Social, Emotional and Mental Health Needs Assessment: Children and young people from Black, Asian and Ethnic Minority Communities in Leeds Executive Summary

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1. Introduction

Mental health inequalities for adult Black, Asian and Minority Ethnic (BAME) groups are well known, but there is less clear evidence regarding children and young people. This report takes a 'comparative need' approach to explore differences in Social, Emotional and Mental Health (SEMH) need between White British and BAME school aged children in Leeds. It provides a broad overview of the needs and experiences of children and young people from BAME groups, rather than a detailed exploration of cultural issues faced by different groups. Research challenges include using broad ethnicity categories and the applicability of mental illness assessment and conceptualisation across cultures.

2. Demographics

(Please note this is an extract of the report: City-wide analysis of School Census (January 2018) produced by Nev Smith and Tom Ellis from Leeds City Council)

School Census data from 2018 shows the proportion of the Leeds school population from Black and Minority Ethnic (BME) backgrounds has nearly doubled since 2005 (from 17.4% to 33.8%). The "White British" category has decreased both numerically and proportionally throughout this time (81.5% to 64.7%).

- The greatest numerical change can be seen among those children identifying as Black, closely followed by White Other.
- The greatest proportional change continues to be in "White Other" with over three times the number of children and young people identifying with this group in 2018 compared to 2005.
- Between 2010 and 2015, the numbers of White Eastern European more than tripled from 872 in 2010 to 2,609 in 2015. This has now more than quadrupled by 2018 to 3,845. The number of young people identifying as White Eastern European continues to account for the majority of the large increase in the main White Other category over this time period. There were also two and a half times more White Roma pupils since 2010; and more than double the number of White Western Europeans in January 2018 compared to January 2010.
- Children identifying as Black or Mixed have also seen a substantial increase since 2005. The number of pupils identifying as Black African has more than quadrupled, and the number of pupils identifying as Mixed has more than doubled; although the year on year increase for both of these groups has been steadier than White Other.

3. Epidemiology

3.1 Prevalence

A variety of research including the national prevalence survey, the Millennium Cohort study and a systematic review consistently show that people from BAME communities have similar or lower rates of mental health problems than White British young people. Young people with Mixed Heritage are an emerging group in terms of mental health need.

The use of broad ethnicity groupings and the cross-cultural validity of assessment tools (such as the SDQ) means that caution must be taken when interpreting these findings. Nevertheless it raises interesting questions regarding resilience and community assets within BAME communities that may contribute to these lower prevalence levels.

3.2 Equity of service access

Nationally children and young people from BAME communities appear to be under-represented in CAMHS, with stronger evidence for this within South Asian families.

BAME children are more likely to be referred to CAMHS through education, social, and other services than primary care, compared to White British children. Socioeconomic status plays an important role but does not account for all the inter ethnicity differences.

There are ethnic differences in SEN data, with Black Caribbean and Mixed White and Black Caribbean pupils twice as likely to be identified with SEMH needs as White British pupils, controlling for age, sex and socio-economic deprivation. Traveller Irish category is also over-represented. These groups (plus Gypsy/Roma) are also more likely to be excluded from school.

Black, Mixed and Other categories are all over-represented in the youth justice system, with Asian and White categories under-represented compared with the population as a whole. BAME children appear to be slightly over-represented in the looked after children population, in particular children of Mixed and Black ethnicity. It is well-known that these systems have adverse impacts on mental health.

3.3 Factors that influence SEMH of BAME groups

The following factors have been identified as impacting on SEMH difficulties and barriers to accessing getting support:

- Exposure to risk factors for mental health problems
- Emotional distress may be interpreted as behavioural problems

- Interface with primary care
- Lack of awareness of service provision
- Stigma
- Distrust of authority services/ fear of racism
- Cultural appropriateness of services
- Perceptions of mental Illness
- Language problems

4. Health Needs Assessment: Quantitative Research

4.1 Epidemiology: Local modelling of prevalence rates

Prevalence estimates from the survey 'Mental Health of Children and Young People in England, 2017' by NHS Digital have been applied to the Leeds population to estimate the number of children and young people likely to have a mental disorder in each ethnic group:

707 Asian/ Chinese young people
436 Black young people
1179 Mixed/ other young people
216 White other young people
10,549 White British Young People

This doesn't represent all SEMH need as it only includes those who fit the criteria applied in the study of 'mental disorder'.

Using these figures, the proportions of the total population of children and young people in Leeds expected to have a mental disorder are as follows:

5.4% - Asian/ Asian British
3.3% - Black/ Black British
9% - Mixed
1.7% - White other
80.6% - White British

4.2 Analysis of Pupil Perception survey

Analysis of My Health My School (a pupil perception survey carried out in many schools) by ethnicity showed some significant differences including:

- Mixed and White secondary aged girls reported significantly higher rates of feeling sad/upset than Asian secondary females.

- Chinese secondary boys report significantly higher rates of feeling sad/upset than Asian boys, Black boys or White boys.
- Chinese, Mixed, and White British females report significantly higher self-reported self-harm than other groups.
- Chinese males report significantly higher self-harm than all other groups (apart from ‘’Other’). White British boys have significantly higher self-reported self-harm than Asian boys.
- In general White groups reported higher bullying levels (apart from Chinese boys)

White British, Mixed and Chinese groups report the poorest mental health. The sample size of the Chinese group is very small so findings must be interpreted with caution, however despite this some differences were statistically significant.

Differences were less apparent amongst primary age children.

These findings echo the national data that suggest BAME groups have similar or better mental health than White British young people.

4.3 Analysis of local service use

This has been summarised in two ways – firstly at service level and secondly by ethnic group.

Service level:

Compared to the population, BAME groups under-represented in:

- MindMate SPA
- CAMHS
- Beeston, Cottingley and Middleton Cluster emotional support
- The Market Place
- Kooth
- Self-harm admissions to A&E

BAME groups are represented in line with population in the SILC cluster emotional support

The following BAME groups over-represented in terms of being identified for SEMH in SEN data from schools: Traveller Gypsy/Roma, Mixed White & African, Mixed White & Caribbean, Other Mixed, Black Caribbean, Black other groups.

When the controls were included to account for confounding factors, Black Caribbean and Mixed White & Caribbean remained significantly over represented:

Following groups over-represented in the care system: Black (by a small amount), Mixed, Other. Within the Therapeutic Social Work team (who support this cohort), the Mixed group were represented in line with the population proportions.

Within Leeds Youth Offending Service, Black population and the Mixed population are over-represented (the latter is statistically significant).

Within school exclusions data the following groups are over represented: Gypsy, Roma, Traveller, White Irish Traveller, Mixed Black and Caribbean and Black Caribbean pupils.

By ethnic group:

Asian population is highly under-represented in SEMH support services.

Black population is highly under-represented in SEMH support services. Also over-represented in SEMH SEN data. Slightly over-represented in care system and Leeds YOS. Over-represented in exclusions data.

Mixed population is underrepresented in SEHM support services, but is much closer to the population proportion in most cases. Also highly over-represented in care system and in Leeds YOS. Over-represented in exclusions data.

White Other population is under-represented in SEMH support services, but not by as larger proportions as Asian or Black groups. Gypsy, Roma and Traveller data is subsumed within the group which is an issue due to research suggesting poor mental health outcomes for these groups. SEN data shows GRT groups over-represented in SEMH rates. Also over-represented in exclusions data.

Other population is under-represented in SEMH support services.

5. Health Needs Assessment: Qualitative Research

5.1 Young People focus groups

Pakistani girls focus groups (10 girls):

- Some understanding of mental health but majority struggled to express ideas around concept. View that discussing mental state might bring shame on family
- Protective factors included loving self, talking to others who were trustworthy, social and creative activities.
- Risk factors focussed on social media and celebrity culture. Also homework load and pressure to achieve high grades.
- Circles of support – mixed response re family – some can talk but others felt parents can't relate and they needed to mask struggles. Friends were strong source of support. Mixed response re schools – some positives but most focused on challenges including worries about confidentiality.

- Awareness of services – little knowledge – 2 mentioned ChildLine. Feedback that Asian families view external support at negative – risk of people finding out leading to isolation and negative implications for families.

Bangladeshi girls focus group (5 girls):

- Good understanding of mental health concept
- Protective factors – surrounding self with trustworthy people, activities, exercise, prayer and social media all discussed
- Risk factors – pressure from family to do well in education/careers to get respect. Also huge stigma in community, especially older generations, about acknowledging mental health difficulties. Some young people isolated due to strict parents.
- Circles of support – Close friends differentiated from wider friends as key support. Parents identified but some felt they don't understand. Teachers mentioned.
- Support services – felt they would access GP who would refer to counsellor if needed support. Mentioned helplines. Attitude that schools are not helpful and would break confidentiality.

African Caribbean/ Mixed Caribbean/White boys focus group (6 boys):

- Very negative connotations of mental health and sense it didn't apply to them
- Protective factors – didn't engage with idea they can look after emotional health. Talked about spots, computer games and chilling/not being bored.
- Risk factors – very negative attitudes about school – compared to prison. Belief teachers treat boys unfairly
- Circles of support – focus on 'spending time on own' or resting to help feel better. Social media also mentioned. Do not talk to friends about emotions.
- Support services – low awareness of services and lack of trust – feeling that they might be spied on or treated badly. Also sense people don't' keep promises.

Chinese focus group (5 boys and 5 girls):

- Good conceptualisation of mental health
- Protective factors – goal setting, socialising and talking to friends, not being told what to do, creative arts.
- Risk factors – social media mainly seen as negative and described as addictive plus pressure to fit in. Culture of parents working long hours and boredom for children. Pressure to achieve. Social stigma to discussing mental state and tarnishing family name.

- Circles of support – some felt parents being supportive but others less so. Friends mentioned though not always loyal. Using creative hobbies and computer games to relieve stress.
- Awareness of support services – limited awareness though did know about ChildLine. Enthusiasm of online support especially from boys. One school had anonymous therapist. Trust discussed as barrier and fact that professional is unfamiliar with Chinese culture.

5.2 Parent/Carer questionnaire

- 42 people completed the survey with a broad range of ethnicities.
- 80% Female, 20% Male
- 4 participants had accessed support for their child's emotional health. The biggest barrier was waiting times.
- 38 participants had not accessed support. When asked how to get support the most common answers were to go to GP, support in family or talk to school.
- When asked if anything would stop them, waiting times were identified most followed by not knowing how to get support, lack of trust in services and lack of culturally appropriate services. Worries about gossip or what others would think was not a key barrier for most.
- Most prominent theme regarding helping children and young people have good mental health was a stable supportive family. Communication and peer support also key.
- Regarding issues that cause problems – difficult family life, issues with peers, no one to talk to or trust, social media, pressure from adults and school and lack of positive role models.
- 10 participants also raised issues specifically relevant to issues in this report, including BAME young people being treated unfairly, professionals disregarding family values and taking euro-centric approach, constant discrimination in society, feeling excluded/ not understood, lack of understanding of history and feeling out of place.

5.3 Feedback from stakeholders

Stakeholders mentioned racism and discrimination, with BAME young people not having the same access to support and not achieving full potential due to low expectations. Commonly held attitudes included a view that talking doesn't help or that they wouldn't seek help outside their community. Also that professionals stereotype, particularly the police. A sense that there needs to be clearer pathways and more 'safe spaces' with more funds for community projects.

A mental health professional from BAME background fed back that parents felt she would understand better than a White British worker, even when they were from a

different community. Also that the Eurocentric approach of mental health services doesn't always fit.

(**Note** – only four stakeholders contributed so small sample).

6. Conclusions

- National research and local self-reported data suggest children and young people from BAME groups have similar or better mental health than children from White British populations. However, the tools for assessing mental health may be culturally skewed towards White British populations, meaning this finding is not conclusive. It must also be appraised within the context of the entrenched mental health inequalities experienced by adults from BAME communities.

- Prevalence findings raise questions about community assets and resilience, which must not be ignored in favour of focussing solely on BAME children and young people as a vulnerable group in need of support.

- Children and young people from BAME groups are under-represented in the majority of services to support SEMH in Leeds, when compared to the proportions in the population.

- Although a small sample, under-representation was particularly apparent in the early intervention mainstream cluster service. This echoes the pattern with adults accessing services at crisis point. More analysis of cluster services is required.

- Nationally Kooth online counselling has over-representation from BAME groups. This is not the case in Leeds but they do show one of the highest proportion of BAME groups of all the local services so their national success should be capitalised upon locally.

- Robust national research shows that BAME children and young people are less likely to be referred to CAMHS by a GP, and more likely to be referred from Education or Social Care. Local data showed White British young people slightly more likely to be referred from a GP however the difference was not significant.

- African Caribbean and Mixed White/Caribbean young people are over-represented in SEMH SEN data locally, yet this is not reflected in terms of access to SEMH support services. Cultural biases may result in emotional

distress being interpreted as behavioural problems in these communities. In the focus group, the young men conveyed a very negative experience of school and felt unfairly treated.

Children and young people from Mixed heritage stand out as having high SEMH needs within Leeds, including:

- Under-represented in many support services
- Higher likelihood of receiving SEMH identification within SEN data
- Self-report poor SEMH within Pupil Perception survey
- Over-represented in Youth Justice Service
- Over-represented in Children in Care

- This is a growing population as the number of pupils identifying as Mixed has more doubled in Leeds since 2005.

- Chinese young people report poor emotional health in SEMH questions analysed from the Pupil Perception Survey. Although this is a small sample many of the findings are significant. The focus groups showed high anxiety about performing well academically and struggled with parents working long hours.

- Asian young people report the best emotional health in the SEMH questions that were analysed from the Pupil Perception survey. Young women from Pakistani and Bangladeshi communities felt there was high stigma and shame attached to accessing support for mental health and parents struggled to relate to them.

- SEMH needs of Gypsy and Travellers are explored in a report from 2017 (see Appendix 1). Inequitable pathways to services are due to a complex range of factors including discrimination from services and societal racism, high levels of elective home education/school exclusions and perceptions/knowledge of mental health support. Bereavement is a key issue.

- Data collection is challenging for this group, with many services combining ‘Gypsy/Roma’ despite being distinct groups. Gypsy/Roma is over-represented in SEMH SEN data and exclusions data. In some services these ethnicities are subsumed under ‘White Other’.

- The fasted growing ethnic group in Leeds is ‘White Other’ however there is variation in how this group is recorded in monitoring data, resulting in lack of clarity about the needs of this group.

- Trust came out as a key theme in all focus groups. Young people felt lack of trust in some services, in particular they felt that schools could not be relied on to keep confidentiality or keep promises. Trustworthy friends are key support. Parents/carers also identified having someone trustworthy to talk to as important.

- Parents/Carers perceive long waiting lists as the major barrier followed by not knowing how to get help and having a lack of trust in services. The risk of people gossiping was not a key barrier to accessing support suggesting stigma was not as high as presumed.

- Discrimination and racism was raised by stakeholders and some parents/carers as impacting on children's SEMH. A feeling of being excluded or treated differently to their White British peers, especially by authority figures/organisations, resulting in lack of access or poorer outcomes.

- MindMate SPA has particularly high 'null' ethnicity recording. Teen Connect does not currently collect ethnicity data. Cluster based emotional support services do not collect as a rule. Overall there is some inconsistency in categories.

In summary, these findings should be considered as part of a life-course approach. BAME children and young people are under-represented in SEMH support services, but over represented in crisis services as adults, suggesting a lack of early intervention may be contributing.

Patrick Vernon, The CEO of The Afiya Trust summarises the challenge by stating that we must make sure that young people today '*do not become part of the conveyor belt of over representation and misery in the mental health system which for the past 30 years has failed to effectively tackle issues around racial inequality*'.

This report has been produced in partnership between Leeds City Council and NHS Leeds CCG, as part of 'Future in Mind: Leeds. A strategy to improve the social, emotional, mental health and wellbeing of children and young people aged 0–25 years.'

Author: Charlotte Hanson, Advanced Health Improvement Specialist, Public Health, Adults and Health Directorate, Leeds City Council.

Contributory author: Parminder Grewal, Leeds City Council. For wider acknowledgements see full report.