Final report

Youth In Mind 2022/23

Increasing engagement of children and young people from minoritised ethnic backgrounds

Contents page

Meet the researchers

The lead researchers are Erika Laredo and Shirleecia Ward from Leeds Beckett university.

Co-participating youth researchers were recruited from the Bradford District Care Young Dynamo group.

Dr. Erika Laredo
Reader in Youth Work Development

Erika is a White academic working in the Youth Work and Community Engagement department at Leeds Beckett University. Erika has recently undertaken a lot of work examining Youth in mind Provision across Bradford, Wakefield and Leeds. In addition to this work, she has undertaken other research and worked with street-based populations. She is committed to using her research findings to develop long term, sustainable solutions to overcoming inequality and promoting socially just solutions.

Shirleecia Ward
MA BA (Hons) JNC

Shirleecia Ward is a Black Caribbean British, qualified Youth Worker, registered Social Worker and a Lecturer at Leeds Beckett University. She is a member of the Equality, Diversity and Inclusion committee, and is committed to championing and upholding the rights of minoritised ethnic groups that experience structural oppression. Shirleecia has a keen research interest in the lived experiences of Global Majority citizens and seeks to challenge the epistemic injustice that members of these communities often face.

Young Dynamos
Research group

The Young Dynamos are a young people's research advisory and involvement group that is facilitated by Bradford District Care Foundation Trust. The members are young people who are aged 15 to 25 from diverse ethnic backgrounds. The members have an interest in health either as a future career or have had experience of services or wish to help improve services. The Young Dynamos enjoy working with researchers to help develop their projects to ensure they are suitable for young people. This includes helping researchers to decide if their project is suitable or acceptable to young people, reviewing paperwork to ensure it is relevant for young people and giving suggestions on ways to approach the topic.
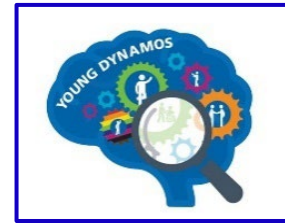
We would like to thank all those people who helped us with this research.

Executive summary

The lead researchers were commissioned by Mind in Bradford to undertake a review of their Youth in Mind (YiM) provision from May-July 2022.

We undertook interviews with most of the service providers and several of the schools – the schools being key stakeholders, as they refer the Children and Young People (CYP).

We worked with the Young Dynamos, a young people's research advisory and involvement group that is facilitated by Bradford District Care Foundation Trust.

The members are young people, aged between 15 to 25, and are from diverse ethnic backgrounds. The research was designed to review the YiM provision to identify areas of good practice, but also gaps in provision and to determine areas for improvement. The research was asked specifically to examine the accessibility of the YiM provision for minoritised ethnic CYP, and ways to improve service provision.

This summary will provide a brief overview of the key findings

- The summer term is not conducive to beginning a research project, which involves schools and school age young people. The work must start much earlier in the year, preferably in September to give enough time to develop the relationship

- The number of minoritised ethnic CYP currently in YiM provision is high, which contrasts with the national picture

- Providers acknowledge the diversity of their cohorts and display an understanding of cultural differences

- Providers employ youth-centred approaches and focus on the needs of the young people

- One of the strengths of the provision is relationship between referrer and provider

- A requirement for more in depth training in racial literacy, to help underscore how structural issues of racism impact on mental health and well-being

- The importance of co-producing research about CYP, with CYP

- The importance of strength-based responses, which focus on community assets and strengths

- Circles of support are important for building resilience in CYP, these are made up of both family and friends

- The importance of understanding how intersectionality (gender, class, race and ethnicity) impact mental health and well-being

Based on our research we have developed the following recommendations:

- Cultural humility is an important professional skill, which needs to be exercised within professional settings. Cultural humility requires an acceptance that whiteness is not the norm. Adopting cultural humility means valuing other norms and values as equal to whiteness, enabling providers to have a deeper understanding of issues the young people are experiencing.

- Use of Social Media to raise the profile of YiM services and increase engagement and accessibility particularly TikTok.

- Ensuring the voice of minoritised ethnic young people is central to any research undertaken about their lived experience.

- The importance of using a strengths-based approach when working with families and communities to capitalise on the support systems that already exist.

- Build relationships with the local communities that mirror the positive relationships that exist between providers and schools as this will maximise accessibility and engagement.

- Going beyond cultural sensitivity is integral to the delivery of a service that embraces the importance of identity on mental health. This includes recognising structural and environmental factors that impact individual lives.

- Providers (and referrers) need a greater understanding that the impact of being part of a minoritised ethnic group can cause trauma, impacting on mental health and well-being.

- Develop a young person's steering group, (YiM ambassadors) consisting of YiM 'graduates', who can feed into the evaluation loop, and become young advisors to the project. They will in time fill the current gap in terms of the voice of CYP

- Impact evaluations must amplify the voice of CYP and focus on soft outcomes that are linked to their lived experience.

1.0 Introduction

Future in Mind (FiM) is a national initiative funded by the Department of Health and NHS England. It is an ambitious project, which sets out to transform mental health and well-being services for children, young people and their families.

The programme was developed as the result of a taskforce charged with looking seriously at the increasing reported rates of mental distress among CYP, and the extremely long waiting lists for referrals to CAMHS. There were five key points made by the original task force, which underpin the remit of FiM, these are:

- Promoting resilience, prevention, and early intervention

- Improving access to effective support

- Care for the most vulnerable

- Accountancy and transparency

- Developing the workforce.

The taskforce noted that 75% of adults with mental health and well-being issues suggest that these begin much earlier in their lives, and usually well before the age of 18, but that given the paucity of services for CYP less than 1 in 4 young people who needed help and support were receiving it. Given this context early intervention and support is paramount. In Bradford the project is known as Youth in Mind and is managed by Mind in Bradford.

The YiM programme promotes a real step change in the way care is delivered, moving away from a system defined in terms of the services organisations provide (the 'tiered' model) towards one built around the needs of children, young people and their families. This ensures children and young people have easy access to the right support from the right service at the right time.

This report is the result of an evaluation undertaken by two academics based at Leeds Beckett University, Shirleecia Ward and Erika Laredo.

The project was undertaken over three months, May-July 2022. On reflection, this period was too short for such an undertaking, and more importantly the timing did not really work. To develop an understanding of the project we needed

to interview both the face-to-face practitioners who worked with the CYP, but also the places they were referred from, and we were very keen to hear from young people who had experience of the intervention. The summer term is too busy in schools and so although we managed to interview a couple of the 'referrers' we had no access to young people to explore their experiences. We did however, work with a group of young people, the Young Dynamos, and alongside them, we co-produced an on-line focus group, specifically to hear the voices of young people in the Bradford and Craven areas. The data from the focus group is useful as it helps to explore some of the gaps in provision, which will be discussed further down in the report.

We were tasked with developing a better understanding of how the current YiM provision meets the needs (or not) of minoritised ethnic young people in the Bradford and Craven district. The report will be organised as follows:

- Introducing the background and context and a brief exploration of why there should be a focus of minoritised ethnic experiences.

- An exploration of the service provision within Bradford and Craven District

- A focus on what the young people said

- An evaluation of the research

- Recommendations for therapeutic professionals working with minoritised ethnic young people.

1.1 Background and context

While government policy is focussed on the mental health and well-being of young people, there is no specific mention or action to target need of young minoritised ethnic groups. Our research highlights the importance of acknowledging differences across and between groups of young people. CYP from minoritised backgrounds are less likely to engage with services, which could intervene early to prevent mental health problems escalating. It is clear from this research that services need to develop culturally sensitive services appropriate to help alleviate any barriers, both real and perceived that may prevent CYP from minoritised backgrounds accessing provision. Previous research (Street et al., 2005; Clarke et al., 2008, Lavis, 2014)) suggest that people from minoritised ethnic communities fail to engage or engage poorly with mental

health services, and this is explained by feelings of stigma and shame that surrounds mental health in their own communities. Additionally, researchers report that minoritised ethnic populations are fearful of engagement with statutory services if they haven't had the purpose of the intervention spelled out. Furthermore, these services are often located in a clinical setting, which adds to concerns.

In contrast to this, our data revealed quite a high take up of referrals to YiM projects across the city, and importantly the CYP who were referred attended with full parental support. This is in keeping with evidence, which suggests that services located in the community report greater levels of engagement from minoritised ethnic populations, where resources are more targeted, the purpose of the intervention is made clear from the outset, and that the CYP feel safe and trust their practitioner. This is true of the YiM provision generally as it is done on a 1:1 basis, and the young person is referred through school.

Minoritised ethnic CYP have specific needs and it is clear they would like whoever is working with them to have a good understanding of their cultural background, however, it is also clear that they don't want to be defined by this and want to engage in activities they enjoy and want to be treated as individuals and not just as representatives of their culture.

It is important for minoritised CYP to feel comfortable in understanding the need for, and being able to access early intervention, because it has been identified that there is an over-representation of minoritised ethnic adults with mental health services, and sadly that those in need of help only receive it through punitive or social controlled gateways such as prison, probation, or in-patient mental health services (Meechan, John and Hannah 2021).

Our research points to a slightly different focus than much of the previous research on understanding of and access to services for minoritised CYP. Most of our participants reported high numbers of minoritised ethnic young people in the services.

For full transparency about the research, we highlight the following limitations:

1. The research itself was done over a very short 3-month period, which meant we only had access to a small sample group.

2. We were not able to hear the experiences of young people who had accessed YiM provision
3. Bradford is an ethnically diverse city, with the largest proportion of people of Pakistani ethnic origin in England. The different areas of the city seem to be quite segregated, which impacted the data.

The last point was highlighted by several of the research participants.
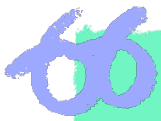
> I think just to add to what I said, one of the interesting things in Bradford is that the schools don't have a real mix of different kind of ethnicities – a lot of the schools really are kind of predominantly either white British or all kind of South Asian, and so in some ways often the cohorts represent that (P1)
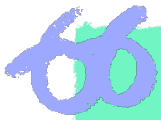
> Yeah, Bradford's quite segregated in most areas because you also have the Eastern European sector as well, and that's in a BD postcode. And so you tend to find them very lumped together if you like (P3)
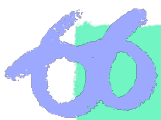
> Though the students that Youth in Mind are working with, and doing a great job very much, actually predominantly come from the black, and I think minority groups. (P6)

2.0 How we did the research

The research design, participant recruitment, gathering of data and analysing the data was achieved through co-production between the lead researchers and the Young Dynamos.

2.1 The primary aims of the project were to

- Work in coproduction with a diverse group of young people

- Review the existing YIM service providers to identify good practice and any gaps in the service

- Consult with minoritised ethnic young people to gather their thoughts, opinions, and experiences of accessing mental health provisions in Bradford and Craven

2.2 Inclusion criteria

- Providers: The providers had to be offering a service to young people in Bradford and Craven under the YiM umbrella.

- Referrers: A member of staff/ leader from a school or community group that has responsibility for the mental well-being of young people.

- Young People: A young person from a minoritised ethnic group who lived in Bradford or Craven.

2.3 Sample

10 interviews with providers

3 interviews with referrers (schools)

25 young people from an online focus group

2.4 Data generation

- 13 semi-structured interviews by lead researchers

- One focus group with semi-structured questions by four of the Young Dynamos

- One questionnaire co-produced with the Young Dynamos and distributed by them

2.5 Challenges to the research

The research period was very short (3 months) and at a time when schools, a key stakeholder group for this research, were less likely to participate. Future research should be scheduled much earlier in the academic year to avoid these problems.

A longer and more differentiated study would yield better results that would help to understand whether minoritised ethnic CYP have a greater prevalence than their white counterparts. In our study we used broad ethnic groupings, which is problematic as these suggest a uniformity of experience, which may not be the case.

The concept of ethnic minority also needs to be explored further and can also refer to those groups who also experience discrimination and disadvantage, this would then include Eastern European Roma CYP.

2.6 Data analysis

The research adopted a multi-method approach. We combined the data from the interviews and questionnaire to create a strength-based qualitative analysis with identified themes and clear recommendations. We used a virtual ethnographic approach to operationalise the research to maximise engagement with all the participants. This involved attending steering group meetings with the key stakeholders. Most of the providers, schools and youth groups were still adjusting to post-Covid-19 norms and were used to meeting online. Qualitative and quantitative methods were used to strengthen findings and allow triangulation between different data sources to inform a thematic analysis. Research in the second phase of the project was done with the Young Dynamos. We met with the Young Dynamos on three separate occasions. The first meeting was to explain the project, the second meeting was to discuss the logistics of

the on-line focus group and to the develop questions. The on-line platform that we used for the focus group was Instagram Live. The questions were then piloted by the Young Dynamos in the form of a questionnaire. We combined this quantitative data with data from the focus group. Our third and final meeting was an in-person meeting to discuss the data and organise it into the themes for the report.

The inclusion of the Young Dynamos was important to this project and provides useful evidence to suggest that young people want to be involved as direct participants in this type of research, and secondly their participation because of the group's diversity boosted the numbers of minoritised ethnic young people in the focus group.

We used a thematic analysis to understand the data (Braun and Clarke 2006). The project generated two distinct data sets, the first from the one-to-one interviews with the service providers, and the second generated from the on-line focus group with young people.

The report will be organised in the following way. We will discuss the findings from the providers and the referral services first. In this section we will identify areas of strength, which are significant, we will then address some of the gaps we identified and lastly, we will address opportunities which arise from our discussions with the young people.

3.0 Findings and analysis

The findings and analysis are presented in two sections, with the service providers and referrers in the first section focussing on the areas of strength, gaps in the provision and opportunities to develop. In the second section the views of young people will be presented focussing on their opinions and thoughts of mental health support services.

The service providers and referrers section are based on the qualitative data that emerged from the semi structured interviews. The section on young people's views is based on data generated from qualitative and quantitative data combined with data drawn from an online focus group with young people between 13 – 19yrs old.

3.1 Service providers and referrers

3.1.1 Areas of strength

The providers reported a good take up of services by minoritised ethnic young people (MEYP). The services are commissioned to work with specific geographical areas of Bradford, which are inhabited by predominantly minoritised ethnic groups. This is in marked distinction to the national picture. Reliable national data shows that appear to be from minoritised ethnic groups are under-represented in CAMHS, with stronger evidence for this within South Asian families. Minoritised ethnic CYP are more likely to be referred to CAMHS through education, social, and other services than primary care, compared to White British children. Irish CYP are also over-represented. These groups (plus Gypsy/Roma) are also more likely to be excluded from school.

> And so because of where we are and because of Bradford's demographic, we actually see more Black and Asian young people, then we do white young people (P3)

The providers were very aware of the ethnic background of the young people and were sensitive to potential cultural differences, and the need to have this information. Nonetheless they were keen to emphasise the need to treat all CYP in the same way regardless of their ethnic background. Providers have been trained to uphold equal opportunities and the data supports this aspect of their service delivery. There were many examples of the providers showing their cultural competence in terms of understanding different cultural norms and traditions and being confident to ask the young people what was important to them.

Providers were confident in their approaches to working with CYP. Although they were not Youth Work Professionals, they used a young people centred approach, focussing on the young person's wants and needs. This is an approach characterised by listening to the young person, assessing their needs with them and basing all future support on their requirements. They were in the main very happy with their approach to working with young people and reported that they received positive feedback from the young people because the young people felt listened to and treated like individuals. children.
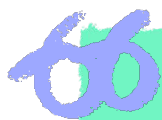
> So much of our work is embodied work. So it's very much about people just being in their bodies, whether they're resting in a hammock or at a campfire or running round the trees. We have a cohort of kids who just don't access the natural world easily (P1)

> We strive to do things in a different way. If you've got a young person that likes football, we'll go and play football with them. If a young person likes to go for a walk along the canal with their dog, then we'll go for a walk. So we'll do a walk and talk therapy session rather than making them stay in the office (P3)

Most of the young people were referred into the services though their school pastoral team and the relationship between schools and providers is a strength of the provision. The school staff recognised the overwhelming need for specific mental health support for their pupils and the school environment offered the providers a robust access route for the young people. Accessibility was a key consideration for the providers and the referrers, and much of the service delivery was done throughout the school day.

> So we don't have a building ... we go out to the local schools. We situate ourselves within those schools, get to know the staff that refer in (P8)
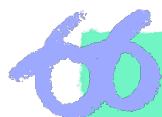
> So girls come and spend a full school day with us over a course of a term (P1)

3.1.2 Gaps in provision

Providers and referrers identified many issues that were prevalent for the young people they worked with.

> Yeah, it just is. It really is, you know there is some great stuff out there, but the poverty levels are you know, so high (P5)
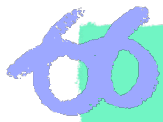
> Poverty is a massive issue, and I would definitely say domestic violence and overcrowding is a huge issue (P5)

Poverty was the most common theme and was the issue that was generally considered to have the greatest impact on CYP mental health and well-being. Poverty was often correlated with other deeper issues and often framed in terms of being socially excluded.
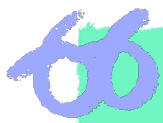
> Most people stay in the same area their whole life. They're born in BD3,. so they'll go to a primary school that follows through to a secondary school. So that with the same people the whole time, you know, their, their friends, their peers (P3)
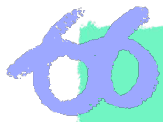
> Going to Dewsbury is like going through the side of the world for them. They're very locked within their cultural group and they wouldn't dream of going to university away from Bradford or college, away from Bradford (P4)

There was acknowledgment that poverty impacted well-being and mental health, however, there was little understanding of the deeper links between structural oppression and poverty or the ways in which these are connected and have an impact on well-being. Covid-19 was cited frequently as adding to the existing problems experienced by CYP.
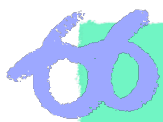
> We are really seeing the product of being at home for so long and the lack of social skills that developed over that time (P4)
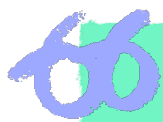
> I think there's been a knock on effect because we've been out of school, so there's been no social interaction (P7)

There were no links made between the way Covid-19 disproportionately impacted families from minoritised ethnic groups. Recognition of these connections would help to situate the CYP in a wider environmental context, and develop an understanding, which includes their racial and ethnic identity and consider this impact on wider issues of mental well-being. Minoritised ethnic families lived with a great deal of fear during lockdown, given the extensive reporting of the disproportionate rate of Covid-19-related deaths in families like theirs. Although our participants discussed the problems of Covid-19, their concerns were more general, and focussed on CYP losing out on valuable time to learn and practice important social skills.

> So we'll get a youth worker in to see a young person first. And try to increase their confidence or self-esteem to help them get out of the house, cause a lot of young people haven't got out the house for two years and they've found that quite difficult. So we tend to do six weeks with a youth worker and then they come in for the counselling and then they'll go back to the youth worker for reintegration into school (P3)

> I think there's been a knock-on effect because we've been out of school, so there's been no social interaction (P7)

> We are really seeing the product of being at home for so long and the lack of social skills that have developed over that time (P4)

Generally, the providers suggested that by being open and acknowledging cultural norms would be sufficient to overcome any potential racial, ethnic, or cultural barriers. Where there was a member of staff from a minoritised ethnic group present, it was noted that this had a positive impact on the level of understanding that the provider had of the young person's life experiences. A provider from a minoritised ethnic background suggested that parents would

listen to her because she could better understand their worries than a White British worker, even when they were from a different community.
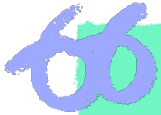
> ....compared to others just because I can kind of come at it from the kind of cultural or spiritual or even religious angle (P4)

> ...we have been really keen to make sure that we've got a diverse staff team that has been difficult... we do have a South Asian member of staff who speaks Urdu and Punjabi...We've had some really good work done by that member of staff that is being specific to sort of religious issues or families not understanding this because of the language that they use...allowing them the option of working with a member of staff that can really understand what's going on for them and provide the right care (P8)

> 'And so it would have to be someone that knows their community quite well (P3)

> And I've also noticed that quite often when they see, you know, a person of colour engaging with their kind of daughter or their son, they're a little bit more open because they think, right, this person would kind of understand and accept our kind of lifestyle and our culture. So we do not saying that we don't have sometimes have hostility from the parents and lack of engagement from the parents. But quite often we do feel that connection (P4)

Providers reported a high take up of services from MEYP, although there was disparity between them in terms of actual awareness of the data. This can leave them in a difficult position for a future planning or evaluative perspective.
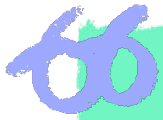
> We've just done our end of year reporting at the end of March for 2021/22 and the majority of young people who used our service were from the BAME community...I also I do attribute that to it been the areas in which we work...because in in those city postcodes, if you look at the sort of demographics percentage wise, I think it's like 70%... so we are representative of the area in which we serve (P8)
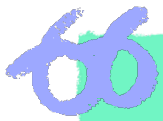
> I think we may have had more from the black and ethnic minority groups accessing [organisation name] then white British, but I couldn't verify it...(P1)

Overall, there was a lack of racial literacy among the providers. Most of our participants were White, and this influenced their perspective on the prevalence of race and ethnicity on well-being and mental health issues. The term racial literacy refers to a set of skills, which are necessary to talk openly about racial issues including

- the knowledge, skills, and awareness needed to talk thoughtfully about race and racism; this naturally includes having a rich vocabulary including terms such as race, racism, prejudice, ally,

- the ability to identify racism when it happens

- having strategies to counter or cope with racism

- understanding the role racism plays in society

The opposite of having racial literacy is the idea of being 'colour blind', but the problem with this idea is that it fails to understand the ingrained nature of racism in the society. The clearest expression of this is the failure to appreciate or even consider the wider systemic ways in which racism operates.

> I was reading an article in the Guardian about the research that's been done around the positive impacts of nature and they were talking about how it's got a real white, middle class western bias in that we're not producing enough research around the impact of nature on BAME communities basically and indigenous populations which I just think is fascinating...and actually there needs to be way more research around the impacts in loads of different people groups (P2)

Fundamental to developing greater racial literacy is the need to understand the implications of intergenerational racial trauma and how this is a factor in the experiences of minoritised ethnic CYP.
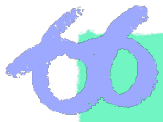
> It is known to be difficult to engage some communities, especially with, you know, lots of different cultural norms and the way in which mental health is spoken about (P4)
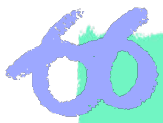
> They know they already assume that I will know or I will understand, rather than having to kind of walk me through how things are like for them at home, or how things are like for them at school, and because there's certain challenges that people from diverse communities and people from diverse background face that aren't always acknowledged and that aren't always recognized. And when I come in as a person of colour, they think, right, this person has probably experienced (P4)

> They (CYP) can't have that conversation with their father because of the way the fathers brought up and the kind of generational difference says. And even the generational trauma that his father has had to dealt with... they don't need to explain that history to me or that kind of, you know, even the challenges of, you know, migration being an immigrant, that they're kind of grandparents or their parents might have faced and their impact that's had on them. I understand that they don't need to explain all of that (P4)

> And when they came this country, their task, their role was to survive. They were constantly in survival mode. They were constantly trying to get by. They were constantly trying to make ends meet. They just didn't have the capacity to look after their mental health, their physical health. They were just trying to survive (P4)

3.1.3 Opportunities

There were lots of examples of good practice from the providers. These examples should be celebrated but also implemented across all the services, and this in turn could help to address some of the gaps identified. The informal young person-centred approach should be foregrounded and used to build positive service interventions.

Some providers considered that by offering summer schools or out of school provision would help to build relationships with parents and wider members of the communities that the young people belong to.

Participant four had a practical approach to managing this...

> What we are looking at during the summer is a summer school, so children, young people that will be attending their places of worship during summer and maybe holding some activities for them there... that's what we try and do during out of school hours for maybe children that don't attend school and that's how we try and catch them there because there's a quite a large population of, especially South Asians and Arab and, the refugee and asylum seeker populations that do attend Arabic schools or as they known as madrassas ...so we'll try and reach them whilst they're there. any kind of sensitive information or any personal information in order to engage...(P4)

Reporting of the impact of the interventions was uneven. There were pockets of good practice that can be used as the basis of change for the other providers. One organisation placed significant importance on the role of long-term evaluation.

> Yeah, monitoring it's, just a really big part of what we do. I mean we have to do it for the CCG, but I think we're just also really interested in research around the impacts our course has. So we try and go in the term following the course end...We have recently actually just bobbed in again to see a cohort from one group that we worked with two years ago so that that kind of long term impact reporting is we feel really interested in (P2)
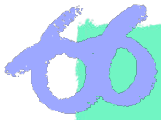
> ...year 11 the ones that we did the two year reporting for and their question to us was could we put on a holiday provision for them because they're finishing school so they won't be part of the school anymore and would we create something for them to be able to come back and do more kind of work with us (P1)

Currently, MYMUP captures significant quantitative data, it is important though that the voice of the CYP is both heard and amplified. A useful tool for this would be a portfolio of case studies which highlight the journey of the young person from their perspective.

3.2 Views of young people

3.2.1 Knowledge of mental health services
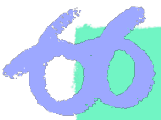
> Youth in mind is a mental health organisation to help with well-being of young people (YP12)

> I contacted mental health professionals through school - it was very helpful since I had no one else to ask (YP1)
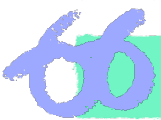
> I've never heard of it (YP3)

The range of responses from the young people about their knowledge of mental health service varied. This is not surprising as some of them had not used a service previously. YiM has several partners that work in schools, and the young people may not be familiar with the connection. The young people were also aware of other services. Childline, Kooth and First Response were the most mentioned services.

Most young people were comfortable with the idea of speaking to mental health professionals if they needed to, however, some were not, and others were unsure.
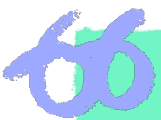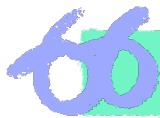
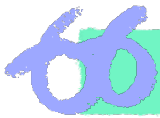> Yes because they will be able to offer good advice but can be awkward (YP4)
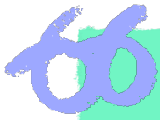
> If you assume that your issue aren't severe enough you are less likely to reach out to external agencies (YP 7)
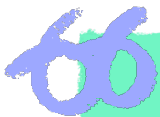
3.2.2 Families

> Family don't go on sick and they don't get new jobs (YP9)

> Families are forever (YP3)

> Depending on who you are, speaking from personal experience, its difficult to detach from professionals when sessions/ terms are over (YP1)

Overwhelmingly the young people reported that they'd reach out to their family if they were struggling with their mental health. The pull and dependence on family was evident. Family was a particularly nuanced topic as the discussions highlighted different issues that the young people felt able to discuss with their families and which family members, they were likely to approach.

There was a sense that the permanence of family was comforting for the young people. They felt as though family members would always be available which contrasted with professionals who are often available for a time limited period. The young people were concerned about talking about sensitive issues with someone who would not be around for long and wanted to speak to someone who would be able to offer them support for as long as they needed it.

When asked about their family's views of mental health, the young people's responses highlighted a wide spectrum of understanding and support.

> They understand it to some extent- but to see their kids i.e. me as such, struggling with mental health does unnerve them because they didn't suffer from it (YP 13)

> 'In their minds having necessities like food, water and a roof over heads means we have no way to struggle mentally (YP1)
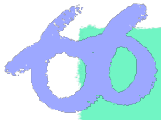
> It's something that is essential to us. If I feel like I'm struggling mentally, they encourage me to rest and do some self care (YP9)
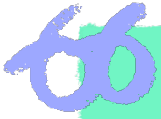
> Mixed. My mother feels it is important to prioritise it, however my father feels it is not important (YP17)

Friends were also clearly part of the circle of support and the participants were confident that their friends would understand them.

A variety of research including the national prevalence survey, the Millennium Cohort study and a systematic review consistently show that people from minoritised ethnic communities have similar or lower rates of mental health problems than White British young people. This raises interesting questions regarding resilience and community assets within minoritised ethnic communities that may contribute to these lower prevalence levels.

3.2.3 Intersectionality

Extended family members often play a significant role in offering support. Typically, extended family has been understood as grandparents, but this research expressly found that aunts, uncles, and older cousins, were a strong source of support. These family members were perceived as having a better understanding of life in contemporary Britain because they had spent a lot of their own adolescence in the UK.

For minoritised ethnic families can be an important protective factor and a place of acceptance in a society that typically excludes and oppresses.

> There's probably some cultural stigma surrounding mental health. Some may take their children to their religious leaders. But not all religious leaders are educated (YP2)

> I think educating religious leaders is an important step in removing barriers (YP4)
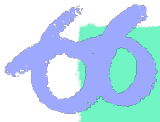
> In addition to that the common view in ethnic cultures is that mental health are like defects or something to be ashamed of (YP11)

The young people were aware that their intersectionality influenced their opportunities for mental health support. Ethnicity, culture, and religion were topics that received a lot of attention. Feelings of stigma and shame were recognised as being barriers, and in its most extreme form an outright denial of the problem.
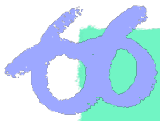
> In addition to the very common view in ethnic culture that mental health issues are like defects, or something to be ashamed of (YP18)
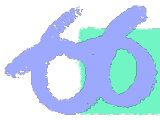
> They don't really believe in mental health issues (YP20)

Thus, building mental health awareness and skills to develop resilience and understanding of the importance of mental well-being health for families and communities is imperative.
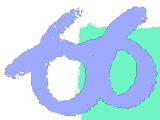
> Most of them do have systems to listen to us, but understanding someone else is relative to what you have also personally experienced (YP 8)

3.2.4 The benefits of working with young people

- The Young Dynamos offered a different perspective on what questions should be asked of respondents.

- They put their peers at ease in the focus group, making the setting less formal and facilitating a greater level of responses from other young people

- They endorsed the use of on-line platforms such as Instagram Live

- Suggested an even wider use of social media to boost YiM presence, they were keen on the use of TikTok as the best contemporary tool to reach CYP

- Involving young people in research can be the beginning of an ongoing dialogue with them

4.0 Conclusions

- Cultural humility is an important professional skill, which needs to be exercised within professional settings. Cultural humility requires an acceptance that whiteness is not the norm. Adopting cultural humility means valuing other norms and values as equal to whiteness, enabling providers to have a deeper understanding of issues the young people are experiencing.

- Use of Social Media to raise the profile of YiM services and increase engagement and accessibility particularly TIK TOK. Using people who represent MEYP is essential.

- The importance of using a strengths-based approach when working with families and communities to capitalise on the support systems that already exist.

- Build relationships with the local communities that mirror the positive relationships that exist between providers and schools as this will maximise accessibility and engagement.

- Going beyond cultural sensitivity is integral to the delivery of a service that embraces the importance of identity on mental health. This includes recognising structural and environmental factors that impact individual lives.

- Providers (and referrers) need a greater understanding that the impact of being part of a minoritised ethnic group can cause trauma, impacting on mental health and well-being.

- Impact evaluations must amplify the voice of CYP and focus on soft outcomes that are linked to their lived experience.

To discuss any aspects of this research contact:

Dr. Erika Laredo on e.laredo@leedsbeckett.ac.uk

Ms. Shirleecia Ward on s.c.ward@leedsbeckett.ac.uk

Notes

mind
in Bradford

Your local mental health charity in Bradford, Airedale, Wharfedale and Craven

Mind in Bradford
Kenburgh House
28 Manor Row
Bradford
BD1 4QU

T: 01274 730815

mindinbradford.org.uk