



**Mental Well-Being amongst
Parents and Carers from
Minoritised and Marginalised
Ethnic Backgrounds**

A Rapid Evidence Review

November 2024

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1. Introduction

This is a rapid evidence review of the literature relating to the mental well-being of parents and carers from minoritised and marginalised ethnic backgrounds.[1]

We use the term minoritised, in this case racial or ethnic minoritisation, to reflect how communities, such as those from Black and Asian backgrounds, are actively minoritised by others through a process shaped by power and hegemony rather than naturally existing as a minority purely due to demographics (Gunaratnam, 2005). We define marginalisation, in this case racial/ethnic marginalisation, as the process involving multiple forms of exclusion including lower participation in education, the formal labour force and healthcare commonly leading to worse outcomes in related indicators (MacKintosh, 2006). The review will be considering research on the experiences of minoritisation and marginalisation due to race of ethnicity. These social processes are in turn are likely to reflect experiences of parents and carers from said communities. However, it's still important to note that the degree of marginalisation will vary as a functions of parents and carers' other identities such as socioeconomic status or the extent to which they or their young person has complex or additional needs.

In this review, we employ the term mental well-being a concept closely related to and emergent of positive psychology approaches (Vazquez et al, 2009). It builds upon the traditional understanding of mental health, which has often solely focused on striving for the absence or reduction of mental ill health without considering the importance of developing positive dimensions of mental health such as a sense of life purpose, contentment and pleasant relationships (Gautam et al, 2024).

The review was conducted by Coram for an evaluation of the Community-Based Mental Health and Emotional Well-Being Support Pilot funded by the London Mayor's Violence Reduction Unit and the Major's Office for Policing and Crime (MOPAC). The methodology can be found on page 9.

The project included an evaluation of Midaye's[2] Hope Project and Groundwork's Strengthening Families,[3] two London-based grassroots mental well-being and family support programmes aiming to improve the well-being of parents and carers from minoritised and marginalised ethnic backgrounds who also live in areas affected by high and sustained levels of violence.

The programmes offer a mix of individual and family therapy, peer support groups and workshops/information sessions to improve familiarity of local services. Service users were predominately of Black African, Caribbean or North African/Muslim backgrounds hence the focus on those communities in areas of the review. Further details about the evaluation can be found in the main evaluation report, in addition to a best practice briefing.

The behaviour and outcomes of any individual are largely influenced by the environment they grow up in (Luby et al, 2021). With the understanding that the mental well-being of parents and carers significantly influences the children and young people they care for, it's important to understand risk factors for low mental well-being to target parents and carers most in need of preventative interventions and to reduce barriers to seeking support.

This review is for practitioners, policymakers and researchers who work with families from minoritised and marginalised ethnic backgrounds but is likely to be relevant for those whose work is related to mental health and well-being.

The review looks at (1) risk factors for poorer mental health outcomes within minoritised and marginalised ethnic communities, (2) barriers to effective treatment of mental health issues and (3) the efficacy of mental health interventions/services for individuals and their families and (4) implications of the review for research, practice and policy.

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[1] There is a lack of consensus within social research on how to describe the UK's ethnic minority communities. This term is preferred by the Violence Reduction Unit and emphasises communities' experiences of both minoritisation and marginalisation as a result of their experiences of historical and ongoing injustices. For the sake of brevity, the term minoritised and marginalised communities is used for the rest of the review.

[2] <https://www.midaye.org/>

[3] <https://thenestsouthwark.org.uk/strengthening-families/>

Risk factors for poorer mental health outcomes in minoritised and marginalised communities

Some research suggests that those from marginalised or minoritised backgrounds are at a higher risk of poorer mental health outcomes than the general population (Moore et al, 2019; Linney et al, 2020). Many environmental risk factors are more prevalent in marginalised communities, and therefore affect parents and carers from these communities more in comparison to White British parents and carers (Social Metrics Commission, 2023; Stack and Meredith, 2017).

Additionally, the experience of racism has been found to contribute to mental health problems (Wallace et al, 2016; Hackett et al, 2020). For example, one study finds an association between Islamophobia and poor mental health by Samari and colleagues (2018), which the authors attribute to the negative impact of discrimination associated with being perceived as Muslim. Furthermore, research from the UK Millennium Cohort Study (Becares et al, 2015) finds a strong association between maternal and family experiences of racial discrimination and a worsening in mother's mental health, which in turn had an impact on children's socioemotional development. This again outlines how risk factors for poorer mental well-being are more prevalent for caregivers from minoritised and marginalised backgrounds and the direct impact this can have on their children.

Barriers to access and support for mental health issues for minoritised and marginalised ethnic parents and carers

Some research suggests racial inequality in access to mental health support services. For example, those from minoritised and marginalised backgrounds experience longer waiting times for assessment and treatment on average and are less likely to receive treatment after being assessed compared to White British people (NHS Race and Health Observatory, 2023).

Our review identified three broad barriers to accessing mental health support for minoritised and marginalised communities as a whole which in turn will go on to impact parents and carers from these communities: (1) racial discrimination, (2) a lack of cultural competency and (3) cultural differences in attitudes to mental health.

Racial discrimination

Some studies, including a systematic review suggests that those from minoritised and marginalised ethnic backgrounds experience racism, for example in the form of **negative stereotyping** due to being from certain backgrounds, when accessing mental health services (Prajapati and Liebling, 2021).

Evidence also suggests discrimination in the form of **lower involvement in decision-making** (Lawrence et al, 2021) and sensing that healthcare professionals did not believe or take their accounts seriously due to their background (Bansal et al, 2022). Moreover, racial/religious discrimination has been found to contribute to a culture of mistrust within many communities, for example, Sri Lankan, Indian and Somali communities (Loewenthal et al, 2012) and those from Afro-Caribbean backgrounds (Memon et al, 2016) towards mental health services, which in turn reduces engagement.

Lack of or low cultural competency by services

Cultural competency refers to a practitioner's capacity to deliver a service to those from a range of ethnic backgrounds following a meaningful understanding of different cultures' histories, knowledge systems and ways of life (Ogundare, 2020). A **lack of cultural competence** might look like overlooking the provision of language translators for those for, which English is not their first language, or assigning male doctors to female patients from backgrounds where mixed-gender interactions amongst non-relatives would be considered taboo. Both have been cited as barriers for minoritised and marginalised mothers to accessing mental health support (Sambrook Smith et al, 2018; Watson et al, 2019).

Attitudes

Some studies have outlined how **cultural differences** in how mental health is perceived may further discourage parents/carers from seeking support due to the stigma associated with experiencing mental health issues. For example, in some cultures, those with mental health issues are seen as inferior and a risk to others (Sewilam et al, 2015; Zolezzi et al, 2018; Linney et al, 2020).

Some research links mental health **stigma** to lower amounts of mental health literacy, which can result in misconceptions surrounding mental health. For example, a 2023 systematic review of studies exploring help-seeking behaviours across the Middle East relates the consequences of negative perceptions towards mental health to a lack of awareness and knowledge of what poor mental health may look like (Elshamy et al, 2023:14).

Research also points to issues around stigma and other characteristics which may result in lower access and engagement with support services. One of the key barriers is gender roles (Warfa et al, 2012; Nandi and Platt, 2023; Memom et al, 2016).

Fathers may struggle to open up about mental health issues due to traditional cultural norms about masculinity being at odds with emotional vulnerability, which discourages help-seeking behaviour (Pote et al, 2019). Moreover, with the mother predominately occupying the primary caregiver role, it's not uncommon for parenting support services to be female-majority spaces, which can be uncomfortable for some fathers (Mytton et al 2014). For example, in some Black Caribbean communities, the stigma surrounding women experiencing mental health issues is related to their expected gender roles as exemplified by the following:

"I do think that Black people get depression, but I don't think we're allowed to have depression. I think it's quite a matriarchal society and therefore you've got to cope. You've got to sort your family out, and so therefore you are not allowed to be depressed." (Watson et al, 2019: 8)

Efficacy of mental health interventions and services

This section briefly summarises the research on the effectiveness of some of the well-being interventions available to parents and carers from minoritised and marginalised backgrounds.

A range of interventions are available to parents and carers, and not just from minoritised and marginalised backgrounds, to improve their well-being.

One of the main interventions available is **individual psychological therapies or talking therapies** such as Cognitive Behavioural Therapy (CBT).[4] The evidence base for the high efficacy of talking therapies' ability to improve a range of mental health issues and general mental well-being is strong (Clark, 2023). Evidence also suggests improved outcomes for minoritised and marginalised ethnic groups albeit with continued inequalities in recovery outcomes (NHS Race and Health Observatory, 2023). The significance of the relationship between ethnicity and recovery outcomes disappears after controlling for local area deprivation and long-term health condition status suggesting that these factors partly explain the disparity.

Family-focused interventions, namely **family or couples therapy** - a type of psychotherapy that helps family members improve their relationships and behaviours – are also extensively used in the UK, particularly for supporting parents' and carers' well-being but also to promote positive child development (Asmussen et al, 2022). Some positive outcomes for young people within the family from family-focused interventions include reductions in anti-social behaviour, school attendance, communication across the family and adolescent substance abuse (McConnell and Kubina Jr., 2014; Stamou et al, 2015; Stratton, 2016).

Within this rapid review, we did not find large scale, high quality evaluative research on family interventions specifically for parents and carers from minoritised and marginalised ethnic backgrounds within the UK for child and caregiver outcomes. However, some evidence finds that family interventions can be particularly effective for families with minoritised and marginalised ethnic backgrounds on outcomes such as truancy (Bartholomay and Houlihan, 2014).

Another intervention found in the literature for improving mental well-being was **peer support groups**. Much of the research surrounding peer support networks for parents and carers focuses on interventions for those who have children with complex needs such as severe mental and behavioural issues, developmental disabilities or who have been assessed as neurodivergent (e.g. ADHD). However, research has observed benefits such increases in perceived social network and support (January et al, 2016), reducing feelings of distress and increasing overall wellbeing (Lancaster et al, 2023) development of resilience (Chakraborti et al, 2021). Whilst not much research on peer support groups exclusively for parents and carers from marginalised and minoritized backgrounds exists in the evidence base, some studies report of notable benefits from these type of support networks amongst these communities for stress, isolation and confidence in themselves and their competency as parents in mothers as well as fathers (McLeish and Redshaw, 2017; Lanier et al, 2019)

Overall we found limited robust research on interventions designed specifically for minoritised and marginalised communities in the UK, particularly for parents and carers. However, some evidence points to the effectiveness of interventions linked to faith and religion.

For example:

- A systematic review found some interventions delivered through churches by faith leaders in African American communities increased mental health awareness and reduced stigma (Codjoe et al, 2021). Interventions ranged from workshops and training programmes to congregation meetings
- An exploratory randomised control trial study finding that an intervention tailored with the aims of greater cultural sensitivity to its target group - for example, some of the sessions were on faith and spirituality with the programme being delivered in the preferred language of the cohort of South Asian mothers - showed a reduction in depression for those that attended multiple sessions (Husain et al., 2023).
- A review of case studies showed that mental health services designed or adapted for black, Asian and minority ethnic communities within the UK produced positive mental health outcomes for adults including in anxiety, a small but meaningful reduction in stigma and an increase in self-confidence including confidence in mental health literacy (Vahdaninia et al, 2020).
- An evaluation of the impact of parenting programmes rooted in Islamic principles for Muslim families found a drop in parental depression, anxiety and stress as well as ineffectual parental discipline practices (Thomsom et al., 2018). The programme framed content around Quranic principles such as the importance of fostering positive relationships, the pursuit of knowledge as a parent and how to develop steadfastness. The programme was also accompanied by positive changes in child behaviour including increased prosocial behaviour and a reduction in peer-to-peer conflict.

Implications for policy, practice and research

Given this was not a systematic review of literature relating to mental well-being in minoritised and marginalised parents and carers, the implications and recommendations set out below should be treated with caution and as areas for further review, and/or research. We recommend reading it alongside our main evaluation report and best practice briefing.

Policy

Research suggests that immigration policy reforms and other related policies over the last two decades have played a role in perpetuating discrimination and stigma towards not just migrant communities but also wider minoritised and marginalised communities as a whole thereby exacerbating mental health inequalities and potentially reducing engagement with public services (Moore et al, 2018; Taylor, 2018; Jeffery et al, 2024).

This stresses the need for policy development to be mindful of the potential exacerbation of inequalities in mental well-being. One tangible way to achieve this would be the continued and expanded use of equality impact assessments (IAs) [5] of the impact of policies on different communities. For example, the 'equalities impact assessment of the compliant environment'[6] partly recognised the disproportionate impact the set of policies had on minoritised and marginalised communities. The research highlights the importance of processes such as equalities impact assessments being standard practice when enacting policy reforms and where there is evidence of racial inequality in policies, preventative actions being identified and implemented.

[5] Impact Assessments are a part of the government's decision making process when drafting bills or making changes in policy implementation that may have a significant impact on business, voluntary organisations or the environment. Equality impact assessment is drafted when there are potential implications for people with protected characteristics.

[6] <https://www.gov.uk/government/publications/compliant-environment-overarching-equality-impact-assessment/compliant-environment-overarching-equality-impact-assessment-accessible>

[4] Previously known as IAPT (Improved Access to Psychological Therapies)

A policy implication from the research considered, specifically for the Department of Health and Social Care (DHSC), would be greater investment in media campaigns normalising experiences of mental distress and promoting help-seeking behaviours to potentially reduce stigma. Based on the findings of studies featured in this rapid evidence review, such campaigns would likely be more effective if actors from a wide range of ethnic backgrounds were featured. It would also be important to prioritize communicating what services users are entitled to from public health services e.g. that they can request a translator if English is not their first language.

Practice

The research summarised also provided insights into key practice principles for services that support the mental well-being in marginalised and minoritized communities. To begin culturally competent practice has been alluded to throughout this review as foundational to facilitating engagement with minoritised and marginalised communities. Further examples include mental health education programmes delivered with content that is relevant and meaningful to the community the service provider aims to support and aligning interventions with a community's cultural and religious values, especially when they differ from the dominant or majority culture, for example, maintaining single-sex spaces in the context of the UK, particularly for its' Muslim communities (Reupert et al, 2021; Scourfield and Nasiruddin, 2015). This and other culturally contextualised practices were considered effective practice in our evaluation of the Midaye Hope Project.

Trauma-informed care, a practice beneficial for all communities, often goes hand in hand with culturally competent practice (Butler et al, 2011; Ranjbar et al, 2020). For example, Bansal et al (2022) speak to how the trauma-informed element of therapeutic practice was pointed out by refugee service users as particularly valuable.

As a consequence, practitioners are often aware of and careful to avoid recreating traumatic experiences such as dynamics of marginalisation or oppression when interacting with parents and carers.

To support this, evidence emphasizes the importance of training and practice guidance along with funding to maintain regular training and practice support as well for review the efficacy of workplace development.

Further service-level changes suggested by the evidence reviewed include building community outreach and co-production into the strategy of mental health services and interventions aiming to target specific communities (Linney et al, 2020; Bansal et al, 2022). This was again a core component of both Groundwork's Strengthening Families and Midaye's Hope Project.

Research from the 2023 NHS Race and Health Observatory report finds that effective outreach to underserved populations can be lacking within some areas of mental healthcare. The report found that only half the clinical leads and commissioners of 'Improving Access to Psychological Therapies' services in England felt their hospitals/trusts did specific and targeted outreach work with communities at risk of marginalisation. Examples of meaningful outreach include allowing time for relationship building to develop trust and engaging with the faith sector to target families with religious backgrounds within minoritised and marginalised communities (Linney et al, 2020; Codjoe et al, 2021).

Holistic treatments such as social prescribing^[7] have been suggested as a way of acknowledging the role factors such as racism and related forms of exclusion can play in the lives and well-being of minoritised and marginalised communities (Prajapati and Liebling, 2021). This supports the move away from individualistic conceptions of mental health which can have limitations in supporting recovery (Price-Robertson et al, 2016)

Finally research by young people with lived experience indicates that it may also be helpful to engage with a complex identity framework^[8], which outlines how acknowledging the complexity of one's identity, be it interpersonally or in interaction with statutory organisations, is central to well-being and particularly important for young people operating in blended situations and families. Future practitioner guidance and training can be adapted to acknowledge how the complex identities of some minoritised and marginalised ethnic communities, especially those with migrant backgrounds, may influence the nature of the care offered to them.

Research

The review also revealed gaps in the evidence base. Overall, high-quality and large-scale research for the efficacy and acceptability of mental health interventions, including family-based ones, designed or tailored to parents and carers from minoritised and marginalised ethnic backgrounds within the UK is lacking.

Much of the research included in the section exploring the efficacy of services and interventions used relatively small samples. For example, an understanding of the barriers and facilitators for fathers, particularly fathers from low socioeconomic backgrounds, to engage in mental health services is limited (Prajapati and Liebling, 2021). There is also limited research on the extent to which peer to peer support groups can act as a protective factor against the challenges that young parents experience such as negative self and societal perceptions and financial strain especially with the potential for support systems to be cultivated in digital spaces (Erfini et al, 2019).

Furthermore, research is needed to ascertain the efficacy of programmes/campaigns aiming to reduce barriers such as stigma in minoritised and marginalised communities (Elshamy et al, 2023). Bansal (2022) suggests the need for evidence into the processes of service co-production in mental health services such as the individual and systemic obstacles to authentic coproduction/design.

Prajapati and Liebling (2021) highlight that the views of children and adolescents are often not represented in the evidence base regarding access to mental health services. Young people and children can be a valuable conduit to understanding more about the mental well-being of parents and carers, especially older generations, tend to hold more stigmatizing attitudes towards some mental health issues compared to younger generations likely creating a lessened willingness to open up about one's mental state, particularly to a researcher (Pescosolido et al, 2021).

[7] Social prescribing is an intervention which links service users community support and leisure or cultural activities e.g. a gardening group (Linney et al, 2020).

[8] The complex identity framework was developed by Coram's Youth Insight Researcher's Anthony Lynch and Zoe Lambert. It outlines the experiences of those who have multiple identities within social categories e.g. ethnicity, family or nationality. Their papers exploring the concept can be found here: <https://www.coram.org.uk/what-we-do/our-work-and-impact/youth-insight/>

2. Conclusion

This evidence review summarised the research on the need to support the mental health of those from minoritised and marginalised ethnic groups who in many cases will experience poorer mental health and healthcare support. Some of the factors considered for this include racial discrimination, a lack of or low cultural competence on the part of services and stigma within minoritised and marginalised communities discouraging engagement with mental health services.

This paper also brought together research from the review on interventions, which have shown promise for improving the well-being of parents/carers from minoritised and marginalised communities. It also sets out implications of the research for policy, practices and further research.

Read alongside our main evaluation report and best practice briefing, this review gives clear avenues for better policy and practice to support parent and carers from minoritised and marginalised ethnic groups to access mental wellbeing services and support. It has also highlighted a number of avenues in the evidence base which Coram will be looking to fill as it develops its research programme as part of the Coram Institute for Children.

3. Methodology

This review aimed to answer the following research questions:

1. How does the mental well-being of minoritised and marginalised communities compare to the general population?
2. What are the barriers to effective treatment of mental health issues for those communities?
3. What is the efficacy of mental health interventions/services for individuals and their families?
4. What are the implications of the research considered for policy, practice and research?

The review used a combination of Google Scholar and the regular Google search engine to search for relevant literature using the following search terms:

- Racism and mental health
- Mental health services ethnic minority communities UK OR black OR muslim OR migrant OR Asian OR ethnic minority OR racial minority
- Mental health services parent and carers ethnic minority communities UK OR black OR muslim OR migrant OR Asian OR ethnic minority OR racial minority
- Islamophobia mental health UK
- Mental health stigma ethnic minorities communities OR black OR muslim OR migrant OR Asian OR ethnic minority OR racial minority
- Mental health stigma Muslim majority communities
- Racial discrimination outcomes
- Loneliness ethnic minorities UK OR black UK OR muslim UK OR migrant UK OR Asian UK OR racial minority UK
- Risk factors youth violence
- Risk factors youth criminal behaviour
- Peer support groups AND parents and carers OR parents
- Mental health intervention AND parents and carers OR parents OR carers

The review of the literature took place between January to October 2024. To ensure the relevance of the sources reviewed, only research published from 2010 onwards and written in English was included. Sources identified through this search were then searched for further relevant sources in their reference lists as well as a reverse search for research papers they were cited in. These sources can be found in the Bibliography. In total, the review included 49 sources that were relevant to the evaluation report, 31 of which were UK-focused. Nine of the 15 that were not exclusively UK-based contained studies from across the world with the UK being well represented amongst them. The rest were either entirely American, entirely Middle Eastern-based or did not specify the country of origin of the studies included/participants.

4. Bibliography

- Abdullahi, S.B. and Wei, L. (2021). Living with diversity and change: intergenerational differences in language and identity in the Somali community in Britain. *International Journal of the Sociology of Language*, 2021(269), pp.15–45. doi:<https://doi.org/10.1515/ijsl-2020-0007>.
- Asmussen, K., Waddell, S., Molloy, D. and Moore, I., 2022. What works to improve the lives of England's most vulnerable children: A review of interventions for a local family help offer. London: Early Intervention Foundation.
- Bansal, N., Karlsen, S., Sashidharan, S.P., Cohen, R., Chew-Graham, C.A. and Malpass, A., 2022. Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography. *PLoS Medicine*, 19(12), p.e1004139.
- Bartholomay, E.M. and Houlihan, D.D., 2014. A review of absenteeism and truancy: Interventions and universal procedures. *Behavior Analysis in Practice*, 7, pp.151-153.
- Bécares, L., Nazroo, J. and Kelly, Y. (2015). A longitudinal examination of maternal, family, and area-level experiences of racism on children's socioemotional development: Patterns and possible explanations. *Social Science & Medicine*, [online] 142, pp.128–135. doi:<https://doi.org/10.1016/j.socscimed.2015.08.025>.
- Butler, L.D., Critelli, F.M. and Rinfrette, E.S., 2011. Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), pp.197-212.
- Cabinet Office (2018). Race Disparity Audit. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/race-disparity-audit>.
- Chakraborti, M., Gitimoghaddam, M., McKellin, W.H., Miller, A.R. and Collet, J.P., 2021. Understanding the implications of peer support for families of children with neurodevelopmental and intellectual disabilities: A scoping review. *Frontiers in public health*, 9, p.719640.
- Clark, D.M., 2018. Realizing the mass public benefit of evidence-based psychological therapies: the IAPT program. *Annual review of clinical psychology*, 14(1), pp.159-183.
- Carr, A. (2018). Family therapy and systemic interventions for child-focused problems: the current evidence base. *Journal of Family Therapy*, 41(2), pp.153–213. doi:<https://doi.org/10.1111/1467-6427.12226>.
- Children, violence and vulnerability 2022: A Youth Endowment Fund report into young people's experiences of violence. (2022). [online] Youth Endowment Fund. Available at: <https://youthendowmentfund.org.uk/wp-content/uploads/2022/10/YEF-Children-violence-and-vulnerability-2022.pdf> [Accessed 23 Jan. 2024].
- Codjoe, L., Barber, S., Ahuja, S., Thornicroft, G., Henderson, C., Lempp, H. and N'Danga-Koroma, J., 2021. Evidence for interventions to promote mental health and reduce stigma in Black faith communities: systematic review. *Social psychiatry and psychiatric epidemiology*, 56, pp.895-911.
- Darwin, Z., Galdas, P., Hinchliff, S., Littlewood, E., McMillan, D., McGowan, L. and Gilbody, S., 2017. Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. *BMC pregnancy and childbirth*, 17(1), pp.1-15.
- Elshamy, F., Hamadeh, A., Billings, J. and Alyafei, A., 2023. Mental illness and help-seeking behaviours among Middle Eastern cultures: A systematic review and meta-synthesis of qualitative data. *Plos one*, 18(10), p.e0293525.
- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S. and Ismail, D., 2019. Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International journal of nursing sciences*, 6(2), pp.221-228.
- Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT). (2023). [online] NHS Race and Health Observatory . Available at: <https://www.nhsrho.org/research/ethnic-inequalities-in-improving-access-to-psychological-therapies-iapt/>.
- Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M. and Grover, S., 2024. Concept of mental health and mental well-being, it's determinants and coping strategies. *Indian Journal of Psychiatry*, 66(Suppl 2), pp.S231-S244.
- Gunaratnam, Y., 2005. Researching 'Race' and Ethnicity. *Methods, knowledge and power. Diversity and Equality in Health and Care*, 2(1)
- Hackett, R.A., Ronaldson, A., Bhui, K., Steptoe, A. and Jackson, S.E., 2020. Racial discrimination and health: a prospective study of ethnic minorities in the United Kingdom. *BMC public health*, 20(1), pp.1-13.
- Husain, N., Lunat, F., Lovell, K., Sharma, D., Zaidi, N., Bokhari, A., Syed, A., Tomenson, B., Islam, A., Chaudhry, N. and Waheed, W., 2023. Exploratory RCT of a group psychological intervention for postnatal depression in British mothers of South Asian origin–ROSHNI-D. *Acta Psychologica*, 238, p.103974.
- Kennedy, L., Field, O. and Barker, K. (2019). Barriers to belonging: An exploration of loneliness among people from Black, Asian and Minority Ethnic backgrounds. British Red Cross.
- January, S.A.A., Duppong Hurley, K., Stevens, A.L., Kutash, K., Duchnowski, A.J. and Pereda, N., 2016. Evaluation of a community-based peer-to-peer support program for parents of at-risk youth with emotional and behavioral difficulties. *Journal of Child and Family Studies*, 25, pp.836-844.
- Jeffery, A., Gascoigne, C., Dykxhoorn, J., Blangiardo, M., Geneletti, S., Baio, G. and Kirkbride, J.B., 2024. The effect of immigration policy reform on mental health in people from minoritised ethnic groups in England: an interrupted time series analysis of longitudinal data from the UK Household Longitudinal Study cohort. *The Lancet Psychiatry*, 11(3), pp.183-192.
- Jidong, D.E., Husain, N., Roche, A., Lourie, G., Ike, T.J., Murshed, M., Park, M.S., Karick, H., Dagona, Z.K., Pwajok, J.Y. and Gumber, A., 2021. Psychological interventions for maternal depression among women of African and Caribbean origin: a systematic review. *BMC women's health*, 21, pp.1-14.
- Jukes, L.M., Di Folco, S., Kearney, L. and Sawrikar, V., 2024. Barriers and facilitators to engaging mothers and fathers in family-based interventions: a qualitative systematic review. *Child Psychiatry & Human Development*, 55(1), pp.137-151.
- Lancaster, K., Bhojti, A., Kern, M.L., Taylor, R., Janson, A. and Harding, K., 2023. Effectiveness of peer support programmes for improving well-being and quality of life in parents/carers of children with disability or chronic illness: A systematic review. *Child: Care, Health and Development*, 49(3), pp.485-496.
- Lanier, P., Frey, J., Smith, Q. and Chung, G., 2019. A quasi-experimental study of a peer support group to enhance protective factors for fathers of children in Head Start. *Journal of Child and Family Studies*, 28, pp.1558-1570.
- Lawrence, V., McCombie, C., Nikolakopoulos, G. and Morgan, C., 2021. Ethnicity and power in the mental health system: experiences of white British and black Caribbean people with psychosis. *Epidemiology and Psychiatric Sciences*, 30, p.e12.
- Lawton, L., McRae, M. and Gordon, L., 2021. Frontline yet at the back of the queue–improving access and adaptations to CBT for Black African and Caribbean communities. *The Cognitive Behaviour Therapist*, 14, p.e30.

- Linney, C., Ye, S., Redwood, S., Mohamed, A., Farah, A., Biddle, L. and Crawley, E. (2020). 'Crazy person is crazy person. It doesn't differentiate': an exploration into Somali views of mental health and access to healthcare in an established UK Somali community. *International Journal for Equity in Health*, 19(1). doi:<https://doi.org/10.1186/s12939-020-01295-0>.
- Loewenthal, D., Mohamed, A., Mukhopadhyay, S., Ganesh, K. and Thomas, R., 2012. Reducing the barriers to accessing psychological therapies for Bengali, Urdu, Tamil and Somali communities in the UK: some implications for training, policy and practice. *British Journal of Guidance & Counselling*, 40(1), pp.43-66.
- Luby, J.L., Rogers, C. and McLaughlin, K.A., 2022. Environmental conditions to promote healthy childhood brain/behavioral development: Informing early preventive interventions for delivery in routine care. *Biological psychiatry global open science*, 2(3), pp.233-241.
- Luhrmann, T.M., Padmavati, R., Tharoor, H. and Osei, A., 2015. Hearing voices in different cultures: A social kindling hypothesis. *Topics in cognitive science*, 7(4), pp.646-663.
- McConnell, B.M. and Kubina, R.M. (2014). Connecting With Families to Improve Students' School Attendance: A Review of the Literature. *Preventing School Failure: Alternative Education for Children and Youth*, 58(4), pp.249-256. doi:<https://doi.org/10.1080/1045988x.2013.821649>.
- McIntosh, T., 2006. Theorising marginality and the processes of marginalisation. *AlterNative: An international journal of indigenous peoples*, 2(1), pp.44-65.
- Masood, Y., Lovell, K., Lunat, F., Atif, N., Waheed, W., Rahman, A., Mossabir, R., Chaudhry, N. and Husain, N., 2015. Group psychological intervention for postnatal depression: a nested qualitative study with British South Asian women. *BMC women's health*, 15, pp.1-8.
- Maxwell, N. and Corliss, C., 2020. Good practice in youth violence prevention: A mapping and horizon scanning review.
- McLeish, J. and Redshaw, M. (2017). Mothers' accounts of the impact on emotional well-being of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy and Childbirth*, [online] 17(1). doi:<https://doi.org/10.1186/s12884-017-1220-0>.
- Memon, A., Taylor, K., Mohebati, L.M., Sundin, J., Cooper, M., Scanlon, T. and De Visser, R., 2016. Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ open*, 6(11).
- Measuring Poverty 2023. (2023). [online] Social Metrics Commission. Available at: <https://socialmetricscommission.org.uk/wp-content/uploads/2023/12/SMC-2023-Report-Web-Hi-Res.pdf>.
- Moore, L., Jayaweera, H., Redshaw, M. and Quigley, M. (2019). Migration, ethnicity and mental health: evidence from mothers participating in the Millennium Cohort Study. *Public Health*, 171, pp.66-75. doi:<https://doi.org/10.1016/j.puhe.2019.03.022>.
- Mytton, J., Ingram, J., Manns, S. and Thomas, J., 2014. Facilitators and barriers to engagement in parenting programs: A qualitative systematic review. *Health Education & Behavior*, 41(2), pp.127-137.
- Nandi, A. and Platt, L., 2023. Gender, immigration and ethnicity. Institute for Fiscal Studies, p.1.
- Office for National Statistics (ONS)(2019) 'Domestic Abuse Victim Characteristics, England and Wales: Year Ending March 2019'. Retrieved December 21, 2021, from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019#ethnicity>.
- (ONS) Office for National Statistics, released 10 May 2023, ONS website, article, Families in England and Wales: Census 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/articles/familiesinenglandandwales/census2021#cite-this-article> (Accessed: 23 January 2024)
- Ogundare, T., 2020. Culture and mental health: Towards cultural competence in mental health delivery. *Journal of Health and Social Sciences*, 5(1), pp.023-034.
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K. and Leckman, J.F., 2014. Practitioner review: engaging fathers—recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of child psychology and psychiatry*, 55(11), pp.1187-1212.
- Pescosolido, B.A., Halpern-Manners, A., Luo, L. and Perry, B., 2021. Trends in public stigma of mental illness in the US, 1996-2018. *JAMA network open*, 4(12), pp.e2140202-e2140202.
- Pote, I., Doubell, L., Brims, L., Larbie, J., Stock, L. and Lewing, B., 2019. Engaging disadvantaged and vulnerable parents: An evidence review. Early Intervention Foundation, pp.1-93.
- Prajapati, R. and Liebling, H., 2021. Accessing mental health services: a systematic review and meta-ethnography of the experiences of South Asian Service users in the UK. *Journal of Racial and Ethnic Health Disparities*, pp.1-22.
- Price-Robertson, R., Obradovic, A. and Morgan, B., 2017. Relational recovery: beyond individualism in the recovery approach. *Advances in Mental Health*, 15(2), pp.108-120.
- Public Health England (2019). Mental health: environmental factors. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/2-understanding-place>.
- Ranjbar, N., Erb, M., Mohammad, O. and Moreno, F.A., 2020. Trauma-informed care and cultural humility in the mental health care of people from minoritized communities. *Focus*, 18(1), pp.8-15.
- Reupert, A., Gladstone, B., Helena Hine, R., Yates, S., McGaw, V., Charles, G., Drost, L. and Foster, K. (2020). Stigma in relation to families living with parental mental illness: An integrative review. *International Journal of Mental Health Nursing*, 30(1). doi:<https://doi.org/10.1111/inm.12820>.
- Rt Hon. Professor OM KBE FRS FMedSci HonFREng, L.D. (2024). Independent Investigation of the National Health Service in England. [online] GOV.UK. Department of Health and Social Care. Available at: <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>
- Samari, G., Alcalá, H.E. and Sharif, M.Z. (2018). Islamophobia, health, and public health: A systematic literature review. *American Journal of Public Health*, [online] 108(6), pp.e1-e9. doi:<https://doi.org/10.2105/ajph.2018.304402>.
- Sambrook Smith, M., Lawrence, V., Sadler, E. and Easter, A. (2019). Barriers to Accessing Mental Health Services for Women with Perinatal Mental illness: Systematic Review and meta-synthesis of Qualitative Studies in the UK. *BMJ Open*, 9(1). doi:<https://doi.org/10.1136/bmjopen-2018-024803>.
- Scourfield, J. and Nasiruddin, Q., 2015. Religious adaptation of a parenting programme: process evaluation of the Family Links Islamic Values course for Muslim fathers. *Child: care, health and development*, 41(5), pp.697-703.
- Sewilam, A.M., Watson, A.M., Kassem, A.M., Clifton, S., McDonald, M.C., Lipski, R., Deshpande, S., Mansour, H. and Nimgaonkar, V.L., 2015. Suggested avenues to reduce the stigma of mental illness in the Middle East. *International Journal of Social Psychiatry*, 61(2), pp.111-120.
- Stack, R.J. and Meredith, A., 2018. The impact of financial hardship on single parents: An exploration of the journey from social distress to seeking help. *Journal of family and economic issues*, 39, pp.233-242.
- Stamou, E., Edwards, A., Daniels, H. and Ferguson, L. (2015). *Young People at Risk of Drop-out from Education*. University of Oxford.

- Stratton, P., 2016. The evidence base of family therapy and systemic practice. London: Association for Family Therapy and Systemic Practice UK.
- Taylor, R. (2018). Impact of 'Hostile Environment' Policy Debate on 14 June 2018. [online] House of Lords. Available at: <https://researchbriefings.files.parliament.uk/documents/LLN-2018-0064/LLN-2018-0064.pdf>.
- Thomson, G., Balaam, M.-C. and Hymers, K. (2015). Building social capital through breastfeeding peer support: insights from an evaluation of a voluntary breastfeeding peer support service in North-West England. *International Breastfeeding Journal*, 10(1). doi:<https://doi.org/10.1186/s13006-015-0039-4>.
- Thomson, K., Hussein, H., Roche-Nagi, K. and Butterworth, R., 2018. Evaluating the impact of the 5 Pillars of Parenting programme: A novel parenting intervention for Muslim families. *Community Practitioner*, 91(2), pp.45-47.
- Vahdaninia, M., Simkhada, B., Van Teijlingen, E., Blunt, H. and Mercel-Sanca, A., 2020. Mental health services designed for Black, Asian and Minority Ethnic (BAME) in the UK: a scoping review of case studies. *Mental Health and Social Inclusion*, 24(2), pp.81-95.
- Vázquez, C., Hervás, G., Rahona, J.J. and Gomez, D., 2009. Psychological well-being and health. Contributions of positive psychology. *Anuario de Psicología Clínica y de la Salud/Annuary of Clinical and Health Psychology*, 5, 15-27.
- Wallace, S., Nazroo, J. and Bécares, L., 2016. Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. *American journal of public health*, 106(7), pp.1294-1300.
- Watson, H., Harrop, D., Walton, E., Young, A. and Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PLOS ONE*, 14(1), p.e0210587. doi:<https://doi.org/10.1371/journal.pone.0210587>.
- Zolezzi, M., Alamri, M., Shaar, S. and Rainkie, D. (2018). Stigma associated with mental illness and its treatment in the Arab culture: a systematic review. *The International journal of social psychiatry*, 64(6), pp.597-609. doi:<https://doi.org/10.1177/0020764018789200>.





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