

A report on the findings and discussions of the Sharing Voices event on Young People and Mental Health, marking World Mental Health Day 2018.

# Young Peoples Mental Health In A Changing World

A report by Sharing  
Voices

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from Osman Gondal

## Acknowledgements

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Our speakers & presenters:

- Alyas Karmani
- Abdullah Maynard
- Sasha Bhatt
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- Sulaiman Hussain

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Our volunteers and partner organisations.

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## Introduction

Young people are growing up in a rapidly and ever changing world in which they are constantly being faced by so many different issues. These include technological change, effects of social media, hate crime, fake news, violence on local streets and around the world, drug abuse, gender issues, cultural identity issues, bullying, family issues and a huge range of other issues that can and are impacting on mental wellbeing.

An event was held by Sharing Voices on the 10<sup>th</sup> October 2018 to mark World Mental Health Day. The theme for 2018 was “Young People and Mental Health in a Changing World.” The aim of the event was to seek to understand what different factors were affecting the mental wellbeing of young people, their experience of services, and how they identified themselves.

The event was publicised throughout the Bradford District to encourage attendance from both professionals and the general public. Professionals working in the field of mental health were invited to present and speak on selected topic areas. Personal stories were also shared by individuals who had faced mental wellbeing difficulties and those who had experience of using mental health services.

Various workshops were also held to invite and encourage discussion around a range of topics including:

- Access to Services
- Safe Spaces
- Self Harm
- Identity and Belonging

The event was well attended with a turnout of over 100 people and received with very good evaluation feedback.

## Keynote Speaker Presentations

### Setting the Context and the Reality for BME Young People

Alyas Karmani

Alyas is the chair of Sharing Voices, an Imam, and a counsellor with over 27 years of experience working with young people in crisis. Alyas has been involved in many different aspects of work including advising television programmes and presenting at international conferences with topics linked to masculinity, young people and mental health. Alyas also has a vast amount of experience advising on a range of policy areas including Equality & Diversity, and was former head of race equality for the Welsh Government Assembly 2004.

Alyas Karmani spoke about young people being in crisis and how the services are failing in the treatment of Children and Young People with Mental Health problems. Alyas stressed on the fact that silence kills and many young people just simply slip through the net. Treatment is focussed on symptoms rather than the whole child or young person. *“There is an increasing mismatch between the need and treatment offered.”*(for the full presentation speech given Alyas, please see Appendix 1).

### Holistic Integrated Therapy – A Young Person Centred Approach

Stephen Maynard

Stephen Maynard is the founder of Stephen Maynard & Associates, a trained counsellor, consultant and educator, working in the public sector and with NGOs. He has worked with a number of central government departments including The Department of Health, The Home Office, The Department of Children, Schools and Families and The Department of Local Government and Communities. He is the founder member of The Lateef Project, unique in offering Islamic counselling as part of mainstream services for the NHS in Birmingham.

Stephen Maynard, spoke about the work of Carl Rogers and the origins of the person centred approach. Within this, he stressed the importance of practitioners appreciating the anguish clients go through in sharing their stories and how practitioners should feel humbled to be in this position.

Stephen then went on to discuss his interpretation of ‘Unconditional positive regard’ to be one of empathy, love and compassion which should arise from the practitioners own experiences. Stephen also discussed the importance of giving clients their required time and space and not standardising procedures. He shared how important he feels continuity of care actually is and how clients who have experienced pro-longed trauma may perhaps require more time and attention, which he believes are essential characteristics in delivering therapeutic services although can be lost after pro-longed therapeutic work. Stephen explained how through these techniques we are able to build healthy resilient societies and break cycles of abuse and neglect.

## Access to Services – A Commissioners Perspective

Sasha Bhatt

Sasha is head of mental health commissioning with the Bradford NHS clinical commissioning groups. She has many years of community engagement and community development experience working to address a range of needs and health issues.

Sasha presented on a range of services already being delivered by the NHS but highlighted the need to make services more accessible for young people and how the NHS is working with partners to consider the needs, options and implement a range of solutions to improve access to services.

## **A Young Persons Perspective**

**Sulaiman Hussain**

Sulaiman is a young individual who shared his personal experience in dealing with services and his mental health difficulties. Sulaiman expressed his concerns and felt that he had been let down statutory services such as CAMHS. He felt alone and isolated until he began to receive support from Sharing Voices (Alyas Karmani). He felt Alyas understood his needs and helped guide him to the confident individual he is now.

## **A Young Persons Perspective**

**“Rebel”**

Rebel talked about her own personal experiences and feeling let down by the services. Her experiences led her to feel isolated and unsupported. She talked about the lack of cultural and individual based support offered by the services and found her own support through friends. Her story was one of treating everyone as an individual not as a collective.

## **Young People and Identity – Research by Sharing Voices**

**Faisal Tariq & Sarah Moghul**

Faisal and Sarah are both Young Peoples Mental Health workers at Sharing Voices. They presented the findings of research that they had done around young people and identity, and also their own experiences and what they had learnt during whilst supporting young people. The findings of the research are detailed later in this document.

## Workshops

Four workshops were held under the following chosen topic areas;

- Access to Services
- Safe Spaces
- Self Harm
- Identity and Belonging

The workshops sought to invite discussion around chosen topic areas, what these meant to young people, what we could learn to inform access service provision and support for young people.

The following questions were asked within the workshops:

### General (Self Harm)

1. What do you understand by self harm?
2. What services are available at the moment to address issue self harm and what's going well?
3. What needs to improve in the service provision?
4. What measures can we take to incorporate cultural awareness in service provision with regards to self harm?
5. How do we build resilience in helping young people to deal with emotional distress?

### General (Safe Spaces)

1. Introduction - What do you understand by safe spaces?
2. What services are available at the moment to address issue safe spaces and what's going well?
3. What needs to improve in the service provision?
4. What measures can we take to incorporate cultural awareness in service provision with regards to safe spaces?

### Access to Services

1. How easy is it for young people from BME backgrounds to access young people's mental health services?
2. What are the barriers to accessing these services?
3. Is there enough information (the right information, in the right places) available?
4. How do we improve access to services?

### Identity and Belonging

1. Is cultural identity important to young people's development?
2. What hinders and promotes a sense of belonging or connection for young people?



3. How can we generate pathways for families and practitioners to work together to support young people's cultural identities?
4. How do we build resilience in terms of Inclusion & Belonging?

## Feedback from Workshops

The following information highlights the discussion points that were collected in various workshops as collected in the notes taken on the flipcharts.

### General (Self Harm)

- Eating disorder
- Release
- Coping mechanism
- Fatal
- Anger
- Frustration
- Can be done positively
- Male self-harm is unheard of
- WRAP
- CAMHS not spoken about
- Schools
- MH first aid training
- Hidden voices
- Sharing voices : schools no specific service
- NO specialist service
- Culturally appropriate training
- Understanding what's self-harm
- Understanding and training parents
- Different perceptions from professionals
- Understanding and training primary schools
- Working together
- Dealing with the route issues
- Identity
- Specialist services
- Speaking about normalising it,
- More joint working
- Less competition
- More collaboration
- Understanding different ethnic values
- Bigger voice
- Make WRAP culturally appropriate
- More knowledge and training
- Hold integration events
- Understanding language differences
- Build in cultural and spiritual needs
- Build self esteem

- Simple conversations
- Social media training ( YP)
- Teaching kids how to be resilient
- Early intervention
- Conversations between parents and children
- Holistic support not just on the child
- Establish safe spaces
- Continuity of support

## Summary of Self Harm

### Perception of Self Harm

- Self harm is seen as a coping mechanism and a way in which to release frustration and anger.
- Young people should be taught alternative 'healthy' coping mechanisms
- This teaching should begin in primary schools

### Services

- There are no specific services which look at self harm
- Early intervention is needed
- Services should work collaboratively and hold simple conversations around the meaning and dangers of self harm
- Services should work holistically with all members of the family in order to establish safe spaces and continuity of support

## Safe Spaces

- Welcome
- Accessible
- Comfortable
- Non-judgemental
- Confidentiality, acceptable behaviour, respect
- Green spaces
- Family friendly spaces
- Credibility and confidence in the space
- 'You are only a stranger once'
- Communication
- Consultation with the community
- Partnerships and collaboration between organisations (formally and informally)
- Options of safe spaces
- Culturally appropriate , gender, faith etc
- Word of mouth
- Positive language for safe spaces
- Formal/informal spaces
- Safe spaces in faith centres/ places of worship
- Should be able to say anything (feel safe to make a disclosure)
- Stigma (shame, guilt, taboos etc)
- Safe places online : Facebook groups etc.
- Address issues around masculinity
- Online and offline space
- Awareness and education, schools, parents and community
- Take the first step
- Normalise young men and safe spaces
- Men should be able to show vulnerabilities
- Able to cry
- Share the pain
- Positive role models
- Finding common grounds

## Summary of Safe Spaces Feedback

### Perception of Self Spaces

- Safe spaces should be accessible for all
- There is a need to develop welcoming family friendly, culturally appropriate safe spaces in consultation with the community.
- There is a specific requirement to develop safe spaces for young men where they can show there vulnerabilities without being judged.
- Young people should have positive role models

## Services

- There are no culturally appropriate safe space services for young people and more is required in this area
- Early intervention is needed
- Services should work collaboratively and hold simple conversations around safe spaces specifically for young people
- Services should work holistically with all members of the family in order to establish safe spaces and continuity of support

## Identity and Belonging

- The need for belonging to someone/somewhere
- Different multiple identities
- Choices, experience and upbringing, early experiences help define an identity
- Contradiction in belonging between school and home (values may be different)
- Cultural differences: what's valued more?
- Young people wear different masks in different circumstances
- Thoughts, ambitions and desires help define a person's identity
- Society is designed to question identity
- Young people have multiple identities
- Young people are told to conform to society to help fit in
- Multiple identities (home, school, work, sports etc)
- There is a requirement for a community connection to help the disconnect and understanding
- Treat people as individuals
- Acceptance of differences
- Parental education
- Talk and listen
- Have a discussion
- Don't impinge values: important to let the youth be
- Young people feel a sense of no belonging
- Lack of understanding from services
- Agencies need to adapt to changing circumstances
- Having choice
- Equality
- Love
- Patience
- Attention
- Not being forced
- Cultural (religious) sensitivities
- Sympathy
- Not being discriminated against
- Non-judgemental

## Summary of Identity and Belonging

### Perception of Identity and Belonging

- Identity is important to every individual
- Most young people are confused as to what is their identity, multiple factors include religion, race, family, cultural background
- An individual's identity is defined by past experiences and each person should be treated as an individual

- Young people need support to bridge the gap between home and life outside of home which includes school
- There is a need for a joint approach to support young between services, schools and parents
- There seems to be a divide and lack of understanding from services: cultural competency training is required

### Services

- There are no specific services which look at identity
- Early intervention is needed
- Services should work collaboratively and hold simple conversations around Identity
- Services should work holistically with all members of the family in order to establish continuity of support.
- There is currently a disconnect between services and the community

## Access to Services

- Schools should signpost and identify
- BME and males are less likely to come through especially on preventative side
- Asking for help – stigma, embarrassment, normalising mental health and what that means?
- How many young people know about MH
- Make topic/help informal/approachable
- Do families know where to go?
- Where do messages come from?
- YP – “I don’t want to get into bother”, “I don’t want to bother or stress out my family”
- Space to talk
- Understanding expectations YP have on them
- Pressure CYP feel to support family
- Building trust in schools, relationship with teachers - feeling betrayed and finding trust in other places (dark help)
- Schools – Vital role to play, main safe spaces.
- Primary school – adult classes, parental involvement classes, sensitive to age.
- Secondary school – parental involvement should continue.
- ACE – Adverse Childhood Experiences. Create these platforms to involve young people and for young people to discuss these.
- Issues are across the sector e.g. GPs have critical role for social prescribing
- Signposting (awareness of what is available e.g. for police)
- Visibility
- Knowledge about services
- Inviting and making it informal
- Context understanding
- Raising awareness
- Starting the conversation
- Long waiting times – exacerbate the situation, debilitating, cant be fixed until 1<sup>st</sup> appointment. Young people are losing patience
- Referral to “someone listening to them”
- Important that they take something positive away from that first interaction

## Summary of Access to Services

### Schools

- There should be more involvement from schools and parents should be kept in the loop and be more involved too.
- Schools are seen as the primary safe space but young people can sometimes feel betrayed and not trust teachers and as result may seek help in other ways some of which may not be useful.



### **Awareness**

- More needs to be done to raise awareness around services and other services such as the police need to know about whats available.

### **Safe Spaces & Access to Services**

- Schools are seen as primary safe spaces but other platforms need to available to discuss sensitive topics and adverse experiences.
- Young people don't want to feel like they are a burden to anyone including family and this may prevent them from accessing support.
- Spaces should be warm and inviting and informal
- Young people need access to, and referral to people that will listen
- Long waiting times make things worse and put young people off
- Their first experience of supportive interaction needs to be positive and not something that will put them off.

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## Young Peoples Research – Results and Analysis

Sharing Voices conducted a survey of 100 young people from BME communities in Bradford. This consisted of 53 females and 47 males and was conducted both face to face and online. The research aimed to determine what identity means to young people, how they identify themselves, what factors impact on identity and what impact this may have on mental wellbeing.

### Examples of Young Peoples Experiences

*“Pre 9/11 growing up identity was never an issue as I felt I was British and I was very much a Yorkshire lad. Fast forward a years to post 9/11 I soon found myself struggling with my own identity being a young British Muslim lad with a beard I often found myself being randomly stopped and searched at airports and harassed. I was asked the daunting question “where are you really from?” This lead to an internal conflict and confusion as I identified myself as British and I was now being questioned. These experiences left me feeling isolated and confused and I felt that I didn’t belong to the Pakistani community as I did not agree with many cultural values and I challenged these based on my religious values and British values. At the same time I made to feel that that I was not British due to by religion and my skin colour because of course “ where am I really from?”.*

*Last month I was in Exeter. I was walking across a bridge having picked up some groceries and found a car horning. As I turned I saw a group of young boys sticking their middle finger up at me. I immediately knew why... I was wearing a head scarf (hijab). It was evident that I was a Muslim. I didn’t take the matter personal as I knew it was down to their ignorance. However, later that evening I found myself contemplating as to whether I should remove my hijab. It would mean people are less hostile towards me, id be less prone to abuse and attack. But it didn’t sit right with me, id be compromising a very big part of who I am. I love wearing the hijab and i feel confident in it. My hijab is a part of my identity. So I decided against it.*

### Identity Crisis

We found that 78% of the young people we spoke to admitted to suffering with some form of identity crisis.

The research reported that there were many reason young people suffered with an identity crisis.

#### The Reasons Young People Struggled With Identity Crisis

Aged 16-24

- Racism
- Unemployment
- Exposed to social media

- 
- Trying to find their own identity while challenging cultural, religious and British values to find the common ground.

### How young people identified themselves

71% of the young people identified themselves as:

- Pakistani
- Indian
- African/ African Caribbean
- Arab
- Mixed Race
- Eastern European
- Bangladeshi
- Other

The remainder 29% identified themselves as British.

### What impact did identity have on young peoples mental wellbeing.

31%  
Felt lost

27%  
Angry

1%  
Wanted

28%  
Alone

### We asked young people if they feel cultural values/ religious values conflict with their British identity.

61% said yes.

### Who do young people reach out for support when you are trying to find your own identity?

22%  
Family

26%  
Social Media

6%

Teachers

7%

Faith Leader

**We asked young people to identify which issues from social media or media would stop them from disclosing their identity to other people.**

21% of young people said there was an over emphasis on Asian grooming gangs which has stopped them from disclosing their identity due to the fear of them being labelled as a groomer.

36% of young people said the constant negative image in the media about British Muslim Made them feel very uncomfortable. Young people said they felt the need to apologise every time A terror attack happened just to prove how British they are by condemning the attacks.

Majority of the young people who we spoke to said they feel they are constantly discriminated against due to their skin colour and faith especially when it came to applying for jobs. This left young people not writing their full names on application form in order to get an interview.

### Summary

From the above research, it is apparent that there is a huge identity crisis amongst young people from BME communities in Bradford. They feel undervalued, confused and in need support of greater support in tackling both emotional and wellbeing needs.

Sharing Voices is aiming to provide training programmes for schools, places of worships and anyone one else in the community who work with young people. The training programmes will consist of

- Young people and cultural conflicts
- Faith, religion and spirituality in light of mental health
- Social media and identity crisis.

## Conclusion

The responses received in the workshops and the research done with young people are consistent with other work done by Sharing Voices. Young people are facing a crisis of wellbeing and struggling with emotional difficulties brought on through a range of factors including identity, social media, opportunity, and access to services.

Young people want to feel wanted, included in society and decision making processes. They want to be listened to and feel valued and for their values to be respected. They want to be treated as an individual and have access to support that meets their needs from a holistic aspect. Young people want to family members and schools to have greater awareness and involvement in their support needs.

The above highlights the deficiencies in current support available for young people, for instance culturally sensitive safe spaces, and the ongoing and growing requirement for effective and available services that meet the needs of young people in a way that is meaningful and engaging for them.

## Recommendations

Sharing Voices makes the following recommendations in providing effective support for young people;

- Choice of services – holistic and culturally sensitive
- Access to services – availability of services in terms of response, engagement and continuation of support i.e. young people require support quickly, for their interaction with the professionals to be more meaningful and to have that ongoing support as and when they need it.
- Involvement – both parental and school involvement required in listening to the young person, being there for their support and to work with each other in giving that support.
- Safe spaces – more safe spaces are required that are culturally sensitive and welcoming

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## Appendix 1 – Presentation by Alyas Karmani

### “Young Peoples Mental Health ” Setting the Context and the reality for BME young people by Alyas Karmani

Young people's mental health in a rapidly changing , dynamic and fluid world is massively under threat and the consequence is the failure of agencies to meet the and ongoing challenge and the mental health needs of young people proactively, through early intervention. This is even more the case for young people from BME backgrounds and given that Bradford is the youngest city in the UK with a large BME youth population this should be a matter of great concern and there is a vital need for all agencies and stakeholders to ensure that they are positioned to meet need and develop the structures to address this need in a holistic and comprehensive way.

Furthermore the devastating impact of 'austerity' imposed by central government has further exacerbated this problem and the support services that are normally available to young people have been decimated. Any proposal for future service investment as has been assured by the current Prime minister and Government needs to ensure that resources are allocated where needs are greatest and in services that do not just provide 'medical model' solutions but true young person centered provision that is preventative and provides the level of support needed early on to prevent serious mental health problems developing; it is therefore vital to increase the funding going to youth services and community and voluntary sector projects that work directly with communities that are at risk. There is also a need to enhance 'peer to peer' support and t empower young people to support other young people more effectively in partnership with mental health agencies. The rhetoric coming from Government needs to reflect the reality o the ground and given that resources will most likely not be available in the future to address young people's needs, despite Government assurances then there is a need to ensure existing agencies use their resources more effectively in particular aligning them towards proactive, early intervention and prevention services and interventions.

*“Don't tone our voices down; Tell them as it is”*

All too often policy papers and strategic plans do not express the full reality of this crises and the profound pain, trauma and distress experienced by young people and hence young people themselves who lack a voice have expressed the need to be listened to without a filter that:

*Medicalised, Pathologised, Sanitised, De-Humanised, Dis-compassionate, Desensitised*

Only by listening and understanding the lived reality of our young people and the impact of this on their mental health can we start to address this crises, a crises in which 1000's of young people across the UK are unable to access specialist services as they do not meet the assessment criterion even despite experiencing mental health distress.

*It's a Crises and NO one Cares , ‘Silence Kills’ “It’s like I was screaming without opening my mouth.”*

It is vital that we have the structures in place to ensure we continue to listen to and respond to the needs of all young people and where they cannot be supported by Mental health teams and CAMHS then we need to ensure that alternative support is provided to them in particular by community based agencies.

*“Slipping through the Net” Such a pathetic, dehumanising term to describe someone who is in deep crises, utter despair and massive pain*

All too often we see young people's lives destroyed and tragic loss of life because they are just no provided the support they need and there has been a failure to identify their crises. Tragically the

rates of self harm, depression are increasing and unfortunately we will see young people taking their lives.

*“DONT TELL THEM” They will think I am.....*

Stigma remains to be an issue and this is compounded by both online and offline bullying creating a hostile environment in which young people feel they cannot talk about their mental health distress and this is even more the case for young men due to construction of their masculinity. We need to ensure that we run projects on 'masculinity and mental health' that target young men in particular and create spaces for them to open up about their mental health problems.

The Facts:

- 75% of those with a mental health condition start developing it before the age of 18
- 7 in 10 young people with a mental health problem haven't had sufficient help at an early age
- 3 children in every class have a diagnosable mental health condition
- Half of all mental health conditions are established before the age of fourteen and early intervention could prevent problems escalating and have major societal benefits.
- Cited in Government Response to the Consultation on Transforming Children and Young Peoples Mental Health Provision: a Green Paper and Next Steps 2018

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. (MHF) Mental Health Foundation 2018

More than 100,000 children aged 14 in the UK are self-harming, Quarter of 14-year-old girls in UK have self-harmed, the Children's Society analysis suggests tens of thousands hurting themselves on purpose

70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

Austerity - The Direct Impact on decimation of services for children, young people and families and direct impact on worsening mental health and underfunded services

### **Tens of thousands of children in England rejected for mental health treatment**

Even with evidence of self-harm many children are turned away

An investigation by the Education Policy Institute (EPI) found that referrals to children's mental health services in England had increased by 26% over the last five years – but nearly one in four of those were rejected, meaning that at least 55,000 children were not accepted for treatment in 2017-18 alone.

*“This bleak picture of vulnerable young people being turned away from specialist mental health services or facing long waiting times for treatment is all too familiar to schools,” Anna Cole of the Association of School and College Leaders.*

*“The reason given in most cases, that the problem is ‘not serious enough’, simply isn't okay. Early intervention is vital when it comes to mental health,” Paul Whiteman, the general secretary of the National Association of Head Teachers*

A quarter of local authorities said they had cut services related to young people's mental and emotional wellbeing.

Among the programmes cut were community-based early intervention services, school-based programmes to support children with mild or moderate mental health difficulties, and counselling and support for vulnerable young people.

Almost 50,000 children and young people a month are being referred, mainly by their GP, for mental health treatment.

Young Minds said the figures underlined the huge demand for help from children and young people who were struggling mentally but were an underestimate of the true scale of need.

Treatment is focused on symptoms rather than the whole child or young person in context; children and young people are left to “get worse before being seen” and there is an;

*“increasing mismatch between need and treatment offered”.*

*“When I went to Camhs I was told what treatment I would get without being asked what I thought, which I found a bit strange. It was a case of like it or lump it.”*

*“Professionals sometimes think they know best and in one sense that’s true, because they’ve done the training – but young people know what works for them,”*

**‘Silent Catastrophe’** Survey of frontline staff finds chronic underfunding and redesign of services to blame; failings in treatment of children and young people with mental health problems; Association of Child Psychotherapists (ACP) 2018

**“Serious and Worsening Crisis”** Trusts are being hollowed out and specialist services are disappearing owing to underfunding and the transformation and redesign of services in recent years. Theresa May has said that improving children and young people’s mental health, and their access to services, was a priority for her government. In November 2017, a green paper was published outlining proposals, such as expanding schools’ role in identifying and helping young people, and a maximum four-week waiting time for starting treatment, though that will be phased in very gradually.

*“Sleepwalking” into a deeper crisis in children’s mental health,*

The charity Barnardo’s warned “after the government’s response to a parliamentary select committee report and green paper failed to promise urgent action to plug “gaping holes” in services. 2018

The World Health Organisation says that mental disorders are inextricably linked to human rights issues, and proven risk factors are almost all symptoms of a failing society.

*Poverty, malnutrition, lack of education, fears of homelessness, bullying, and exposure to violence and discrimination.*

The ‘Triple Whammy’ of BME Mental Health

1. Failure of MH Service Delivery- Misdiagnosis, bias, over-representation, crises intervention, Eurocentric, Medical Model, institutional racism
2. Stigma and Taboo
3. Inequality and Disparity- Racism, Discrimination and Poverty

Triple Whammy - Racial trauma can be triggered by continued racial harassment, being a victim of hate crime, or witnessing said violence and xenophobia

“Racial trauma is experiencing psychological symptoms such as anxiety, hypervigilance to threat, or lack of hopefulness for your future as a result of repeated exposure to racism or discrimination,”

“For some black young men, the first time they get access is in the justice system. If that’s the case, we’re failing them.”

47% of young people responding to a survey of young offender institutions by HM Inspectorate of Prisons reported they were black, Asian or minority ethnic in 2015/16

In Feltham in London it was 70%.

From Rhetoric to Reality ; We need a real radical shift in mental health services that truly invests in early intervention and prevention; the need for the 'Three C's;



- 
- Compassion
  - Connection
  - Continuity

Services that are present and aligned to the lived reality of young people- 3PM to 3 AM and delivered in their 'spaces' in a truly young people centered and culturally Competent way.

*'We're not as far along in the conversation about mental health as we think' Ruth Davidson*

TRAUMA; The chaos and troubled lives of our young people; Unrecognised, overlooked and compounded trauma in your formative years and lack of support and guidance and the The Search for Normality

Young people are also overlooked as carers of adults and parents with serious long term mental health illness:

**Trauma and betrayal** *Surviving their childhood was a hard-won struggle*  
Metha (2017)

*Heavily traumatized in their youth. Their familial environment was terrifying, and the chronic nature of this negativity exacerbated the effects of the neglect and abuse they endured. At the same time, they felt their other parent was helpless and unable to cope with the situation. The lack of parental care in childhood led to hypervigilance and extreme anxiety. Betrayal was also an important theme. Their parents failed to love, nurture, and protect them adequately. This, together with repeated instances of abuse and neglect, made it difficult to develop healthy self-esteem and a sense of self-worth — especially since the inaction of the other parent confused them.*

Children's Experience of Domestic Violence in the Home; Young people don't understand why they are violent yet they have lived and experienced it

If you don't deal with the mental health of young people, the cost to the community is disastrous, never mind the public purse," says Jacqui Dyer, chair of Black Thrive and vice-chair of the England Mental Health Task Force.

The emotional wellbeing of children is just as important as their physical health; Social and Emotional Development in Schools is as important if not more than attainment

### **Young people's mental health: we can build a resilient generation**

Prevention and early intervention could halve the number of people with lifelong mental health problems

Safe Spaces Exit young people from risk

- Neutral & Discrete
- Non-stigmatising
- Not associated with Police and Social Services
- Confidential reporting
- Non-Judgmental
- Supportive
- Understanding their reality
- Local and accessible

Thank You

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