All Wales Black Asian Minority Ethnic Engagement Programme

'Children and Young People's Mental Health – What more can we do?'

Notes from Forum – 23rd May 2022, 10am – 11.30am

Chaired by Selima Bahadur, Programme Manager.
Co-hosted and supported by Twahida Akbar, Policy Officer, Hasminder Aulakh, Policy Officer, and Judy Li, Marketing and Communications Officer.

Guest Speakers/Panellists
David Heald *(Regional manager for the work of Papyrus in South Wales)*
June Jones *(Interim Programme Manager, Time to Change Wales)*
Rizwan Ahmed *(Youth Worker, EYST BME CYP Team Cardiff)*
Siobhan Parry *(Head of Children and Young People Services, Platfform)*

Attendees – (37 in total)
Clarissa Le Peltier (Newport Mind) | Alicia Davies (ConnectEd Cymru) | Ben Williams (Cardiff Met) | Lisa Thomas (The Care Collective Wales) | Bethan James (Adferiad) | Emma Swan (New Mind) | Medi Wilkinson (Gwynedd Llyw Cymru) | Mutaher Jehan Khatib | Donna Morris (Span Arts) | Halyna Soltys (Promo Cymru) | Lisa Yokwe (The Care Collective Wales) | Rachel Sumner (Kim Inspire) | B Willis (Hwb Cymru) | Julie Hassoun (EYST Wales) | Jessica Stock (EWC Wales) | Millie Boswell (FLVC) | Zahrah Bashir (Diverse Cymru) | Eiman Nabag (EYST Wales) | Trudy Pease (Victim Support) | Jorna Ali (EYST Wales) | Tammy Foley (EYST Wales) | Rema Begum (EYST Wales) | Charlotte Bowden (Welsh Women's Aid) | Shamirul Alam (EYST Wales) | Sangeet Bhullar (WISE Kids) | Katie Elias (Cardiff Council) | Weiling Yu (Chinese in Wales) | Olli Rees (Victim Support) | Lucy Easton (Wrexham Council) | Leigh Ingham (Plan UK – Girls Rights Network) | Jodie Williams (BAVO) | Shazia Ali (BBC Wales) | Linus Harrison (EYST Wales) | Privilege Café Jaziea Farag | Sara Shahroozi (EYST Wales) | Menaka Kodur (Women Connect First)

TRIGGER WARNING – THESE FORUM NOTES CONTAIN CONVERSATIONS THAT MAY BE DISTRESSING FOR SOME, SUCH AS TOPICS OF SUICIDE AND SELF HARM.

Opening Statement from Twahida Akbar

In England and Wales, nearly 1 in 5 people come from a Black Asian or Minority Ethnic background. Challenges such as racism, stigma, and inequalities affect the mental health of people from Minority Ethnic communities. Rates of mental health problems can be higher for some Minority Ethnic groups than for White people.

For example, Black men are more likely to have experienced a psychotic disorder in the last year than White men.
Black people are four times more likely to be detained under the Mental Health Act than White people.
Older South Asian women are an At-Risk group for suicide.
Refugees and Asylum Seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety, and PTSD.
Some groups have better mental health, for example, people of Indian, Pakistani and African Caribbean origin showed higher levels of mental wellbeing than other ethnic groups.
Suicidal thoughts and self-harm were less common in Asian people than White people.
Mental ill health is lower among Chinese people than White people.

So, in this forum we will look at whether this is a true reflection of children and young people and their mental health. As well as the factors that can affect everyone's mental health, people from Black Asian Minority Ethnic communities can also contend with racism, inequality, and mental health stigma.

Racism and Discrimination
Racism can range from microaggressions, which are subtle but offensive comments, to explicit hurtful words and verbal or physical aggression. Experiences of racism can be very stressful and can have a negative effect on one's overall mental health. Being exposed to racism increased likelihood of experiencing mental health problems such as psychosis and depression.

Social and Economic Inequalities
People from Minority Ethnic communities often face disadvantages in society, including low quality housing and job insecurity.

Mental Health Stigma
Different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely recognised or spoken about. This may be seen as shameful or embarrassing. It can discourage people from talking about mental health or going to a GP for support or help.

People from Minority Ethnic backgrounds have the same right as everyone else to access mental health treatment and services, but research shows Minority Ethnic people can face barriers in trying to get help. including not recognising they have a mental health illness, because mental health was stigmatised or not talked about in their community, and not knowing help was available, or where to get it from.

Additional Barriers
Additional barriers faced include language barriers, turning to family and friends rather than professional support, especially for people who don't trust formal health care services. Financial barriers such as paying for private counselling, not feeling listened to, or understood by Health Care Professionals, and White professionals not understanding their experiences of racism and discrimination.

In our forum today, we are discussing what provisions are available to children and young people and seeing what we can do to support and help them.

SB - Passing over to panellists for introductions.

David Heald - Regional manager for the work of Papyrus in South Wales. (Prevention of Suicide in young people, South Wales). We run a helpline (Hopeline UK) for those under 35 who are having thoughts of suicide.
We also run education and training around suicide prevention for professionals and those who work with young people, and we also do campaigns to try and influence things around the stigma of suicide and mental health in society.

June Jones - Programme Manager, Time to Change Wales
I'm the Interim Programme Manager. Time To Change Wales is a specific mental health anti-stigma campaign, so I'll be going into more detail about that, and look forward to giving you an overview of Time to Change Wales, and the work that we've been doing, around tackling mental health stigma, within BAME communities.

Rizwan Ahmed - EYST BME CYP Team Cardiff.
I'm 26, born and raised in Cardiff, and from a South Asian background also. Being born and raised in Cardiff is a melting pot of different cultures and ethnicities, so I experienced a large exposure growing up. On a voluntary basis, and now exposure in work, as I'm now a youth worker for EYST on the BME CYP project. We help with any additional needs that Ethnic Minority children or young people have, from ages 0 - 25. The relevance regarding this forum, is that over the last 2 years we've dealt with a lot of requests for emotional and mental health/wellbeing support. We've had situations where we ourselves, as youth workers, have had to go and provide mental health support.
My previous experience was within a GP surgery where people seeking asylum/refugees, would be referred on to me to provide 1:1 mental health support, so in terms of my personal work experience, I've been exposed to struggles and barriers of those seeking

asylum, and growing up being an ethnic minority myself in Cardiff, alongside other ethnic minorities, I have a good understanding of the south Asian struggles and barriers, but also other Minority Ethnic communities.

I've always been involved in young people's mental health in terms of work and volunteer roles, and I would like to look into representation of people supporting Ethnic Minorities, but also helping other specialist services to understand the cultural barriers.

SB - Highlights Rizwan's dedication to the Children and Young People on his case load, and the amazing work he has done.

Siobhan Parry - Head of Children and Young People Services, Platfform.
We work with anybody who is experiencing challenges with their mental health and wellbeing. Platfform as an organisation does so much, too much for me to explain here, but we do have a website, which I will put in the chat. (https://platfform.org/)

The services we provide for young people - the core of that is offering 1:1 coaching, wellbeing support around young people's goals, and the challenges that they are facing.

We also run a wellbeing programme, funded by Welsh Gov, to develop a peer support wellbeing programme, which we run in schools, communities, youth settings, and anywhere that young people are gathering in communities. We look at the building blocks of good mental health, and bringing young people together to have those discussions, rather than coming in as an expert and telling people what to do.

I'm really interested in what young people have to say and bringing their voice to these conversations. All young people do have a voice, but not all young people are listened to. We are considering more and more how mental health affects children from all backgrounds, including Minority Ethnic backgrounds.

SB - Covers housekeeping, how to raise questions, and a reminder to share your organisation details so that they can be shared around all attendees following the forum.

Attendee raises something she feels is an issue – "A basic problem is the lack of communication within the family, when the children are young, they are not talking to parents. That is a very important issue which needs to be addressed. I think the parents need to be educated. Also racism… how it is related to mental wellbeing. The basic thing is the British empire has uprooted communities from their own homelands and distributed them here. So, all these people are looked upon by the locals as invaders, so they are really mistreated, What the Government needs to do.... it's not doing enough.... is make the local White people aware of how much these people contribute. Something is happening but not enough. And why are they here? Most of them are not here by their own way, they have been uprooted by the British empire in their homelands. Their ancestors have suffered a lot. So, I think those 2 issues need to be addressed. We need to prevent it happening in future."

HA - Everyone will have seen over the last few days what's happened in Abertillery. I was wondering if the panellists and attendees would like a few minutes to discuss it, and the

wider impact this will have had on young children in Wales currently. (Referring to racist bullying incident in Abertillery school - https://www.bbc.co.uk/news/uk-wales-61907069)

RA – "As myself, an ethnic minority, and a young person, I think it's a case of a negative stereotype. The not-diverse areas can feel unwelcome. That's just how I feel as a young man, and my worries, concerns and barriers will be different to people younger than me, different genders, religious background etc, but unfortunately it does fit the stereotype of places like Abertillery where you don't feel welcome there. That feeling of not being welcomed in areas where we don't see faces we recognise. If you go and don't see any brown faces, you think, Ok, am I welcome here? It's that stigma attached to those areas. If those individuals in Abertillery don't have exposure to people from diverse backgrounds, how do they know any different from what they are exposed to? In training, I deliver a section on self-conscious bias. How does it form? It forms through our fingers, i.e., through the likes of Facebook. How many posts do you see with no sources, no evidence... just 'this has happened'. There's always statements like 'they're coming over here, taking our jobs', but with no evidence behind it. but if that's all your exposed to, that's the negative stereotype you build."

SP – "How things are portrayed in the media is really unhelpful, and this is a really awful situation. One of the headlines that was reported, that there was 'alleged' bullying due to racism. Even that word 'alleged'. It's not being addressed head on, and I think young people are exposed to social media, they see these stories, and it has a massive impact on them. I find it incredibly sad that this situation has happened. It needs to be tackled head on, and look at where did things go wrong, in terms of how the school dealt with the situation and how it got to the point of a child having such a significant injury."

Hasminder introduces Young Person, 22, who has attended to share his experiences as a young person.

"I was born in Cardiff. The worst experience for me was in year 10 or 11, I was about 15. I was revising, I was in a maths class, and I was meant to be revising for a maths exam. We were doing GCSE past papers. I was in quite a small class then, I was the only brown person in the class, and the rest were White boys. What happened then, during the past papers, the teacher, he never really helped me, he was just helping the other people instead, but not me. One of the kids asked the teacher 'why aren't you helping [Name removed]' and the teacher said, 'he's just too lazy, he's not really into it.' Before that I did ask the teacher for help, and the teacher just pretended not to listen to me. He started insulting me to the other children in class. That made me really emotionally upset. I just backed into a corner, and I was just really emotional then. Another experience was in 2017, my first year of college, and I got behind on some work. I ended up falling behind because some students took advantage of me, I had to help them complete their assignments, but then after they didn't help me, so I failed the assignment. "

SB – "When you felt emotional, did you talk to anyone, and tell anyone how you were feeling?"

Young Person – "I didn't really, but I had a parents evening 2 weeks after. My mum had a word with the teacher, and the teacher just acted casual as if nothing happened, so I didn't really tell anyone outside of that."

SB – "I'm sorry you had to go through that. We had a forum last year, specifically to do with racism in schools, and it's good to see, after the incident that happened recently that Hasminder mentioned, that Rocio Cifuentes the Children's Commissioner for Wales has put a tweet out saying she will make this one of her priorities. There is change happening, but unfortunately when you look at the situations in schools, there are still incidents like this that happen. What would have made it better for you, when you were in that situation, feeling upset? Is there anything that could make it better for you?"

Young Person – "Well most of the teachers kind of gave up on me, trying to advise, because when I was younger, I wasn't that smart, and there were some teachers that weren't helpful. The head teacher didn't really talk to me, and throughout school I felt left out, I was quite quiet and like a loner. I didn't really make friends, people thought I was weird."

SB – "I'm so sorry you've had those experiences, if there's anything we can do to help you now, you've got Riz's number, and you can get my number from him. Does anyone here have any questions for [name removed], or anything they want to say?"

Attendee – "I want to say it's really brave what you have shared with us, because it's not easy to come on a group like this and tell us your experience. I'm sure just starting that process will help you feel a bit better, and if it doesn't, we know there are people around who can support you. So, the first step you've taken in sharing that with us is fantastic, and you should give yourself a pat on the back for doing that. Well done."

Attendee – "I'd like to say something too, thank you for sharing, and this relates back to what Rizwan was saying before aswell, I think the balance we need to address is that, often, greater consideration is given to the discomfort of those with the privilege, than is given to the person who is experiencing harm, hate, discrimination, abuse… whatever it might be. There is far greater consideration given to how awkward it might be for those people with the privilege, whether that be the teachers, professionals, or peers, and that's the balance for me that needs to tip, towards the person on the receiving end. It's just not acceptable, and the way you've been treated is just not acceptable."

SB – "Agreed. It's that power shift that needs to happen. We've got the Welsh Government Anti-racist action plan coming out in June, with the aim to be an anti-racist nation by 2030. If we keep allowing this kind of thing to happen, we will never get there. 2030 may seem years away, but those changes need to start happening now. We cannot allow young

people to be treated like that. Please do whatever you can in your roles to start off that shift that we need to happen."

Question from HA - This question is directed at Rizwan, but if any panellists would like to answer, please feel free. What do we think about, when we think about the different Minority Ethnic groups? Because there can be a tendency to band everyone's experience together as being quite homogenous. But different groups experience different things, and these different actions have different consequences on CYP mental health. Could you give us some examples of specific mental health issues or experiences that can lead to adverse effects, in different Minority Ethnic groups?

RA – "I'll try to do this question justice, and first and foremost, I don't speak on behalf of everybody. This is from my perspective and my opinion. Do different ethnic minorities have different struggles? Firstly, the Ethnic Minorities get banded together in all aspects of inequality. Looking at education and the use of the word Ethnic Minority - ethnic minorities often underperform in comparison to their White British counterparts, that's correct, however if you break it down into diverse backgrounds, you have young Bangladeshi men outperforming their White British counterparts. So in that case, why are you using the term 'ethnic minorities' when describing underperformance? It doesn't make sense when some ethnic minority groups are actually outperforming their White British counterparts.
So this applies in all walks of life. With mental health situations, everybody has their own struggle. There are differences in everybody's cultural backgrounds, upbringings, environment etc. In my experience when working with people seeking asylum, refugees and Ethnic minority youth, I predominantly see males, and not so many females. That's another barrier for me in my work, as a young man, how many women are going to want to come to me, and engage with me long term?
Looking at religious differences around mental health, in some religions, for instance Islam, parents can have a lack of understanding, if their child is having mental health struggles and begins behaving differently to the norm, they can think its spiritual possession. I've been in a situation where a young man had overdosed from recreational drugs he had been taking. Because of the way he was acting after that, the parents were sure it was a spiritual possession and began seeking faith-based people to address it. However, he had just taken too many drugs, and in layman terms, his brain was fried. We had to section him for the safety of the family. That's one situation. In another situation, let's compare my upbringing in the UK to a 20 year-old male from Afghanistan - the trauma he has experienced is completed different. As an explicit example, how does he cope after seeing his dad get beheaded by the Taliban? Then have to move to a different country, adapt to finding housing, get refugee status, the limbo of not knowing if he'll get sent back to Afghanistan. So you've got that specific trauma and PTSD, which isn't going to be the same as someone growing up in the UK. It's clear there are different struggles amongst people from different backgrounds. I also just want to add to a point which was made before, sometimes situations are out of our hands, i.e., people from different backgrounds are put in certain situations, because of powers above all of us in this room. for example, the Windrush scandal. The people of Caribbean descent were asked to come into this country to help out,

they didn't have the right documentation, but could freely travel in the commonwealth. Fast forward, and now the government expect them to produce documents that they aren't able to, and now they get shipped back. So, all of a sudden, someone who's lived here their whole lives, has been told by powers above them that their grandparents or other family members are not welcome here anymore. That has a generational impact, if your grandfather has been failed by the government, how does that affect you in regard to trusting people in powers of authority? You will second guess situations and wonder if you are being treated unfairly. So basically, every ethnic minority's experience and every struggle is different."

SB – "Even within different cultures, there's differences within families. Say if we take Pakistan as the example, you'll find depending on which area of Pakistan you come from, the issues are going to be different. Some families will be stricter with their children and young people, and what they're allowed to do. There's just so many differences within groups of people."

Question for June Jones -
Congratulations on securing additional funding for a new phase of the work you've been doing. Can you please share some of the findings of your previous phase, which would directly relate to children and young people, and let us know if there are any plans to work with young people in the new phase? An introduction to 'Time to Change' and your campaign would also be good, thank you.

JJ – "Thank you Selima, as we've seen with Young Person [referring to young attendee who shared their experience], the importance of lived experiences, and people telling their story. That can have such an impact on changing people's attitudes in a more positive way. Lived experience very much sits at the heart of Time To Change Wales. We've heard about the trauma of racism, which is a daily reality for many people, the trauma it has on the individual, their families and those communities, which adds to the stigma that people endure.
I'll share a few slides that will give you an overview of the Time To Change Wales campaign. It's been running for several years, and we've just received more funding for a 4th phase of the campaign. I'll also share the findings since last year, specifically in tackling mental health stigma within Black Asian Minority Ethnic communities.
This campaign tackles mental health stigma and discrimination, faced by people and their families. The Time To Change program is run by 2 mental health charities, Mind Cymru and Adferiad Cymru, and is funded by Welsh Government.
We have created a movement around Champions, so these are individuals who share their personal stories of living with mental health problems as a way of normalising that conversation. We also work with pledged employers, decision makers and the media. Stories very much sit at the heart of how we change attitudes around mental health problems, as a way of removing the stigma. And just to remind ourselves that mental illness affects 1 in 4 people at some time in their life. People with mental illness are everyday people. The most common conditions are depression and anxiety, with schizophrenia and

bipolar disorders less common. So, many of us will know someone whose experienced a mental health problem, but the important point here is that many people will recover and the majority of people with a mental illness want a meaningful paid work and fulfilling lives aswell. A lack of understanding around mental health can stop people talking about it openly. Stigma can lead to a fear of judgement, and collective shame, and puts people off asking for help. People can worry about confidentiality, and that speaking about it could hurt future prospects. There can also be a cultural belief that mental illness will be viewed as a 'curse' or a punishment from God. There is also an issue of self-stigma, someone being in denial, not accepting that they have a problem. We saw this alot during the pandemic, how some people were concerned about speaking openly, about their mental health struggles, feeling like they were a nuisance or a burden, and fearing they wouldn't be believed, or they were wasting someone's time.

In terms of what Time To Change Wales has been doing over the last year, we've done a focused piece of work on understanding mental health stigma within BAME communities. We've been doing a lot of research, this is evidence-based work, and we've put into place a partnership with EYST, that's been renewed again this year. The research has been very in-depth, there was a literature review conducted, and large scale qualitative and quantitative research. What we found was 6 areas around the importance of cultural awareness, for professionals to understand how people's experiences shape how they view mental health, and the type of help they receive. Someone's cultural background does need to be considered to ensure they get suitable support. Stigma does need to be understood.

There are 3 types –
- Stigma attached to a community from the outside
- Stigma from within a community; bringing shame
- Stigma from inside an individual.

Our research has highlighted the generational divide between some parents and children, making conversations difficult. A lack of representation was also highlighted, and how important it is to see that representation in relatable images, that people can easily identify with, in various community languages alongside personal stories.

We also conducted a quantitative survey which EYST helped us with recently, which showed that younger people aged 16 - 34 were –
- Least likely to say their mental health was very good
- They were more likely to say their mental health was poor
- Younger people were least likely to say they had spoken to their GP about their mental health
- 13 % did not think their family would support them in this situation

There were Significant barriers relating to stigma worries -
- Not wanting to be seen as mad (51%)
- Not expecting their GP or HCP to understand them (50%)
- Feeling ashamed or embarrassed because of their poor mental health (46%)
- Worries about how they might be judged by their family or community (45%)

- Over half (54%) of respondents said they were more likely to speak to a HCP with a similar background to themselves.

That just reinforces the importance of cultural awareness when discussing mental health stigma.

Lastly, we have been sharing those experiences from different communities, on our Time To Change website. We've got a podcast from Jaffrin and Munirah, who share their story as part of mental health awareness week. There's a lived experiences video too. (https://www.timetochangewales.org.uk/en/)

It's so important for us to have other voices as a way of empowering people to normalise that conversation about mental health, to remove the stigma."

TA - Question for Siobhan from Platfform
The school wellbeing program that Platfform is currently offering is fantastic. Does the school approach you, or does Platfform approach the schools? If you could explain what the wellbeing program is, and also, how does a school know that the program exists?

SP – "The program we run is called 'State of Mind' and it was co-produced with young people as a way to bring young people together and have conversations about mental health and wellbeing, and what young people can be doing to look after their own wellbeing. We have run it in communities, schools, colleges and universities. We've got a couple of Welsh Government funded projects, and also projects funded by the health board, so its slightly different in different areas. Where access to this provision is free, usually we would contact schools and ask if they are interested in signing up to it. In some areas it's been quite popular, so we have a bit of a waiting list. We have a system that tries to support schools who can use this program to support the sustainability of it, so once they've piloted it in their school, we can support the staff in learning to support young people, either through a peer mentoring system to deliver the program themselves, or for example, in colleges , wellbeing and pastoral support staff learning how to deliver the programmes so that they can continue to do it without necessarily needing Platfform support to do that. Because we're not in every area, there is an option for schools to approach us and find out how they could purchase the program into their school aswell.

The program runs for 10 weeks, and we cover things like mindfulness, keeping active, nurturing friendships, healthy living, positive thoughts, reaching out, helping others, being organised, sleeping habits, and realistic and achievable goals. We try to bring people together to talk about these issues, rather than coming in as an expert trying to tell people how they should be doing it. It's more of a discussion, and we encourage young people to share how they've used these different tools to support their own wellbeing, and that's the beauty of the program, it's about listening to young people's ideas, and it being a safe space for people to explore these ideas. It's based on evidence of things we know are good for wellbeing, so there's an element of education on wellbeing, but also empowering young people to share their own experiences and what helps them, so young people can support each other in that way."

TA - Follow up question
What, if any, cultural considerations have been given in creation of the program?

SP – "When we started this program, we worked with young people to co-produce it, so a range of young people, including from different backgrounds, different ethnicities, LGBTQ+ communities, children and young people with disabilities, so trying to hear from lots of different communities around what they felt they'd like to learn about. One thing that kept coming up, was that inclusion and diversity was really important to young people. I think young people who have really struggled with feeling isolated and alone, don't want anyone else to feel that way, so it's really important to them that no-one else is made to feel that way, and everyone is welcome.

So, taking away from that, was how we create that safe space, and acknowledging we may have things we share in common, but we may have things we experience differently, and being respectful and supportive around discussions of how cultural differences show up. It may be who they decided to reach out to, those sorts of things. We delivered a program at EYST in Swansea and some of the recommendations coming from that helped us consider how we were explaining mindfulness and making sure we were explaining it in the best way possible, that fits with religious beliefs and culture. One young person mentioned talking more about the biology behind breathing techniques and how that relates to other things they do, like prayer, for example.

It's important to say that this isn't just a one off where we asked young people, and this is what we came up with. It's an ongoing thing, constantly looking to make improvements, and partner with people aswell. For example, with the funding we've won from the National Lottery, EYST is one of our partners for that, and it's going to be really important that we do a lot more development around understanding cultural differences and coming up with something that reflects what people need."

Question from chat - Do you work in North Wales, or just South Wales?

SP – "We've done a little bit of work in North Wales on our Wales Wide program, but unfortunately that is coming to an end soon. Our main footprint finishes at Monmouthshire, we are in Gwent, but don't go past there at the moment."

Attendee question - How do you assess how effective your workshop was? And what period of time do you give, to see the difference? A second question - In my personal view, a 1:1 chat with individuals is very important because people don't want to talk about their problems in front of others, it's very hard in this group situation. At some point they should be offered a 1:1 session, I think this would be beneficial, not just to the individual but to the program too, to know how much difference you've made to their lives.

SP – "Definitely, I agree. Within our State of Mind program, we use the Warwick Edinburgh Mental Wellbeing scale. We give that out at the beginning and get them to fill it out at the end aswell. The sessions are usually about 1.5 hours long, but we factor in time to stay on

afterwards, so our trainer and supportive coach is around afterwards to be able to chat to any young person. Particularly in schools, that can be hard to manage sometimes, because we are going into the school for an afternoon, and then we're leaving, so it's about having those relationships with the key pastoral team and school staff to make sure they are following up on that young person, but we do also offer individual support as part of our projects, and in recognition that not everyone is going to feel able to talk in a group. The group isn't set up to be a therapy group, it isn't about going into loads of detail about their own experiences. We discuss as part of the group agreement about being aware of sensitive issues, and potentially triggering people. It is managed quite carefully, and it is more around an exploration of strategies, rather than personal experiences, but then we have additional support we can offer for that, and referrals into counselling if that's needed. These groups are often the starting point for some people, and then once they start to hear other people talk about it, they feel confident and able to reach out, and that's one of the key messages, about reaching out for help, and giving time to that at the end of sessions, if people do want to talk, or take away some information about who they can contact. So that's how we assess the outcomes from the wellbeing program, and I think the last time we had a review of our statistics, there was an 89% increase in wellbeing scores on the Warwick Edinburgh wellbeing scale. I think it's really important to acknowledge that this program isn't for everybody, and I think young people really need a choice in how they engage in support, so I think we have a long way to go until we are able to offer a really good menu of different options for young people, so they're some really good points you've made there, thank you."

Attendee – "My concern is the continuity of support to that individual who has attended the workshop or approached at the end, you need far more rapport with that person, and if you only give one-off sessions like so many charities are doing, somebody needs to take the onus on themselves to help these individuals who are seeking help. long term I know GPs are there, counselling and all that, but these charities should also step in to provide that continuity of care and support for that particular individual who has approached you, irrespective of what school they have come from, I think that provision should be there, in my opinion."

SP – "I agree with you, and in terms of what we are able to offer, it's another one of those things we need to look at in terms of commissioning, funding, how long we can give support for - because a lot of services are limited by the amount of sessions they can give, but if someone was able to stay behind and chat with us, we would make sure the school will give extra time to support those young people."

Attendee – "My point is, a few minutes is not good enough, it has to be long term for that person, that's how it's going to make a change in their lives and ways of thinking, and attitudes towards life, and to cope with what they are facing. Just a few minutes here and there, is not really uniform, in my opinion, we have to do something to make it more uniform to help a few people long term, instead of offering a lot of people just some advice in general."

SP - "I agree, I think a lot of the things around the whole school approach, looking at how we can all do this together, I think it's a huge challenge. One of the hardest things you see, or what I find most upsetting, is when young people build up that relationship with someone and suddenly it's like 'you've had your 6 sessions'.... I totally agree in terms of the longevity and in terms of being able to offer long term support."

SB – "I think I speak on behalf of EYST to say we are looking forward to working in partnership with you, and working together to see how we can keep the cultural input within the program that you're going to be running, so thank you for that."

Attendee – "I work for a mental health organisation in North Wales and what I have experienced is that what we mustn't do is make assumptions about any young person, about what is best for them. A 'one size' most definitely does not fit all. The important thing is to find out from a young person what their experience is, what matters to them, what their values are, what their strengths are, and to work with that young person in terms of what works best for them. For some that isn't individual work, some young people do want to share in groups, some young people want to take part in activities in groups that improve their mental health, but mental health isn't the focus of their conversation in the group. Some young people have one conversation where they feel listened to, and something changes, and they don't need anything else. Some young people need more individual work for a longer period of time potentially, but for me, the most important thing is that you don't go in, in the first instance, with an assumption about what they need, and what will be best for them. I think one of the problems we've got at the moment with statutory stuff, is that it does work on a set of assumptions, and judgements, which are not appropriate. like 'This is available... we'll put them there.' That may not be the thing that works best for that young person."

HA - This question is for David, but we welcome any feedback.
In the preparation for this forum, it's been a shared observation for us as a team, that there's been a sharp increase in ethnic minority children and young people who are self-harming, attempting to, or actually ending their own lives. Has there been the same trend within the general population in terms of self-harming and attempts on ending one's life, or is this increase just prevalent in ethnic minority communities?

DH – "Thank you, statistics is my thing, so I apologise if I go into too much detail! We would have to divide out those statistics into three bits. Dying by suicide is quite easy to measure, although it's been quite underrepresented in previous years, we do have statistics on that. It's much harder to define attempts of suicide and self-harm, because what counts as a self-harming incident, what doesn't, and how we get to know about them etc, is a little bit more fuzzy…. But we do have the statistics up to 2020. They tend to have a delay. We will probably not get the stats for 2021 until October this year (2022). In terms of suicide, there has been a steady presence in society, it stayed roughly at the same level. During 2020, there was an expectation from people, and the press especially, that we would see a huge

jump in suicide, and there wasn't in the stats. That may yet come in the 2021 stats, we don't know yet. What's quite interesting in regard to this forum, is that until last year, there wasn't any data linking suicide or self-harm with ethnic origin of the person. So, we haven't got a history of data in the same way as we have for the general population, but it is notable from what we have got, that incidents of self-harm and suicide attempts do seem to have risen sharply amongst Ethnic Minorities in the last 2 years. So, the overall figure is keeping the same, but the number of ethnic minority people within that has had a sharp rise. One of the key stats coming back is from emergency departments which have also seen a rise in the number of people from ethnic minority backgrounds presenting with self-inflicted injuries. The link with covid, and additional challenges faced by people from ethnic backgrounds in the last couple of years is definitely there. As I say, the stats are a little bit unreliable, because they've only just been started in terms of trying to look at that ethnicity link. But we would say in general, there is an increase there. In terms of the general population, what I would say from our help line calls, is that the number of calls has gone up hugely, as an example, it was something like 4 times more calls on Christmas day last year than the Christmas the year before. Within that, the intensity of mental health issues that people are facing when they phone Hopeline UK has increased, and we're seeing a lack of support out there for them. When we started Hopeline, it was all about being a crisis intervention, so if someone called on a Saturday night, we worked to keep them alive on the Saturday night, but the probability now is that they'll call back again on the Sunday, and probably after that aswell. So we are getting more repeat calls, and although we refer them on to other services where we can, we are getting the feeling the wider support net is really not coping aswell."

HA - Thank you David. If the research isn't there, and the statistics aren't there, there's only so much feedback we can get. In lieu of this gap in the research, how are you yourselves reaching out to Black Asian Minority Ethnic young people?

DH – "To be honest, this has been something for us that's only been happening in the last 2 - 3 years. We are a predominantly White organisation, and we are trying to embody that phrase, that it's not enough to be against racism, you have to be actively Anti Racist. We've been looking at partnering with organisations like Oasis, who have been very good at giving us training around refugees and asylum seekers, and we've done more in trying to reach out to them and making sure that we've got our resources in places like Oasis (Cardiff Based charity supporting refugees and asylum seekers). We've had conversations around providing our resources in community languages. We are aware that we haven't got all the answers, so the more groups we can work with to learn, where we can try to spread awareness of our service, and also take feedback on where we could improve, the better. I think it's very much about being conscious we don't have all the answers, and we need to work on reaching out to as many different communities as possible. Representation and role models are also really important. We've found when we get volunteers from ethnic minority backgrounds, that makes a huge difference. You get a much bigger reaction when someone can see a volunteer who looks like them talking about those issues. It's an ongoing process, and we are very glad to work with organisations such as EYST and be part of these forums. I'd say overall, we know we have to get better, we've got a lot to learn, but we are making

steps, and we are very happy to work with any other organisations who want to connect with us."

HA - Thank you David, in that spirit of collaboration and working with other organisations, what do you think that us as organisations, and individually as members of communities, can do to better support children and lessen the chances of them hurting themselves?

DH – "It sounds simple in some ways, but you'll know it's more complicated in reality, but talking about it is really important. All the evidence shows that the more you talk about suicide or mental health problems, without getting into specifics such as methods etc, but the general topic, the more it's talked about, the less likely people are to end their lives. Also, the more you advertise the services out there, the more likely people are to contact them. That obviously has to come within a lot of different considerations, there are lots of people out there who don't want to talk about suicide, and we get rebuffed by all sorts of organisations that don't want to talk about it or advertise our services. It's about finding appropriate ways to start those conversations in every community, to hopefully support children and young people, and listen to their issues."

SB – Last question will be to all panel members, and you will get 1 minute each to respond.
We've tackled some really heavy topics today, but I'd like to end the forum on a positive note, so could you all share a positive story, fact, or finding that relates to children and young people's mental health? It could be something you've experienced/witnessed in your personal or professional life.

DH – "Its always lovely to get feedback from people, and just before we started, Rizwan gave some feedback about how often he'd referred young people to Hopeline UK, which was really lovely. If you can imagine, it's an anonymous confidential service, so unless someone talks about racism or raises racism as an issue in their thoughts of suicide, we don't know for sure. So its always lovely to get that feedback. Another example, one of our volunteers Nikita, does loads to advertise our services, using Instagram and twitter to let her community know what she's doing for us. The response we've had to what she's doing as a volunteer has been superb."

JJ – "For me, it's the power of talking. I've been with Time to Change Wales for 4 years now, and every time I hear someone tell their story, I'm always moved. Its so powerful. Its not easy for someone to tell their story about their mental health problem - to share their personal experiences, the difficulties they encounter, the stigma and negative attitudes towards them. Despite that, the way they find the strength within themselves to talk openly about their struggles, and how that helps them to feel better, is inspiring, and it goes on to empower other people to talk and not suffer in silence. It's important for people to have the conversation and talk openly. We need to have more and more people with us as part of the campaign, where people are sharing their personal experiences and normalising mental health problems."

RA – "In relation to young people and mental health, one thing I realise is that at Grass Roots level, there's always help and support out there. There's always a gem in the community who can understand and is empathetic and compassionate, and can help these young people. But it's important for specialist organisations to engage with these gems in the community.
The gems are out there, we just need to get out there and find them."

SP – "I'll share a story of a young person who joined us when they were experiencing challenges to their wellbeing, quite significant and long-standing support from child and adolescent mental health services and a long list of mental health diagnoses. They did our program, then asked to do it again, then they trained to be a peer mentor, grew in confidence, supported us in delivering the program, then came on and was successful in securing a job with us. They're now a part of our team, and last week we had a team away day, and they said 'this is the first time I've eaten in front of others in 4 years', because they'd had a lot of issues around eating. They really felt they had a safe space to be themselves. I think it's really important for young people to be able to see that things can change, and relationships are the key. Its something we talk about a lot with young people, resilience is in relationships and its in communities. Its really important that we are there for the young people, and also not to take the credit for the changes they make themselves."

SB - Thank you to everyone for attending and sharing experiences, to the guest speakers for joining, and the attendees for all their questions.