
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-documented¹⁻³. 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 Minorities⁴ and the UK Equality Act⁵, inequalities persist.

A 2018 review by the Care Quality Commission (CQC) highlighted that CAMHS continues to fail Black youth⁶, with significant gaps in care⁷⁻¹⁰. 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 identities¹³⁻¹⁷. 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 Plan²¹.

The cultural dispositions strongly emerging from the study are congruent to the CQC²² 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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07 June 2024

Acknowledgements

With thanks to UCL Research Culture and the IOE Early Career Impact Fellowship which have generously funded this impact activity.

Reference list

1. Littlewood R, Cross S. Ethnic Minorities and Psychiatric Services. *Social Health & Illness*. 1980;2(2):194-201. doi:10.1111/1467-9566.ep10487792

2. Rwegellera GGC. Psychiatric morbidity among West Africans and West Indians living in London1. *Psychological Medicine*. 1977;7(2):317-329. doi:10.1017/S0033291700029421
3. Rwegellera GGC. Differential use of Psychiatric Services by West Indians, West Africans and English in London. *The British Journal of Psychiatry*. 1980;137(5):428-432. doi:10.1192/bjp.137.5.428
4. OHCHR. OHCHR | Declaration on Minorities. 1992. Accessed July 28, 2021. <https://www.ohchr.org/EN/ProfessionalInterest/Pages/Minorities.aspx>
5. Equality Act. C. 15. 2010. Accessed September 6, 2021. <https://www.legislation.gov.uk/ukpga/2010/15/section/1>
6. CQC,. Are we listening? REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES. *Care Quality Commission*. Published online March 2018.
7. Bansal N, Karlsen S, Sashidharan SP, Cohen R, Chew-Graham CA, Malpass A. Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. *PLOS Medicine*. 2022;19(12):e1004139. doi:10.1371/journal.pmed.1004139
8. Devonport TJ, Ward G, Morrissey H, et al. A Systematic Review of Inequalities in the Mental Health Experiences of Black African, Black Caribbean and Black-mixed UK Populations: Implications for Action. *J Racial and Ethnic Health Disparities*. 2023;10(4):1669-1681. doi:10.1007/s40615-022-01352-0
9. Holt B. Barriers and gaps within services which affect Black, Asian and Minority Ethnic access to community Forensic CAMHS. *Journal of Criminal Psychology*. 2022;12(1/2):1-11. doi:10.1108/JCP-02-2021-0004
10. Kapadia D, Zhang J, Salway S, Nazroo J, Booth A. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. *NHS Race and Health Observatory*. Published online 2022:166.
11. BBC. The names and faces of those killed in London. *BBC News*. <https://www.bbc.com/news/uk-43640475>. April 16, 2018. Accessed July 16, 2021.
12. Greater London Authority. The London Knife Crime Strategy. *Mayor of London*. Published online 2017.
13. Crenshaw K. Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *STANFORD LAW REVIEW*. 1991;43(6):1241-1300.

14. Hankivsky O, Jordan-Zachery JS. In: *The Palgrave Handbook of Intersectionality in Public Policy*. Springer International Publishing AG; 2019. Accessed January 29, 2022. <http://ebookcentral.proquest.com/lib/ucl/detail.action?docID=5667407>

15. Collins PH. Intersectionality, Black Youth, and Political Activism. The Oxford Handbook of Global South Youth Studies. doi:10.1093/oxfordhb/9780190930028.013.9

16. Rivas C, Anand K, Wu AFW, et al. Lessons From the COVID-19 Pandemic to Improve the Health, Social Care, and Well-being of Minoritized Ethnic Groups With Chronic Conditions or Impairments: Protocol for a Mixed Methods Study. *JMIR Res Protoc*. 2022;11(7):e38361. doi:10.2196/38361

17. Showunmi V, Tomlin C. *Understanding and Managing Sophisticated and Everyday Racism: Implications for Education and Work*. Lexington Books; 2022.

18. Griffin N, Wistow J, Fairbrother H, et al. An analysis of English national policy approaches to health inequalities: 'transforming children and young people's mental health provision' and its consultation process. *BMC Public Health*. 2022;22(1):1084. doi:10.1186/s12889-022-13473-6

19. Holding E, Crowder M, Woodrow N, et al. Exploring young people's perspectives on mental health support: A qualitative study across three geographical areas in England, UK. *Health Soc Care Community*. 2022;30(6):e6366-e6375. doi:10.1111/hsc.14078

20. DFE. Transforming children and young people's mental health implementation programme: data release May 2023. Published online 2023.

21. NHS. NHS Long Term Plan » The NHS Long Term Plan. 2019. Accessed April 6, 2024. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

22. CQC. Culturally appropriate care - Care Quality Commission. 2024. Accessed April 3, 2024. <https://www.cqc.org.uk/guidance-providers/adult-social-care/culturally-appropriate-care>

23. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Part 3: Section 2. 2014. Accessed April 3, 2024. <https://www.legislation.gov.uk/ukdsi/2014/978011117613/regulation/9>

24. Hays PA. *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy (3rd Ed.)*. American Psychological Association; 2016. doi:10.1037/14801-000

25. Iwamasa G, Hays PA. *Culturally Responsive Cognitive Behavior Therapy: Practice and Supervision / Edited by Gayle Y. Iwamasa and Pamela A. Hays*. Second edition. American Psychological Association; 2019.
26. Hook JN, Davis DE, Owen J, Worthington EL, Utsey SO. Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counselling Psychology*. 2013;60(3):353-366. doi:10.1037/a0032595
27. Tervalon M, Murray-García J. Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*. 1998;9(2):117-125. doi:10.1353/hpu.2010.0233