BRIEFING

Centre for Mental Health

A voice for change

Young Changemakers tackling mental health inequalities in racialised communities

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Summary

Young Changemakers is a programme created by UK Youth, The Diana Award and Centre for Mental Health to equip young people with the tools to produce youth-led social action projects aimed at tackling mental health inequalities in racialised communities. This briefing identified some issues regarding the mental health of children and young people from racialised communities, including:

- **Negative perceptions towards mental health support and care:** Young people from racialised communities were more likely to expect bad experiences from mental health services and less likely to trust and seek formal support
- **Limited and involuntary pathways to mental health services:** Children and young people from racialised groups were more likely to access child and adolescent mental health services through compulsory than voluntary care pathways. Overall, they were also less likely to access services and were overrepresented in inpatient settings
- **Lack of mental health awareness:** Various studies across the UK showed that children and young people from racialised communities reported poor awareness around mental health and available supporting services
- **Lack of culturally appropriate support:** Data shows an urgent need for the development and implementation of culturally sensitive, readily accessible mental health information and support tailored to children and young people from racialised communities. This in turn can encourage help-seeking behaviours and produce better health outcomes for these young people
- **Mental health stigma:** Higher levels of stigma among people from racialised communities have been observed globally. Given the disproportionate exposure young people from racialised communities face to many of the known 'risk factors' linked with mental health problems, addressing stigma is essential to ensure children and young people from these populations can access and receive help when needed.

THE DIANA AWARD

UK YOUTH

To address some of the aforementioned issues, the Young Changemakers programme developed four social action strands including policy influencing, engaging frontline practitioners, changing public attitudes, and peer-to-peer support. These focuses inspired the development of four projects led by Changemakers, which are:

- **Team Not So Micro** – Campaigning to include microaggression training as a mandatory part of teacher training
- **Team Engage** – Creating culturally sensitive digital resources for GPs
- **Team Verity** – Producing a podcast featuring mental health professionals and young people with lived experience
- **Team Change** – Delivering creative workshops about mental health specifically targeting young Black people.

This briefing has implications for current research and practice, specifically:

- There are many existing indicators of systematic racism within the mental health and education systems towards children and young people from racialised communities. Despite the growing attention on mental health among racialised communities, more research should be conducted to understand the specific needs of children and young people from these groups and how their mental health can be best supported.
- Stigma, negative attitudes towards mental health services and a lack of mental health knowledge remain significant among young people from racialised communities. As a result, public health initiatives and intervention programmes should be designed specifically to reduce stigma, increase mental health awareness, and promote help-seeking behaviours within this population.
- Valid and reliable evaluations should be conducted to better understand the impact of existing mental health interventions on children and young people from racialised communities, to inform the implementation of such programmes.
- Peer support and culturally responsive intervention programmes should be evaluated using clear indicators to facilitate comparisons across existing programmes. The use of peer researchers is highly recommended as part of this process.
- Careful consideration should be given to ensure the equal representation and treatment of young people from racialised communities in both mental health research and practice. This includes actively involving them in research recruitment, developing research questions that are specific to their needs, creating dedicated pathways to mental health support, and developing targeted communication to improve their awareness of support and services. Similarly, commissioners and funders should invest in mental health programmes that are designed and led by individuals from racialised communities.
- Young people know what they want and need the most. Therefore, they should be given a seat at the decision-making table. It is essential that mental health programmes are co-designed and co-produced with young people from racialised communities in order to provide them with the best support.
- Health professionals and policymakers should receive training on the impact of racism within the mental health system on children and young people. Being able to identify racism in interprofessional everyday practice can fuel efforts to combat it, and to raise awareness of racial discrimination, exclusion, and the risk of unequal treatment (Schouler-Ocak *et al.*, 2021).
- Anti-racism training and cultural competency training should be included as part of formal qualifications across different professional settings (e.g. schools, institutions, mental health services, policy, etc.).

Introduction

It is well-documented that racialised communities face inequalities in their experiences and outcomes in mental health. Existing data show overrepresentation and ethnic disproportionality for certain mental health difficulties (Khan *et al.*, 2017), differences in access and use of mental health services (Kapadia, *et al.*, 2022), slower rates of recovery, and higher rates of unemployment following a period of treatment (Morgan *et al.*, 2017).

Data on the Covid-19 pandemic has again shed a light on the inequalities in health outcomes for people from racialised communities, particularly the higher infection and death rates in Black and certain Asian populations (Niedzwiedz *et al.*, 2020; Yaya *et al.*, 2020). With regards to mental health, research also shows that the pandemic had a disproportionate impact on young people from racialised communities, specifically on young Black men (Abdinasir *et al.*, 2021; Proto *et al.*, 2021). Although many of the existing research has focused on adults, their findings are also often observed in children and young people.

With the vision to promote equality in mental health, and to create culturally competent mental health services that speak to the needs of young people from racialised communities, Centre for Mental Health has partnered with UK Youth and The Diana Award to create the Young Changemakers programme. This is a three-year programme funded by players of the People's Postcode Lottery and Comic Relief to support mental health in young people from racialised communities.

As independent evaluator of the programme, the Centre uses a peer research model to lead the research phase, arm-in-arm with Young Changemakers from racialised communities. Starting in autumn 2021, the first cohort of the programme consists of 15 Young Changemakers and 8 co-producers, all of whom are between 18-25 years old, and from racialised communities with lived experience of mental health issues and injustices.

This briefing is an introduction to some of the current issues regarding the mental health of children and young people from racialised communities, with a particular focus on the four social action strands targeted by the Young Changemakers programme. The social action strands include policy influencing, engaging frontline practitioners, changing public attitudes, and peer-to-peer support, which in turn inspires the development of four social action projects led by Young Changemakers. Implications of this briefing for research and practice are also presented and discussed.

A note on terminology regarding race and ethnicity

We are aware that the terminology used to discuss race and ethnicity in policy and research contexts (including the term 'Black, Asian and Minority Ethnic') is sometimes highly problematic. For this reason, wherever possible we have used the term 'racialised communities'. Exceptions are made when quoting other organisations' research. Learn more in **our terminology guide**.

What does existing evidence tell us?

Research into the mental health of children and young people from racialised communities has identified a number of issues which potentially contribute to existing inequalities within the mental health system.

Negative perception towards support and care

Young people from racialised communities were more likely to expect bad experiences and perceive the mental health system to be unhelpful, racist and untrustworthy, which in turn delayed seeking help for mental health problems (Meechan *et al.*, 2021; Kapadia, *et al.*, 2022). Instead of seeking formal support through doctors, counsellors or psychologists, recent research on young Black men in the UK showed that Black boys were more likely to seek informal support, such as from friends and family, for their mental health (Meechan *et al.*, 2021). This attitude can also be seen within educational settings among other racialised groups. For example, a study particularly focusing on Pakistani young people aged 11-19 showed that even when they were aware of mental health issues, they did not feel that they could trust their teachers or school counsellors enough to open up (Ali *et al.*, 2017).

Limited and involuntary pathways to mental health services

Despite Black people being twice as likely as white people to be hospitalised as a result of mental ill health, young people from racialised communities were less likely to access services which could prevent mental health problems escalating earlier (Bignall *et al.*, 2019). Moreover, the referral route to youth mental health services also varies across ethnicity. Previous data showed that children from racialised groups may be more likely to access child and adolescent mental health services (CAMHS) through compulsory than voluntary care pathways (Edbrooke-Childs *et al.*, 2019) even though overall they are less likely than their white peers to access mental health services (Education Policy Institute, 2017).

Data between 2008-2016 from health services in south east London showed that Black African young people were more likely to be referred from secondary care, social services or criminal justice services compared to white British young people; this effect was reported to be most pronounced for those aged 16-17 (Chui *et al.*, 2020). More significantly, national studies revealed that Black children were ten times more likely to be referred to CAMHS via social services (rather than through the GP) compared to white British children (Kapadia, *et al.*, 2022).

In addition, NHS Digital (2021a) reported higher rates of probable mental health difficulties among 6-23 year olds in the 'White British' (19%) and the 'mixed' or 'other' (23%) groups, than in the 'Asian/Asian British' (8%) and 'Black/Black British' (8%) groups. Yet a higher proportion of children and young people from racialised communities are admitted to inpatient psychiatric settings in the UK (NHS CAMHS Benchmarking, 2019). In line with this, Black African young people were significantly more likely to be referred to inpatient and emergency services compared to their white British counterparts (Chui *et al.*, 2020). This rate is consistent with adult data where "too often and in too many areas the experiences of those of Black African and Caribbean heritage is one of either being excluded or detained" (Department for Health and Social Care, 2019, p.10). In fact, the national rates of detention under the Mental Health Act for the 'Black or Black British' group were over four times those of the white group (NHS Digital, 2021b).

Moreover, it should also be noted that the lower rates of mental health difficulties among young people from racialised communities might be due to the limited number of culturally responsive measures in place, which in turn can prevent the actual rate of mental health difficulties from being captured.

Lack of mental health awareness

Poor mental health awareness has been repeatedly reported in children and young people from racialised communities. For example, a study on UK Pakistani young people found that they showed overall poor awareness of mental health services and specific treatment options for mental illness such as cognitive behavioural therapy (CBT) or family-based CBT (Ali *et al.*, 2017). In a more recent report focusing on children and young people from racialised communities in Leeds, low awareness of support services was present for all racialised groups; and even when young men showed enthusiasm for online support, they knew little about the available options (Leeds City Council, 2019).

However, it should be recognised that these studies were conducted on a small number of young people across a limited number of regions and racialised groups. Without a large national dataset, it is hard to make any concrete comparisons on mental health awareness across different ethnic groups. Nevertheless, the need to raise mental health awareness is undoubtedly required for all groups, but particularly important for those who are often overlooked, such as children and young people from racialised communities.

Lack of culturally appropriate support

The need for mental health services to be culturally appropriate to children and families from racialised communities has long been highlighted (Anderson *et al.*, 2017). In fact, the implementation of culturally appropriate, accessible mental health information and support tailored to racialised communities has been consistently recommended as a focus for the UK governments (e.g. Mental Health Foundation, 2020; Kapadia, *et al.*, 2022).

It is evident that mental health services designed specifically for racialised communities are feasible and effective (Vahdaninia *et al.*, 2020). For example, providing youth mental health services at easily accessible locations (such as schools, local primary care clinics or community walk-in clinics) or via self-referral has shown increased uptake of services for children and families from racialised communities (Anderson *et al.*, 2017). In addition, mental health programmes that are tailored to specific racialised groups have also yielded more positive outcomes (for an example, see *Shifting the Dial*; Harris and Abdinasir, 2022). However, such services have not been widely implemented across the UK.

Previous data shows that young people from racialised communities do not always perceive mental health services as being "culturally sensitive", or perceive mental health professionals as having the skills or understanding of different cultural or ethnic backgrounds (Malek, 2011; Care Quality Commission, 2019). In a series of interviews in south London, young Black boys reported that most mental health professionals were white and would not understand their problems or "world", which subsequently delayed their attempt to seek help from formal mental health services (Meechan *et al.*, 2020). This finding reflects the lack of representation among mental health professionals of racialised communities. For example, data in 2015 indicated that only 9% of qualified clinical psychologists were from racialised communities compared to 88% who were white. This number was 5% and 2% for Scotland and Wales respectively (British Psychological Society, 2015). Tackling this inequality could increase the perceived accessibility and relatability of formal support for young people from racialised communities and encourage them to seek help. In fact, this focus has been listed as one of the major ambitions in the NHS England's *Advancing Mental Health Equalities* strategy (NHS England, 2020).

In line with this, there is a general lack of mental health assessment tools and intervention and prevention programmes which are specifically designed for children and young people from racialised communities (Bignall *et al.*, 2019). Despite the growing attention to this area, much work has focused solely on adults, which has significant implications for accurate diagnosis and treatment for children and young people from these communities.

Mental health stigma

Stigma is a multidimensional problem which not only drives discrimination against people with mental health difficulties, but also prevents people from seeking help (Eylem, *et al.*, 2020). Stigma can come under many forms, including experienced stigma (day-to-day experiences of stereotypes, prejudice and discrimination), anticipated stigma (the expectation of being a target of stereotypes, prejudice, and discrimination), and internalised stigma (the self-stigma one holds for themselves) (Fox *et al.*, 2018).

Mental health stigma exists for everyone to a certain extent but is higher among ethnic minorities than majorities (for a systematic review on global data, see Eylem *et al.*, 2020). For example, in a study on Pakistani young people's views on mental health services in London, all 33 participants reported the impact of stigma on their reduced access to mental health services (Ali *et al.*, 2017).

Similarly, research with young people from racialised backgrounds in Leeds also showed high levels of social stigma towards mental health, particularly for those in Pakistani, Bangladeshi, and Chinese communities (Leeds City Council, 2019). In particular, it was reported that social stigma prevented them from discussing mental health difficulties with family and friends in the community, due to the risk of people finding out and this leading to isolation and negative implications for families (Leeds City Council, 2019). This is consistent with recent findings on undergraduate African-Caribbean students, who reported that the influence of family and friends can negatively impact their help-seeking behaviour due to the stigma and fear of being looked at differently upon diagnosis (Sancho *et al.*, 2020).

We also know from existing data that young people from racialised groups are disproportionately exposed to many known risk factors linked to mental health problems. These include being excluded from school, being in care, being involved in the criminal justice system, and being homeless (Youth Justice Board, 2019; Day *et al.*, 2020). Members of such disadvantaged communities also reported greater prevalence of mental health stigma (Braunholtz *et al.*, 2006). Therefore, not only is a young person more likely to experience mental illness in an area of deprivation, but they may also have less access to support, fewer opportunities for employment, and will likely face a more stigmatising community response.

Youth-led social action: Why is it time for young people to take the lead?

The Young Changemakers programme is designed to promote youth-led social action; this can be defined as practical action in the service of others, designed and led by the young people themselves to benefit them and the wider communities they belong to (Birdwell *et al.*, 2013). It is essentially giving young people the resources to create positive social change. Youth-led social action is seen as an effective tool of change because young people typically provide different perspectives to those who are in positions of power, who are generally more traditional in their views and their methods of bringing about change. It also gives children and young people the unique opportunity to act on the issues that directly impact them.

There are several benefits to social action, both for the young people involved and for the wider communities they seek to benefit. Youth social action can give young people skills that increase their employability – such as problem-solving and resilience (Shaw *et al.*, 2020), and is proven to be linked to enhanced social wellbeing (Cicognani *et al.*, 2015). The benefits of youth-led social action can be seen in recent successful campaigns. School/industrial strikes have been noted throughout history as an effective means of social action, and in 2018, Greta Thunberg's school strike in an attempt to get the Swedish government to take the climate crisis seriously led to global strikes by students on Fridays in the name of climate change. By February 2019, there were strikes organised in approximately 60 different locations nationwide. While they still have a long way to go, their movement was recognised quickly, with the Labour party declaring a climate emergency in March.

By centring young people and those with lived experience in decisions that affect their futures, and giving them the agency and resources to do so, it becomes an investment in the individuals' future, as well as the communities that they want to help. With regards to mental health, it is not possible to establish a youth-friendly mental health system without including the voices of young people themselves. To achieve better outcomes for young people, it is essential that youth services and professionals involve young people in the decision-making processes for service design and delivery. Young people are the experts on young people. They know their needs and how they can be supported best, and therefore no system can be effective without incorporating these needs.

Social action strand: Changes to public policy

For the Young Changemakers programme, implementing change in public policy refers to seeing change brought about within policies, laws, regulations or guidance regarding mental health in racialised communities.

Health

Over the past few years, we have seen changes in policy and guidance which have direct implications for the mental health of young people from racialised communities. For example, following the tragic death of a young Black man, Olaseni Lewis, in a mental health hospital in 2008, the Mental Health Units (Use of Force) Act 2018 has now introduced statutory requirements to reduce force and keep a record of any force used. The Act means that both organisations and health care providers can be held accountable when they treat marginalised groups unequally.

Later this year, the Government will be bringing forward a bill to modernise the Mental Health Act which will be based upon a review led by Professor Sir Simon Wessely. One of the key objectives of the reforming of the Act is to put an end to the wide racial disparities that exist in its use. This is a significant goal because the 2015 Policing and Mental Health report brought to light the highly disproportionate number of Black people being detained with physical restraint under the Mental Health Act.

The publication of *Transforming Children and Young People's Mental Health: A Green Paper* (2017) highlighted some of the positive changes in policy and guidance particularly aimed at young people. However, it is important to note that in relation to the mental health of racialised communities, both in the green paper (2017) and later the NHS Long Term Plan (2019), there is only a mention of the fact that mental health problems are more prevalent in Black and Indian children, with no particular action in place to resolve this disparity. This clearly calls for more specific plans to address the inequalities in mental health that exist for young people from racialised communities.

Education

When looking at the education sector, there is a lot of guidance about supporting children and young people's mental health in education. To begin with, the *Transforming Children and Young People's Mental Health* green paper (2017) saw the allocation of up to £300m until 2022/23 for support in schools. £7m was also invested for the academic year 2021-22 in light of the pandemic, to help school staff support children's wellbeing after lockdown was lifted (Department for Education, 2021a). In addition to this, the Link Programme is being offered by several local authorities such as Kent, Leeds, Hampshire and several London boroughs, offering support in linking the schools with local partners to provide tailored support for students' mental health and wellbeing (Department for Education, 2021).

In spite of the guidance offered, there are several indications that children and young people are still not getting the best support for their mental health in schools and colleges (Mind, 2021a). This research found that seven in ten secondary school-aged children struggling with attendance were absent from school or college due to a mental health issue. Some students also reported that their poor mental health was perceived by staff as bad behaviour, and it resulted in isolation, physical restraints, or being excluded (Mind, 2021a).

Mind's inquiry also looked further at the intersection between race and mental health in education settings and found that 70% of those who experienced racism said that it had an impact on their wellbeing. This underscores the need for further investigation on the way public policy influences education. As it stands, there are options in place for improving youth mental health within education settings (for current guidance for teachers on supporting pupils' mental health, see Department for Education, 2021). However, evidence from research and lived experience suggests that the mental health of young people from racialised communities is yet to be prioritised.

In February 2022, the Department for Education introduced new guidance that suggests staff should display political impartiality in schools (Department for Education, 2022). Expressing partisan political views is considered unlawful under the Education Act 1996, but experts within education suggest that restrictions on certain political topics in schools could do more harm than good. The guidance specifically mentions the Black Lives Matter movement, stating that it goes beyond views of whether racism is acceptable and encroaches on partisan political views. Rowena Seabrook from Amnesty International UK's response to this guidance was: "Suggesting that teachers should not use material from social justice movements such as Black Lives Matter is entirely partisan, and lacks balance and safe spaces for students to explore issues labelled 'controversial'" (Amnesty International UK, 2022).

By not allowing teachers to teach about racism using a variety of sources and viewpoints, teachers may feel ill-equipped, or uncomfortable discussing it or handling incidents of racism – which can result in racism being inadequately dealt with. This in turn has a negative effect on the mental health of children and young people from racialised communities.

Team Not So Micro – Campaigning to include microaggression training as a mandatory part of teacher training

Not So Micro is a team of Young Changemakers who are seeking to bring changes to public policy, specifically in mandatory requirements of teacher training. They are proposing mandatory anti-racism and microaggression training for teachers. Microaggressions are defined as subtle, daily racial bias against people of colour because they are members of a racialised group (Sue *et al.*, 2007).

There is evidence that the cumulative exposure to racism can have negative long-term mental health consequences (Wallace *et al.*, 2016), and this body of research has been strongly reinforced by the lived experiences of young Black people. For example, Young and Black (2020) reported that some Black students have felt uncomfortable in school because of pressure, such as to make their hair more 'presentable'. They also felt that teachers labelled them as unintelligent and aggressive. These negative impacts on education can be detrimental to mental health and self-esteem (Young and Black, 2020). Looking specifically at microaggressions – amongst US college students, various sub-types of racial microaggressions were associated with poor academic performance and poor adjustment to college life. On top of this, the study also found a negative correlation between experiencing racial microaggressions and the individual's mental health across several studies (Nealious, 2016). However, positive changes have also been observed in recent years: for example, in the UK, many schools have been adopting the Halo Code – a pledge to explicitly protect the rights of Black students and staff who come to school with natural hair and protective hairstyles associated with their racial, ethnic and cultural identities (HaloCollective, 2022).

Globally, in 2019, the state of California was the first state in the US to officially ban natural hairstyles discrimination. Such significant policy change can ensure greater protection for people from racialised communities, and therefore should be promoted and adapted widely.

Taken together, the Not So Micro group have identified microaggressions as an important area of Black people's mental health to tackle. The idea behind this training is that by making teachers more aware of racial bias, they will not only be one step closer to being actively anti-racist but will also be able to provide support for pupils who experience racism during school. Based on the research on racism's impact on mental health, this promises to have a positive impact on the mental health of Black and racialised students.

Starting in the first quarter of 2022, Not So Micro involves a parliamentary petition, as well as a social media campaign to develop awareness among the general public about what microaggressions are, how they affect students from racialised communities, and how training regarding racial bias and anti-racism would benefit those affected. It also involves outreach to those who could be influential in garnering support for the petition, as well as those who are in the position to create a training package that could be utilised in schools. Not So Micro are currently aiming to achieve this via an email campaign to policymakers and influencers, as well as by attending conferences and meetings of relevant organisations (for example, conferences of school boards, teachers, and race equality commissions such as the West Midlands Race Equality Task Force).

This project was based not only on research from existing literature, but also on the lived experience of Young Changemakers and their peers in the community. Due to the overwhelmingly white teacher workforce in Britain (more than 96% of headteachers are white – Department for Education, 2021b), there is a proven need for racial literacy, and resources about race to be at the centre of teacher training (Joseph-Salisbury, 2020). The hope is that even if the petition does not garner the signatures required to take it through to the House of Commons, there will be enough interest and support in what the team is doing for the change to be brought about in another way. For example, the team is hoping to connect with teaching bodies about creating a pilot training programme in a particular school, to see exactly how the training might look in the long-term. While the petition is an important aspect of the project, it is hoped that it is simply the impactful starting point to larger change in public sentiment towards the idea, and a positive step towards getting the training implemented in schools.

Social action strand: Engaging frontline practitioners

There is a clear need for mental health services to be tailored to the increasingly culturally diverse population (Office for National Statistics, 2021). Research for many years has shown consistently low rates of engagement and mental health outcomes for people from racialised communities (Lawton *et al.*, 2021). However, apart from simply identifying the existence of such racial inequality, little progress has been made to address it.

Individual and organisational cultural awareness and competence have been identified as one of the keys to the provision of high-quality mental health care for people from racialised communities (Bhui *et al.*, 2007). Indeed, service users from racialised communities have often described the need for cultural diversity as part of an acceptable service (Gordon, 2007). According to Black service users, when perceived cultural sensitivity is low, a service can be considered "hostile" (Gordon, 2007). This in turn can reduce engagement and become a barrier to accessing psychological support and therapies.

In recognition of this issue, cultural competence has been recommended as a required competency for members of various mental health professions, including the British Association for Behavioural and Cognitive Psychotherapists (Lawton *et al.*, 2021), Improving Access to Psychological Therapies services (National Collaborating Centre for Mental Health, 2021), and specialists in Child and Adolescent Psychiatry (Royal College of Psychiatrists, 2018). In 2019, the National Institute for Health and Care Excellence (NICE) also released an updated quality standard for accessibility of health and wellbeing services for racialised communities which highlights the importance of mental health professionals being competent in culturally sensitive assessments, use of different models, addressing cultural differences in treatment plans and working with individuals from diverse backgrounds (NICE, 2019). However, specific guidance on the content, format or implementation of cultural competency training still remains rather limited (Clegg, *et al.*, 2016; Kang, *et al.*, 2020). As a result, the practice of identifying and seeking to meet specific cultural needs remains patchy among mental health professionals and services (Clegg, *et al.*, 2016; Kang, *et al.*, 2020).

Another area that has received growing attention in recent years is the involvement of people with lived experience, both in terms of mental health and racial inequalities, within the mental health workforce (Sunkel *et al.*, 2021). The importance of the voices of people with lived experience has been consistently highlighted in mental health research, policy, and awareness work. People with lived experience offer a unique and authentic perspective that comes from experiencing symptoms and the health and care system first-hand. Their involvement can also strengthen feelings of empowerment, raise self-esteem and boost awareness about their illness (Jha *et al.*, 2009). Moreover, people with lived experience play a key role in raising awareness and fighting stigma (CFE Research, 2020). This includes creating online content, radio, interviews, and podcasts, all with the aim of reaching and educating a wide audience. These activities have the potential to be even more beneficial and impactful when they are co-designed and co-delivered by both mental health professionals and experts by experience.

Drawing on these issues, Young Changemakers have been developing two youth-led social action projects: the creation of a digital resource providing cultural awareness training for GPs, and a podcast series that aims to bring together practitioners, specialists and survivors of sexual abuse who can give deeper insight into mental health and how to deal with sexual assault.

Team Engage – Creating digital resources for GPs on cultural sensitivity

GPs are a significant source of support for young people's mental health across the country (Young Minds, 2021). As a result of overstretched child and young people's mental health services and the difficult care pathways into them, GPs usually support young people's mental health without the involvement of specialist mental health professionals (Toulany *et al.*, 2019). However, young people have reported multiple barriers to accessing mental health support through their GP, including stigma, fear of talking about mental health, as well as engaging with GPs (YoungMinds, 2021). In fact, of the 2,005 young people who completed YoungMinds' survey, 67% said that they would prefer to be able to access support for their mental health without going to see their GP (YoungMinds, 2021). Moreover, young people from racialised communities also reported feeling less recognised and understood when talking to their GP about their mental health needs compared to their white counterparts (Annual GP Satisfaction Survey, 2021). In a survey commissioned by YoungMinds of 1,008 GPs, only 20% agreed that they had received sufficient training in mental health to respond to young people's mental health problems (YoungMinds, 2019). When it comes to mental health problems in young people from racialised communities, this number is undoubtedly even smaller.

With the aim of addressing this gap, Young Changemakers from Team Engage set out to work with frontline practitioners in developing culturally competent mental health support. Their aim is to create a digital resource that provides training in cultural awareness. The digital format was chosen to ensure it is widely available and accessible. Although the target audience is GPs, it is acknowledged that mental health services often run as a multidisciplinary team; therefore, it is hoped that the resources will be beneficial for other relevant practitioners.

This digital resource will draw on past research and first-hand experiences of the Young Changemakers. Potential components for the guideline include educational diagrams, videos, images, and conversational examples that inform better understanding on difficult and sensitive topics and how to approach them. In addition, this digital resource also aims to inform GPs on how to effectively deal with culturally sensitive situations that they may not have experienced before. The overarching goal of the resource is to address the existing communication and cultural barriers between individuals from racialised backgrounds and GPs to ensure that they receive better care as well as improving health outcomes.

This social action project also involves collaboration and networking with different members of the local communities, ranging from MPs to those working in the NHS. Ongoing communication is essential to this project because of how different and diverse the areas are in which the Young Changemakers are working (Luton and Leeds). In the long-term, the project aims to create a brand and human resources, which range from raising awareness on social media whilst simultaneously addressing the systemic issues which prevent young people from racialised communities receiving adequate care. Additionally, they aim to garner the attention of local governing bodies to create more training resources, not only for GPs but for health professionals across the field, as the lack of cultural competency training is not limited to GPs.

Team Verity – Producing a podcast featuring mental health professionals and young people with lived experience

Verity is a new podcast series that aims to bring together a multidisciplinary team of practitioners, specialists and people with lived experience who can give deeper insight into various topics in everyday life, including mental health. Verity was chosen to represent to the "quality or state of being true or real". The vision for this podcast is to bring knowledge and understanding to the public about different topics that they may encounter in their day to day lives, with the first focus being on mental health.

The first episode of the series will be on sexual abuse and mental health. By working with a multidisciplinary team of professionals and young people who are advocates of survivors or people with lived experience, this episode wants to tackle the lack of knowledge that young people and leaders face when it comes to sexual abuse and its effects on mental health. Listeners can connect with those that have endured through the same circumstances or use the information to help someone they know.

The overall aim of this social action project is to normalise the signs and symptoms of mental ill-health and generate meaningful conversations about mental health. In the future, the team is hoping to host live events where a panel of the multidisciplinary team and young people can come together to discuss other important topics. In the long term, Verity aims to become a resourceful platform of knowledge and information for young people and professionals to access and use effectively.

Social action strand: Wider public behaviours and attitudinal change

Wider public behaviours and attitudinal change involves influencing and positively changing people's views and opinions on mental health. An example of a successful campaign that transformed public attitudes and behaviours toward mental health problems was the national campaign Time to Change, delivered by Mind and Rethink Mental Illness. Since the campaign started in 2007 until its end in 2021, it was estimated that 5.3 million people improved their attitudes towards mental health (Time to Change, 2021). Real change in reduced discrimination has been reported by people with lived experience, both in employment and in social life (Corker, *et al.*, 2016). This is consistent with previous research showing that anti-stigma interventions which target public knowledge, attitudes and behaviours are effective in reducing both public and self-stigma towards mental health (Evans-Lacko *et al.*, 2013).

It is clear that mental health stigma and discrimination are issues within the wider general public, though the picture is worse for people from racialised communities. Negative attitudes have been found to exist – both in the individual's perception of public attitudes (anticipated stigma) as well as those within their communities (Schnyder *et al.*, 2017). Research on adults has identified cultural stigma as one of the key barriers to accessing mental health services for Black and other racialised communities (Memon *et al.*, 2016). Mental health was often perceived as a socially unacceptable topic for discussion, leading to individuals being unable to openly acknowledge symptoms and access support services. There were also concerns that a mental health diagnosis could stigmatise the whole family, affecting employment prospects and standing in the community (Memon *et al.*, 2016).

Stigma is a problem that starts early (O'Driscoll *et al.*, 2012). This is a serious matter as stigma and discrimination around mental health can prevent young people from seeking help for themselves or helping peers dealing with mental distress, leaving young people with mental health problems more isolated, "discouraged, hurt and angry" (Couture *et al.*, 2003; Bulanda, *et al.*, 2014). Research on young Black men in the UK shows that mental health is still widely seen as something that "others" experience, which again highlights the urgent need to tackle the stigma associated with having mental health issues within these communities (Meechan *et al.*, 2021).

This is relevant when looking at recent data on the disproportionate impact of the Covid-19 pandemic on the mental health of racialised communities (Gillard *et al.*, 2021). Even though public attitudes towards mental health have improved over the past decade (Henderson *et al.*, 2020, Time to Change, 2021), the Covid-19 pandemic has brought to light many health disparities for racialised communities. For example, a survey exploring abuse and mental health across the UK during the pandemic revealed that the youngest group (18-29 year olds) from racialised communities faced the highest risks of experiencing abuse, self-harm, and suicidal ideation (Iob *et al.*, 2020).

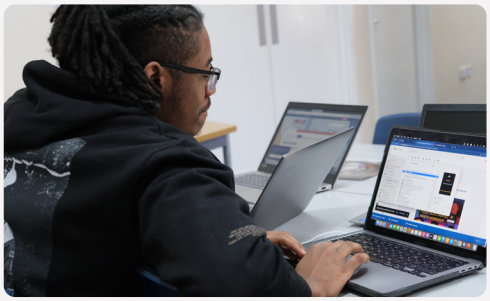
Burgess and colleagues (2021) have identified several specific difficulties facing young Black people during the pandemic, ranging from deepening existing socioeconomic inequalities, navigating between the pandemic and the surge of the anti-racism movement (i.e., Black Lives Matter), and the perceived exclusion from government messaging. The same research emphasised community building as a key to a more positive future for young Black people, and more widely for racialised communities (Burgess *et al.*, 2021). This is consistent with previous adult data showing that people receiving mental health treatment perceived support from already established social networks as being helpful to deal with stigma (Alvidrez *et al.*, 2008).

Taken together, existing data suggest that reducing stigma within these social and community networks can encourage people to seek help and subsequently improve their health outcomes.

Team Change – Delivering creative workshops about mental health specifically for young Black people

To fight mental health stigma among young people from racialised communities, Team Change is aiming to design and deliver creative workshops that specifically target young Black people. Through this social action project, Young Changemakers hope to influence public attitudes towards young Black's people's mental health, improve communication around mental health within their communities, and give young Black people a voice.

This project aims to create a safe space that allows young Black people to express and discuss mental health difficulties amongst peers while being educated about mental health stigma within Black communities. This is important as it has been recommended that campaigns should tackle personal attitudes to mental health rather than broad stigma (Schnyder *et al.*, 2017).



The project started with a pilot workshop which combined both interactive and educational elements, providing attendees with multiple touchpoints to engage in dialogue and activities where they can understand their own mental health stigma and break down people's misconceptions about mental health. The workshop included poetry and creative writing, where words associated with mental health were presented, and the individual created a piece based on what they think about when they hear or use that word. Similarly, a photography session was conducted where the attendees were shown how to capture the emotions and feelings around mental health through photos. Other components involved interactive activities around sharing experiences of mental health difficulties, and a video of celebrities sharing their own experience. Throughout these elements, the workshop aimed to reduce mental health stigma among attendees.

Based on the feedback from this workshop, Young Changemakers from Team Change are making adjustments for future workshops in order to provide a better experience for their community.

Social action strand: Peer-to-peer outreach and support

Peer-to-peer outreach and support refers to the process of "using the knowledge, skills and experience of children and young people in a structured way to inform and develop the understanding, confidence and self-awareness of others" (Street *et al.*, 2005). Peer support covers a wide range of activities, designed and implemented in different ways to achieve a variety of objectives (Coleman *et al.*, 2017). Common forms of peer support include befriending, mediation, mentoring, and counselling-based or peer listening approaches.

Examples of the implementation of such models can be seen in programmes such as the West Sussex Schools Peer Support programme (Slater-Simmons, 2014), Beatbullying (Banerjee *et al.*, 2010) and Side by Side (Mind, 2021b). Mental health charities often offer peer support services to specific groups of people, for example, Bipolar UK, Carers UK, Hearing Voice Network, and Stonewall Peer support programmes have been used to promote health interventions and have been found effective in encouraging help-seeking behaviours in young people, as friends and peers are often young people's first source of support (Department of Health, 2015; Tsong *et al.*, 2018). Throughout these programmes, research indicates that young people feel more knowledgeable, confident, happy, and less isolated and alone (Nesta & National Voices, 2013).

Peer support has been widely adopted within the school contexts, with more than half of schools in England having some form of peer mentoring or peer support provision (Houlston *et al.*, 2009). Brady and colleagues (2014) suggest peer support models have a strong theoretical basis, as there is a clear relationship between social support and emotional wellbeing. Within schools, these programmes enable vulnerable groups to develop and build relationships that are valuable (Brady *et al.*, 2014).

However, in a thorough report on peer support and children and young people's mental health, the Department of Education have found mixed evidence of success for peer support schemes, with some studies reporting positive outcomes but others finding no evidence of significant differences resulting from participation (Coleman *et al.*, 2017). A potential reason for this is the wide variety of available peer support models, as well as their aims, methods and assessed outcomes. This is consistent with a review of more than 1,000 studies by Nesta and National Voices (2013) which found that different peer support programmes had varying benefits for participants. For example, according to this review, the top three most useful types of programmes were face-to-face groups run by trained peers, one-to-one support offered face-to-face or by telephone, and online platforms (Nesta & National Voices, 2013). Some reasons for the lack of success and inconsistent results of peer support programmes include staff workloads or time constraints, staff turnover, programmes being under-utilised, and high drop-out rates (Coleman *et al.*, 2017).

It is highly recommended that successful peer-to-peer models should incorporate peer supporters from traditionally marginalised, underserved populations and people who have used mental health services (Tsong *et al.* 2018). Yet the implementation of peer-to-peer support models led by racialised young people remain rather limited. Watson and Meddings (2013) discussed how peer support has not been accessible for these marginalised groups even though many racialised communities have informally supported each other through listening and validating one another.

One of the potential barriers is language and communication. Being labelled as "hard to reach" embeds the belief that people from racialised communities hold the blame, rather than mental health services needing to review or address their services (Watson and Meddings, 2013). Furthermore, the lack of trust has a major impact; if Black people, for example, are not engaged in defining a service's agenda, they cannot be expected to trust it (Watson and Meddings, 2013). The ideas reviewed here seem to highlight a lack of structural understanding of peer support, and of best

practices in developing peer support for socially underrepresented groups. Individuals from these communities should be included in the co-development, co-production, and co-delivery.

Current evidence on peer-to-peer outreach and support has also revealed several interesting gaps in this topic. Firstly, the Department of Education reported that peer support programmes were more popular with girls and seemed to benefit them more (Coleman *et al.*, 2017). In line with this, gender imbalance was also prevalent in peer support schemes and could be off-putting for boys (Horgan *et al.*, 2013). This evidence highlights the need to ensure that such programmes are gender inclusive and can be perceived as accessible and available for all groups.

Secondly, there is a general lack of mental health programmes designed by and implemented within racialised communities. Within educational settings, outreach programmes such as the Sussex learning programme focus on providing learning support for year 11 pupils from racialised communities (Sussex Learning Network, 2022). However, it is difficult to find a peer-to-peer programme pertaining to helping young people from these backgrounds with their mental health. Although research shows that peer-to-peer support is a protective factor in mental health alongside boosting youth engagement (Thomas *et al.*, 2020), it does little to inform us of their effectiveness in racialised communities.

Lastly, many existing studies are conducted in North America, thus limiting the generalisation of their findings to the UK. Therefore, more research on peer-to-peer outreach and support within the specific context of the UK, with a particular focus on individuals from racialised groups, is needed before we can make any concrete conclusions on whether and how these programmes can be beneficial.

Taken together, although there is no social action project targeting this area in the current cohort of Changemakers, the gap in peer-to-peer outreach and support programme remains one of the focuses for the Young Changemakers programme for future cohorts.

Where do we go from here? Implications for research and practice

This brief summary of existing data on the mental health of children and young people from racialised communities clearly indicates an urgent need for further research and supporting resources which are tailored to these populations, in order to narrow the racial inequality gaps within the mental health system.

However, it also shows a hopeful picture that involves an increasing number of research, prevention and intervention programmes that are considering how to best understand and improve mental health among young people from racialised backgrounds, many of which involve the coproduction of young people with lived experience. This current context therefore gives youth-led programmes such as Young Changemakers the perfect opportunity to contribute significantly to the narrative of what is next and how we, as a whole society, can promote positive mental health in young people from racialised communities – a group that has long been overlooked within the mental health system.

Several implications for research and practice on the mental health of children and young people from racialised communities emerge from this briefing:

- There are many existing indicators of systematic racism within the mental health and education systems towards children and young people from racialised communities. Despite the growing attention on mental health among racialised communities, more research should be conducted to understand the specific needs of children and young people from these groups and how their mental health can be best supported.

- Stigma, negative attitudes towards mental health services and a lack of mental health knowledge remain significant among young people from racialised communities. As a result, public health initiatives and intervention programmes should be designed specifically to reduce stigma, increase mental health awareness, and promote help-seeking behaviours within this population.

- Valid and reliable evaluations should be conducted to better understand the impact of existing mental health interventions on children and young people from racialised communities, to inform the implementation of such programmes.

- Peer support and culturally responsive intervention programmes should be evaluated using clear indicators to facilitate comparisons across existing programmes. The use of peer researchers is highly recommended as part of this process.

- Careful consideration should be given to ensure the equal representation and treatment of young people from racialised communities in both mental health research and practice. This includes actively involving them in research recruitment, developing research questions that are specific to their needs, creating dedicated pathways to mental health support, and developing targeted communication to improve their awareness of support and services. Similarly, commissioners and funders should invest in mental health programmes that are designed and led by individuals from racialised communities.

- Young people know what they want and need the most. Therefore, they should be given a seat at the decision-making table. It is essential that mental health programmes are co-designed and co-produced with young people from racialised communities in order to provide them with the best support.

- Health professionals and policymakers should receive training on the impact of racism within the mental health system on children and young people. Being able to identify racism in interprofessional everyday practice can fuel efforts to combat it, and to raise awareness of racial discrimination, exclusion, and the risk of unequal treatment (Schouler-Ocak *et al.*, 2021).

- Anti-racism training and cultural competency training should be included as part of formal qualifications across different professional settings (e.g. schools, institutions, mental health services, policy, etc.).

Helpful resources

Befriending Networks list peer support groups for specific groups of people, including people from racialised communities, older people, disabled people, single parents and more.

Black Minds Matter UK helps connect Black individuals and families to free and relevant mental health services (e.g. Black therapists).

Black Thrive Global brings together individuals, communities, statutory agencies and volunteer organisations to address inequalities that prevent Black people from thriving.

The Mix provides support for under 25 year olds including mental health support with one-to-one chats and a range of resources to help with understanding mental health.

Mind have a list of support services.

Young Black Psych is a social enterprise company specialising in spreading awareness and providing useful, easy-to-use resources for children and young people's mental health within racialised communities.

The Black, African & Asian Therapy Network (BAATN): BAATN are the UK's largest independent organisation to specialise in working psychologically with people who identify as Black, African, South Asian and Caribbean. Their primary focus and area of expertise is to support people from these heritages. However, they are open to other People of Colour who are affected by prejudice due to the colour of their skin and global white power.

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A voice for change

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BRIEFING

Centre for Mental Health

A voice for change

Young Changemakers tackling mental health inequalities in racialised communities

Huong Le, Ashleigh Onabajo, Pleasant Adesiyan, Tarriq Jones and Elliot Busari

Summary

Young Changemakers is a programme created by UK Youth, The Diana Award and Centre for Mental Health to equip young people with the tools to produce youth-led social action projects aimed at tackling mental health inequalities in racialised communities. This briefing identified some issues regarding the mental health of children and young people from racialised communities, including:

- **Negative perceptions towards mental health support and care:** Young people from racialised communities were more likely to expect bad experiences from mental health services and less likely to trust and seek formal support
- **Limited and involuntary pathways to mental health services:** Children and young people from racialised groups were more likely to access child and adolescent mental health services through compulsory than voluntary care pathways. Overall, they were also less likely to access services and were overrepresented in inpatient settings
- **Lack of mental health awareness:** Various studies across the UK showed that children and young people from racialised communities reported poor awareness around mental health and available supporting services
- **Lack of culturally appropriate support:** Data shows an urgent need for the development and implementation of culturally sensitive, readily accessible mental health information and support tailored to children and young people from racialised communities. This in turn can encourage help-seeking behaviours and produce better health outcomes for these young people
- **Mental health stigma:** Higher levels of stigma among people from racialised communities have been observed globally. Given the disproportionate exposure young people from racialised communities face to many of the known 'risk factors' linked with mental health problems, addressing stigma is essential to ensure children and young people from these populations can access and receive help when needed.

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