# An analysis of community provision to support the mental health of children and young people (0-25 years) of the African diaspora

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# Acknowledgements

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# Executive Summary

The aim of this evaluation project is to provide an analysis of community provision to support the mental health of young people of the African Diaspora aged 0-25 years in the borough of Hammersmith and Fulham, London, United Kingdom.

This project is based on a 5-month community development project in partnership with the Young Hammersmith and Fulham foundation and three volunteers.

This project was conducted to address two objectives. Firstly, to identify the community services available for children and young people, which are aimed towards improving mental wellbeing. The project also identifies barriers in accessing these services.
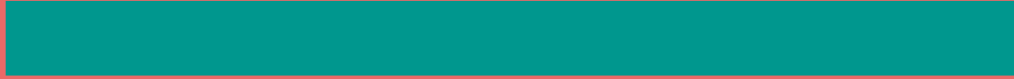
This project found that there is a diverse range of services in the borough aimed towards tackling mental health. Using the Anna Freud framework, the majority of these services can be grouped into thriving and getting help. The project also identifies stigma, lack of awareness, lack of collaboration, lack of diversity, lack of resources and difficulty engaging as barriers for children and young people of the African Diaspora in accessing mental health services.

There is a need to create an updated comprehensive map of the services in the borough to allow for a more collaborative and multi-sectoral approach in dealing with mental health to help reduce the deeply embedded stigma associated with it. A needs-based approach should be encouraged when delivering services.

# About Young Hammersmith and Fulham Foundation

The Young Hammersmith and Fulham Foundation (YHFF) is a second-tier organisation that brings together the public, private and voluntary sectors to create positive change for young people. Its membership is made up of youth services that deliver in the borough of Hammersmith & Fulham. YHFF work alongside partners such as the local authority, businesses and schools to create opportunities for young people (1).

The organisation aims to have its members lead the services it provides, based on the needs of the borough (1). They offer support to their members in the form of fundraising, training, grants, networking and resources. YHFF collects information about member's activities through visits and uses this to identify gaps in service provision for children and young people. Research conducted is then discussed with the local council policymakers and members in order to create change.

# Introduction

Mental health is a pertinent issue which needs to be tackled. Given that over 75% of mental health conditions develop by the age of 24 **(2)** it is important to ensure sufficient support is provided to children and young people during these critical years.

However, nationally, over 70% of adolescents who experience clinically significant mental ill-health have not had appropriate interventions **(2)**. This could be due to not seeking help early enough. In Hammersmith and Fulham, up to 1 in 10 children suffer from a mental health problem **(2)**.

**The youth offending rates of first-time entrants from Hammersmith and Fulham to the youth justice system are 142% higher than the London average (2). This is concerning as it is estimated that one third of children and young people in the youth justice system have a mental health problem (2).**

Furthermore, there are differences in the prevalence of mental health conditions between different ethnicities, with ethnic minorities more likely to experience poorer health outcomes **(3)**. Approximately 32% of children and young people in Hammersmith and Fulham are from Black and Asian minority ethnic (BAME) backgrounds **(2)**.
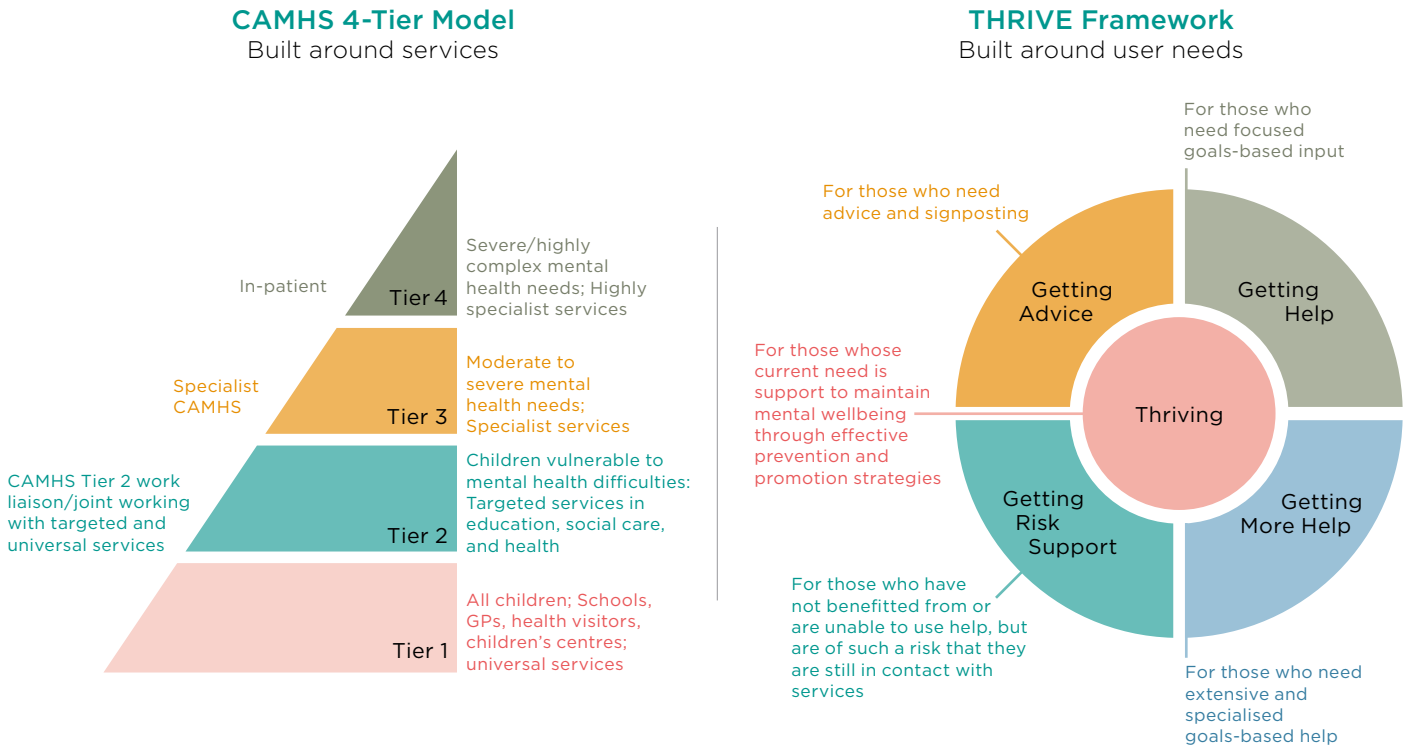
Child and Adolescent Mental Health Services (CAMHS) data reveals that just 16% of those who access their services are from BAME backgrounds **(4)**. Additionally, research has shown that BAME children are much less likely to access CAMHS services via GPs compared to through school, social services or the court system **(5)**. This reluctance to seek support is a need we must tackle and may be a result of deeply embedded discrimination and stigma within our society **(6,7)**. Misunderstanding of medical terms and language barriers have also been reported as barriers to health and social care **(8)**.

On a local level, in a recent report carried out by Imperial College in Hammersmith & Fulham, the health issues recorded as causing most concern to BAME organisations' clients were anxiety or stress (91%), followed by depression (84%). Moreover, health issues that people from BAME Backgrounds asked for help with resolving were: feeling anxious or stressed (84%), sadness/feeling low/poor self-esteem (76%) & loneliness (73%) **(9)**.

Despite the known differences in uptake of mental health services across ethnicities in Hammersmith and Fulham, little research has been found exploring the barriers contributing to these differences as well as understanding the demand for such services **(6)**. Understanding these barriers and demand can help to improve accessibility to such services. This report acknowledges that classifying multiple ethnic groups under the umbrella term of BAME, may not be the most useful grouping due to differing views, lived experiences and opinions of those in these different "minority ethnic groups." However, the term BAME is commonly used in literature, and was therefore used in providing background to this report. The service-user participants in this report were of the African Diaspora and so the themes generated from this report are specific to this ethnic group.

# Introduction

## CAMHS 4-Tier Model
Built around services

In-patient — **Tier 4** — Severe/highly complex mental health needs; Highly specialist services

Specialist CAMHS — **Tier 3** — Moderate to severe mental health needs; Specialist services

CAMHS Tier 2 work liaison/joint working with targeted and universal services — **Tier 2** — Children vulnerable to mental health difficulties: Targeted services in education, social care, and health

**Tier 1** — All children; Schools, GPs, health visitors, children's centres; universal services

## THRIVE Framework
Built around user needs

For those who need focused goals-based input

For those who need advice and signposting

Getting Advice

Getting Help

For those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies

Thriving

Getting Risk Support

Getting More Help

For those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

For those who need extensive and specialised goals-based help

Research also shows that the voluntary sector has a key role to play in the delivery of mental health services and improving routes of access within ethnic minorities **(6)**. There are different frameworks outlining service provision for mental health in children and young people. The traditional CAMHS tier system (Figure 1) categorises services from tier 1 (universal services, aiming to provide early intervention) to tier 4 (highly specialised services). The voluntary sector is categorised into tier 1 of the traditional CAMHS tier system **(10)**. A newer framework, the Thrive Framework (Figure 1) places greater emphasis on primary prevention and is based on the needs of the population rather than the services available **(11)**. In this model the voluntary sector can be categorised into multiple sections. For instance, "thriving" and "getting help."

**This report aims to raise awareness of the Thrive Framework, aiding the shift away from the traditional CAMHS tier system, which determines the need according to the services available rather than necessarily the needs of the population. It will also evaluate the services available within the borough, informing the funding and commissioning of children and young people mental health services.**

# Methodology

## Study design

A qualitative study was undertaken in the Hammersmith and Fulham borough to understand mental health service provision for children and young people, specifically from the African Diaspora as well as investigate barriers of access.

## Study methods

From November 2019- January 2020, in-depth, semi-structured interviews, and focus group discussions were conducted. These were performed with the Anti-Tribalism Movement, Fulham Boys School, and Pentecostal City Mission Church, CAMHS Youth Offending Team, a CAMHS focus group, Young Londoners Fund Network, MIND, Hammersmith and Fulham Clinical Commissioning Group (CCG), and West London Action for Children.

Ten interviews were conducted with key stakeholders in the borough to enable:

1) construction of a service provision map
2) identification of barriers in services

An accompanying literature search was also conducted to complete mapping of service provision and obtain information on additional organisations, complimenting the responses obtained from the interviews.

## Participants

The participants included both service users and providers. The service users were of the African Diaspora and were under the age of 25. Participants were recruited as volunteers willing to participate in a focus group. All the participants were from organisations who were members of the YHFF. Informed verbal and written consent were obtained prior to conducting the interviews.

| In-depth interviews | Key informant interviews | Focus group discussions |
|---|---|---|
| Community Education Forum | CAMHS Youth Offending Team | Anti-Tribalism Movement |
| | Queens Park Rangers | Pentecostal City Mission Church |
| | Young Londoners Fund Network | CAMHS Focus Groups |
| | MIND | |
| | Hammersmith and Fulham CCG | |
| | Hammersmith & Fulham Council Children's Services Commissioning | |
| | West London Action for Children | |

**Table 1:**
Organisations interviewed and interview design

## Data collection

We had 2 semi-structured topic guides, one for service users and one for service providers. There was flexibility in questions asked to cater for the age group as well as to allow for expansion of individual responses. The interviews lasted for a duration of between 30 minutes to an hour and a half.

Questions were formulated based on reported literature. The table above outlines questions which were asked. Question 2 was added as there is evidence that the concept of mental health does not exist amongst certain cultures (3). Question 10 was added as there is evidence that most Asian groups express lower levels of satisfaction from their NHS General Practitioner than other groups (12). Question 11 was added as Memon et al 2016 found that in BAME individuals aged 18 years old and above there was a cultural belief to not discuss mental health with family members (3).

## Analysis

The interviews were transcribed by one of the authors and then analysed thematically using The Framework Method (9). Key themes regarding available mental health services, gaps in service provision and barriers to accessing services were identified.

**Figure 2:** Topic guide for focus group discussions and in-depth interviews with service users

## Area of residence

1a. Are you currently living in Hammersmith & Fulham Borough?

1b. If not, then which borough do you live in?

## Concept of mental health

2. What is mental health and wellbeing to you?

## Awareness of services

3a. Are you aware of any mental health services in Hammersmith and Fulham borough?

3b. What type of services do you know?

3c. Any specific places?

## Use of services

4a. Have you ever accessed mental health services?

4b. If yes, what kind of services?

4c. If no, do you know anyone close to you who has?

## Route of service discovery

5. How did you find out about the services?

6. If you needed them and didn't know what was available, how would you expect to find out about the services?

## Difficulty in access

7. Did you encounter any difficulties in accessing them?

## User's ideal services

8a. Ideally, what mental health services would you want in the borough?

8b. What do you think is missing?

8c. What services would you want for your mental health to not only get better, but to thrive?

## Alternatives to mental health services

9. Do you have any ways to cope with stress/anxiety that you find useful?

10. Would you feel comfortable going to the GP with any issues you had about your mental health?

11. Would you feel comfortable talking to your family or friends about your mental health?

Figure 3: Interview schedule for key individual interviews with service providers

## Services Provided

1a. What do you do?

2a. What services does your organisation provide for mental health?

2b. Are there any services specifically available for BAME children and young people?

## Engagement and Barriers

3. Are the children and young people in the borough willing to engage with your services?

4. Do you experience different barriers in people from different ethnic backgrounds?

5. Do you think the services provided are accessible to children and young people? If not, what are the barriers in providing care?

## Assessment of Provision

6. Do you think that the mental health support available in the borough is sufficient?

## Changes Between Provider's Services

7. How is the transition from child to adult services? Up until what age can children and young people access your services

## Demographic of Mental Health Conditions

8a. Which mental health conditions are most commonly encountered at your service?

8b. Are any specifically more prevalent in those from BAME backgrounds?

## Provider's Ideal Services

9a. Ideally, what mental health services would you want in the borough?

9b. What do you think is missing?

# Results
## Service provision map: Thrive framework

A non-extensive map of service providers in Hammersmith and Fulham was generated using Anna Freud's Thrive Framework **(10)**, which is shown below. As you move from across, the services become more specialist. Some organisations may be categorised into more than one group as they offer both thriving and more specialist care.

In this case, they were put in the more specialist group. There were **46** mental health services mapped in total:
**21** within the Thriving category,
**6** within Getting Advice,
**16** in Getting Help,
**3** in Getting More Help, and
**none** in the Getting Risk Support category.

## Mental Health Services for CYP of the African Diaspora provided by H&F Community-Based Organisations
Mapped using the THRIVE Framework

| Thriving | | Getting Advice | Getting Help | | Getting More Help | Getting Risk Support |
|---|---|---|---|---|---|---|
| 2-3 Degrees | | | | | | |
| Anti-Tribalism Movement | Lyric Theatre | | | | | |
| Brunswick Club for Young People | The Masbro Centre | | | | | |
| Chelsea Football Club | Mosaic Youth | | African Womens Care | Khulisa | | |
| Community Education Forum | Pentecostal City Mission Church | | Active Successful Engagement | MIND | | |
| Dadihiye Somali Development Organisation | Queens Park Rangers Football Club | Baraka Community Association | AUNTIE* | Place2Be | | |
| DanceWest | The Sulgrave Club | Community Champions | Back on Track | Shepherd's Bush Families Project | | |
| Element Project | Synergy Theatre | Midaye Somali Development Network | Black Minds Matter UK* | The Upper Room | | |
| Fulham Football Club | Urban Partnership Group | The Mix* | Family Friends | Violence Intervention Project | CAMHS H&F | |
| The Harrow Club | Westpoint Sustainable Community | Mother and Child Welfare Organisation | Key 4 Life | West London Action for Children | Domestic Violence Intervention Project | |
| London Sports Trust | West London Zone | Sobus | Kooth* | Wipers | Women and Girls Network | |

| **Thriving** | **Getting Advice** | **Getting Help** | **Getting More Help** | **Getting Risk Support** |
|---|---|---|---|---|
| For those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies | For those who need advice and signposting | For those who need focused goals-based input | For those who need more extensive and specialised goals-based help | For those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services |

# Results
## Barriers Identified

We identified six major themes during our analysis. Table 2 in the Appendix contains a more comprehensive list of quotations from the interviews.

## Stigma

One of the main emerging themes from the interviews was stigma. This theme was categorised into two subthemes: cultural stigma and school-related stigma.

### Cultural stigma

**"For me personally, with my family we don't really talk about that kind of stuff, but I still wouldn't really feel comfortable talking about it with anyone. The relationship between a child and their parent in a black household may be different to someone where they can communicate with their parents about their mental health"**

**[Service-user, male]**

The quote above was a recurring perception among service-users. Young people often stated that they did not want to worry their family with their mental health problems as they perceived it to be a "me issue." There were service users who felt that their mental health was affected by their family members who also suffered from mental health problems yet do not talk about them.

The role of religion was brought up and the idea of

**"pray[ing] 'mental illness' away,"**
**[service-user, female]**

This is linked to another theme: lack of awareness, in terms of what mental health is.

During two focus groups with adolescent males and another with primary school children, mental health was portrayed to be a sign of weakness and associated with negative ideas. This stigma was also acknowledged by service providers who use the term "mental wellbeing" as opposed to mental health.

### School-related stigma

**"In class I've seen people leave for [service] and people in the class will be rude and say stuff like 'oh she's left, maybe she's off to talk to someone, she's a bit crazy'."**
**[Service-user, female]**

This appeared to be a recurrent barrier for service users who access school mental health service provision.

## Lack of awareness

**"More should be taught about to have good mental health in schools, all we hear a lot about how to avoid bad mental health"**

**[Service-user, male]**

Service-users were self-aware that they had limited understanding of the topic and wanted more education in schools, youth clubs and within community organisations.

Young people mentioned organising activities to bringing their families together to speak about mental health, as a method of speaking about mental health more openly.

**"How can a doctor help [my mental health] when I'm not crazy? It's a waste of money"**

**[Service-user, female]**

Interviewees mentioned an unwillingness to speak to GPs and doctors regarding their mental health. Many children and young people did not know of services available. Those who had engaged with mental health services had been signposted by school or their GP. The majority of service users did not know of the many community organisations available in the borough.

## Difficulty collaborating

**"You have mapped out where the gaps are from the [mental health review] survey and what we can provide, but that doesn't necessarily lead to collaboration, [...] but more so leads us to fill that gap."**

**[Service provider]**

In a similar vein to the dissonance between user and service, many services echoed a struggle to stay updated with the other providers and organisations available locally. Providers said this was due to the constant turnover of services being too difficult to keep track of.

There was evidence of service providers choosing to use signposting, rather than active collaboration, to raise awareness of other services in the borough that may be beneficial to their users.
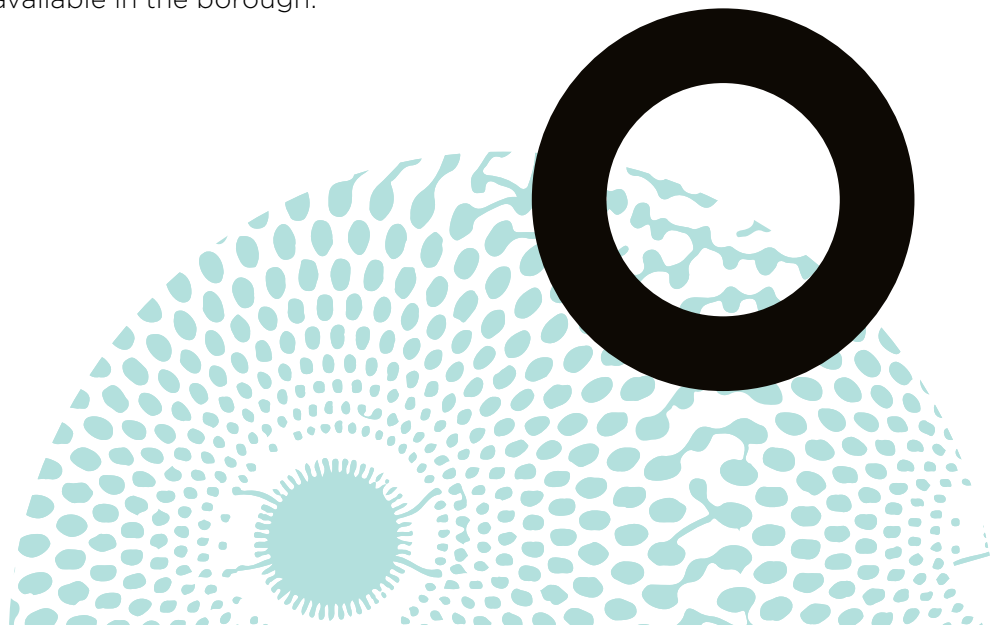
## Lack of diversity

**"If I'm talking about issues that affect young, black people, and I'm talking to an old, white lady, I don't feel like they would understand what I'm saying. Like she would be able to help me, of course, but I don't feel like she would completely get me."**

[Service-user, male]

A lack of diversity in healthcare professionals was a theme which was brought up by service-providers and service-users. Whilst it was mentioned, the extent to which it could impact on care was debated. Service providers acknowledged it to be an initial problem, yet from their experiences, was something which could be overcome. Service-users stated that whilst it would be ideal to be able to talk to someone of a similar background to them it was not a prerequisite. Interestingly, lack of diversity in age, gender and socioeconomic position were brought up more than lack of diversity in terms of ethnicity.

## Limited resources

**"...funding-wise and timing-wise it's quite hard for us to commit to"**

[Service provider]

A lack of resources, encompassing time, funding and staff was one of the emerging themes among mental health service providers.

From a service user point of view, participants highlighted that long waiting times were a barrier to accessing mental health services.

## Difficulty engaging

**"The problem is by the time they come through the criminal justice system [...] they've probably been excluded from school, they've probably been let down by professionals as they see it, so it is difficult to get them here in the room and be like no, this time I will help you I promise."**

[Service provider]

Multiple factors were mentioned to influence children and young people engaging with mental health services. This included physical accessibility, their past experiences, as well as preconceived ideas associated with accessing such services. Locations of services can lead to difficulty in engaging service use. For example, different territories of gangs within the borough mean that certain services in one territory are inaccessible to users from another gang.

Service users were also more likely to engage with online services. When service users were asked what steps they would take to seek help for their mental health, they responded with:

**"I would google it... I wouldn't know who to go to, like a doctor or anyone, they're more for physical things".**

[Service-user, male]

A lack of understanding of mental health was also associated with limited engagement with services.

# Discussion

This project summarises the services available to children and young people within the borough of Hammersmith and Fulham. We have been able to map out the services available in the borough which will be beneficial for service providers, local authorities and commissioners.

These services have been mapped according to the Anna Freud Centre's Thrive Framework (11) aiming to raise awareness and encourage utilisation of this framework. The majority of the services mapped were categorised into the thriving category. This highlights a primary focus in the borough on thriving and primary prevention.

The other objective of the project was to identify barriers to service-users of the African Diaspora in accessing care.

**The six barriers identified were: stigma, lack of awareness, lack of collaboration, lack of diversity, lack of resources and difficulty in engaging with children and young people.**

These findings are consistent with the literature. Memon et al 2016, also found cultural stigma and awareness of mental health to be barriers in accessing mental health services (3).

As supported in the literature (3), stigma associated with mental health appears to be a significant barrier in providing adequate care and support to those who need it.

Stigmatisation of mental health can lead to the other emerging themes identified: lack of awareness and collaboration and difficulty in engaging with the youth. De-stigmatisation requires a multi-level approach (13). The involvement of religious leaders was suggested to help combat traditional, cultural beliefs leading to stigmatisation of mental health.

One of the findings of the project was the negative connotations associated with mental health, even by primary school-aged children. The need for earlier intervention of mental health is evidenced by the publication of the Green paper (14), which introduced mental health provision in primary schools. Nevertheless, the barrier of school-related stigma identified in the study highlights the importance of community services alongside school support. De-stigmatisation will require time and a needs-based approach in keeping with the Thrive framework (11). If children and young people do not feel comfortable talking about mental health, it is difficult to tailor services to suit demand.

Service providers considered that there was not enough work or funding being invested in mental health in children and young people, especially those from ethnic minority backgrounds. Others were critical of limitations of existing funding streams, believing that it hindered delivery of a complete service. This not only included NHS-implemented restrictions on service locations, but also artificial limitations resultant of competition for funding discouraging collaboration between providers. This leads to a difficulty for smaller service providers to collaborate directly with other providers outside of their existing network of contacts. A comprehensive collaboration programme, to connect people and organisations providing mental health services, similar to BlackThrive in Lambeth (15) could be considered. This may also tackle the barrier of lack of awareness of services. Ensuring that these collaborative programmes are co-designed in tandem with service providers and users will ensure that these programmes are effectively implemented, complement users' needs and wants for such services, and reduce the chance of investing resources into a redundant service.

**A common note regarding services was a lack of direct understanding of the users they were targeting; particularly for second-tier[1] and third-tier[2] organisations looking to help frontline organisations.**

This disconnect from supportive bodies resulted in unfocused or mis-allocated provision of services that did not necessarily match users' needs.

Another common theme amongst stakeholders and actors was an inability for youths to relate to professionals who were of different ethnicity, culture, age or gender, particularly for youths from the African Diaspora being assigned white British counselling staff.

**Whilst children and young people acknowledged this did not necessarily impact on quality of care, it highlighted a bigger issue, namely, a lack of diversity in healthcare professionals in this field.**

Addressing this issue is beyond the scope of this project and would take a paradigm shift in the attitudes towards pursuing mental health careers for those from the African Diaspora and other BAME communities. However, this is an important point to be brought up to policy makers.

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1 Second-tier organisations is one whose principal purpose is to help frontline groups to do their job (Source – Trust for London)

2 Third-tier organisations is one which provides support to second-tier organisations (Source – Trust for London)

Another reason for service-users not seeking support was the reluctance to speak to GPs. This finding is in line with research cited by the Care Quality Commission group which highlights that referral rates from GPs to secondary mental health services are lower among black ethnic groups (16). Previous research conducted in the borough highlights that the traditional model of GP care is not well suited to children and young people and needs to be evaluated (17). For example, one interviewee mentioned that speaking to doctors was quite "formal" and often uncomfortable speaking to them about mental health after having grown up visiting them for "physical problems".

**In line with reports from the UK, service-users were more likely to engage with available online services or use search engines to seek support for their mental health as they are able to remain anonymous (18).**

However, we also found that even though they were more likely to engage with online services, lack of awareness of the services was a primary issue that should be dealt with. It was evident that young people would be willing to access those services if they knew that they were available, but in many cases, this was not the case. Increasing awareness of services could also improve knowledge on the importance of a thriving mental health and tackling the underlying basis for stigma against mental health services in youths.

Additionally, the interviews highlighted an important point that was well-known to the literature and has been previously identified as a barrier within the borough (17); the difficult transition from child to adult health services. However, we identified this as a national barrier in mental health services, which was not solely limited to the children and young people from the African Diaspora. We identified the possibility of the transition services team, which could be implemented to tackle this barrier. CAMHS has set aside funding for transitioning patients with learning difficulties and those in the Youth Justice System via dedicated teams (2), but there is scope for the voluntary sector to also take up this role expanding this service to all children and young people requiring support.

# Discussion
## Implications and recommendations

Local policymakers could use this research to better inform future policy. This research will also benefit the members of YHFF, who also play a role in policy-making. Based on the research, potential recommendations would be:

## Short-term

### 1. More extensive map of services in the borough.

This would be to tackle the lack of awareness of mental health services existing among youth workers and community organisations, who must be aware of them to signpost young people effectively to services they require. A potential idea would be to utilise the YHFF website, which allows refined searches to be made to identify relevant services. Adolescents from a youth club suggested using social media to publicise services more.

### 2. Update the Young Adults Joint Strategic Needs Assessment.

The last assessment was conducted in 2017 (14). Given the large number of organisations providing mental health services in Hammersmith and Fulham, it is important that regular youth strategic needs assessments are carried out to ensure that service provision matches user needs. In tandem with children and young people of the African Diaspora, a greater focus on ensuring views of young people from multiple ethnic backgrounds is also required to ensure the findings are representative of the demographics of the borough. This will encourage collaboration and co-design of services between users and providers.

### 3. Better diversity and training of staff to support young people from the African Diaspora.

While ideally there would be efforts to improve uptake of diverse students into said career path, any meaningful change in number of staff or diversity of staff would take many years before benefits would be seen. Thus, providing current mental health staff with improved training in approaching cultural and attitude barriers relating to children and young people of the African Diaspora will help maximise efficiency of the currently available staffing resources. Additionally, improved training for employees in more generalist mental health services will improve accessibility and approachability for youths of the African diaspora.

## Long-term

### 4. Taking a multi-sectoral approach when tackling mental health.

From the research and known literature base, it is apparent that mental health is influenced by environmental and genetic components. To minimise the effect of environmental exposures, interventions could be implemented across different sectors to increase awareness of mental health and decrease the stigma associated with it. Different sectors such as police officers, community workers, religious leaders, as well as the voluntary sector, can all play a major role in raising awareness and educating young people. The need for collaboration of sectors can be achieved through closer relationships between youth services, young people, supportive organisations and the above. Such collaborative efforts should be co-designed with the users of these services, to ensure that the services match users' needs and provide value for the resources required to maintain the multi-sectorial collaboration.

### 5. Greater education on how to have a positive mental health in youth clubs, community groups and education settings.

Improved understanding of positive mental health and wellbeing is key in helping young people thrive, and in particular, greater education would help reduce the stigmatisation of mental health within black communities identified by this report. Education must be in the community as well as school settings, as only targeting one area may lead to stigma against services within that sector, rather than validating and normalising the concept of positive mental health. The improvements in understanding may also benefit other outcomes, such as numbers and diversity of young people who take up career paths in the mental health therapy field.
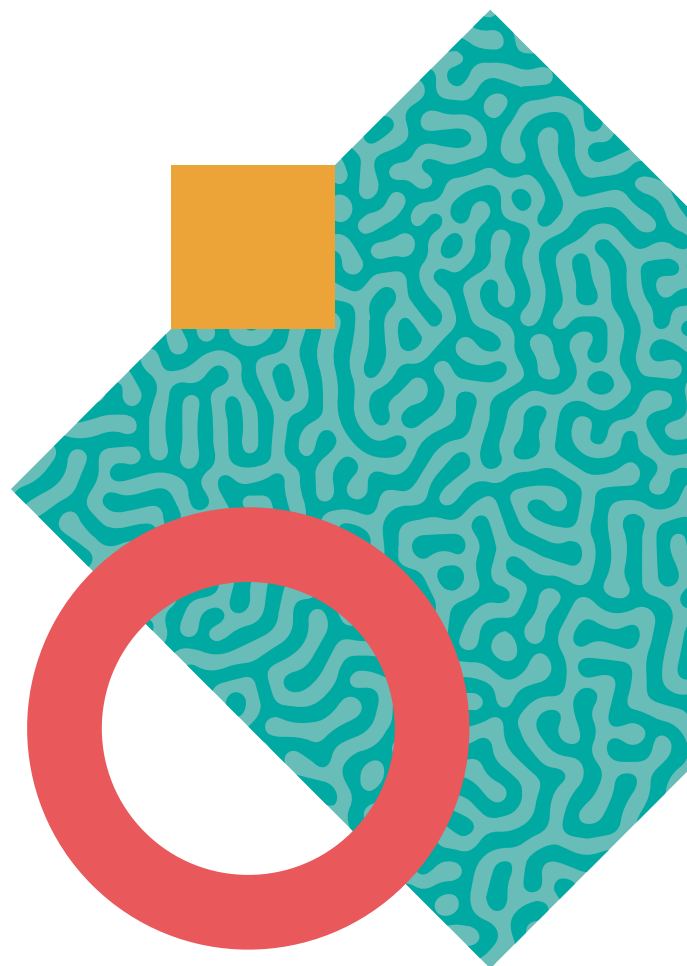
# Discussion
## Strengths and limitations

This project addresses a gap in the research as the last needs-based assessment conducted in the borough was in 2017 (17). The key stakeholder, children and young people, were sought for interviewing as their opinions are relevant in determining service needs.

The use of a topic guide minimised researcher bias influencing subsequent interviews. Another strength of the project was the depth of insight developed in the interviews as discussions lasted up to one and a half hours.

Despite efforts being made to ensure a diverse selection of organisations to best reflect the boroughs opinions, all organisations interviewed were those who had connections with the YHFF. This introduces some degree of selection bias. Furthermore, some of the children and young people interviewed were not currently residing in the borough and so their views may not be specific to Hammersmith and Fulham. Limitations in some of the focus groups included an unwillingness to disclose personal stories around the topic of mental health. This was most prominently observed in black males and may possibly be due to the stigma they associated with mental health. This could have been mitigated by perhaps having smaller sized focus groups.
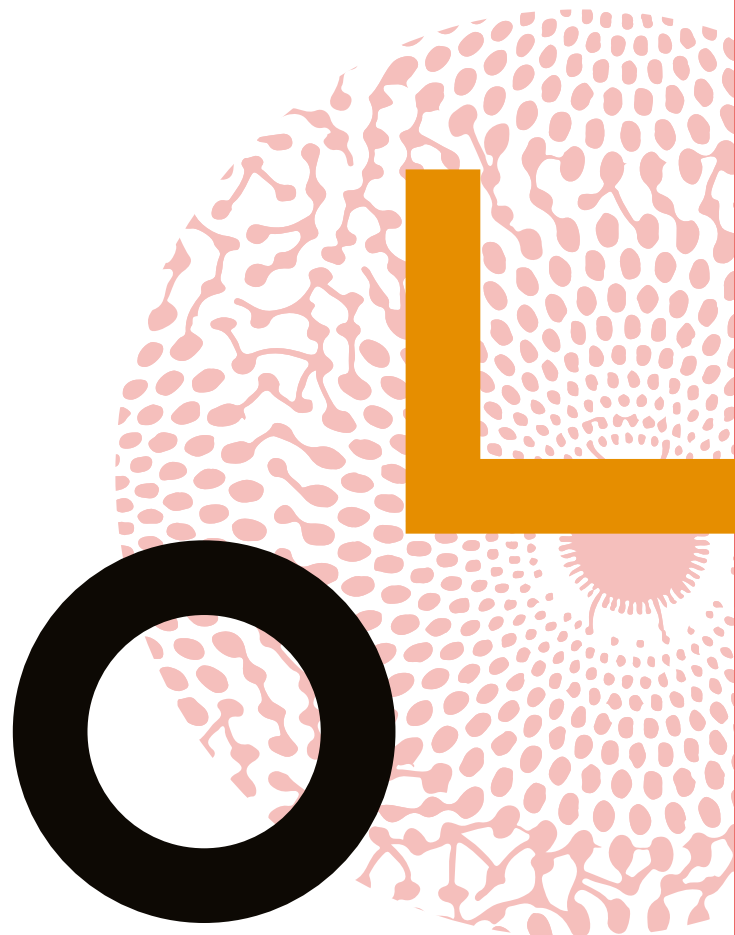
# Conclusion

In conclusion, this report maps the mental health service provision in the Hammersmith and Fulham borough, in a novel use of the Anna Freud Framework. The project also identifies issues in stigma, awareness, collaboration, diversity, resources, and engagement as key barriers in accessing mental health services for children and young people of the African Diaspora.

There is a need to create a regularly updated comprehensive map of the services in the borough. This allows for a more collaborative approach and multi-sectoral approach in dealing with mental health, helping reduce the deeply embedded stigma associated with it, alongside improved education on mental health by the youth sector.

Whilst we acknowledge there may be practical difficulties in obtaining children and young peoples' voices, a needs-based approach is encouraged when delivering services for these users.

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# Appendices

# Appendix 1: The community organisations providing services supporting mental wellbeing in Hammersmith and Fulham*

| Organisation | Service Description |
| --- | --- |
| 2-3 Degrees | Charity aiming to improve young peoples' skills and meet their potential<br><br>Offers variety of programmes, workshops and talks targeted to improving personal growth and opportunities for young people |
| Active Successful Engagement (ASÉ) | i-MATTER and i-MPOWER Mentoring Programmes<br><br>i-MATTER and i-MPOWER Mentoring Programmes are designed to provide tailored early help, intervention, and support to disadvantaged children, young people, adults and families. Mentors deliver intensive 1-1 and group mentoring sessions and workshops to re-engage, inspire, and empower. |
| African Womens Care | Service targeted towards women of all ages<br><br>Offer a young people's service from 6-18 years of age affected by domestic abuse |
| Anti-Tribalism Movement | Organisation for British Somalis<br><br>Campaigns and projects on mental health catered for Somali youths:<br>• Don't Judge Don't Label - campaign for issues aiming to prevent stigma<br>• Heal Reconciliation - strong support network<br>• Lead and be Led |
| AUNTIE yourauntie.co.uk | Digital health platform to support psychological and mental health needs of BAME people during the COVID-19 crisis<br><br>Aims to tackle stigma against mental health in BAME communities, signpost the appropriate resources for each user's needs, and provide a unified voice for BAME therapy services |
| Back on Track | Back on Track service for ≥18 year olds<br><br>Primary role in investment of funding of mental health services for young people alongside the local authority |
| Baraka Community Association | Focus on young people with ethnic minority backgrounds<br><br>Educational support and employment opportunities<br><br>Advocacy and welfare support for young people<br><br>Talks on mental health barriers and taboo in ethnic minority communities |
| Black Minds Matter UK | Online service aiming to connect black individuals and families with free mental health services by black therapists for black trauma |

# Appendix 1

| Organisation | Service Description |
|---|---|
| **Brunswick Club for Young People** | Holds once-a-term personal development workshops on youth mental health<br>Topics include healthy eating and bullying |
| **CAMHS Hammersmith and Fulham** | For children who struggle with their emotional or behaviour wellbeing<br>Offers mental health assessment and treatment for 0-18 year olds and their families<br>Further teams available such as CAMHS Youth Offenders Team |
| **Chelsea Football Club** | Chelsea Champions Officer based in schools<br>Provide support for emotional well-being and promotes resilience in secondary schools<br>Range of interventions provided by different programmes |
| **Community Champions** | Promote health and well-being of all residents within the borough.<br>Provide community health events, youth clubs (e.g. Addison's community champions), physical activity classes, public health campaigns, signposting/ referral support |
| **Community Education Forum** | Grassroots community-led organisation<br>Focus on developing and delivering community-led projects to support social, educational, and economic needs for young people and families, including BAME communities<br>Supplementary school service for young people to improve Key Stage attainment<br>Home-School liaison for supporting young people's behaviour, attendance and attainment in school.<br>Back to Work training programme helps parents to gain skills and find work |
| **Dadihiye Somali Development Organisation** | Drop-in service to address social isolation and loneliness, particularly in minority ethnic groups<br>Information and advice available on wide range of topics, including mental health, and offers specialist skills and translation support for clients<br>Holds supplementary school classes and runs activities during school holidays and weekends for children |
| **DanceWest** | Engaging people of all ages and abilities in dance, to improve the mental, physical health and wellbeing of all.<br>Responding to local need to improve health and wellbeing and to tackle physical inactivity among young people |
| **Domestic Violence Intervention Project** | Offers support for young people (11-18yrs, but up to 25 for those with additional needs) who want to change their behaviour, improved awareness of healthy communication and relationships<br>Therapy for children from 3-17 years affected by domestic violence<br>Offer support to Arabic-speaking women (via the Al-Aman project) |

# Appendix 1

| Organisation | Service Description |
| --- | --- |
| **Element Project** | Runs art projects to challenge young people in exploring their motivations, purpose, and creativity |
| | Offers support for participants to apply skills in everyday life |
| | Runs school sessions as part of West London Zone for students at risk of exclusion, with communication or behavioural challenges, low self-confidence, and with little or no access to creative arts |
| **Family Friends** | Provides counselling services for children and parents suffering from emotional and physical abuse. |
| | Provide support to families to "discover their strengths, build confidence and resolve difficulties". |
| | Provide child and adolescent mentoring support (5 – 16 years) |
| **Fulham Football Club** | Promotes good health and wellbeing in all ages |
| | Hosts school programmes for developing employability and educational skills in young people |
| | Hosts Kicks & Social Inclusion as part of Premier League Kicks programme, to engage in-need boys and girls aged 11-18 |
| | Has mental health focused partnership called United Kingston |
| **The Harrow Club** | Aims to empower young people in completing their education, avoid anti-social behaviour, and positively contribute to society |
| | Has four locations with 8 youth clubs hosting over 10 regular projects for young people facing challenging circumstances |
| **Key 4 Life** | Social venture aiming to reduce youth re-offending in young people in prison and at risk of going to prison |
| | Variety of programmes for young adults and under 18s |
| | School talks and workshops to prevent young people from getting involved in crime |
| **Kooth** | Online digital mental health support service |
| | Easy, free and anonymous access for children and young people to engage with support |
| | Minimises traditional barriers |
| **Khulisa** | Wellbeing, stress reduction and behaviour change programmes for young adults and children |
| | Focus on schools, prisons and community |
| | Intensive therapeutic support available |
| | Aims to assist young people avoid crime and help prevent reoffending |
| **London Sports Trust** | Aims to inspire positive change in physical and mental health for disadvantaged young Londoners through sport |
| | Offers skills workshops and programmes to help disadvantaged young people thrive |

| Organisation | Service Description |
| --- | --- |
| Lyric Theatre | Young Lyric specialised programme<br><br>Give young people from all background access to the arts and develop themselves<br><br>Hosts educational projects and activities to support vulnerable young people |
| The Masbro Centre | Recreational centre focused on improved health and wellbeing for all ages<br><br>Offers children's centre, as well as other family services and support |
| The Midaye Somali Development Network | Provides health and social service information, referrals, and advice services for minority ethnic groups<br><br>Runs community-led projects and activities with focus on the isolated and disadvantaged<br>• Mental health awareness and training workshops are available<br>• Classes for adults to improve self-confidence and societal integration<br>Aims to be befriending, mentoring and improve advocacy |
| MIND | For young people MIND offers school-based services:<br>• Be Kind to Your Mind - psychoeducational classroom programmes, one-to-one mental wellbeing advice and support<br>• NHS Trailblazers programme<br>• Whole School Project<br><br>Action on Disability<br><br>Receive funding through the NHS |
| The Mix | Online and local support service for young people under 25<br><br>Offers wide range of services, for issues that affect young people |
| Mosaic Youth | Aims to enhance and sustain the health and wellbeing of young LGBT+ communities<br><br>Offers mentoring and advice for young people<br><br>Youth Club and Culture Club are spaces for members to engage without prejudice |
| Mother and Child Welfare Organisation | Provide physical, emotional, and educational support to vulnerable inner-city mothers and children, and young people<br><br>Offers general advice and support |
| NHS Hammersmith and Fulham Clinical Commissioning Group | Contracts West London Mental Health Trust to provide mental health services for young people<br><br>Funds services throughout the borough |
| Pentecostal City Mission Church | Church branch youth club in west London<br><br>Focused on helping youths remain engaged with the local community<br><br>Provide and run activities to assist young people develop skills |

| Organisation | Service Description |
| --- | --- |
| Place2Be | Mental health charity that provides mental health counselling and support in schools |
| Queens Park Rangers Football Club | Focus on improving mental health and social wellbeing alongside physical health:<br>• Healthy Kickers<br>• Mental Health Football Programme<br>• Prevent and Prosper<br>• Parents on the Ball<br>• Run 'Squad Members'<br><br>Work across 7 boroughs across West + North West London<br>Often refer members to CAMHS<br>Just completed a 2-year programme with Grenfell schools, supporting those suffering from trauma |
| Shepherd's Bush Families Project | Drop in centres for families with housing needs<br>Play sessions and opportunities to meet other families<br>One-to-one advice and advocacy help for families<br>Therapeutic counselling available |
| Sobus | Supports other voluntary and community sector organisations<br>Sep 2016 Youth Partnership Report focusing on youths aged 5-19yrs:<br>• Identified health and wellbeing as a top 6 priority theme<br>• Identified 77% of respondents found increased mental health issues among young people alongside the reduction in youth services nationally<br>• Higher than average hospital admissions for mental health in Hammersmith and Fulham |
| The Sulgrave Club | Youth club for 8-19 year olds<br>Located in Shepherd's Bush<br>Run Junior and Senior Youth Clubs, Performing Arts Club and Taekwondo Club<br>Offer English and Maths lessons to help with SAT preparation<br>Offer activities over Summer and Easter holidays |
| Synergy Theatre | Rehabilitation and resettlement of prisoners, ex-prisoners and at-risk young people through theatre and related activities<br>Raise awareness of the wider issues surrounding criminal justice in the public arena<br>Young People's Programme |
| The Upper Room | Provide support and improve lives of vulnerable and homeless people in West London<br>Provide skills and tools training for users<br>One-to-one counselling available<br>School educational talks and activities for improving education and awareness of issues in young people |

| Organisation | Service Description |
| --- | --- |
| **Urban Partnership Group** | Service targeting all age groups<br><br>Provide activities for young children, for example The Caterpillar project and Story Time<br><br>Provide parental support |
| **Violence Intervention Project** | Charity aiming to guide young people away from violence through both short and long term relationships<br><br>For up to 25-year-olds who have been or are at risk of being involved in violent behaviour<br><br>Offers 1:1 therapeutic and support work for marginalised and excluded young people<br><br>Hosts camps and workshops in schools and in the community |
| **Westpoint Sustainable Community Development** | Service targeted towards BAME populations, for all ages<br><br>Runs youth clubs and a coding club for children and young people<br><br>It also runs a supplementary school and organises recreational activities for children |
| **West London Action for Children** | Offers counselling and therapy for children and families of a low income<br><br>Programmes with some schools to improve children's self-esteem and assist with transitional periods:<br>• Mighty Me<br>• Cool Moves<br>• Shining stays |
| **West London Zone** | Offers children and young people access to new opportunities in their community<br><br>Provide personalised support and opportunities for ages 3-18<br><br>Help reduce the attainment gap within West London |
| **Wipers** | Specialises in working with vulnerable and disadvantaged young people<br><br>Empower them through personal and social development workshops and programmes<br><br>Offers support and supervision services across the full spectrum of youth disposals |
| **Women and Girls Network** | Specialist counselling and therapeutic services for women and girls who have experienced any form of gendered violence (1:1 counselling, rape crisis counselling, supportive group counselling)<br><br>Specific Young Women's Service for 11-18 year olds providing 1:1 support, prevention work within schools<br><br>Regular consultation and focus group events for under-25s |

*All information sourced from organisation's websites and interviews

## Appendix 2: Table of common themes in discussion across community actor interviews and focus groups with quotes

| Theme | Quote(s) |
|---|---|
| Young people in transitional periods of life need support | "We are doing a transfer window for when Year 6s move to secondary school, probably the ones who don't necessarily have an educational healthcare plan to support them […] with friend networks, meeting new people, travelling to a new destination, anything that can cause anxiety." <br><br> "…I didn't think it would be even harder when I started university […] It was a big transition; you don't get that much help when you're under 18 and when you're over 18 it's less." <br><br> "When I did IAPT… I was only 19 but I was in a room with like 40 year olds" <br><br> "Another thing when people transition from child to adult mental health services is that even if you aren't 18 yet, but may be 16 or 17, the assumption is that it is going to take you so long to get counselling support that it leads to reluctance if you should even seek the support as if it is going to take 6 months to access CAMHS support then there isn't much point." |
| Stigma against mental health service users in schools | "…the problem is that it can feel very stigmatising to them and they can feel like they're being punished, or feeling like they're being targeted in some way" <br><br> "In class I've seen people leave for [service] and people in the class will be rude and say stuff like 'oh she's left, maybe she's off to talk to someone, she's a bit crazy'." |
| Cultural stigma | "mental health…it's not really spoken about" <br><br> "In the household [mental health] is not really spoken about, like you feel upset and someone just says 'grow up'" <br><br> "The culture of mental health in Somali communities is very difficult, similar to other communities, but we still haven't got to a process where it's been acknowledged" <br><br> "For me personally, with my family we don't really talk about that kinda stuff, but I still wouldn't really feel comfortable talking about it with anyone. The relationship between a child and their parent in a black household may be different to someone where they can communicate with their parents about their mental health" <br><br> I'd rather my mum not know than her be worried about me and think she 'failed' as a mum or something. |

| Theme | Quote(s) |
|---|---|
| Stigma | "If there was a place for people to talk about mental health, I don't think young people would feel comfortable talking about it, so it would be better to have an activity or like a place you could go to, to feel good" |
| Stigma against use of "mental health" | Some organisations use the term "mental wellbeing" rather than health to prevent stigma |
| Diversity within the profession is crucial for building engagement and rapport | "when I was going through secondary school, there was nothing that could be done about [my mental health], and if there was, it was someone who was not my skin colour, not my religion, not having people understand."

"in the student support teams there has actually been quite a good level of diversity amongst the staff and I think that helps, especially when it is the staff making the referrals for the students and actually increases the diversity of students accessing the services as well."

"...definitely would be great if there was more diversity amongst mental health professionals."

"There was nothing that could be done about mental health. If there was, it was someone who was not my skin colour, not my religion and not my understanding"

"If I'm talking about issues that affect young, black people, and I'm talking to an old, white lady, I don't feel like they would understand what I'm saying. Like she would be able to help me, of course, but I don't feel like she would completely get me." |
| Lack of funding for youth and BAME mental health services | "...certain services may offer a particular service, then their funding gets cut so then they no longer provide it."

"Ideally, we would have enough people to just go through all the year groups, but we don't have enough people nor enough funding to go do that unfortunately, so that's when you have to target [interventions to specific students] for secondary schools.

"...funding-wise and timing-wise it's quite hard for us to commit to" |
| Lack of awareness of other services in both users and organisations | "I don't know where I'd learn about that. I saw [service] on the train, but I only noticed it because I was on my way to school."

"As far as BME services go there aren't any mental health services that I'm aware of."

"It would be easier if you could just group all mental health services in one place"

"Have you heard of Kooth or Place2Be?" - "No, we haven't" |

| Theme | Quote(s) |
|---|---|
| Lack of desire to collaborate to avoid service overlap | "You have mapped out where the gaps are from the survey and what we can provide, but that doesn't necessarily lead to collaboration, […] but more so leads us to fill that gap." |
| | "We do share good practice more than anything. Not necessarily partnering up on projects" |
| | "Signposting is probably the closest thing we do to it [collaboration]" |
| Lack of knowledge on mental health | "I spoke to my GP, then I got referred, but the waiting list was very long so still waiting, but yeah" |
| | "There's an especially long waiting times in children and adolescent services" |
| | "Mental health is like when you're crazy and damaged, like when you have ADHD. …if you have mental health, you're not normal" |
| | "I can't say for everyone but I feel like mental health isn't something you learn about and you have to actually find the means yourself to realise that 'this is mental health is'" |
| | "More should be taught about to have good mental health in schools, all we hear a lot about how to avoid bad mental health" |
| Difficulty engaging with young people and difficulty communicating with young people to assess needs and identify gaps | "Service looking after services" as opposed to being need-orientated |
| | "Yes, they do engage if they are not labelled as such. Grenfell project and Squad members programme is not labelled as a mental health service so they engage in those sort of projects but they aren't labelled mental health." |
| Multi-sectoral approach needed to tackle with mental wellbeing | Many organisations said having community-organisations, for example Lyric house, are very important in building young peoples' confidence and helping them to develop new skills. |

**YOUNG H&F**