
Executive Summary

Promoting Cultural Humility in Mental Healthcare for Black Youth in London: Impact Workshop

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Historical and ongoing gaps in mental healthcare for Black individuals in the UK, particularly within Child and Adolescent Mental Health Services (CAMHS), have been well-documented ¹⁻³. Despite international and national efforts to address these disparities, including the UN Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities ⁴ and the UK Equality Act ⁵, inequalities persist.

A 2018 review by the Care Quality Commission (CQC) highlighted that CAMHS continues to fail Black youth ⁶, with significant gaps in care ⁷⁻¹⁰. Furthermore, there are established links between poor mental health, youth, and gang violence ^{11,12}. This is an ongoing doctoral research study investigating the mental healthcare experiences of young Ghanaian and Nigerian people in Inner London, using interpretative phenomenological analysis. An Impact Workshop was organised to disseminate my research findings, promote cultural humility, and improve mental healthcare outcomes.

So, what does the research show?

Key Findings

The findings reveal significant issues such as limited and infrequent support, difficulty in establishing therapeutic rapport, and a lack of culturally sensitive care. The study highlights the importance of cultural humility among mental health practitioners and aims to inform strategies to enhance the inclusivity and effectiveness of mental health services for Black youth. By promoting culturally sensitive practices, this research aspires to contribute to reducing mental health disparities and improving well-being among these adolescents in a multicultural urban setting like London.

Participants' narratives highlight the complex interplay of cultural, social, and individual factors shaping their mental health journeys. Experiences of racism, bullying, family loss, and relationship breakdowns often lead to feelings of isolation, anxiety, and depression. Despite these challenges, the study also showcases the resilience of these young people, who draw strength from their faith, family, social networks, and cultural identity.

The research reveals how multiple social identities, such as race, culture, religion, and immigration status, intersect to shape the mental health experiences of Ghanaian and Nigerian youth. This stresses the need for mental health services to adopt an intersectional lens to recognise the unique challenges faced by individuals with intersecting identities ¹³⁻¹⁷. An intersectional approach demands nuanced mental healthcare that respects and integrates these dimensions ^{18,19}.

The findings align with the 'Transforming Children and Young People's Mental Health Implementation Programme,' a government initiative led by the Department of Health and Social Care (DHSC), Department for Education (DfE), and NHS England (NHS) ²⁰. This initiative aims to offer senior mental health lead training to all eligible schools and colleges by 2025, as outlined in the NHS Long-Term Plan ²¹.

The cultural dispositions strongly emerging from the study are congruent to the CQC ²² promotion of culturally appropriate care, also known as 'culturally competent care,' per the CQC: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9: Person-centred care and Regulation 10: Dignity and respect.

However, I emphasise **shifting from 'cultural competence' to 'cultural humility' in Black mental healthcare**. Cultural humility goes beyond cultural competence. Cultural competence focuses on acquiring knowledge and skills related to different cultures ^{24,25}. Instead, cultural humility involves recognising and respecting individuals' cultural backgrounds and beliefs, acknowledging practitioners' biases, and building collaborative relationships with service users and communities ^{26,27}. This approach may be crucial for providing effective and culturally responsive mental health services to Ghanaian, Nigerian, and other diverse youth in London.

The Impact Workshop

During the workshop, I presented the above findings, followed by an interactive facilitated discussion between youth participants and mental health professionals. Practitioners reflected on these challenges and collaboratively developed action plans to integrate cultural humility into mental health practices. The participants include young individuals Ghanaians n=1 and Nigerians n=3 aged 17-21 (mean age = 19.5), all female, two mothers Ghanaians, n=1; Nigerians, n=1, and a cohort of 18 stakeholders, including practitioners, faith leaders, and service designers.

Main Recommendations:

1. Enhance Diversity in the Mental Health Workforce

- Increase targeted recruitment to boost the number of Black professionals and other underrepresented groups in mental health services. This will help build rapport and trust between therapists and clients from similar cultural backgrounds.

2. Improve Communication and Cultural Sensitivity

- Develop and implement training programs focused on cultural humility and sensitivity for mental health practitioners.
- Refine communication methods to better align with the cultural and personal needs of the youth to enhance the effectiveness of mental health interventions.

3. Community and School-Based Initiatives:

- Implement follow-up sessions and proactive mental health discussions within schools and community groups to create a supportive and inclusive environment.
- Engage in regular outreach and awareness programs to reduce stigma and encourage open dialogues about mental health within the community.

4. Policy Advocacy:

- Advocate for policy changes that integrate cultural humility into mental health practices. This includes addressing systemic barriers such as long waiting times and the lack of diversity among practitioners.
- Support a national campaign for raising awareness about the importance of culturally sensitive mental health care through social media and community outreach programs.

5. Ongoing Training and Education:

- Promote continuous professional development through workshops and training sessions focusing on cultural humility and sensitivity. These sessions should include practical applications and real-world scenarios to better equip mental health professionals.

Conclusion

Addressing the mental health challenges faced by Ghanaian and Nigerian adolescents in Inner London requires a concerted effort to promote cultural humility among mental health practitioners. By implementing these recommendations, we can move towards a more inclusive and effective mental health care system that better serves the needs of Black youth. This initiative sets a foundation for broader efforts to promote mental health equity in diverse urban settings.

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