaping and safeguarding the mental wellbeing of their children and young people. Young people identified their families as sites of safety, comfort, and a place where they felt supported around their mental health.

I prefer to just talk to my mum because I spoke to her about problems before."

Families were also identified as places where they did not always feel understood and, for some, conflict between generations and even trauma was an issue.

Young people recognised that supporting family members during challenging times can be a strain on both parents and siblings:

Knowing your child has mental health challenges puts a lot of stress on families. Therefore, more needs to be done to also help the families."

My sister suffers with a lot of stuff. I have to sit there and calm her down. I'm the only one in the family that knows how to deal with her, and she won't talk to anyone else apart from me."

RELATIONSHIPS WITH PARENTS

Some participants described family relationships that were strained.

David (pseudonym) described being thrown out by his family and the difficulties he faced. While he had nowhere to live, he had a mental health crisis and needed hospital care. He felt intensely alone. The housing authorities did not show understanding but by chance he found a community organisation which was able to help him get a place to live.

Some young people spoke about not being able to speak to their parents. Reasons were varied, including not wanting to worry them.

I love my mum and I talk to her about a lot of things, but sometimes there's things I want to keep to myself, and not make her worry as well."

Some said their families did not speak openly about mental health, and they were concerned that their parents may not understand:

Sometimes I'm confused because in my family this stuff isn't really spoken about and I can't really tell my parents about seeing a therapist because I don't know how they're going to react, if that makes sense? I feel like, being from an African family, these sort of things aren't really spoken about openly and a lot of people in the community don't really know much about it."

– Black, female

Often, they didn't know when they needed services due to not knowing or learning about it prior especially as some countries 'don't talk about mental health.'"

– Latin American, female, age 15

The terminology of 'mental health' is non-existent within my wider family (community), the word depression just means being lazy."

– Asian, male, age 24

THE ROLE OF ELDERS

The work we did with South Asian communities highlighted the significance of elders. In Asian families, elders are typically held in high regard. Respect is usually shown by listening to and reinforcing their views, including on mental health. Young Asian people may be less likely to challenge these views.

Mental health issues can be perceived as a sign of the person lacking faith, particularly among older people who may hold this belief more strongly. This can create rifts between younger and older generations. They can also make younger people less likely to seek support. This can be because they perceive their mental health issues as being solely related to faith, or because they feel pressure from the family not to access services.

Many elders believe that if you are fully committed to God and are of practising faith then there is no way you can struggle with mental health problems, your poor relationship with God is why you suffer. This can make things even harder."–

– Asian, male, age 26

Having structurally close-knit faith communities, where older generations often determine what is acceptable to discuss, makes it harder to shift cultural attitudes. Those who go on to access mental health support often do so in private to 'save face' as mental health difficulties may threaten a person's reputation, marriage and/or job prospects.

Whenever I mention my mental health difficulties to my parents, they tell me to make sure I don't mention it to anyone else, otherwise no one will marry me."

– Asian, female, age 24

Feelings of shame may result in young people repressing their difficulties, not seeking support, or seeking it from anonymous sources away from their community and missing out on the encouragement they would like from those close to them.

Whenever I come back from a tough session of therapy, I wish I could confide in people from my own community, my friends from other backgrounds really don't get some of my problems."

– Mixed ethnic background, female, age 14

I'd definitely say [what is needed is] more family support and more understanding."

– Mixed ethnic background, female, age 14

INTERGENERATIONAL TRAUMA

Many young Asians reported living in households where experiences of hardships were common but were not acknowledged as trauma. Some talked about the anxiety and guilt this caused them.

My grandmother wasn't able to process her past and as a result my mum inherited her pain and now, I am forced to reconcile with a past I did not choose."

– Asian, female, age 19

Whenever I ask Dad what it was like growing up as a brown kid in the UK during the 80s, he just gets angry at me and doesn't answer the question."

– Asian, male, age 19

Sometimes the constant comparison to life and the hardships of 'back home' makes it hard for me to find space to talk about how difficult I'm finding things; it makes me feel overly entitled and weak trying to find support for myself."

– Asian, female, age 22

Parents and grandparents who migrated to the UK from countries affected by the legacies of slavery and colonialism may have experienced significant hardships when compared to their children (James, 1992, Joseph Rowntree Foundation, 2007 & Bornstein, 2017).

Consequently, their thresholds for stressors may be higher. To some extent, these experiences are so pervasive that they become normalised. There may also be cultural and generational differences that influence how comfortable parents from the global majority may feel speaking to their children about mental health.

I just think that she doesn't really understand, because from where she grew up, or her parents, it was more of a taboo to speak about mental health."

– Mixed ethnic background, female

Being Black African obviously, my parents don't really believe in mental health problems. So, it's very hard to talk to them especially about it because they'll probably just be like, 'deal with it,' or 'it's not that important, mental health is not that important. If you're not physically unhealthy then there's nothing wrong with you.' Kind of have that ideology. So, it's also hard to speak to my parents about the situation."

It is important to recognise that parents from all ethnic groups may find it difficult to understand or gain insight into the challenges children and young people experience in the present day and how this may impact on their mental wellbeing.

Young people also spoke about feeling pressure from their families to achieve academically. Feelings of pressure may be heightened if they are aware or reminded of the adversity their parents and grandparents may have experienced during their childhoods and the sacrifices, they may have made to create better opportunities for their children.

Being Asian, mental health is something you do not talk about at all – not at home or not with family for example. They think it's just an excuse or like you're less of a person and just want you to succeed in a career no matter how you feel and just keep going. In my culture you're just expected to get on with things, no matter how you feel. You wouldn't use services if your parents knew as it brings shame on the family and that's mad pressure that you just don't want."

– Asian, male, age 19

When I was younger it was a lot worse. Well, 13, 14, I wouldn't socialise as much. I was quite insecure. I wouldn't eat as much, and that took a toll on my studying and stuff, and because studying had big pressure, especially in the Black community, it took a big toll on my relationships with family and stuff."

– Black, gender and age not disclosed

Young people who had accessed mental healthcare said services do not understand the role of intergenerational trauma: how it can be internalised and lead to present-day mental health difficulties. Services that are unable to understand the influence of historical, economic, and socio-political contexts are likely to be less effective and at times may even trigger or re-traumatise the young people they aim to support.

INTERGENERATIONAL WISDOM

Although tensions between generations may arise, intergenerational wisdom is valued. This refers to ideas, knowledge and skills are passed from one generation to another. According to research, many young Asians have found this type of knowledge helpful in managing their mental health difficulties (Prajapati R, Liebling H, 2022).

Examples of this knowledge include the importance of keeping a routine amid daily challenges, maintaining mindfulness and gratitude, keeping a resilient spirit, turning to prayer when faced with challenges, and living within one's financial means.

Growing up, my elders have really focused on the idea that keeping a routine is what keeps you going when life is tough."

– Asian, male, age 26

Being mindful and expressing gratitude in my daily life has helped me feel more positive."

– Asian, female, age 22

I feel that sitting down and listening to my grandmother and the ways in which she dealt with hard times is useful for me to find ways to also help myself."

– Asian, female, age 23

FAMILY EXPERIENCES OF YOUNG PEOPLE OF MIXED ETHNICITY

There is limited research on the experiences of young people with a Mixed ethnic background in the UK. The evidence that is available suggests that young people may experience racism and prejudice within their family and/or witness these behaviours being directed towards parents, other family members and friends.

Young people from the Mixed ethnic group may experience racism inside and/or outside the home. They may experience prejudice from family members who share an ethnicity that is minoritised and may also experience privileges that are not afforded to people from their community who are racially minoritised. This can be difficult to navigate. The experience of people of Mixed ethnicity is often shaped by factors such as their phenotype, socioeconomic status, gender, age etc.

Although colourism was not explicitly mentioned by the young people across all the ethnic groups involved in the Listening Project, Williams (2018) highlights that this form of prejudice, which discriminates against a person based on their skin tone, may be experienced by young people within and outside their families.

One young man from a Black Mixed heritage background described how he experienced racism from his family members and how difficult it was for him growing up trying to navigate situations where things had been said to him directly or indirectly. He recalled a time when his grandmother called him a "monkey" and when his family members would make racist comments that reinforced negative stereotypes of Black African and Caribbean heritage.

He spoke about how difficult it was to challenge racist comments and deal with the white fragility of his family members. He was always concerned about the impact of this on his relationships with them and the emotional labour it entailed. This is reflected in other research that has explored the experiences of young people with Mixed ethnic backgrounds.

G. FRIENDS AND PEER SUPPORT

VALUE OF KINSHIP

Young people often described the solidarity they shared with friends. They described sharing their feelings and encouraging each other to access support.

They said they would see value in mental health champions who were similar in age to them with similar lived experiences, so they could be part of a wider community instead of feeling isolated with the challenges they face.

Create listening groups which bring people who are experiencing similar challenges together."

Young people also need to hear more success stories. If a young person sees that their peers were helped in their recovery by a particular service, they are more likely to use it. Service providers and users need to work closely to generate success stories.

Some young people talked about the strain that providing support to others put on them:

A lot of my friends have mental health problems, and I feel like I'm the therapist to them, so I want to be there for them to talk to. I feel like if I'm concentrating too much on me, then I won't be there for them, so I, kind of, suppress my emotions and my feelings, and put it to the side, but it's bad because there's just times I have outbreaks, and like, being very emotional, and I don't understand why. Then I realise it's because I've been hiding my emotions for so long."

– Black participant

Stories like this may suggest that wider services are not responding adequately to the needs of young people from Black backgrounds, resulting in young people turning to their existing networks to fill the gap.

I think it's important to realise that we, as Black women, are supposed to be helping each other but also, when we have very low times, there should be an opportunity to confide in someone, seek support. I think there is definitely a barrier for young, Black women in this day and age."

– Black participant

POSITIVE PRACTICE EXAMPLES

Peer Power is a good peer support model. It is an empathy-led social justice charity working with young people aged 16 to 25 to heal trauma and adversity through caring relationships and supporting them to influence and inspire action. Young people and adults work together to find power and positivity in their stories.

LAMBETH AND SOUTHWARK MIND'S KINDRED MINDS GROUP

Kindred Minds was a drop-in group for people with African/Caribbean heritage experiencing difficulties with mental health. Participants were free to choose topics to discuss at fortnightly two-hour sessions focused on shared learning and friendship.

A member of the Kindred Minds group said what made it special was that it was a "therapeutic intervention that didn't feel clinical."

TARAKI WELLBEING

WHAT WERE THE AIMS?

Taraki was commissioned by Student Minds to deliver peer support spaces for post-secondary Punjabi students to discuss, learn and access support for mental wellbeing. The key aims of the project were for students to:

- Feel connected and comfortable in a culturally safe environment.
- Learn about wellbeing and how to support themselves.
- Build and be part of a sociable and supported community.

WHAT DID THEY DO?

Taraki ran two groups, one for Punjabi students generally and another specifically for Punjabi LGBTQ+ students (in partnership with The Open Minds Project).

They planned and delivered 12 wellbeing sessions for Punjabi students between them.

Sessions for the Punjabi students focused on anxiety, setting boundaries, power of celebrating their whole selves and building emotional resilience, dating and relationships, creative mindfulness and overcoming self-doubt.

Sessions for the Punjabi LGBTQ+ students focused on unpicking their lockdown experiences, dealing with loss, relationships, growing their joy and two open support sessions focusing on areas such as 'coming out', experiencing bullying and racism, experiences of homophobia, trauma and empowerment.

These sessions took place online once a fortnight for three months.

WHAT WERE THE RESULTS?

Across all sessions, many students strongly agreed that their prior knowledge of the topics discussed was improved (68%) and that they had learnt tips about wellbeing (71%). Feedback from the Punjabi LGBTQ+ students space showed similar levels of improved topic knowledge (64%) and new learning about wellbeing (77%).

Find out more:
www.taraki.co.uk
Email: info@taraki.co.uk

5. What young people said about mental health support in London: the racialised experience

WE SOUGHT DEEPER INSIGHTS INTO YOUNG PEOPLE'S VIEWS AND EXPERIENCES OF MENTAL HEALTH SUPPORT IN LONDON. THESE IDENTIFIED SEVERAL WAYS TO ADVANCE MENTAL HEALTH EQUALITIES, INCLUDING CULTURALLY ADAPTED INTERVENTIONS, TRAINING, AND SUPPORT FOR STAFF WITHIN THE MENTAL HEALTH SYSTEM, YOUTH RESEARCH, AND PEER ENGAGEMENT OF YOUNG PEOPLE FROM BLACK, ASIAN, AND LATIN AMERICAN COMMUNITIES.

5.1. Previous experiences

Many of the young people who took part in the Listening Project had tried to access mental health support previously. Many said they did not feel listened to and did not have a tangible or helpful outcome.

Case study:

A YOUNG PERSON'S EXPERIENCE IN CAMHS

"I'm 16, quiet, observant, and awkward. I like my own space. I am very understanding and hard working.

"I got support from CAMHS [child and adolescent mental health services] because of some trauma I had in my past. In my opinion it didn't really help me, it just made me feel worse. This is because they kept bringing up the past instead of actually helping me and they didn't try to find out what type of technique would help me manage my emotions. Nothing really changed but it helped me realise that I'm the only person that could help myself.

"So far, I've supported myself. What helps me is accepting that I'll always be happy or sad. In life there always has to be a balance, and that's the only way we can evolve mentally and emotionally. So, it's pretty much just accepting my emotions that helps me when I'm in a situation."

Other young people said:

I'm quite disappointed with the mental health services. I tried CAMHS twice. I expected more support and consistency. It seems like they only do it for show. It's difficult to open up to people about trauma and mental health — it's difficult months later to engage with a different person asking the same questions but has the same outcome: nothing."

– Black, Mixed background, female, age 17

I tried to ask for help once from CAMHS and my mum said that it didn't go through. It was after one of my boys was stabbed, I kept having nightmares and wasn't sleeping and just crazy times. They never said why they couldn't see me."

– Black, male, age 15

[CAMHS] are not for people like me. Like, as a young Black boy, they can't relate at all. A lady came into school to see me anyway. She didn't try to get to know me, I felt bare suspicious of her. I just sat there with one-word answers – in the end it was like I was doing therapy for her as she was talking about her life, and I was listening."

Experiences such as those shared above can deter some young people from seeking further support and add to their distrust of the health system.

Other young people described their experiences "very transactional" or not properly developed. One young person said: "I just want to be listened to…there should be more facilities and more of an effort…made for introduction and understanding between the service provider and the young person." Overall, they perceived referrals to be tokenistic and felt that the mental health professionals delivering the intervention did not develop a good rapport.

The lady [from CAMHS] asked questions like she was trying to trip me up to say something bad, then tell it to others like my teachers. Then they could use it as the final reason to perm [permanently exclude] me and send me to PRU [pupil referral unit]."

– Black, male, age 13

They assigned me a person who I didn't understand and didn't understand me – just sat there taking notes rather than understanding how I felt or how it made me feel. She just used to write it down and that was our session. It was just like someone ghost writing my autobiography. ... You feel like a burden, like they're in a rush to get things over and done with."

– Mixed ethnic background, female, age 17

In addition, there were concerns that bias towards young people seeking treatment from ethnic backgrounds may result in unfair and poor treatment from providers.

A few participants spoke of positive experiences. One young Londoner who has been receiving treatment for anxiety and depression for almost 10 years and currently experiences challenges when leaving their home, recalled having positive experiences of the mental health system:

So yes, for me talking to my doctor was – I knew I was talking to my doctor and that I was going to get a result that would be helpful to me. I wasn't worried about, kind of, being brushed off or, or ignored."

– Black participant

Their confidence came from having observed their sister accessing the system. This is an example of how giving a good experience to service users can positively influence people who have not had previous contact with the health system to seek help.

They also mentioned that the GP had prescribed medication and within six weeks they had accessed counselling:

I was supported from that moment. I was put on medication pretty much immediately. Yeah, that day I was prescribed medication. Within, I'd say within about six weeks, I was in counselling."

Being Latin American, there is already a pre-judgement made about me which can impact the service received. It also heightens my anxiety. There should be a cultural understanding."

I feel like names and accents also play a huge part as well, when you call up and just, like, the way they act towards certain races is a bit different. You have to go through longer procedures, you have to wait, people don't take seriously what you said about the going private stuff, 'cause with some neurodiversity you have to pay to actually get diagnosed. Like, knowing that I have something and not being able to get certified for it because I can't afford it essentially, it's a bit long. So, I went throughout the entirety of uni without the help I could've accessed."

– Black, female

5.2. Access

Work by community organisation Partisan found that accessing traditional mental health services is often too complex for individuals from marginalised, stigmatised and excluded groups.

The consensus among the young people was that there is distrust and scepticism about mental health services and the adults who work in the statutory sector. The perception is influenced by their experiences of discrimination when trying to access services, and their concerns about breach of trust and confidentiality.

Some young people spoke about experiences when they tried to get help of not being listened to and feeling that white bodies were more important than other bodies:

In college, as a minority asking for help was almost declined in a nice way, whilst they made more of an effort with a white student – more and immediate help was offered to her. This then stops me from wanting to access mental health services."

– Black, female, age 19

I was crying due to the trauma and issues I was talking about, and she [the healthcare professional] wasn't listening."

– Latin American, female, 16

One participant moved boroughs and shared her observation of the patchiness of mental health services compared to where she had moved from:

I feel, in south London, it was a lot better than where I am now. To see the doctors around here, you can barely get an appointment."

– Black, female, age 25

Many reported that not only were waiting lists for therapy long, but support was ended too easily and not having enough time to work through the trauma they experienced:

They contact you once asking questions and if you miss the next call, you don't hear from them again."

– Mixed ethnic background, female, age 17

Although the Listening Project did not explore in detail the reasons why young people would choose not to work with a professional when they need support, there were concerns about confidentiality, the risk of negative consequences - for example being bullied, seen as less eligible for marriage, or affecting the reputation of their families - and how the racist mental models held by staff could negatively impact their lives. The below quote from a young person highlights how actions of staff negatively impacted them:

I used to see my CAMHS lady talking to my teacher after we spoke. They were discussing what I said in my meetings with CAMHS; my teachers dislike me and now I've been permed [permanently excluded]. I'm sure school worked together with CAMHS to get me out."

– Black, male, age 15

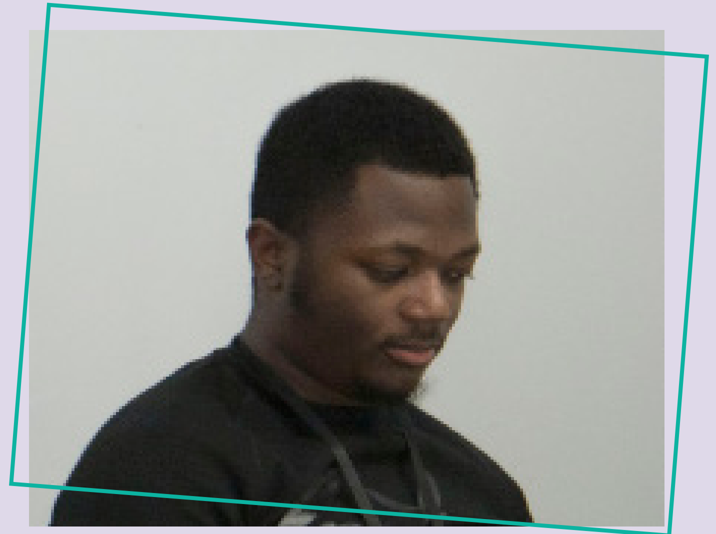
Even when young people wanted to access support, the hurdles they had to go through put them off. They described the processes as long. They mentioned not being able to access resources because of internet access or bad connection, poor communication from services, and having no communication after they made contact.

There is a prevailing narrative that racially minoritised communities do not wish to engage in talking therapies. However, the Listening Project found that young people were open to engage even if it was something they had not tried before:

I feel like it would also help talking to someone because more time, it gets, like, overwhelming, I'm trying to keep it all in, I'm trying to put up a front."

– Black, female

The Lambeth Young Black Men's Mental Health and Wellbeing project produced by Black Thrive Lambeth and South London and Maudsley NHS Foundation Trust in 2020 highlighted that Black men wanted therapy in safe spaces where they could be authentic and express their emotions.



A. BARRIERS TO ACCESS: LACK OF TRUST

During this project, young people frequently said they have struggled to trust health systems because of previous experiences.

I've spoken to my GP, they referred me to CAMHS. I don't trust their agenda and I don't think that someone I can't trust can actually help me."

– Black, male, age 19

Some young people shared that the way mental health support was offered to them would influence their perception of services. For example, one young person said: "The service is forced on me" which resulted in them not wanting to engage.

For other people, it was their experience of services. Some young people felt they were not listened to at their initial appointment with the GP but were directed straight to medication when they were seeking more of a talking or individualised approach.

Others felt unwelcome or out of place in mental health services.

I didn't like the environment of CAMHS; I could tell from as soon as I walked in that it wasn't for a Black person like me."

– Black, male, age 19

Participants also described situations where their needs were ignored even when they were brought to the attention of practitioners:

> For me it really didn't work [referring to cognitive behavioural therapy via an app]. Like not in the slightest. It wasn't useful to me. I couldn't engage in it and I'm that kind of person, I really need talking therapy. I need to be speaking to someone… In the past when I was younger that is what worked for me. When I expressed this to the counsellor from [the Mental Health Trust] they discharged me and didn't offer me what I really needed."
>
> – Black, female, 26

It is inherently important for services and professionals to earn trust from young people.

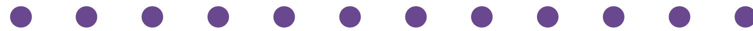
> They can be any age. Their race doesn't matter – if you trust them that is what matters."
>
> – Black, Mixed background, female, age 14

To earn trust from young people when they access services, anything written or discussed between professionals should also always be shared with the young people. Exploring how young people can set personal boundaries in unsafe and vulnerable situations could be useful to support them through these challenging experiences.

It is the responsibility of services to create and earn trust from young people by hearing them without judgement. It is important to consider how this is actioned authentically and without censorship.

Services can support their professionals to explore personal biases and create spaces for reflection. There is compelling evidence that reflective practice improves accessibility and outcomes.

Individuals from historically excluded groups realise that value and expertise can also be sourced from lived experience, community, traditional knowledge, and understanding how differences in social position and power underlie their experiences.



B. BARRIERS TO ACCESS: CONCERNS ABOUT CONFIDENTIALITY

Young people were aware of the risks of sharing personal information about their experiences and were fearful that the response from the statutory institutions might be disproportionate:

> I think the anonymous thing works a lot, because some people really want to get help, but they're too scared about their identity coming out, and then they get actions taken into place. Like, I know a few people will talk to people about their family situation, and then social services will come, and I feel like a lot of people are scared of that because, yes, family issues may arise at home, but it doesn't mean they want social services to get involved. So, I feel like, for example, Childline is really good because it's anonymous, and you're still getting the help you need."
>
> – Black participant

Distrust in the system is reinforced by the actions of practitioners and the influence of legislation, policies, and processes that shape their decision-making. Practitioners' behaviours may sometimes be guided by racially biased views, resulting in decisions that cause harm. Consequently, such actions undermine the trust that communities place in statutory services, diminishing the likelihood of community members seeking the help they need (Black Thrive, 2022).

> I don't trust them, I don't trust any service as they're all the same, all connected – social services, mental health, and the feds. They're all one. Tell one something and they all talk to each other and know your business. If I don't trust the police cos they're racist and target me, why should I trust any other service?"
>
> – Black, male, age 15

Another barrier which young people mentioned

highlighted was perceived "gossip." They felt they needed to prevent their mental health being spoken about negatively.

> People pass on rumours, so I don't trust anyone."

One young person shared concerns around "being judged for accessing support… [and having]… rumours spread… [among their]… peers."

As mentioned above, it is important to share information with young people especially communication between practitioners and institutions.

C. BARRIERS TO ACCESS: INFORMATION ABOUT SERVICES

Young people felt there is a lack of concise information about their local services, and some said that they were not sure that certain types of support were meant for them.

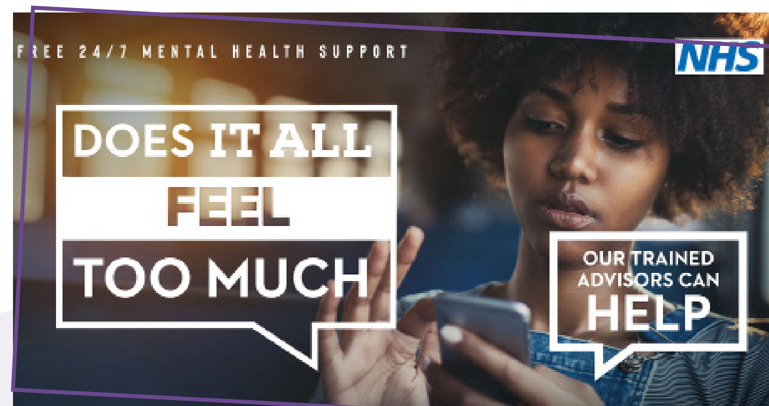
They were unclear about how services work or how they could support them. Young people were also unsure about how to get access services and how long it would take. Stories in the media that mental health services lack capacity also played a role in deterring some young people from seeking the assistance they needed.

Young people said the most useful ways information could be presented were in a simple directory, potentially on wristbands with information on crisis or urgent mental health support, and in easy-to-follow explanations about the process and expected outcomes.

They wanted more signposting in youth centres, in schools and on social media. They mentioned schools need to remind students about where to go.

Posters are normally not noticed in places they visit. Young people felt that they should be a part of the design process for developing posters and creating content for social media.

In December 2021, Healthy London Partnership (now Transformation Partners in Health and Care) launched a campaign to raise awareness among young people and their families of London's free NHS mental health crisis lines.



The Open Your Mind campaign was developed with feedback and input from young people and parents, and shared messaging on social media and in education and community settings, GP surgeries, etc. Resources included printable posters and digital assets including social media assets and a short animation, which have been made available for health, education and voluntary and community providers to download and share locally.

Crisis lines leads noticed that when the crisis lines were advertised with schools, young people, families and other stakeholders they would see an uptake in calls. Feedback during the "Open your Mind" campaign was that they were getting more appropriate calls in terms of need and also from young people within the geographical areas that they support, rather than from other boroughs.

D. BARRIERS TO ACCESS: WAITING LISTS

There was a strong consensus among young people that waiting lists for psychological support are too long:

It takes long to be referred just to do the bare minimum. I waited for months and months to get seen by CAMHS."

– Black, female, age 18

Like, even for me, I've been on the waiting list since uni and they did say it takes a very, very long time and they would get back to me. But it's really strange, how the system here says it tries to be fair but it's not as fair as they think it is."

– Black, female

They also mentioned that long waiting times can add to the stress because they must tell their story multiple times to different people to stay on the list.

Young people also spoke about interventions being too short term.

They don't stay on top of the problem long enough to make a change."

– Mixed ethnic background, female, age 17

E. BARRIERS TO ACCESS: LANGUAGE

While most of the participants in the Listening Project spoke English as a first language, for some, language was a barrier to accessing mental health services.

This was raised by young people with refugee or asylum seeker status and Latin American young people.

The challenge of communicating in English when translation is not available is a significant stressor for those whose first language may not be English. They also highlighted nuances. In certain languages, such as South Asian languages, there may not be a commonly used or exact translation for words such as 'depression.'

Having a therapist that speaks the same language as me would be so helpful. Everyone has their own words to express how they feel and how I actually feel is sometimes lost in translation, I wish I could use my own words."

– Asian, female, age 16

Continuity in translation services is also vital.

There is trauma when the staff is constantly changing. The translator changed every session which made it difficult for me."

– Latin American participant

Young people spoke about feeling overwhelmed by text-heavy resources and clinical jargon used in CAMHS.

Too much clinical acronyms and jargon can be off-putting."

Black African and Caribbean communities have described "institutional mistreatment from mental health services and communication difficulties due to misinterpretation of different uses of language and gestures" (Linney et al, International Journal for Equity in Health, 2020).

Cultural responsiveness that builds on community strengths is vital to improve access and engagement with care and improve communication with young people. It is important that mental health and wellbeing resources are translated for individuals who do not speak English as a first language. However, translation services and translated resources alone are not enough to overcome cultural and linguistic barriers. To provide culturally responsive services, interpreters and advocates must be appropriately trained in anti-oppressive approaches to work effectively with diverse communities.

Young people proposed that mental health professionals should engage in conversations about mental health with community groups using the language spoken by these communities. They see this as a potential solution to overcoming barriers of language and stigma. They felt that if mental health professionals use a shared language which integrated words and terms that hold cultural and linguistic relevance this would enhance understanding and communication.

F. BARRIERS TO ACCESS: ADULTIFICATION

While young people from all racially minoritised groups may experience racism, it is important to recognise this can manifest differently across ethnic groups. For example, Black young people are more likely to experience adultification, where they are treated by professionals and wider society as if they are older than their years. Davis (2022) describes the process and impact of adultification for Black children and young people:

"A persistent and ongoing act of dehumanisation, which explicitly impacts Black children, and influences how they are safeguarded and protected. This form of bias spans pre-birth and remains on a continuum to adulthood. Where at this juncture it becomes absorbed within the normative negative racialised experiences many Black adults encounter throughout their life course.

Adultification may differ depending on an individual's intersecting identity, such as their gender, sexuality, and dis/abilities. However, race and racism remain the central tenant in which this bias operates."

Adultification can lead to the vulnerability of young Black people being overlooked. Young people frequently spoke about times when they felt their youth and vulnerability had been disregarded and that they had received punitive responses to their trauma and distress rather than the support they needed:

I was sent to CAMHS because my behaviour changed… School just sent a referral without asking my mum.… I just don't like certain teachers and they want me out of their school, so they are coming at every angle to get me out – even using CAMHS."

– Black, female, age 14

Emerging research shows that young Black people are exposed to more direct and indirect harm because of prejudiced ideas and mental models (Williams, 2018). These views contribute to the creation and delivery of prejudiced policies, processes and procedures which reinforce the idea that vulnerable young Black people are responsible and culpable when they are in need of support and protection.

I went to CAMHS in year 7, it was rubbish, I just kept going as it was like having a free lesson and time away from doing my work... I think they think that I fit the view of the stereotypical boy who should be in a PRU [pupil referral unit] because I'm Black, tall and they don't know how to deal with me."

– Black, male, age 13

One study (Davis 2022) suggests that to recognise adultification, unethical behaviour needs to be confronted and professionals need to be held accountable. The workforce should be more self-reflective in their approach and review their biases in line with child welfare and equal rights laws and use supervision to explore whether young Black people are being discriminated against within their services (Davis 2022).

G. BARRIERS TO ACCESS: SERVICES FAILING TO RESPOND TO COMPLEXITY OF NEED

Young Londoners are a hugely diverse group. Differences in responses between young people taking part in the Listening Project related to their race, ethnicity, age, sex, gender, experience of services, and social determinants of health. When exploring their experiences, it is key to explore their experiences through the lens of their multiple social identities and not just one identity descriptor or protected characteristic. Services need to hold, manage and support the complexity of young people's needs and experiences to avoid creating further barriers to accessing services for groups with complex needs.

Young people said there was a need for services to "stop putting everyone in the same box, we've all got different ways to cope, just try to find out what is suitable for each person."

NEURODIVERSITY

Some participants highlighted that NHS systems were not designed for neurotypical people, and this has created barriers to access. Culturally responsive services would be more attuned to this:

I'm neurodivergent, so it makes it very hard for me to do simple things like ring people up, send emails and all of that. And because I have to get in contact with, like, five different people, it ends up taking three months. So, yeah, just making it more accessible."

– Black, female

For example, Nathaniel (pseudonym) is a neurodiverse 15-year-old Black Caribbean young male from a working-class background. It is likely that Nathaniel's behaviour will not be understood as something potentially symptomatic of him being neurodiverse; instead, professionals may interpret Nathaniel's behaviour as signs of aggression and poor conduct due to Black boys being stereotyped as angry and deviant. If Nathaniel was a child from a White ethnic background, while he might still experience bias, assumptions about his anger might be interpreted differently (Smiley and Fauknle, 2014 & Cooke and Halberstadt, 2021).

FAITH

More than half of young British Muslims have suffered poor mental health, and around a third have had suicidal thoughts (Muslim Youth Helpline, 2020). Racially minoritised communities who identify as Muslim often receive increased attention from the police and security services, at times causing 'othering' of the communities concerned. Muslim communities feel they are over policed and unfairly targeted. The government's Prevent programme has received criticism because it can lead to 'over surveillance' and reinforce negative stereotypes of Islam and Muslim communities (Busher et al, 2017; Sabir, 2017). Specifically in the context of education, Prevent has been criticised for having a 'chilling effect' on free speech and expression, and deepening suspicion of Muslim young people (Scott-Baumann, 2017).

Within a therapeutic setting practitioners may fail to grasp the relevance of a young person's faith or make assumptions that present their religion in a negative light.

I think different types of therapy that suit people from ethnic backgrounds, that take into consideration their religion and culture would mean that people like me would be more likely to use the service and have faith in it to be useful and not shame me because of rituals and traditions that only people in my culture understand."

– Asian, male, age 18

I've been engaged with mental health teams over a few years now and it seems that none of them really understand that my religion is my way of life and that I'm thinking according to my religion - my difficulties and 'dysfunctional thoughts' would make much more sense to a professional who is from the same faith as me or is at least willing to learn what my faith means to me."

– Asian, male, age 23

MIGRATION HISTORY AND IMMIGRATION STATUS

While many of the young people who participated in the Listening Project identified as British, some spoke about the experiences of migrating to the UK and mental health support. Migrants may be at increased risk of mental health problems because of their experiences prior to, during, or after migration to the UK. The World Health Organisation (2022) estimates that among those who have experienced war or conflict in the past 10 years, one in five will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia, and one in 11 will have a moderate or severe mental health disorder. 3-4% of migrants suffer with 'severe disorders' such as psychosis and 15-20% with 'mild to moderate' disorders after humanitarian crisis such as fleeing their country (Daynes, L, 2016).

Rates of disorders related to extreme distress are higher in people who are forcibly displaced. In cases where past experience of traumatic events is not the only source of psychological distress, most emotional suffering is directly related to current stresses and worries and uncertainty about the future. (Migrant Health Guide, Office for Health Improvement and Disparities, updated 2022.)

They may face additional barriers due to lack of legal documentation and fear of accessing public services, including health systems, or not being able to afford treatment they need.

Data suggests that accessing services is a particular barrier for those without legal documentation: "One in five Latin Americans have never been to a GP in the UK (19%)" (McIlwaine, C et al, 2011). Among Latin Americans migrating directly from Europe, one in six have never accessed GP services (McIlwaine, C and Bunge, D 2016).

Young people spoke about the need for services and the workforce to empathise and acknowledge the challenges that they, and the people who care for them, may be facing, and to have conversations about helping them to develop their confidence and reach their potential. Cultural awareness of migration history and the implications for undocumented people should be covered by cultural capability training in mental health services. Their experiences also highlight the implications of the 'Hostile Environment' and that some may fear negative consequences of accessing services (e.g. incarceration, deportation etc.)

POSITIVE PRACTICE EXAMPLES

NAME: MULTI-ETHNIC COUNSELLING SERVICE IN WATERLOO (MECS)

WHAT ARE THE AIMS?

Waterloo Community Counselling provides counselling and signposting for people who have migrated to the UK under challenging circumstances. This service is called Multi-Ethnic Counselling Service (MECS).

It works with migrants, refugees and asylum seekers who have survived exile, torture, human trafficking, modern slavery, and other political and economic turmoil. After fleeing these difficult circumstances, they are not only in need of a new home but also support for the trauma and psychological distress caused by migration and persecution.

WHAT DO THEY DO?

MECS offers mother-tongue counselling in multiple languages for refugees and asylum-seekers aged 18+ along with talking therapy services for people from ethnic minority backgrounds living in Lambeth and Southwark. The staff are diverse, with a wide range of professional experiences including psychotherapy.

MECS also uses its pan-London network to signpost and refer clients to:

- English classes
- Housing/immigration advice
- Food banks
- Psychological support for asylum seekers
- Other community organisations that can connect clients with people from their own country.

WHAT WERE THE RESULTS?

Outcomes of MECS in 2021/22:

- 304 referrals received
- 27 different languages offered to clients
- 237 clients supported were refugees or asylum-seekers
- 201 clients supported were victims of modern slavery or human trafficking
- 70% of clients reported improvements in their mental health.

Quotes from clients:

"I feel I now believe in myself and can progress in my life. Counselling helped regain a part of the self that was lost some time ago."

"I was able to manage and control my anxiety and panic. Throughout the therapy, I was motivated to make a change in myself."

Find out more

Website: https://waterloocc.co.uk/multi-ethnic-counselling-service/?doing_wp_cron=1659692253.5283629894256591796875

Email: info@waterloocc.co.uk

H. BARRIERS TO ACCESS: DATA AND STATISTICS

Data for Black and South Asian communities within NHS datasets is more likely to be inconsistent or missing (Scobie et al, 2021). During the Listening Project the young people we spoke to raised concerns about providing data on ethnicity. Many said they did not feel comfortable sharing their ethnicity with services because of fear about how the data would be presented:

I feel like these statistics will be used to say all Black people are mentally ill – I don't want to use mental health services if they are just going to use my low times as a statistic linked to my race... What's their plan? Is this a different twist on racism? Making it seem that one set of race in society is doing better than others in terms of their mental health."

– Black, male, age 19

I feel sad that so many Black people have mental health problems. Maybe this is due to not being understood or racism...I think the figures will scare people into not wanting to be a part of it."

– Black, female, age 15

My colour and my race; something I have no control over and cannot change – is just seen as a bad statistic. I wonder why they do not report how many Black people get better with mental health support?"

– Black, Mixed background, female, age 17

Young people from Asian backgrounds expressed concerns about biased mental health statistics being reported for Black people and did not want the same to occur for Asian communities.

This theme has surfaced in recent research projects in the UK. Despite the concerns that Black and South Asian communities may have about data misuse, they reported high levels of trust in the NHS and a willingness to share their data if it results in better care and improving outcomes for their community and the wider population. Communities want to know why their data is collected and how it will be used

Addressing the gaps in patient data for young people from these communities needs to be a priority, as this has far-reaching implications for their care and service planning, among other factors. A study highlighted that only one in five respondents reported having had a discussion with a healthcare worker about their data. More work is needed to enhance the ability of healthcare professionals to engage in conversations with young people about the importance of sharing their data. These conversations significantly increase people's willingness to share information about themselves (Creary et al, 2022).

5.3. Workforce

Young people said cultural differences posed an issue when accessing mental health services. They had several suggestions about how the mental health workforce could make it easier for them to engage with support.

Increasing the diversity of the workforce to recruit younger employees and people from communities that matched their own. They mentioned that "adults are way older and still stuck in their times" and unaware of issues young people face, limiting them from discussing "deep things".

Young people said they would feel more confident that a practitioner from a minority background would understand them:

> "… talking to a white female, or white male. To someone that's, kind of, not from the same, culture and community from me and I don't think they quite understand what I'm going through… Definitely more Black, female support workers...I've never really seen one before. Definitely more of them, people…[I] might actually be able to relate to them."
>
> – Mixed ethnic background, female

Some Asian young people said they would be more willing to access mental health services provided by Asian professionals as there would be a greater understanding and would have fewer concerns about a therapist misinterpreting aspect of their culture and traditions.

Improving diversity within the workforce can improve performance, experience, and outcomes (Gomez L, Patrick Bernet, 2019 & NHS Employers, 2021). While young people expressed a genuine desire for increased representation within the workforce, they astutely recognised that the mere presence of diversity may not automatically translate into an improvement in the quality of care received.

One young person looked bemused as he recalled his experience of being detained in hospital where he found that Black staff did not treat him well and showed preferential treatment towards white patients:

> You're moving mad towards me… and I look like you??"
>
> – Mixed race, male, 21

It is crucial to acknowledge the profound influence of internalised racism in this context. Due to the impact of navigating systemic racism, individuals from racially minoritised backgrounds may have internalised racist mental models, impacting not only their self-perception but also influencing their attitudes and behaviours towards other racially minoritised groups. This complexity highlights the need for health and care services to navigate these nuanced dynamics, ensuring a thoughtful and culturally competent approach that considers the diverse experiences within these communities.

Reflective practice and space for staff from all communities to discuss key issues such as culture, race and racism, wellbeing, mental health and belonging, can help. Most importantly, workforce culture needs to prioritise anti-oppressive and reparative practices. This can help to heal the harms that staff and service users from racialised minority backgrounds are likely to face in the workplace and within health and care systems.

Mental health organisations can use the Act Against Racism guidance and resources developed by the Royal College of Psychiatrists to support their workforce to tackle racism and build inclusive cultures at strategic ad systemic level.

Other examples include: CapitalMidWife Anti-Racism framework and CapitalMidwife Fellowship. For more information, see appendix 3.

A. THE NEED FOR BETTER THERAPEUTIC RELATIONSHIPS

When young people described their experiences of engaging with services, some felt that a therapeutic alliance was not properly developed. Stereotypical views held by professionals was one issue:

After going down the NHS crisis route, one of the first things my therapist said was that, as a young woman, my home life must be difficult because I live with an Asian dad."

– Asian, female, age 19

Some young people felt that 'listening' and 'getting to know each other' sessions with a therapist prior to treatment would help ensure a right fit for them, and to build a trusting and friendly relationship. This suggests there is a need to invest in building long-term relationships between staff and patients for sensitive areas of care such as mental health.

"The boys are more likely to speak to someone who can relate to them. One boy would prefer to speak to someone of the same cultural background, another wouldn't mind speaking to anyone who was of an ethnic minority background because they also had to experience being marginalised (just in a different way)." – (Mind, 2021)

They also said there is a need for therapists to be 'human,' and to focus more time on building rapport and a relationship, rather than appearing like 'robots'. They considered the systems in place 'outdated':

The way they deal with you… it's like business…not personal.

– Mixed ethnic background, male, age 21

Have a proper conversation, like you're not at work but like you are trying to get to know me as a person, and not just my problems. Yeah, I get I'm there to help my problems but I'm also there for me as a person."

– Black, male, age 18

We are just people at the end of the day. Even people who've had the most trauma should be treated as though they are normal people going through a challenging period. Also, maybe tone down on the boundaries? I'm not suggesting boundaries should be removed, they're there for a reason. But perhaps dialling it down to 75-80% would help professionals connect with their young people on a better level."

– Black participant

Others stressed the importance of the therapist delivering evidence-based interventions:

Asking us what we would usually do to make us feel better, what gives us good memories etc. Honestly, I don't think coping mechanisms will help someone get over their issues, that will just temporarily help cover up their problems. I think you should help us learn how to recognise emotions and teach us how to accept them and our past with sympathy and patience."

Where young people met with someone who created an effective relationship, they experienced positive change. This was evident in feedback to a therapist who built a good therapeutic alliance:

When I first met you, I knew it would work as you just got it, you listened and understood where I was coming from and even when I said things that you didn't agree with, you didn't judge me and told me the right thing to do. You gave me good things to do when I'm stressed and angry – not just deep breathing but things that actually work...Things have been so much better, like I feel good, things are good at home, and I'm so pleased I did the sessions."

– A young person who accessed one of HFEH Mind services.

B. THE NEED FOR SESSIONS TO BE MORE ENGAGING

Several young people described how the therapists delivering their interventions focused on the negative aspects of life and the problems they had. Although they understood this was an important aspect of their care, they stressed that therapy should also include a focus on their strengths and positive aspects of their lives:

"[Have] sessions which are about the good things about us, not just the bad stuff."

– Black, male, age 15

Therapy was often perceived as boring, leading to disengagement. Some young people expressed a need for therapy to be interactive. There is unlikely to be a one-size-fits-all solution as some young people preferred more interaction, others noted how beneficial role play was, and some thought the therapist should use humour to make them laugh:

Make it more interactive, not like a boring school lesson. It should be enjoyable to wanna go there in your own time."

– Black, Mixed background, male, age 14

I never once smiled when I spoke to the CAMHS lady. Even though I'm there because I'm down, she never tries to make me laugh or smile."

– Black, Mixed background, female, age 17

"[Do] fun things— not just talking. We will listen more if it is fun…"

– Black, male, age 15

Talking is good but sometimes you just need a break from talking and do something interactive and enjoyable. Therapy shouldn't always be serious and boring, making it have group sessions will help to make more young people get involved and enjoy the service – then they will tell all their friends that it was good and helped them."

– Black, Mixed background, female, age 15

They can listen more and not ask questions all the time. Sometimes it feels like school. I zoned out in a session – so they need to make it a bit more lively, different to how adults have counselling sessions. They don't mind talking all day but us young people get bored of that. If there was less talking and asking so many questions that would be better."

– Black, male, age 15

The Centre for Mental Health has highlighted that the current mental health system centres around white people, Eurocentric identities, cultures and values, and is persistently inflexible. Therefore the needs of white patients are more likely to be met and racially minoritised communities continue to be underserved. Culturally insensitive support is not only ineffective it may also cause harm.

Lack of cultural sensitivity can be problematic when young people engage with services.

My culture isn't understood by people from other backgrounds, therefore how can a therapist from outside my culture begin to understand my mental health difficulties?"

– Asian, male, age 19

If professionals do not have cultural humility (as further detailed on page 68), expressing openness and understanding towards young people and validating their lived experiences may prove challenging. The potential consequence is that deliver care in a clinical vacuum, overlooking the valuable contribution of their culture and faith, cultivating cultural humility among the workforce will ensure a more comprehensive and effective approach to mental health care.

POSITIVE PRACTICE EXAMPLES

The Central London Mental Health Support Team has established a diversity group around the Social GGGRRAACCCEEESS framework. This learning tool accompanies a short presentation called, 'Using the GGRRAAACCEEESSS and LUUUUTT models in supervision', which explains what is meant by these terms (Burnham, 2012; Pearce & Pearce, 1990 respectively), which have been further developed by Partridge. The term social GGRRAAACCEEESSS is an acronym that describes aspects of personal and social identity which afford people different levels of power and privilege: Gender, Geography, Race, Religion, Age, Ability, Appearance, Culture, Class/caste, Education, Employment, Ethnicity, Spirituality, Sexuality and Sexual Orientation.

Other frameworks include the Power Threat Meaning Framework, a conceptual approach to mental health that focuses on the role of power, threat, and meaning in people's lives. It is an alternative to the traditional diagnostic model that labels people as mentally ill. It is a co-produced framework by professionals and service users and published by the British Psychological Society. It aims to help people create more hopeful narratives about their difficulties and experiences.

It is important to go beyond personal healing strategies and include communities in the healing process.

Emotional Emancipation Circles (EEC) are evidence-informed, psychologically sound, culturally grounded, and community-defined self-help support groups designed to help heal and end the trauma caused by anti-Black racism. EECs are liberatory and transformative spaces in which Black people can share stories and deepen understanding of the impact of historical forces on their sense of self-worth, relationships, and communities.

This approach was commissioned by the Community Healing Network in the US and created by the UK Association of Black Psychologists (UKABPsi) on their behalf.

Originally developed for adults, the model has been adapted by UKABPsi in partnership with Black Thrive Lambeth, funded by Lambeth Together's Health Inequalities group, The Living Well Network and LWNA and Southeast London Integrated Care Board.The adapted model has yet to be tested but, as the learning emerges, it may prove helpful to inform the mental health system's future investment in culturally appropriate models.

adidas

6. Types of mental health support

THE EXPERIENCES DESCRIBED BY YOUNG PEOPLE HIGHLIGHT THAT THEY HAVE EXPERIENCED A LACK OF EMPATHY AND/OR UNDERSTANDING WHEN ACCESSING MENTAL HEALTH SERVICES. DURING THE LISTENING PROJECT, WE FOUND THAT YOUNG PEOPLE FELT JUDGED BY PRACTITIONERS, AND WHICH LED TO THE DISTRUST OF THE HEALTH SYSTEM.

Being Latin American there is already a pre-judgement made about me which can impact the service received. It also heightens my anxiety. There should be a cultural understanding."

– Latin American participant

Young people described the adapted cognitive behavioural therapy-based interventions delivered by school practitioners from HFEH Mind youth services as supportive and providing opportunities to explore practical strategies to support their mental health.

Some also wanted targeted services for different ethnic groups:

I would improve it by having specific mental health services for different ethnic groups – they differentiate by our race when showing statistics so why not also provide different types of help as we are not all the same."

– Asian, male, age 19

6.1. Culturally adapted interventions

It is important for systems and services to understand how different cultures speak of and perceive mental health. This will support them to develop and implement sustainable and meaningful change for young people, and to develop and target effective mental health and wellbeing resources and services.

For instance, the young Latin Americans, Asians and Black people involved in the Listening Project highlighted the need to remove the stigma around talking about mental health in their communities. They acknowledge that mental health may not be seen as a 'real' issue by those around them.

Cultural beliefs play a role in perceptions towards mental health and understanding these would help address barriers to seeking support and support the development of culturally appropriate services.

A lack of cultural awareness adds to the experiences of discrimination for those from racially minoritised backgrounds. Improving cultural capability was highlighted as a theme by all groups who participated in the Listening Project.

Not all cultures understand and talk about mental health in the same way, as shown by this comment from one young person: "due to being from a different country, there are cultural misunderstandings… [towards mental health] …". This indicates a need to culturally understand mental health in relation to race and ethnicity, while actively challenging the dominant Eurocentric view and definition of mental health.

My white therapist doesn't really understand why the racial microaggressions that I face at work are so damaging - having to explain this back to them makes me feel panicky."

– Asian, female, age 21

6.2. Cultural humility

It is important for there to be cultural sensitivity in services and for professionals to build cultural humility by openly acknowledging the lived experiences of young people and learning from them about the way these impact their mental health.

Cultural humility practice and training encourages professionals to reflect on their own beliefs, values, and biases – explicit and implicit – through introspection and self-examination, understanding their culture's impact on young people from racially minoritised backgrounds.

Cultural humility admits that one does not know and is willing to learn from young people about their experiences, while being aware of one's own embeddedness in culture(s). The terms cultural humility and cultural competency are often used interchangeably. The table below highlights the key difference between the terms. According to Lekas HM et al (2020) cultural competency is a tool for levelling imbalanced power dynamics between professionals and young people. Competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centred care.

CULTURAL HUMILITY	CULTURAL COMPETENCY
Emphasises constant process of learning	Emphasises knowing about cultures
Recognises gaps in knowledge without shame, and provides an opportunity for deeper engagement with service users	Expects providers to be adept and knowledgeable
Creates expectation for differentiation between and within cultures	Focuses on differences between cultures
Acknowledges implicit and explicit bias and prejudice as a part of being human, and works toward identification of bias to promote positive change	Emphasises personal culture and how it differs from others but does not typically delve into prejudices and implicit bias
Recognises power dynamics in professions and their effects on clients, service users, and providers	Silent on issues of power

Source: Power the Fight (2022)

6.2. Cultural responsivity

Cultural responsiveness involves understanding and appropriately including and responding to the combination of cultural variables and the full diversity that an individual brings.

It required practitioners to value diversity by actively seeking to enhance their cultural knowledge and contributing to the establishment of community spaces and work environments where diversity is celebrated (Hopf et al, 2021).

Cultural responsiveness, culturally appropriate care, and cultural humility are intricate, dynamic concepts that call for continuous learning throughout one's lifetime. Achieving these qualities involves ongoing personal and collective reflection, as well as active engagement in meaningful actions.

Case study:

Farid (pseudonym) is an 18-year-old male young person with an Asian background. He attended a high performing state school in Westminster. He was diagnosed with a behavioural condition and was taking medication for it. Because of parental illness, and being the oldest sibling, Farid had increased responsibilities at home.

Because of where Farid lives, he had adverse experiences which he could not ignore. A few months before beginning treatment, Farid had been the victim of an armed robbery and had experienced the murder of a friend. He was also stopped and searched by the police in the local area near his school several times.

Farid has a strong desire to achieve high results academically and a career where he can help others is both a goal and protective factor.

Farid was offered adapted therapy. He was offered the space during his sessions to reflect on how his experiences in west London and being stopped and searched had impacted his mental health.

The practitioner asked about ethnicity, culture and background and used this knowledge to help Farid consider his values and what he could do to help improve his wellbeing. Farid was given the space to reflect on the role of his faith in both his wellbeing, and the stigma he felt around asking for mental health support.

Farid found it challenging to complete weekly activity diaries due to his household responsibilities. Rather than allowing this to be a barrier for treatment, the practitioner encouraged Farid to speak from memory about the activities he had done in the past week.

WHAT WERE THE RESULTS?

The patient outcomes data demonstrated a reduction in depression scores. Farid spoke of:

- Having learnt methods to increase his motivation which led to him being more sociable and better at managing his studies
- Having gone back to doing activities that were pleasurable and rewarding for him including religious activities and listening to music
- Having developed a routine which he found helped him to better manage the various aspects of his life and not feel overwhelmed.

Overall, following this intervention, Farid was feeling much better emotionally which helped him feel more hopeful about his upcoming academic assessments.

Farid's case study, like many others, is an example of practitioners working with young people in a culturally responsive way, leading to positive outcomes. Services need to use reflective practice as a tool to consider their level of comfort/ discomfort in discussing race-related themes with young people.

To provide culturally responsive evaluation and treatment planning, mental health professionals must:

- Be professionally curious
- Identify culturally relevant factors, concerns and issues which must be addressed
- Avoid stereotypical views, belief systems and a one-size-fits-all approach
- Be open minded
- Ask the right questions
- Select appropriate screening and assessment tools
- Work with and choose providers that are right for each young person.

6.3. Community-based interventions

Young people expressed a desire for support in more informal, non-clinical settings and to have the space to explore topics such as personal identity, culture, and resilience. Young people described their ideal mental health service as embedded and visible within their communities.

Mental health services should be based in diverse community places. It would be voluntary if you go there because you decided it's time to get help – not referred by someone who doesn't know me or care about me like my head of year."

– Black, female, age 14

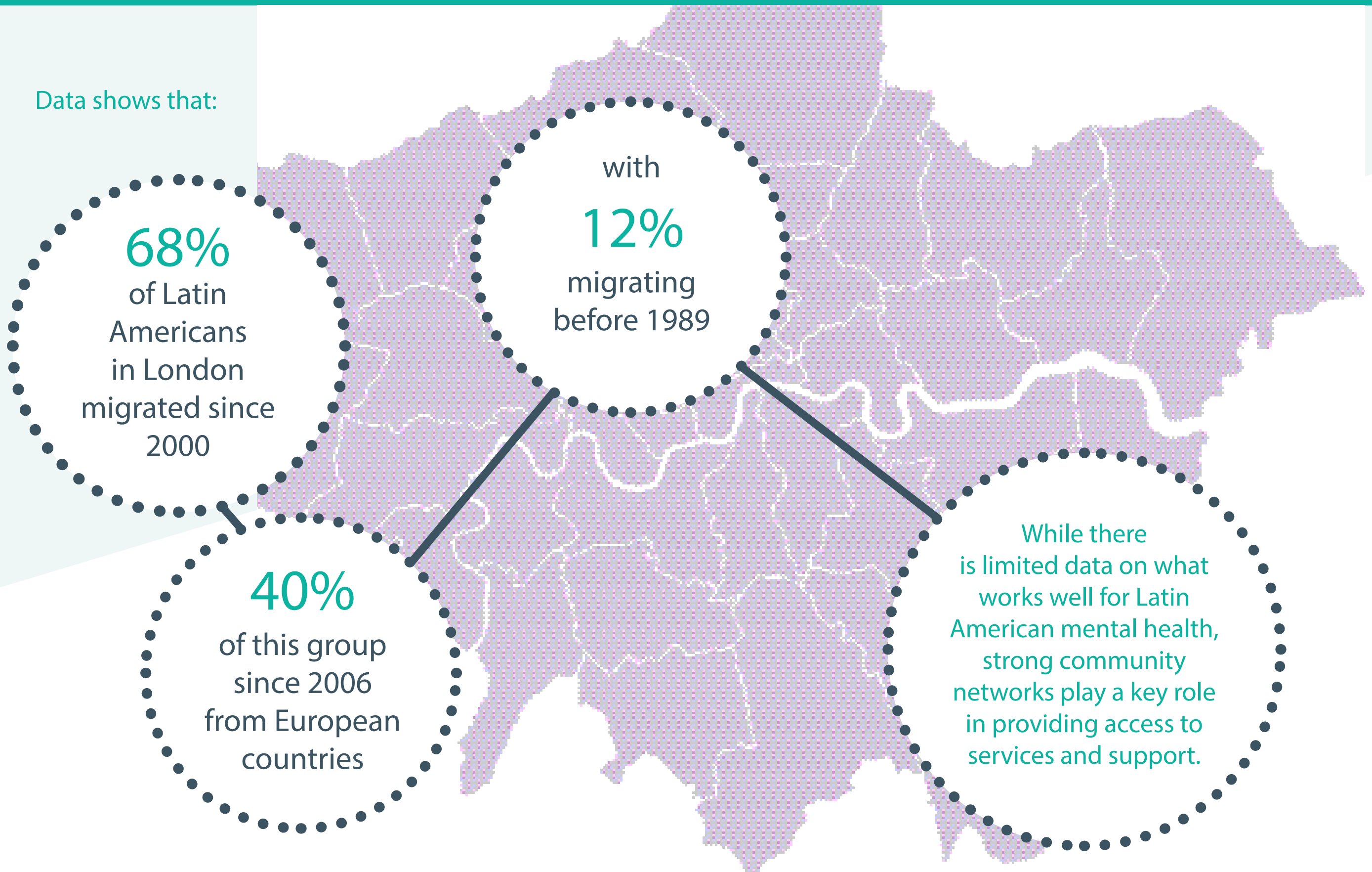
Many participants extended this beyond simple visibility to active presence within the community, for example, speaking about mental health challenges in group settings, holding social events for the broader youth community and, for some, speaking at schools. They expressed a desire for more holistic approaches rather than interventions in a medical setting.

STRONG COMMUNITY NETWORKS

As discussed earlier in the report, children and young people's families and friends play a key role in their wellbeing and in helping them seek mental health support when they need it. Communities are vital building blocks for health and wellbeing (Public Health England, 2015).

Confident, connected and well-resourced communities provide the social fabric that is necessary for people to flourish collectively. Accessing informal social support structures may be a preferred alternative to professional mental health services, particularly where there is distrust within communities towards formal mental health service provision (Memon, 2016).

Strong community networks can support young people to address social isolation, loneliness and build upon already existing community strengths.



It is often through settled Latin American migrants that information on services and support, cultural events, food and music, is shared and circulated across communities. Grassroots organisations, like the Indoamerican Refugee and Migrant Organisation, build networks that foster resilience among Latin American communities in London. A digital map compiled by Southwark Culture Health and Wellbeing partnership illustrates organisations and hubs that can be accessed for wellbeing and community support by Latin Americans in London.

Some of the young people who participated in this research engage with organisations like Community Action for Refugees and Asylum Seekers, Partisan, Coffee Afrik and the Multi-Ethnic Counselling Service in Waterloo.

Community-based organisations adopt a broad variety of approaches in how they work and who they work with, negotiating relationships with statutory providers and plugging gaps where those services fail to address the needs of culturally diverse communities. They use their knowledge to develop services that are culturally appropriate, responsive to need, and which tackle the issues affecting their communities.

Community-based organisations often reflect the cultural traditions of the communities they serve, 'support and care offered by this sector is highly valued' by these communities (Black Thrive, 2022).

However, many voluntary and community organisations face difficulties with secure and stable funding. For many groups, survival is their greatest concern. The Thrive LDN Right to Thrive grants scheme is an example of how community organisations can be supported through funding initiatives. Since 2020, the Right to Thrive initiative has allocated more than £450,000 to 50 grassroot projects to support people who, for various reasons, are denied involvement in mainstream economic, political, cultural, and social activities. This includes the following communities:

- Black lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities
- Asian LGBTQ+
- Latin LGBTQ+
- Gypsy and Traveller communities
- Refugees and asylum seekers
- Young Black men
- Transgender people.

For more information, see appendix 4.

POSITIVE PRACTICE EXAMPLES

YOUNG MINDS EARLY SUPPORT HUBS PROVIDE ACCESSIBLE AND FLEXIBLE MENTAL HEALTH SUPPORT FOR YOUNG PEOPLE IN THEIR COMMUNITIES.

NAME: PARTISAN

WHAT ARE THE AIMS?

Partisan is a community-oriented mental health service mainly working in Lewisham, Lambeth, and Westminster. It aims to make mental health and wellbeing support accessible for children, young people, families and communities whose needs would otherwise go unmet.

WHAT DID THEY DO?

Partisan's diverse and culturally sensitive team of experienced psychotherapists, clinical psychologists, and mental health practitioners works with:

- Individuals to provide highly flexible therapy outside of clinics, to children, young people and families who wouldn't ordinarily seek therapy
- Frontline workers in grassroots organisations which support marginalised, stigmatised, and excluded communities
- Existing services, professionals, community leaders, children, young people and families to co-produce and design sustainable trauma-informed spaces and interventions, using a social justice framework.

An example of Partisan's work was in a community café on an estate in Lewisham. It was funded by the local authority and the Violence Reduction Unit.

WHAT WERE THE RESULTS?

Partisan delivered 1:1 and group therapy, and peer-to-peer support at the café. For example, a young man discussed school issues and, via a Partisan therapist, met with a slightly older young person with similar experiences who became his peer mentor.

The service reached about 50 young people between 13 and 25 in 10 months. It also started working with Lewisham talking therapy services to share knowledge and experience, with a focus on connecting with marginalised communities and providing a bridge between communities and traditional services.

Find out more at:
https://twitter.com/Partisan_cic

www.linkedin.com/company/partisancic/

NAME: COFFEE AFRIK CIC

WHAT ARE THE AIMS?

Coffee Afrik CIC is a grassroots children and young people's focused community-based organisation operating in Hackney, Tower Hamlets, Newham, Harrow and Enfield. It aims to reduce antisocial behaviour, create hyper local community transformation and community wealth building and create hubs that are thriving and radical in their approach. Coffee Afrik uses Radical Help by Hilary Cottam and theory of change models to heal and bring young people together, so that

they can dream, hold conversations, and self-manage their own programming and spaces, with the right support.

WHAT DID THEY DO?

Created social action health and wellbeing hubs which include peer to peer therapy, sports and wellbeing pathways and Tree of Life Therapy. There are five safe spaces, which are managed by a committee of Hackney, Tower Hamlets and Newham residents including people with serious mental illness, rough sleepers and from special educational needs and disabilities communities. The young Black men hub at Granby Hall in Bethnal Green uses a trauma-informed approach.

Hub themes include building communities and neighbourhoods with access to tools, resources, ideas, capacity, inspiration and connections to help collectively engage, participate in and fight for a just, equitable ecologically centred neighbourhood. This practice is owned and led by Black citizens.

HOW DID THEY DO IT?

The project was co-created with radical help principles, pathways unique to young Black men, unpacking mental health, and the Body Keeps the Score acting models.

This project has provided deep healing and restorative justice-led transformation, which has been regenerative by design, building resilient neighbourhoods, co-creating economic and restorative justice possibilities, and addressing unmet need. Spaces are created to explore, talk, build, create, expand and organise with critical reflection and practice.

WHAT WERE THE RESULTS?

The overall impact of the programmes delivered by Coffee Afrik were positive and the hubs were successfully delivered for 226 young Black men.

This resulted in:

- 90% attendance record.
- 72% with a marked wellbeing score improvement, ONS 4 survey.
- 67% more optimistic about their future.
- 88% satisfied with the summer programme.
- 71% want more hubs, a continuation of Coffee Afrik's liberation focused hub programme.
- 56% feel more confident to approach mental health services.

The Tree of Life therapy work filled the gap to support young men on their journey to recovery. There was also a 67% increase in signposting and referrals to East London NHS Foundation Trust mental health services, especially for young people who had not engaged with statutory services before the programme.

Find out more:
www.coffeeafrique.co.uk

@Coffeeafrique Twitter

www.bigissue.com/news/activism/coffee-afrik-the-grassroots-activists-showing-how-radical-change-can-be-seized/

BELOW IS AN EXAMPLE OF POSITIVE PRACTICE WHICH DEMONSTRATES HOW NHS SERVICES CAN WORK WITH COMMUNITY ORGANISATIONS AND NETWORKS TO DELIVER CULTURALLY APPROPRIATE CARE.

NAME: ETHNICITY AND MENTAL HEALTH IMPROVEMENT PROGRAMME (EMHIP)

EMHIP is a collaborative programme to reduce inequalities in access, experience, and outcomes of mental healthcare for racially minoritised communities. It began in Wandsworth, where it involved South West London and St George's Mental Health NHS Trust (SWLSTG), South West London Integrated Care Board, and networks of Black and minority ethnic voluntary, faith and community groups, convened by the Wandsworth Community Empowerment Network (WCEN).

The programme of change has now been expanded to Croydon, where system partners include South London and Maudsley NHS Foundation Trust, and Croydon BME Forum. While the initiative initially focused on adults, there is learning which is applicable to children and young people and the Croydon EMHIP programme will be working with young people.

Through 13 focus groups, it identified five key interventions to improve adult community mental health services. They are:

1. Setting up mental health and wellbeing hubs in the community
2. Providing new options for people including in a crisis
3. Reducing restrictive/coercive practices through
4. Enhancing the experience of inpatient care through community involvement and cultural mediation.
5. Ensuring a culturally capable workforce.

Find out more:
https://emhip.co.uk/about

NAME: REACHING HIGHER, CROYDON RIGHT TO THRIVE INITIATIVE THROUGH THRIVE LDN

Reaching Higher is a youth charity with a Christian ethos. It teaches young people the value of transferrable skills and helps them discover the skills they've developed from their own lived experiences.

WHAT WERE THE AIMS?

- To support young people with the effects of the pandemic including racial trauma, discrimination, and the disproportionate impact of COVID-19 on racially minoritised communities.
- To support young people experiencing mental health issues in Croydon to pursue hopeful futures and reduce their likelihood of underachieving at school or being excluded, and their risks of exploitation or being involved in crime.
- To work with vulnerable young people from Black and minority ethnic backgrounds in Croydon, who frequently experience varying levels of developmental trauma caused by poverty, neglect or loss.

WHAT DID THEY DO?

- Ran school based mentoring and community programmes to support young people from racially minoritised backgrounds with issues including social isolation, the effects of trauma, and the lack of supportive relationships in school and/or home.
- Created safe, trauma-informed spaces where marginalised young people could build healthy relationships with peers and trusted adults, improve their mental wellbeing, learn life skills, and build their confidence.
- Empowered young people to contribute to positive change in their communities by acknowledging their experiences of racial injustice.

HOW DID THEY DO IT?

- Reaching Higher delivered a range of inter-related trauma-informed programmes across multiple sites between Monday and Friday, in partnership with seven schools and several community-based organisations.
- Activities included sports, creative arts, digital media skills development and youth leadership.
- Reaching Higher also delivered 'RH Hangouts' during February half-term – a holiday programme as an initial entry point for new young people to engage with the regular term-time programmes.
- They worked with education and health partners to develop a referral and monitoring process to support young people in the Reaching Higher programmes.

WHAT WERE THE RESULTS?

Between February and April 2022 (10 week programme):

- Reaching Higher successfully worked with 161 young people of which 119 were from minoritised communities.
- More than 85% of the young people said their self-confidence increased and more than 70% expressed increased aspirations.
- None of the young people who worked with Reaching Higher during the grant period were permanently excluded.
- There was a 50% reduction in internal school exclusions with the young people who engaged with the Reaching Higher programmes.

Find out more at:
www.reachinghigher.org.uk

Sian Fitzpatrick – Head of Youth Engagement
sian@reachinghigher.org.uk or
info@reachinghigher.org.uk

6.4. Patient choice

Professional curiosity and culturally appropriate services can lead to meaningful referrals and choice for young people. Choice and advocacy are ways to overcome barriers to access, improve experience and support positive outcomes.

One participant who managed her depression as an adolescent was allowed by her childhood GP practice to remain registered there even though she had moved:

I wasn't comfortable re-hashing everything with a [new] doctor and starting that whole process again and having my medication re-reviewed… And all of those kinds of things, because I've had the same doctor… all my life… and she knows me, and she knows my mum. She knows my sister. She knows my entire family very very well… It was very important for me."

– Black, female, age 26

However, choice is not always available for patients:

My GP isn't the best and they have the worst reviews, ratings, but they are close to my place. So, I don't have a choice."

– Black, female

Racially minoritised groups are less likely to be referred to talking therapies and more likely to be medicated for mental ill-health than other people. Young people from racially minoritised backgrounds are also more likely to be turned away from early intervention by traditional mental health services.

Giving young people the opportunity to engage with services which are culturally appropriate can support their journey to recovery and reduce harm and trauma. Choice can include digital options and creative approaches to mental health support, in the community or in school.

Digital Options: Good Thinking CYP Offer, Kooth (for more information, see appendix 2) and MyMind TV (for more information, see appendix 2.)

Creative methods: 2.8 Million Minds, Sound Connections (For more information, see appendix 2, Music on My Mind, and Black Thrive Lambeth's Young Researchers Programme.

Other ways can be allowing a young person to have an advocate or bring a friend or relative to an appointment. The opportunity for them to be supported by a professional from a racially minoritised background or communicated with in a meaningful way can also enhance their experience of care.

Culturally Appropriate Peer Support and Advocacy (CAPSA) is a culturally grounded peer support and advocacy service designed by and for people from Black African and Caribbean backgrounds. The service was funded by the Living Well Network Alliance (LWNA) and led by Black Thrive Lambeth who codesigned the service with Black people with lived expertise of mental health services, healthcare professionals and the voluntary, community and social enterprise (VCSE) sector.

The service provides one to one and group-based peer support and advocacy which is delivered in the community and inpatient settings. Most of the team have lived experience of using or working within mental health services or acting as carers. They support local people in community settings and to access mental health services early, helping people who are in contact with services to navigate the mental health system so their needs are met. Once a service user leaves hospital, they also support them to connect with the local community, including accessing employment, benefits and day to day living.

The service intentionally addresses service users experience of anti-Black racism and takes a systems approach to reducing barriers for Black communities. The team gathers data from service users, and intelligence through their work with communities and the VCSE sector. They use this data to work with the senior leadership team at the LWNA to find solutions.

You can access a video about the CAPSA service here: A Case Study about the CAPSA service.

7. Limitations

THIS PROJECT EFFECTIVELY ENGAGED YOUNG INDIVIDUALS FROM DIVERSE BACKGROUNDS – BLACK, ASIAN, AND LATIN AMERICAN – WHO EAGERLY SHARED THEIR PERSPECTIVES AND EXPERIENCES TO OFFER INSIGHTS TO BENEFIT OTHER YOUNG PEOPLE FROM THEIR COMMUNITIES.

We recognise that racially minoritised groups are not homogenous and applying an intersectional approach is important to understand the nuances that shape young people's experiences of health and wellbeing. This project attempted to engage a diverse group but did not segment the data beyond the participants ethnic identity, gender and disability (e.g. mental health, neurodiversity), due to smaller sample sizes.

However, where possible we have attempted to weave in the perspectives of the young people who may identify with other social identities that have not been explicitly addressed within the report (e.g. LGBTQIA+, physical disabilities).

8. Conclusion

THIS REPORT SHEDS LIGHT ON YOUNG PEOPLE'S EXPERIENCES OF MENTAL HEALTH, PARTICULARLY THOSE FROM RACIALLY MINORITISED BACKGROUNDS, WITHIN THE BROADER CONTEXT OF STRUCTURAL AND CULTURAL FACTORS. IT IS EVIDENT THAT THEY FACE NUMEROUS CHALLENGES, INCLUDING STEREOTYPES, STIGMA, DISCRIMINATION AND LACK OF CULTURAL AWARENESS, WHICH SIGNIFICANTLY IMPACT THEIR ACCESS TO MENTAL HEALTH SUPPORT AND THE QUALITY OF SUPPORT THEY RECEIVE.

One key takeaway is that the traditional narrative of building resilience within communities to improve mental health fails to acknowledge external factors, such as racism and discrimination, that affect young people's mental wellbeing. Stereotypes, imposed expectations, and system inequalities play a substantial role in shaping their experiences, their responses to those experiences and accessing support.

Services must ensure that psychological support is responsive to the experiences of young people from Black, Asian, and Latin American backgrounds. To bridge these gaps, it is essential to implement transformative changes in mental health services. Increased cultural sensitivity, anti-oppressive policies and practices, community partnerships, and proactive measures to address discrimination within educational settings and police practice are vital. Schools must become protective environments that actively tackle bullying and discrimination.

This report highlights the need for mental health professionals and decision makers to prioritise equity, confront stigma on multiple fronts, and address the overarching structural factors perpetuating mental health disparities. A crucial step for leaders to commit to embedding equity impact assessments into health systems to drive meaningful change.

Young people described their ideal mental health service as for young people is holistic, accessible, youth-focused, culturally sensitive, and anti-oppressive. It is embedded in the community, offering genuine, positive support. Grounded in the community, it provides authentic support that not only centres the voices of young people but actively seeks to translate their insights into action.

This report highlights the urgent need for cross-partnership collaboration and a preventative approach to safeguard the mental health of young people. By acknowledging and addressing deep-rooted structural racism and discrimination, we can ensure that mental health services across London truly meet the diverse needs of all young people. The key question for all stakeholders remains: "What are we going to do differently to turn the ambitions of young people into reality?"

9. Recommendations

THE FOLLOWING SECTION BRINGS TOGETHER SUGGESTIONS AND STRATEGIC NEXT STEPS TO ASSIST SERVICES TO IMPLEMENT THE LISTENING PROJECT'S RECOMMENDATIONS.

These recommendations should be further developed in collaboration with young people, parents, carers, and community members, ensuring their active involvement and that their voices are centred. The process should encompass an understanding of their social identities and acknowledge the presence of structural barriers.

Implementation of the NHS England's Patient and Carer Race Equality Framework, Core20Plus5 Approach and other anti-oppressive and anti-racism initiatives like A Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist Approach can support health systems to begin their journey to transform services.

1.

INTEGRATED CARE SYSTEMS, INTEGRATED CARE BOARDS (ICBS), INTEGRATED CARE PARTNERSHIPS (ICPS) AND PROVIDER TRUSTS, ALONG WITH SYSTEM LEADERS AND COMMISSIONERS, SHOULD PRIORITISE PREVENTIVE APPROACHES TO TACKLE THE ROOT CAUSES OF SYSTEMIC RACISM, AND HOLISTIC APPROACHES TO IMPROVE ACCESS, EXPERIENCE AND OUTCOMES FOR YOUNG PEOPLE FROM RACIALLY MINORITISED BACKGROUNDS.

A stronger emphasis on prevention and early intervention, and increased investment are necessary to achieve better outcomes. This will require the statutory organisations to work in close collaboration with communities and grass roots organisations to address inequities across the social determinants of health.

The active involvement and leadership of young people is imperative in driving transformation efforts. Community organisations could be commissioned by ICBs and ICPs to support young people to lead on the codesign and delivery of services.

Greater emphasis should be placed on delivering interventions in community spaces and hubs, and of creative approaches including digital solutions, and build connections with faith groups. To deliver the greatest impact it is important that organisations are adequately resourced and that commissioners work in partnership with organisations who have historically been underinvested in to ensure they have the infrastructure to deliver.

Holistic approaches to improvement should also include reviewing existing pathways, and commissioning services that counteract stressors faced by young people from racially minoritised communities.

Services should empower trusted family and friends with the knowledge to support young people in navigating the mental health system and to make informed choices. Additionally, leveraging intergenerational wisdom can facilitate collaboration between young people and older adults, enhancing their collective knowledge for managing mental health and overall wellbeing.

2.

PROVIDER ORGANISATIONS AND MENTAL HEALTH TRUSTS SHOULD NURTURE THEIR WORKFORCE'S CULTURAL COMPETENCE, DEEPEN THEIR UNDERSTANDING OF ANTI-RACISM, AND DIVERSIFY THEIR WORKFORCE. THIS REQUIRES SENIOR LEADERS TO DEMONSTRATE A COMMITMENT TO ADDRESSING INEQUALITIES, EMBEDDING REFLECTIVE PRACTICE, EMPOWERING STAFF TO ESTABLISH POSITIVE THERAPEUTIC CONNECTIONS WITH YOUNG PEOPLE FROM RACIALLY MINORITISED COMMUNITIES, ENCOURAGING OPEN DIALOGUE ON RACE AND IDENTITY, AND ADVANCING THE REPRESENTATION AND VISIBILITY OF STAFF FROM RACIALLY MINORITISED BACKGROUNDS AT ALL LEVELS.

To address inequities, senior leaders should visibly commit to nurturing staff through comprehensive training, compassionate leadership, and establishing brave spaces, which enable staff to deal with discomfort, guilt and shame that may arise as they embark on their anti-racism journey without causing harm to themselves or others.

Other elements of this commitment would be leadership development programmes, reviewing and revising organisational policies, assessing staff's cultural capability through an anti-racism framework, implementing fair recruitment practices, and offering coaching and mentoring. CapitalMidwife is an example of a "once for London" approach which is supporting trusts, among other things, to develop an anti-racist culture, and provide staff who have lived experience of racism with the skills and confidence they need to progress in their careers. For more information, see appendix 3.

There should be an expectation for all staff to engage in reflective practice models which can empower professionals to critically examine their personal and vocational journey, enhancing their cultural capability and helping them to embody anti-racism practice. In addition to these senior leaders should develop strategies to improve the representation and visibility of staff from Black, Asian and Latin American backgrounds who can contribute to shifting organisational culture and strategic direction of their organisations to better meet the needs of diverse communities.

Being expected to build positive therapeutic relationships with young people will require professionals to be approachable and to show understanding of the challenges young people racialised as minorities encounter and to provide space for these experiences to be explored in a therapeutic setting. They should make a deliberate effort to engage with young people and should deliver therapy within community spaces.

3.

THE MENTAL HEALTH SYSTEM IN LONDON SHOULD COME TOGETHER TO DEVELOP A CO-PRODUCED PAN-LONDON ACTION PLAN THAT ADDRESSES MENTAL HEALTH SERVICES, EDUCATION, HEALTH AND SOCIAL CARE, AND THE POLICE.

This plan should set out responsibilities, learning, and reflections to improve outcome for young people. It is recommended that actions include supporting systems, improving data quality, workforce development, research, and partnership working and collaboration.

SUPPORTING SYSTEMS

- To support systems, it is vital to develop cross-sector strategies and actions to address health inequalities and structural racism.
- Dedicated leadership and a specific forum within current governance structures will be needed to facilitate collaborative efforts.
- Additionally, a culturally relevant integrated pathway for Black, Asian and Latin American young people should be co-produced and tested.
- To reduce stigma, targeted communications, such as social media campaigns using authentic language, should highlight insights gained from the Listening Project and success stories.
- Adapting the iThrive framework to align with the cultural and historical context would provide young people with relevant support for their lived experiences.

IMPROVING DATA QUALITY

System-wide processes should be developed for collecting data by ethnicity which can be analysed using an intersectional approach. It is crucial to enhance the workforce's capacity to conduct comprehensive equity impact assessments, informed by robust data and intelligence. These can guide organisations in the development and implementation of policies/practices that counter harm and inequality.

When sharing insights, it's important to present data in a manner that avoids perpetuating stereo-types or racist ideologies but rather acknowledges structural barriers and contextualises data within broader societal, political, economic, and historical contexts.

WORKFORCE DEVELOPMENT AND SUPPORT

The action plan should include the development of resources/tools to strengthen leaders' capacity to guide local systems in addressing health inequities, aligned to the leadership commitment in the Strategic Framework to Tackling Ethnic Health Inequalities through an Anti-Racist approach. These resources/tools should increase work-force understanding of what anti-oppressive healthcare looks like, the impact of adultification, its contribution to increased vulnerability, and harm to Black young people. They should also empower professionals to identify and challenge decision-making about inadequate support offered for young people. And they should equip the health and social care workforce to hold meaningful conversations with racially minoritised young people.

RESEARCH

London should invest in research that uses an intersectional approach to examine the health and wellbeing experiences of racially minoritised groups, along with the impacts of the pandemic and bereavement. They should use participatory research techniques, engage peer researchers, and ensure that people from racially minoritised communities are able to lead on this work. This approach will give meaningful in-sights and ensure equitable representation. It is also important for future research to also explore resilience and the strengths of young people who navigate inequities across the social determinants of health.

London should prioritise funding research employing an intersectional lens to investi-gate the health and wellbeing of racially minoritised groups, along with the pandemic's and bereavement's effects. Utilising participatory research methods, involving peer researchers, and fostering leadership by/or collaboration with individuals from these communities will yield valuable insights, support fair representation, and highlight the resilience and strengths of young people within the social determinants of health, while acknowledging their challenge.

PARTNERSHIP AND COLLABORATION

The mental health system should work in partnership and share the learning with partner agencies and communities. Partnering with partner agencies allows for the pooling of resources which creates synergy. This can lead to more effective pro-grammes, research initiatives, and community outreach efforts. Shared resources can also result in cost savings and increased capacity to address the needs of young people.

To set the right tone for partnership working the statutory sector should pay careful consideration to the pace at which they work and the inherent power dynamics that exist. Sustainable relationships with communities take time to develop and due to the harms that many have experienced it is important to create space for healing and to recognise that both communities and practitioners within organisations are likely to be holding trauma. Without addressing this issue any attempts to coproduce could be hindered.

For example, wide collaboration with the Youth Justice system, families, voluntary, community, faith and social enterprise organisations, and academia would help to demonstrate the effects on mental health of police surveillance practices like Stop and Search, Prevent etc.

This would enable partners to challenge discrimination and work with the police to co-produce culturally appropriate services. Work could be done with the police to look at their role with statutory organisations in health and social care.

Other examples would be sharing insights and developing trauma-informed mental health care in and beyond schools and addressing harm within schools including racialised bullying and discrimination. And collaborating with the education system, advocacy, and families to rework school exclusion policies, support families, and provide trauma-informed therapeutic care for young people impacted by the exclusion process.

While we acknowledge that addressing inequalities in mental health may be complex, the recommendations put forward are a starting point and give system leaders, professionals, and commissioners tangible examples of steps they can take to help to make a difference to the lives of racially minoritised communities and address inequalities in mental health. The health system must acknowledge the links between racism and health inequality and address the structural factors that hold inequities in place.

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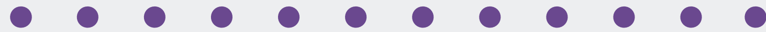
And finally, thank you to all the young people who shared their experiences with us. You are brave. Thank you for trusting us. Big up yourselves!



Authors and research team

Many people have contributed to this report, and it has been a true collaborative effort. This project would have been impossible without the kindness and empathy of colleagues and partners across London's mental health system. They helped shape our focus, collect data, analyse the findings, and write this report. They come from a variety of professional backgrounds and supported the Listening Project, in some cases from their own lived experience of mental health challenges or carer responsibilities. They all have a motivation and passion to advocate for better mental health outcomes for seldom heard communities.

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She is passionate about centring the voices of racially minoritised communities and balancing the power in partnerships which enable public sector systems to address inequities in mental health care through an anti-oppressive lens.

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– Black British

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– Black

Livia was the Head of Legacy and Special Projects at Black Thrive Lambeth. She is also a Project and Programme Management professional with wide experience in design, management, and consultation for some of England's most complex organisations.

As a Leadership Development Consultant for London's former strategic health authority, Livia was responsible for leading several regional leadership and wellbeing programmes. This included the design of the inaugural NHS London Coaching Programme which continues to be run by NHS England.

Livia was recently invited to write an article for Nursing a Nation, an anthology of African and Caribbean contributions to Britain's NHS. Her article, The NHS belongs to the people" raises op-portunities to improve diversity and care across NHS organisations.

An elected Fellow of the Royal Society of the Arts and holding a Post Graduate Diploma in Ap-plied Positive Psychology. Livia strongly supports creativity as an opportunity to engage and has designed international residency programmes.

Researcher: Nadia Holland
– white British

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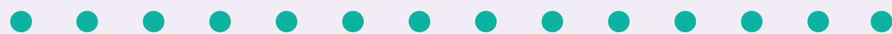


Glossary

CAMHS: child and adolescent mental health services (CAMHS) are services that support young people experiencing poor mental health, or difficult feelings or experiences.

Cavendish Square Group: the Cavendish Square Group is made up of senior leaders from each of the mental health trusts in London. They meet regularly to discuss London-wide issues and opportunities to collaborate to improve mental health services in London.

Cognitive Behavioural Therapy: cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most used to treat anxiety and depression, but can be useful for other mental and physical health problems (NHS, 2022).

Colonialism: the policy or practice of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically.

Cultural capability: cultural capability refers to the skills, knowledge, behaviours, and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.

Culturally responsive services: culturally appropriate care (also called 'culturally competent care') is sensitive to people's cultural identity or heritage. It means being alert and responsive to beliefs or conventions that might be determined by cultural heritage. Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language (Care Quality Commission, 2023).

Global Majority: global majority is a collective term that first and foremost speaks to and encourages those so-called to think of themselves as belonging to the global majority. It refers to people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and or have been racialised as ethnic minorities. Globally, these groups currently represent approximately 80% of the world's population making them the global majority now, and with current growth rates, notwithstanding Covid-19 and its emerging variants, the global majority is set to remain so for the foreseeable future (Campbell-Stephens R, 2020).

Institutionalised (systemic/structural) racism: refers to differential access to the goods, services, and opportunities of society by race. Institutionalised racism is normative, sometimes legalised, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Institutionalised racism is often evident as inaction in the face of need. Institutionalised racism manifests itself both in material conditions and in access to power. Regarding material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment (Jones, 2000).

Integrated care boards: NHS England established 42 statutory integrated care boards (ICBs) on 1 July 2022 in line with its duty in the Health and Care Act 2022. This was as part of the Act's provisions for creating integrated care systems (ICSs) (NHS England, 2022).

Integrated care systems (ICSs): these are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Following several years of locally led development, recommendations of NHS England and passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1 July 2022 (NHS England, 2022).

Intergenerational trauma: (sometimes referred to as trans or multigenerational trauma) is defined as trauma that gets passed down from those who directly experience an incident to subsequent generations. Intergenerational trauma may begin with a traumatic event affecting an individual, traumatic events affecting multiple family members, or collective trauma affecting a larger community, cultural, racial, ethnic, or other groups/populations (historical trauma) (Good Therapy, 2007).

Intergenerational wisdom: intergenerational wisdom encompasses knowledge, ideas, and skills that are shared among generations: children, as well as young, middle-aged, and older adults.

Internalised racism: is defined as: "acceptance by members of the stigmatised races of negative messages about their own abilities and intrinsic worth. It is characterised by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one's own full humanity, including one's spectrum of dreams, one's right to self-determination, and one's range of allowable self-expression. It manifests as an embracing of "whiteness" (Jones, 2000).

Intersectionality: is the social justice theory and concept which encourages professional and organisational curiosity to understand oppression and discrimination as inter-related, overlapping combined experiences (Crenshaw, 1989) for people who possess one or more protected characteristic under the Equality Act 2010, or other specific characteristics (Advancing Mental Health Equality, 2019).

Mental models: personal, internal representations of external reality that people use to interact with the world around them. They are constructed by individuals based on their unique life experiences, perceptions, and understandings of the world. Mental models are used to reason and make decisions and can be the basis of individual behaviours. They provide the mechanism through which new information is filtered and stored (Jones, N A & Ross H et al, 2011)

Muslim: followers of Islam are called Muslims.

Overrepresentation: the representation of a group in a category that exceeds our expectations for that group or differs substantially from the representation of others in that category corresponding to the number in the population.

Prevent: the Prevent Strategy is the Government's flagship counter-extremism policy. It aims to identify people at risk of committing terrorist acts and intervene. To achieve this aim, the Prevent duty obliges public bodies – including schools, nurseries, universities, social services, and healthcare providers – to have "due regard to the need to prevent people from being drawn into terrorism." This means that teachers, doctors, social workers, and others are required to monitor and report people they suspect are vulnerable to extremism. They must also avoid exposing people to extremist views.

Provider collaboratives: are partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations. NHS-led provider collaboratives create a shift in the approach to commissioning specialised mental health, learning disability and autism services.

PRU: a pupil referral unit (PRU) is an alternative education provision to teach children and young people who can't attend school and may not otherwise receive suitable education. This could be because they have a short or long-term illness, have been excluded or are a new starter waiting for a mainstream school place (Department for Education, 2014).

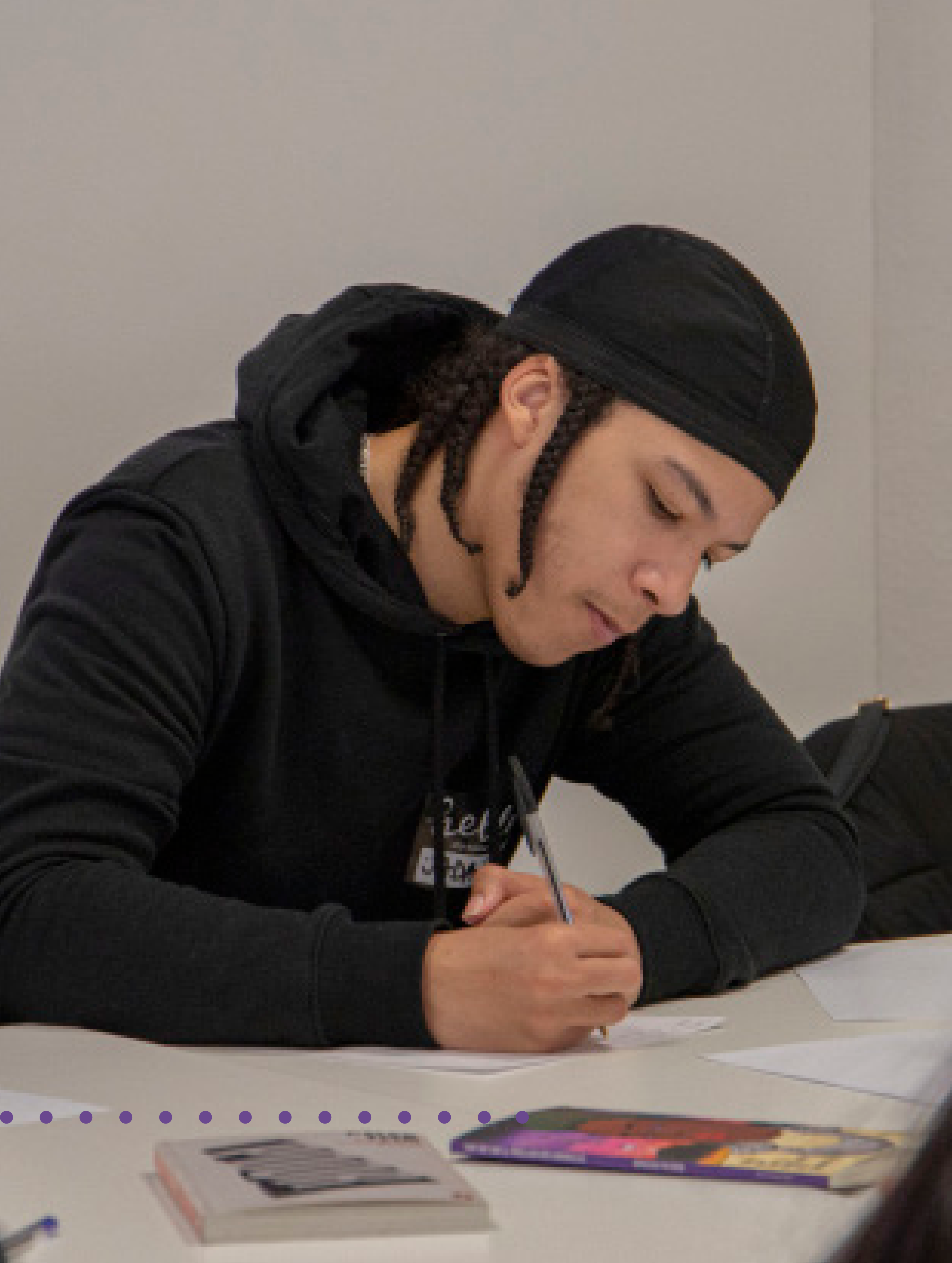
Racial discrimination: is any discrimination against any individual based on their skin colour, race, or ethnic origin. Individuals can discriminate by refusing to do business with, socialise with, or share resources with people of a certain group. Racial discrimination affects minority groups across the world and has a negative impact on both physical and mental health, thus creating and perpetuating substantial health inequalities (Berger, M & Sarnyai, Z, 2014).

Racially minoritised: (or the similar term 'minoritised ethnic') recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population (The Law Society, 2022).

Seldom heard: the term "seldom-heard groups" refers to under-represented people who use or might potentially use health or social services and who are less likely to be heard by service professionals and decision-makers.

Statutory institutions: means any board, body, fund, account, company, corporation, organisation, or juristic person established by or under any law, controlling or being entitled to control by virtue of any such law, funds accruing to it as a whole or in part from moneys appropriated by Parliament for such purpose.

Statutory services: a statutory service is a type of government mandated care or service to the public in the United Kingdom.



11. Appendices

Appendix 1: The 4 "I's" of Oppression Framework (Chinook, 2021)

IDEOLOGICAL OPPRESSION

Any oppressive system at the core has the idea that one group is somehow better than another, and in some measure has the right to control the other group.

The idea gets elaborated in many ways:

- More intelligent
- Harder working
- Stronger
- More capable
- More noble
- More deserving
- More advanced
- Chosen
- Normal
- Superior, and so on.

The dominant group holds this idea about itself. And the opposite qualities are attributed to the other group- stupid, lazy, weak, incompetent, worthless, less deserving, backward, abnormal. Inferior, and so on.

INSTITUTIONAL OPPRESSION

The idea that one group is better than another group and has the right to control the other gets embedded in the institutions of the society - the laws, legal system and police practice, the education system and schools, hiring policies, public policies, housing development, media images, political power, etc.

- When a woman makes two thirds of what a man makes in the same job, it is institutionalised sexism.
- When psychiatric institutions and associations "diagnose" transgender people as having a mental disorder, it is institutionalised gender oppression and transphobia.
- Institutional oppression does not have to be intentional. For example, if a policy unintentionally reinforces and creates new inequalities between privileged and non-privileged groups, it is considered institutional oppression.

INTERPERSONAL OPPRESSION

The idea that one group is better than another and has the right to control the other, which gets structured into institutions, gives permission and reinforcement for individual members of the dominant group to personally disrespect or mistreat individuals in the oppressed group.

- Personally mediated racism is what white people do to people from racially minoritised communities up close - the racist jokes, the stereotypes, the beatings and harassment, the threats, etc.
- Similarly, interpersonal sexism is what men do to women - the sexual abuse and harassment, the violence directed at women, the belittling or ignoring of women's thinking, the sexist jokes, etc.

Most people in the dominant group are not consciously oppressive. They have internalised the negative messages about other groups and consider their attitudes towards the other group quite normal.

No "reverse racism". These kinds of oppressive attitudes and behaviours are backed up by the institutional arrangements. This helps to clarify the confusion around what some claim to be "reverse racism". Racially minoritised groups can have prejudices against and anger towards white people, or individual white people. They can act out those feelings in destructive and hurtful ways towards whites. But in almost every case, this acting out will be severely punished. The force of the police and the courts, or at least a gang of whites getting even, will come crashing down on those people from racially minoritised communities.

The individual prejudice of Black people, for example, is not backed up by the legal system and prevailing white institutions. The oppressed group, therefore, does not have the power to enforce its prejudices, unlike the dominant group.

For example, the racist beating of Rodney King was carried out by the institutional force of the police and upheld by the court system. This would not have happened if King had been white and the officers Black.

A simple definition of racism, as a system, is RACISM = PREJUDICE + POWER.

Therefore, with this definition of the systemic nature of racism, people of colour cannot be racist. The same formula holds true for all forms of oppression. The dominant group has its mistreatment of the target group embedded in and backed up by society's institutions and other forms of power.

INTERNALISED OPPRESSION

The fourth way oppression works is within the groups of people who suffer the most from the mistreatment. Oppressed people internalise the ideology of inferiority, they see it reflected in the institutions, they experience disrespect interpersonally from members of the dominant group, and they eventually come to internalise the negative messages about themselves. If we have been told we are stupid, worthless, abnormal, and have been treated as if we were all our lives, then it is not surprising that we would come to believe it. This makes us feel bad.

Oppression always begins from outside the oppressed group, but by the time it gets internalised, the external oppression need hardly be felt for the damage to be done. If people from the oppressed group feel bad about themselves, and because of the nature of the system, do not have the power to direct those feelings back toward the dominant group without receiving more blows, then there are only two places to dump those feelings - on oneself and on the people in the same group. Thus, people in any target group must struggle hard to keep from feeling heavy feelings of powerlessness or despair. They often tend to put themselves and others down, in ways that mirror the oppressive messages they have gotten all their lives.

Acting out internalised oppression runs the gamut from passive powerlessness to violent aggression. It is important to understand that

some of the internalised patterns of behaviour originally developed to keep people alive - they had real survival value. On the way to eliminating institutional oppression, each oppressed group has to undo the internalised beliefs, attitudes, and behaviours that stem from the oppression so that it can build unity among people in its group, support its leaders, feel proud of its history, contributions, and potential, develop the strength to challenge patterns that hold the group back, and organise itself into an effective force for social change.

INTERNALISED PRIVILEGE

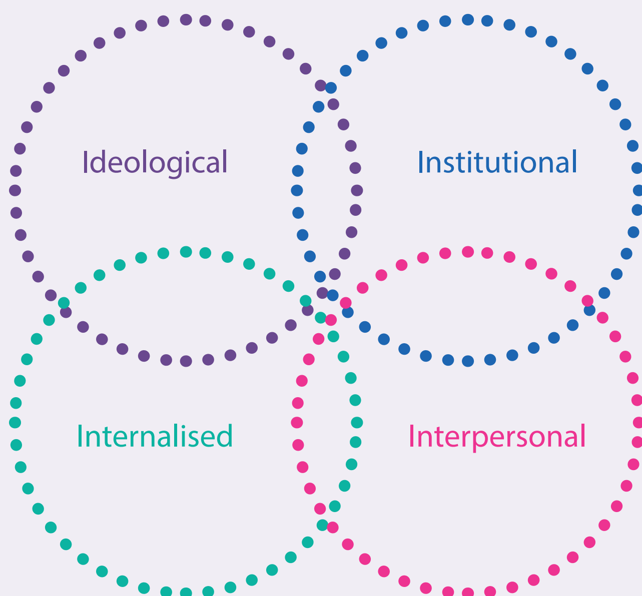
Likewise, people who benefit the most from these systems internalise privilege. Privileged people involuntarily accept stereotypes and false assumptions about oppressed groups made by dominant culture. Internalised privilege includes acceptance of a belief in the inherent inferiority of the oppressed group as well as the inherent superiority or normalcy of one's own privileged group.

Internalised privilege creates an unearned sense of entitlement in members of the privileged group and can be expressed as a denial of the existence of oppression and as paternalism.

THE FOUR "I'S" AS AN INTERRELATED SYSTEM

It should be clear that none of these four aspects of oppression can exist separately. As the diagram below suggests, each is completely mixed up with the others. It is crucial to see any oppression as a system.

It should also be clear that trying to challenge oppression in any of the four aspects will affect the other three.



Appendix 2: Positive practice examples – young people

HAMMERSMITH, FULHAM, EALING AND HOUNSLOW (HFEH) MIND'S MY MIND TV

My Mind TV was developed by HFEH Mind in response to stigma attached to seeking help in some communities. This can prevent young people from accessing the support they need. It is also a barrier to engaging and empowering those communities.

WHAT WERE THE AIMS?

To create a platform where young people, adults, teachers, parents, and carers can easily access accurate and reliable content about mental health including the many services available. This aims to improve access for those who feel able to reach out.

It can also start to de-stigmatise mental health and offer insight to young people on how to promote their own wellbeing, or support friends who are struggling.

HFEH Mind's vision is that My Mind TV, which is underpinned by principles of diversity, inclusion, accessibility, and empowerment, becomes a tool practitioners can use to support clients between sessions and to promote better mental health outcomes.

WHAT DID THEY DO?

HFEH Mind worked closely with young people to create a website that hosts videos with accurate information about mental health. It is visually appealing and easy to search and navigate. It also aims to appeal to young people from neurodiverse communities.

Information about services and mental health issues to expert-led 'how to' videos on grounding, relaxation strategies, and many other topics.

WHAT WERE THE RESULTS?

- The platform is live with a digital film library of videos that offer education and training on key mental health issues in an entertaining and accessible way.
- These include videos on anxiety, wellbeing and isolation, how to sleep better, and racism and mental health
- Users can use the "Get Support" page to find several helpful links and contact numbers, as well as guidance on what to do in a crisis. This is combined with videos explaining how services work which reduce stress and uncertainty for people who are thinking about reaching out for help.

Find out more:
www.my-mind.tv

KOOTH

WHAT WERE THE AIMS?

Kooth is a digital emotional wellbeing and mental health service that supports children and young people from 10 to 25 (until their 26th birthday). Kooth aims to break down barriers to access, reduce stigma and offer everyone the opportunity to have a positive experience and outcome from mental health support.

In Oct 2020 Kooth reported that stress/anxiety and concerns around school and college among racially minoritised service users were rising faster than for their white counterparts. Kooth's staff aim to ensure it is a welcoming, safe, accessible, and relevant platform where the voices of racially minoritised service users are heard, and culture, concerns, struggles, and experiences are represented.

WHAT DO THEY DO?

Kooth is a free online mental health platform that gives users the opportunity to choose the support that works for them while remaining anonymous, giving them the confidence to speak out without fear of judgement.

HOW DID THEY DO IT?

The Kooth platform has pre-moderated safe peer to peer forums, 24-hour messaging, an activity hub, magazine, journal and goal setting in a safe, moderated environment, and live text chat with immediate access to qualified counsellors from 12 to 10pm Monday to Friday and 6 to 10pm at weekends and bank holidays.

It breaks down many barriers to accessing support for vulnerable and under-represented groups and communities including young people from Black, Asian, and other racially minoritised communities. It is anonymous, addressing concerns about stigma within families or communities. It is accessible 24/7 via any internet connected device, maximising the opportunity to seek support independently and privately. As a digital service, it addresses the needs of those who may find accessing traditional face to face services uncomfortable.

It offers a choice of support. Children and young people may use self-help and peer-peer options as a stepping-stone to receiving professional support, within the same platform. There are none of the usual barriers to access, such as referrals, thresholds and waiting times. Kooth interventions are person-centred, guided by needs; users choose what to share rather than coming to the service with a label.

Kooth works hard to ensure the whole community is aware of and can access the service through its digital and physical promotion. Kooth engagement leads have a focus on reaching out to the most vulnerable in communities and will link with organisations which are working with children and young people from diverse backgrounds.

This is underpinned by its own training programme that provides an understanding of equality and diversity, helping support the online team to support young people from various backgrounds and needs. Staff also create regular clinically reviewed content designed to support children and young people, students and adults from racially minoritised backgrounds.

WHAT WERE THE RESULTS?

Between Aug 2021 and July 2022

- 22,935 young people in London registered with Kooth. Of these 11,201 or 49% self-identified as being from Black, Asian, or other racially minoritised backgrounds.
- Kooth was visited over 70,000 times (58% of logins were from returning users). 69% of logins were outside traditional office hours (9am – 5pm).
- 1,700 young people engaged in 3,200 chat sessions

- 6,300 young people engaged in 42,500 message exchanges
- 2,700 young people read 12,000 articles
- 4,200 young people engaged with 61,600 forums.

Young people from Black, Asian, and other racially minoritised backgrounds come to Kooth with a range of concerns. Within this period the most common ones were anxiety and stress, suicidal thoughts, self-harm, family relationships and friendships.

Find out more:
www.kooth.com

PROJECT ZAZI

Project Zazi is part of Off The Record, a mental health service, which offers Off the Record Youth Counselling in London.

Many young people of colour believe mental health services are not for them. Therefore, Project Zazi – "know yourself, know your strength" – focuses on creating opportunities, building aspirations, and empowering young people from racially minoritised communities. The programme is open to young people aged 12 to 25 who identify as Black and other racially minoritised groups.

Project Zazi was launched in 2015 as a result of surveys, research, young people-led workshops, local community partnerships and discussions linked to the needs of young people of colour and their experiences.

WHAT WERE THE AIMS?

The aim of Project Zazi is to promote wellbeing through the growth and development of young people of colour, creating lasting change that impacts individuals for the better. Practitioners allow young people to flourish and strive, without unconscious bias, racism, inequality, and ignorance.

Zazi aims to create long term opportunities for the young people it serves and ensure support, information and guidance is accessible. It wants to serve the future generation and future leaders.

WHAT DOES IT DO?

It supports individuals to explore culture, identity and tackle the inequality they face. The project offers a mix of one-to-one support and group projects and sessions (both digital and face-to-face). Within these spaces, Project Zazi aims to create a positive atmosphere with a sense of belonging and security. Young people can explore their identity and culture while partaking in sociable activities and learning new skills.

HOW DOES IT DO IT?

Representation is key in this field and having a team of practitioners that are all from minoritised backgrounds and cultures is essential to ensuring that young people feel seen, heard, and understood.

Project Zazi strives for reasonable waiting times and quality services delivered by qualified practitioners. Team skills include:

- 1:1 Psychodynamic therapy
- 1:1 Low intensity CBT support
- 1:1 Mentoring and wellbeing support
- Advocacy services
- Link workers to support CAMHS and GP referrals
- Training for professionals – such as Critical Whiteness (getting our white counterparts to take responsibility and reflect), Diversity and Cultural Understanding, and more.

As well as 1:1 support, Zazi runs group sessions within secondary schools and community hubs. These include:

- Girl Talk (for young females)
- Masculinity (for young males)
- Speakers Corner (Online Group sessions)
- Expressions and Chat Bout (mixed sessions)
- Sister Circle (Somali young females) and more.

WHAT ARE THE RESULTS?

Young Black people and people of colour make up 87% of Project Zazi's more than 387 referrals. In comparison, Off The Record's standard referrals for young Black people and people of colour were 12% over the course of 2015-2021.

Find out more:
www.otrbristol.org.uk/what-we-do/zazi

SOUND CONNECTIONS (TAKING OFF)

Sound Connections believes that the music world is not as fair and equitable as it could be for racially minoritised children and young people. It believes that more children and young people should be able to experience music and creative opportunities that are relevant to them.

WHAT ARE THE AIMS?

Sound Connections works across the music community to achieve inclusion, equity and social justice, through supporting young people, the music education workforce, and the wider music education section. It delivers charitable programmes and offers consultancy for music, arts, cultural and heritage organisations.

WHAT DOES IT DO?

- Runs Wired4Music, which empowers overlooked young people in London to get heard and have a say in their music-making and future careers. Wired4Music is a free network of young Londoners aged 16-25 who are passionate about music. Everything it does is decided by its members. Their events and projects are co-produced with support from Sound Connections' staff and music industry mentors and professionals. Young people can apply for funding for projects.
- Runs Inclusive Practice in Action (IPIA) events annually to amplify diverse voices, explore what inclusive practice means and advocate for a more equitable world. They provide an opportunity to "pause, reflect, have important conversations and take away tools and strategies for implementing change". The 2023 event focused on global inclusive leadership.
- Runs Music and Social Justice Network that helps to help practitioners understand social justice and bring greater justice and equity to their work. This is one of three networks for practitioners.
- Supports music education hubs in Greenwich, Lambeth, Lewisham and Southwark in developing and embedding inclusive practice, including training around trauma-informed practice and mental health in young people, bursaries and mentoring programmes.
- Undertakes a wide range of consultancy projects.

Find out more:
www.sound-connections.org.uk
YouTube/Twitter/Facebook/Instagram/LinkedIn

Monthly Drop-In Contact:
Tee@sound-connections.org.uk

Appendix 3: Positive practice example – workforce

CapitalMidwife is a "once for London" solution to addressing significant challenges facing the midwifery workforce. These include the retention of staff.

Historic, endemic inequalities faced by NHS ethnic minority maternity staff were heightened during the COVID-19 pandemic. The Turning the Tide report and other maternity reports highlighted these experiences, which range from a lack of ethnic minority staff in leadership roles, to poor access to continued professional development, plus much more.

In response, CapitalMidwife set up an Equality, Diversity and Inclusion (EDI) Advisory Group which included the authors of the Turning the Tide and What We Need to Thrive reports. The group designed and oversees the Anti-Racism Framework and fellowship scheme described below.

This work is included here as an example of approaches that could be taken by organisations and trusts that provide mental health services to children and young people from racialised minorities. This would enable them to nurture their workforce's cultural capability and understanding in anti-racism, and diversify the workforce, including in senior roles.

CAPITALMIDWIFE ANTI-RACISM FRAMEWORK

WHAT WAS THE AIM?

To broadly address racism and reduce its impact in the London maternity workforce and shift the culture to also improve outcomes for ethnic minority maternity patients.

WHAT DID THEY DO?

Created an Anti-Racism Framework that requires maternity services to develop and embed anti-racist initiatives within trusts. The framework is linked to and supports wider policies and guidance, including the national Maternity Transformation Programme, Workforce Race Equality Standard (NHS People Plan), etc.

Nine initiatives are included in the framework:

1. Ensuring ethnic minority maternity staff are in leadership and advisory roles
2. Using data to understand local needs and holding team conversations about these needs
3. Developing and promoting an equality, diversity and inclusion statement
4. Improving continued professional development opportunities for ethnic minority midwives
5. Running a programme of learning activities to grow the cultural competence of all staff
6. Debiasing people management processes
7. Encouraging speaking up
8. Developing and promoting forums and safe spaces for ethnic minority midwives
9. Debiasing recruitment practices.

HOW DID THEY DO IT?

After the EDI Advisory Group of maternity staff developed the framework, it was launched to maternity trusts across London, and refined through work with vanguard sites.

Trusts have been provided with a vast range of guidance, tools, and materials to help them implement each of these initiatives. They are also expected to work with local equality, diversity and inclusion (EDI) experts and ethnic minority staff to agree an approach tailored to the specific needs of ethnic minority maternity staff at their trust.

An award scheme from bronze to platinum recognises progress made by trusts at the different stages of implementation.

The assessment process for a bronze award is a conversation between the trust, a peer reviewer from another trust, and the CapitalMidwife team. Oversight and moderation is provided by members of the EDI Advisory Group. As part of the assessment process, trusts put forward someone to peer review another trust's work. This will help make the assessment process more robust and provide opportunities to share learning and best practice.

WHAT ARE THE RESULTS?

Two out of 18 maternity trusts in London have received a bronze award and are now working towards silver. Another 11 are working towards bronze.

An initial survey of 12 staff implementing the framework showed 100% believe colleagues from racially minoritised communities could benefit from the framework, would recommend it to other trusts, and highlighted positive impacts in their organisations.

Implementation has been slower than anticipated due to system pressures, discomfort addressing racism, and a lack of understanding of the importance of this work. It has been noted that a slow start may be beneficial in the longer term as this is a time when senior stakeholders are being engaged, which will support implementation in the future. The London Regional Maternity Team is committed to supporting this work however long it may take.

A full evaluation will be carried out when one or more trusts achieves a bronze award.

Find out more
www.hee.nhs.uk/our-work/capitalmidwife
Email: england.capitalmidwife@nhs.net

CAPITALMIDWIFE FELLOWSHIP

WHAT WAS THE AIM?

To support band 6 and 7 midwives from racially minoritised groups to develop and move into leadership roles. To build their confidence, knowledge and skills and develop a network to support them throughout their careers.

WHAT DID THEY DO?

Band 6 and 7 ethnic minority midwives from across London were invited to apply for a Fellowship, which is designed to help move them into leadership roles within the system. Priority was given to people from ethnic groups that report being given less opportunity to progress in their careers, and to those who had been in the same role for a long period of time. Over six months, 31 midwives from across the 18 London maternity trusts participated.

HOW DID THEY DO IT?

Each participant had a senior sponsor from within their organisation. They were all given training on wellbeing, leadership, quality improvement and presentation skills, were all part of an action learning set and a quality improvement coaching group and were encouraged to access mentoring opportunities.

They all carried out a quality improvement project and presented this to their peers and maternity leaders at the end of the Fellowship.

WHAT WERE THE RESULTS?

- 43% of (13 out of 31 Fellows) have moved into more senior roles since completing the Fellowship in September 2022
- 100% of Fellows have reported being able to apply Fellowship learning in their workplaces
- A second Fellowship has been funded and completed
- Discussions are being held with the national NHS maternity team about expanding the Fellowship beyond London.

AWARDS

Kate Brintworth, the Regional Chief Midwife for London, won the Royal College of Midwives' 2023 award for equality, diversion and inclusion for the Anti-Racism Framework and Fellowship.

Transformation Partners in Health and Care, which supported the work, and the NHS England London regional maternity team are also shortlisted for HSJ Workforce Initiative of the Year 2023.

Find out more:
www.hee.nhs.uk/our-work/capitalmidwifeEmail:
england.capitalmidwife@nhs.net

Appendix 4: positive practice example – support for grassroots organisations

THRIVE LDN'S RIGHT TO THRIVE INITIATIVE

WHAT ARE THE AIMS?

Right to Thrive is Thrive LDN's ongoing commitment to celebrate and protect diversity in London, especially for those at higher risk of unfair treatment based on their identity, beliefs, or social class, and in some cases a combination of these. It encompasses a broad range of partnerships and activities which collectively aim to support the communities and groups most likely to experience poor mental health, to amplify their voices, share power and leadership, and address some of the health equity issues they are facing.

Since February 2020, Right to Thrive has invested more than £450,000 in grassroot and community led organisations engaging directly with Londoners at disproportionate risk for poor mental health and wellbeing.

It also provides free training and capacity building opportunities for individuals and grassroot organisations in London to help them develop new skills and build resilience.

WHAT DO THEY DO?

Funding is specifically aimed at local grassroots providers who typically find it difficult to access other forms of financial support including, but not limited to, not-for-profit organisations, un-constituted groups, and individuals.

Funding is given to projects that demonstrate how they can support people who, for various reasons, are denied involvement in mainstream economic, political, cultural, and social activities. This includes the following communities:

- Black lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities
- Asian LGBTQ+
- Latin American LGBTQ+
- Gypsy and Traveller communities
- Refugees and asylum seekers
- Young Black men
- Transgender people.

WHAT WERE THE RESULTS?

The stories, narratives and lived experiences of the thousands of people Right to Thrive has reached speak for themselves.

- Around 5,000 people have benefited from the initiative or engaged in activities support through Right to Thrive.
- 286 volunteers have taken part in funded projects.
- Projects supported the digital inclusion of vulnerable refugees and migrants, allowing them to take part in activities and feel more integrated in the community.
- Projects created a safe and friendly space for vulnerable young people to talk openly about their mental wellbeing.
- Projects helped to reduce feelings of isolation and loneliness during the COVID pandemic.
- Projects provided unique opportunities to showcase intersectional LGBTQ+ history.
- Projects equipped participants with new skills including communications, digital skills, photography, creative writing, conflict resolution, and employment skills.
- Most organisations reported that the project helped participants gain confidence.
- Although they were not included on the original priority list, projects also engaged with Black boys aged 13-15, Black girls, south east and east Asian migrants, and Arabic speakers.

The grants scheme is ongoing.

Find out more:
https://thriveldn.co.uk/about/our-activities/right-to-thrive
Email: leslie.salema@nhs.net, info@thriveldn.co.uk

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Transformation Partners
in Health and Care

Listening Project

Listening to children and young people to improve equity in mental health support for racially minoritised communities in London