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The importance of promoting mental health in children and young people from black and minority ethnic communities

Paula Lavis
on behalf of the Children and Young People's Mental Health Coalition

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Key messages

1. While previous Government mental health policy specifically targeted the mental health of people from black and minority ethnic communities, and the current mental health policy covers all age ranges, there has been little specific focus on the mental health of black and minority ethnic children and young people evident in government policy.

2. To support the planning, commissioning and provision of mental health support for children and young people from black and minority ethnic communities, more research is needed into the nature and prevalence of their mental health problems. It is also important to recognise the specific needs of different black and minority ethnic groups and individuals, including those of mixed heritage backgrounds, rather than viewing them as a homogeneous group. This will help identify what services or interventions will best provide help and support.

3. We cannot predict which children and young people will develop a mental health problem, but there are factors which undermine healthy mental functioning and decrease resilience. However, there is still more to learn about how these factors impact on children and young people from black and minority groups.

4. There are a number of barriers which put young people from black and minority ethnic groups off accessing mental health services. Commissioners and service providers need to work with children and young people to develop evidence based and culturally appropriate services that they will use. These could be provided by a range of different agencies or organisations such as statutory sector services, including schools, and voluntary and community sector organisations, such as black and minority ethnic organisations, churches, temples and faith groups and so on.

5. Children and young people from black and minority ethnic communities are less likely to engage with services which could intervene early to prevent mental health problems escalating. Health and wellbeing boards and local commissioners need to ensure that these services are prioritised within their local commissioning plans and that they develop culturally sensitive services that are appropriate and acceptable to children, young people and their families.

Introduction

Mental health is a term that is misunderstood, feared and carries stigma. People are often uncomfortable with the term as they associate it with serious mental illness and frightening and dangerous behaviour. However, mental health is an essential component of health and is as important as physical health.

The World Health Organisation defines mental health *'as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'* (WHO, 2013). Mental health problems refer to a wide range of difficulties, which vary in their persistence and severity. The prevalence rates quoted in this document refer to mental disorders. This refers to when the child or young person's symptoms and distress are considered by a mental health professional to meet the clinical threshold for a specific mental disorder.

This briefing looks at the policy framework for mental health service provision, and provides examples of existing practice which promote mental health for black and minority ethnic children and young people.

The data on the mental health needs of black and minority ethnic children and young people and their families is poor. Good, reliable data is important to feed into joint strategic needs assessments and commissioning arrangements and service provision. More research and data is needed to help commissioners and service providers understand needs, so they can provide age and culturally appropriate services that support the mental health of the local population.

This briefing also looks at specific factors that put children and young people from black and minority ethnic communities at risk of developing mental health problems and protective factors that can help build resilience. Early access to mental health support is critical to address issues when they first arise, and to prevent mental health problems becoming chronic and difficult to treat. Black and minority ethnic children, young people and their families may also face barriers to accessing mental health services, such as a fear or a lack of culturally sensitive services (Malek, 2011).

1 Current government policy and the lack of focus on black and minority ethnic groups

The current Mental Health Strategy in England provides a single strategy to set out the Government's vision for improving mental health outcomes, regardless of age or background (HM Government, 2011). This is important as it brings together child and adult mental health policy and recognises that adult mental health problems will generally have their roots in childhood (HM Government, 2011).

Both the Mental Health Strategy and the Mental Health Strategy Implementation Framework (DH, 2012) highlight the importance of the social determinants of mental health and identify the statutory duties of NHS England and Clinical Commissioning Groups to reduce inequalities in mental health. However, the Afiya Trust argue that the impact assessment for the Strategy gives insufficient focus to children and young people from black and minority ethnic communities (Malek, 2011) and that there is very little detail about what local areas can do. There is also little mention of specific factors that are likely to have an impact on the mental health of young people from black and minority ethnic communities, such as racism, forced marriage, trafficking and so on (see for example, Dutt and Phillips, forthcoming).

The Equality Act 2010 consolidated and replaced previous discrimination laws into one piece of legislation. There are 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation. People with these characteristics should not be discriminated against, either directly or indirectly. The public sector equality duty states that services should make reasonable adjustments for people who have these protected characteristics to advance equality and eliminate unlawful discrimination, harassment and victimisation. However, while young people can claim discrimination under protected characteristics such as disability or race, children and young people under 18 cannot claim against age discrimination in services even though it is one of the protected characteristics (Neckles, 2013).

The Suicide Prevention Strategy (HM Government, 2012) highlights the importance of improving the mental health of specific groups such as children and young people, and people from black and minority ethnic communities. This strategy outlines interventions that could be implemented locally and nationally to improve the mental health of whole communities. It is not covered by legislation, so local areas do not have to implement it, but there are relevant criteria in the NHS and Public Health Outcome Frameworks that local areas would have to demonstrate they are tackling.

In spite of this, it is evident that that the mental health needs of children and young people from black and minority ethnic communities are not being sufficiently considered in government policy (Malek, 2011). This limited focus is often replicated at local level, with the failure to prioritise children and young people's mental health in joint strategic needs assessments and joint health and wellbeing strategies (Oliva and Lavis, 2013). As these documents inform local commissioning arrangements, services that support the mental health of children and young people may be based on historical arrangements, rather than current need. This paper argues that more data is needed to help ensure that commissioning plans and service provision appropriately meet the needs of black and minority ethnic children, young people and their families (including those from mixed heritage backgrounds) and do not treat black and minority people as a homogeneous group.

2 Data and research into the nature and prevalence of mental health problems in children and young people from black and minority ethnic communities

There is limited research into the mental health of children and young people from black and minority ethnic communities and small sample sizes often make it difficult to draw reliable conclusions (Dogra *et al*., 2012). Existing data suggests variation in the prevalence of mental disorders between young people from different black and minority ethnic groups (Green *et al*. 2005). For instance, in children and young people aged 5-16 years, 9.2% of children from black backgrounds, 7.8% of children from Pakistani and Bangladeshi backgrounds, and 2.6% of children from Indian backgrounds had a mental disorder compared to 10.1% of children from white backgrounds (Green *et al*., 2005). There are some differences by gender; for instance, in girls aged 11-16, 7.6% of those from black backgrounds, and 7.5% of those from Pakistani and Bangladeshi backgrounds, had an emotional disorder, compared to 6.2% of girls from white backgrounds; while a high prevalence of boys from black backgrounds were diagnosed with a conduct disorder (Green *et al*., 2005).

The study by Green and colleagues (2005) is one of the most complete currently available, but it has limitations due to small sample sizes and difficulties in gathering information from non-English speaking parents.

Research has suggested that there is a high prevalence of self-harm in young South Asian women aged 16-24 years and that the time of onset and how they manage the condition is different to white women (NICE, 2012). For instance, young South Asian women appear to be more likely to self-harm between the ages of 16-24 than white women and less likely to attend A&E with repeat episodes of self-harm (NICE, 2012). However, recent research found that young black women, aged between 16-34 years, were more likely to self-harm than young Asian women (Cooper et al., 2010). Research is required into factors contributing to self-harm, so that services can effectively tackle the root causes.

The Chief Medical Officer's Annual Report (2013) calls for better research into the prevalence of mental health problems in children from black and minority ethnic groups. Significant demographic changes in recent years have seen rising numbers of black and minority ethnic children and young people in the UK. For instance, black and minority ethnic communities, and particularly black and minority ethnic children, are in the majority in London boroughs such as Tower Hamlets and Newham and increased movement from Eastern Europe has seen an increase in the number of children from these backgrounds in the UK.

There is also a growing population of mixed heritage children and young people in the UK (Morley & Street, 2014). This is a diverse and continuously evolving group of young people, who may experience a range of issues which could impact on their mental health including identity confusion, poor self-esteem, isolation and racism (Morley & Street, 2014). The needs of this group are not well understood.

3 Risk factors for mental health problems

It is not possible to predict which children and young people will develop a mental health problem, but there are factors which undermine healthy mental functioning and decrease resilience for children and young people from black and minority ethnic communities. These factors can exist in the individual, in the family and in the wider community/environment (DH, 2008). Risk factors may include:

- Low self-esteem
- Genetic influences
- Low IQ
- Communication problems
- Physical illness, especially chronic and/or neurological
- Parental conflict and family breakdown
- Bereavement
- Severe parental mental health problems
- Discrimination
- Abuse
- Socio-economic disadvantage
  (Department of Health, 2008)

A single risk factor, such as low IQ may not cause any particular problems, but if a child experiences other risk factors, such as family breakdown (Centre for Social Justice, 2013), parental illness (Hogg, 2013), living in poverty (Equality and Human Rights Commission, 2010; Field, 2010), being a refugee (Fazel and Stein, 2003; Reacroft, 2008), homelessness (Depaul UK, 2012), exposure to gang culture and violence (Raby *et al.*, 2013; Khan *et al.*, 2013; Home Office, 2012), or living with explicit and latent racism (Malek and Joughin, 2004; Priest *et al.*, 2013) then they are more likely to experience mental health problems. The more risk factors a person experiences, the greater the probability that they will develop mental health problems (Sabates and Dex, 2013).

Research by Stonewall (Guasp and Taylor, 2010) has found that young people from black and minority ethnic groups who identify as lesbian, gay or bisexual experience significantly higher rates of self-harm and suicide than the population generally. According to Scope (Trotter, 2012), there are at least 1 million disabled people from black and minority ethnic backgrounds. This group is likely to experience multiple disadvantages. For instance, nearly half of all minority ethnic disabled people live in household poverty, compared with 1 in 5 of the population as a whole, and many experience social isolation, stigma and discrimination (Trotter, 2012). These disadvantages are also risk factors for mental health problems. While this data refers to adults, we know that children with a long-term physical illness are twice as likely to suffer from emotional or conduct disorder problems (HM Government, 2011) and that children with a learning disability are about 4 times as likely as non-disabled children to experience a mental health problem (Emerson and Hatton, 2007).

It has been suggested that having a stable and supportive family life can protect against mental health problems (DH, 2008). There is also evidence that children who have a good relationship with their father have better mental health (Cowan *et al*., 2009). Unfortunately, many children and young people are not living in stable and supportive families and this is likely to impact on their mental health (Centre for Social Justice, 2013).

In 2011, 20% of families with dependent children were headed by lone mothers (Office for National Statistics, 2013). This may be an issue since single mothers are more likely to have mental health issues (Centre for Social Justice, 2013), and there is evidence to indicate that this can have a negative impact on a child's mental health (Hogg, 2013). Green and colleagues (2005) found those children whose parents were previously married and who now live in lone parent families were 75% more likely to have a mental disorder compared to those living with married parents. Children from black and mixed heritage backgrounds are more likely to live in lone parent families compared to those from other minority ethnic and white backgrounds (Holms and Kiernan, 2010; Maynard *et al*., 2009).

It must be emphasised that being a single parent does not make you a bad parent: the available data suggests a link between lone parent families and mental health problems, but the exact relationship is unknown. It is likely that factors associated with being a single parent such as poverty, parental mental health problems and stress play a role, rather than being a single parent per se.

Having a good education is also a protective factor against mental health problems, but there is evidence that children from some black and minority ethnic groups face a range of barriers to accessing quality education and this can result in attainment gaps. The Department for Education (2013) found that children from black backgrounds were more likely to underachieve at school. However, children from Chinese and Indian backgrounds are performing above the national average.

Risk factors and early signs of mental health problems, especially in boys, are often missed or misinterpreted as behavioural problems. In schools, black Caribbean and mixed white and black Caribbean pupils are about 1.5 times as likely as white pupils to be identified as having behavioural, emotional and social difficulties (BESD), and are much more likely to be excluded from school (Men's Health Forum, 2006). Early intervention is essential for these children and young people, but it needs to be provided in a way that supports them and enables them to access the help they need.

While not everyone who experiences these factors will develop a mental health problem, it is important to understand how they can increase the risk and also how protective factors can mitigate against risk factors and build resilience. Protective factors include:

- a higher IQ
- religious faith
- being able to reflect
- good housing

- a good home life and supportive parents
- being securely attached to a main carer
- wider support networks
- having a positive adult role model
- a good education
  (DH, 2008 with Department of Health, 2008).

Schools, youth clubs, faith groups etc. are ideal locations for promoting the mental health and wellbeing of all children and young people as they are universally accessible services and so are less stigmatising. Schools, for instance, can improve children and young people's knowledge of mental health via the curriculum; the pastoral system within the school can provide support for vulnerable children and young people; schools can commission a counsellor for their pupils; and they can work with local services to provide targeted support for those most in need of specialist help. There is evidence that suggests that mentoring schemes can promote mental health in black and minority ethnic young people (Grossman and Tierney, 1998).

4 Barriers to young people accessing services

Stigma around mental health can be a major barrier to children and young people from black and minority ethnic communities and their families accessing mental health services (Street *et al.*, 2005; Clarke *et al.*, 2008). For instance, it has been reported that Chinese societies are 'reluctant to seek help outside of the family and are fearful of criticism and stigma and of "losing face" in their society' (Street *et al.*, 2005).

A lack of understanding about mental health and what mental health services do also acts as a barrier to young people from black and minority ethnic groups accessing timely support (Street *et al.*, 2005; Clare *et al.*, 2008). For instance, communities may have a different understanding of mental health problems, and some languages, such as Urdu, do not have a word for depression (DH, 2005). To address this, young people need to receive more information about mental health and know how to promote their own mental health and wellbeing; schools have a significant role here (Children and Young People's Mental Health Coalition, 2012).

Malek and Joughin (2004) found that while children and young people from black and minority ethnic communities are under-represented in child and adolescent mental health services (CAMHS), they are over represented in adult mental health inpatient services. Further, while children and adults from these backgrounds were less likely to access early support, such as primary care services (Malek and Joughin, 2004), data from the "Count Me In" survey (which mainly covers adults) (Care Quality Commission, 2011) found that people from black and minority ethnic communities were more likely to access mental health services via punitive or social control orientated gateways such as the prison service (Health Committee, 2013).

People from black backgrounds were also more likely to be admitted to an inpatient unit compared to people from white or other minority ethnic groups and were much more likely to be detained under the Mental Health Act (Care Quality Commission, 2011). This suggests that many people from black and minority ethnic groups only receive help once they have reached crisis point (Sainsbury Centre for Mental Health, 2002; Malek, 2011).

The data does not give clear reasons for the lack of early intervention or for the failure to access primary health services. For services that operate on a self-referral basis, such as primary health services, the delay may be because of a fear or lack of trust in statutory services. Concerns about institutional racism appear to be fairly widespread (Norfolk, Suffolk and Cambridgeshire SHA, 2003) and it has been reported that within some African-Caribbean communities there is a real fear that getting involved with mental health services could result in their death (Centre for Mental Health, 2013). This problem is undoubtedly exacerbated by the over-representation of young people from some black and minority ethnic communities in 'stop and search' incidents (Raby et al., 2013) and several high profile examples of black mental health patients dying in custody (Hannan et al., 2010).

5 Children, young people and their families not accessing early intervention

It is well established that the antecedents of most adolescent and adult mental illness, with the exception of dementia, are in childhood. Mental illness during childhood and adolescence costs £11,030 to £59,130 annually per child (DH, 2011). Intervening early is cost effective and can improve outcomes for children and young people. Early support can also help build resilience, address underlying problems and prevent the development of more serious mental health problems (Allen, 2011; Wave Trust, 2013).

Before young people will talk openly about their problems, they have to feel that they are safe, can trust their practitioner and are confident that what they say will be kept confidential (Malek, 2011). However, services are not always culturally sensitive and some young people have reported that in their experience professionals didn't have the skills or understanding of different cultural or ethnic backgrounds (Street *et al*., 2005). For others, language is a problem and often a translator is not available. Research has also found that young people from black and minority ethnic communities want practitioners to have a greater awareness of and show an interest in religious and cultural issues (Street et al., 2005; Malek, 2011).Young people want to be treated as individuals and practitioners should address their individual needs, rather than just assume that because they come from a particular ethnic background they will have specific cultural needs (Street et al., 2005)..

The previous Government funded a number of projects to develop culturally sensitive provision for black and minority ethnic minority groups under the National Service Framework Development Initiative. The Wellbeing for Ethnic Minorities Aged Sixteen to Seventeen (WEMASS) was one such project which aimed to develop a culturally competent service (Turning Point Leicestershire, 2007).

Parenting programmes have been shown to be effective in addressing child and adolescent mental health problems (Brown *et al*., 2012). For instance, the Strengthening Families, Strengthening Communities programme has a good track record in engaging with black and minority ethnic families (Wilding and Barton, 2009) while the parenting organisation Mosaic has enjoyed success using black and minority ethnic parent graduates to deliver the Triple P parenting programme.

Voluntary and community sector services are often more successful at engaging with people from black and minority ethnic groups and are often more acceptable than statutory services ((Malek and Joughin, 2004; Youth Access, 2010). This is because they are often conveniently located on the high street, rather than a clinic; they provide a range of support including mental health; are less stigmatising; have a culture of participation; and are easy to access even if you are aged over 18.

Examples of Good Practice

Right Here Newham
www.right-here.org.uk/projects/newham

The Right Here project aims to develop new approaches to support the mental health and wellbeing of young people in the UK aged 16 to 25. Right Here Newham operates in the London Borough of Newham, which has the highest ethnic minority population of all the districts in the country.

A key issue in Newham is that black and minority ethnic young people are not accessing available early intervention mental health services in a timely fashion. Accordingly, one of the key aims of this project has been to increase awareness of services and identify the reasons why young people from these communities are not using them.

The Right Here Newham's Boxing Project was commissioned by young people involved in the project, and provides weekly boxing sessions as a way to help vulnerable young black and minority ethnic people look after their wellbeing. Young people come from across the borough to receive one-to-one boxing coaching and emotional and mental health support and advice. The sessions are run by former ABA national boxing champion Tony Cesay, a respected figure both in the local community and the wider boxing world.

The project encourages young people from black and ethnic minority communities to access mental health support. It succeeds because it brings mental health and wellbeing into a space where its target group feel comfortable. It is also clear that the project draws value from using an existing community opportunity as a means to carry mental health and wellbeing support to young people who may not access other forms of intervention.

Off the Record
www.offtherecordcroydon.org

Off the Record provides a range of support services for young people in the London Borough of Croydon. In particular, the service employs Black and Minority Ethnic Community Development Workers to help develop mental health services for young people aged 0-35, by providing support to mental health and community organisations. They do this by:

- Empowering black and minority ethnic communities to play a key role in the development of services.
- Identifying barriers to accessing mental health services.
- Raising awareness of mental health issues and challenging mental health stigma within black and minority ethnic communities.
- Acting as a supportive link between black and minority ethnic communities and mental health services.
- Helping organisations to build capacity.
- Bridging the gap between community organisations and statutory services, providing information and advice on how to engage with black and minority ethnic groups.

Off the Record also have a specialist mental health service for refugees, asylum seekers or forced migrants called Compass. They aim to provide a service which respects young people's culture, beliefs and experiences, whilst offering them a safe space to talk about things that are going on in their lives.

They provide individual counselling and group work for young people and also train other professionals who work with young refugees and asylum seekers.

Conclusion

It is essential that children and young people from black and minority ethnic communities access early intervention services when they first need it, rather than waiting until they are in crisis. More research is needed to understand the nature and prevalence of mental health in different black and minority ethnic communities and into methods to build resilience and prevent problems starting in the first place. Services or interventions that have been shown to help children, young people and their families from black and minority ethnic communities should be commissioned and provided locally.

The stigma associated with mental health also needs to be tackled at a national, local and individual level. Public Health England and local public health departments need to lead on this and work alongside national projects such as Time to Change. Health and wellbeing boards should also engage with young people from black and minority ethnic communities in order to understand their needs. Commissioners need to work with children and young people to ensure that a full range of age appropriate and culturally sensitive services are available. As well as specialist mental health provision, this should include services that promote and prevent mental health problems from developing. Voluntary and community sector organisations such as black and ethnic minority organisations, faith groups, churches, temples and so on have as big a role to play, as do statutory services.

Resources

'Cultural diversity issues in working with vulnerable children'
Dogra and Nisha (2007), in Vostanis, Panos (Ed) (2007) *Mental health interventions and services for vulnerable children and young people*, London: Jessica Kingsley.

Mental health problems in children and young people from minority ethnic groups: the need for targeted research
Dogra *et al.* (2012), *The British Journal of Psychiatry*, 200 (4), pp. 265-267
http://bjp.rcpsych.org/content/200/4/265.full

Mental Health Services for Minority Ethnic Children and Adolescents
Malek and Joughin (Ed.) (2004), London: Jessica Kingsley.

Enjoy, achieve and be healthy: The mental health of black and minority ethnic children and young people
Malek (2011) , London: The Afiya Trust
www.afiya-trust.org/images/stories/reports/afiya_young_people_report.pdf

Minority voices: Research into the acceptability of services for the mental health of young people from black and minority ethnic groups
Street *et al.* (2005) , London: YoungMinds
www.youngminds.org.uk/training_services/publications/42_minority_voices_research_and_guide

Mixed experiences: growing-up mixed race – mental health and wellbeing
Morley and Street (2014), London: National Children's Bureau

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Paula Lavis has worked in the children and young people's mental health sector for about 15 years. Most of her experience is from working in the voluntary sector. She has a background in psychology, and is currently the Coordinator for the Children and Young People's Mental Health Coalition.

Readers: Melanie Phillips, Sheryl Burton, Mita Madden

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Race Equality Foundation
Unit 17 & 22
Deane House Studios
27 Greenwood Place
London NW5 1LB
T: 020 7428 1880
F: 020 7428 0912
www.raceequalityfoundation.org.uk