Emotional Well-Being and Mental Health Support: Best Practice for Working with Minoritised and Marginalised Communities

November 2024

VRU | MAYOR OF LONDON
VIOLENCE REDUCTION UNIT

Contents & Summary

This briefing report is for practitioners and services who support service users with their emotional well-being and mental health – particularly service users from minoritised and marginalised communities. The briefing is based on findings from Coram's evaluation of the Community-Based Mental Health and Emotional Well-Being Support Pilot. Further details can be found in the main evaluation report, Violence Reduction Unit - Community Mental Health and Emotional Well-being Support Pilot Evaluation.

Authors

Richard Ollerearnshaw, Lizzie Gilbert, Amaka Udeagbaja and Hannah Lawrence.

Acknowledgements

Funding

About Coram

This report is published by the **Coram Institute for Children**, the dedicated research and development organisation for children.

Established as the Foundling Hospital in 1739, Coram is today a vibrant charity group of specialist organisations, supporting hundreds of thousands of children, young people and families every year. We champion children's rights and wellbeing, making lives better through legal support, advocacy, adoption and our range of therapeutic, educational and cultural programmes.

Coram's vision for children is a society where every child has the best possible chance in life, regardless of their background or circumstances.

Building on our legacy as the first and longest continuing children's charity, the new **Coram Institute for Children** is instrumental in realising this vision by acting as a catalyst for change and collaboration, seeking evidence-based solutions to the challenges facing children in the 21st century in policy, law and practice.

More information about Coram can be found here: www.coram.org.uk

1. Introduction

Good mental health and emotional well-being are key factors in the lives of parents, and those with significant caring responsibilities, and at the heart of parenting and supporting young people. Recognising this, the Mayor of London's Violence Reduction Unit (VRU) undertook a wide-ranging consultation to understand the needs of parents/carers in London.

Supporting a whole-family approach to reducing violence, the VRU identified a gap in the provision of culturally competent, community-based, mental health support services for parents/carers in underserved communities.

Addressing this gap in service provision, the VRU co-designed the Community-Based Mental Health and Emotional Well-Being Support Pilot with parents and carers, young people, and a range of stakeholders across the voluntary, community and statutory sectors. The VRU commissioned two grassroots organisations to deliver the pilot services across separate sites.

1.1 The Pilot Services

The **Strengthening Families** service
(delivered by Groundwork)

Supported 127 parents/carers in and around Southwark in London (May 2022 to Dec 2023):

- 66% of those supported were Black or Black British
- 80% were single parent families
- 87% were mothers
- 48% reported mental health challenges
- 44% reported experience of domestic abuse
- 32% reported housing issues

Most engaged for support with their child's issues at school: avoidance, low/non-attendance, behaviour problems, risk of exclusion

Some engaged for support with behaviour at home.

The **Midaye Hope** project
(delivered by Midaye)

Supported 247 parents/carers in and around Kensington and Chelsea in London (Jan 2022 to Dec 2023):

- 48% were from Somalia, 30% were from Sudan
- 61% spoke Arabic as a first language, 36% Somali
- 100% were women
- A number had experienced forced displacement and war

Many were first generation immigrants, and engaged with the service on related challenges – lack of familiarity with UK systems, and language barriers. Midaye was a 'one-stop shop' for support – e.g. housing, financial, or legal issues.

Parents/carers also engaged because of their children's challenges – e.g. school issues, bullying, local violence.

Strengthening Families provided:

- 1:1 sessions with a therapist and family practitioner
- Weekly parent/carer group sessions covering mental health and parenting topics
- 1:1 support from a project worker

The **Midaye Hope** project provided:

- Peer support groups and workshops delivered by specialists
- Additional peer group activities
- 1:1 support consultations
- 1:1 counselling

'I didn't know what my son was going through. I don't know nothing about anxiety... I was really struggling to be honest with you... he was hiding in the bathroom stamping his feet, crying, screaming that he doesn't want to go to school.'
Strengthening Families parent/carer

'Because we are not from here and we don't know the system, we come [to Midaye] to learn how this country system [works].'
Midaye Hope project parent/carer

1.2 The Impacts

Coram, a children's charity, carried out an independent evaluation of the pilot services, involving interviews, focus groups, surveys and analysis of service monitoring data.

We found that parents/carers in both services reported positive impacts on their well-being, including:
- Increased confidence and self-esteem
- Increased self-compassion
- Increased feelings of happiness
- Reduced stress, anxiety and isolation
- Improved ability to recognise and manage mental health issues in themselves and their children

Services supported parents'/carers' relationships with their children: building on parenting strategies, improving communication and focusing on children's positive behaviours.

While not a focus of our evaluation, we found evidence of improved child outcomes, including improved family relationships and open communication, as well as improved school-related outcomes such as a reduction in school behaviour sanctions and an increase in attendance.

Additionally, the pilot services were seen to:
- improve the perception of and access to other (statutory) support services
- help parents/carers to meet, share experiences, and develop relationships with other parents/carers.

For more details see the main report.

'Sometimes I have a depression, and when I get the Midaye programme really, I'm OK.'
Midaye Hope project parent/carer

'I think one of the sessions was like recognising low mood in your child. And... the signs were all there because she's being angry and rude and disrespectful, I'm not recognising the fact that she's sad, I'm just seeing a rude child.'
Strengthening Families parent/carer

'I'm having the best relationship [with my child], I'm enjoying the company with him now, we became very close because what I learned from Midaye and then I brought it home.'
Midaye Hope project parent/carer

'And before I will get phone calls from the school almost every day... I've stopped getting those calls.'
Strengthening Families parent/carer

2. Learning for Practitioners

2.1 Context

The remainder of this briefing focuses on the learning from the pilot for practitioners, particularly those supporting the mental health and emotional well-being of service users in minoritised and marginalised communities. Services may face additional barriers in supporting such communities, because of attitudes to mental health in the community, experiences of trauma, and existing perceptions of support services.

Community attitudes to mental health: Across all communities, shame can prevent parents/carers from accessing mental health support. However, there can be additional stigma within some communities. Staff at Midaye noted local taboos around mental health – in some East African and Middle Eastern cultures those with mental health issues may be considered corrupt or dangerous (Sewilam et al, 2015; Zolezzi et al, 2018; Linney et al, 2020). In some Black Caribbean communities, mental health challenges in women are stigmatised, particularly where the mother is expected to hold the family together, avoiding expressing any sign of 'weakness' (Watson et al, 2019). Mental health stigma can contribute to a lack of understanding and awareness of mental health, which prevents help-seeking (Elshamy et al, 2023).

> 'Some of the cultural taboos around mental health, where mental health is associated with being crazy... sometimes has religious implications or spiritual implications... it's something that is considered quite shameful.' Midaye staff member

Existing mistrust of mainstream statutory services: Parents/carers across both services reported their mistrust and suspicion of mainstream services, low levels of awareness, and a lack of confidence navigating the system.

Often this was a result of **negative or traumatic experiences** of these services.

> 'Without Midaye, I would have struggled. If you don't have support from a service like Midaye in this country, in my experience, they don't listen to you.'
> Midaye Hope project parent/carer

Research suggests that when accessing services, people from minority ethnic backgrounds experience racism in the form of: **disempowerment** and a **lack of involvement in decision-making** (Lawrence et al., 2021); **stereotyping** (Prajapati and Liebling, 2021); and being **dismissed by professionals** (Bansal et al, 2022). Discrimination contributes to mistrust of services, including in Somali (Loewenthal et al, 2012) and Caribbean communities (Memon et al, 2016), reducing engagement with services.

> 'The issue in school was never resolved because the principal never justified what [they] did. I never got a meeting, they never replied to my complaint. I don't trust these people anymore.'
> Strengthening Families parent/carer

A further problem is **'cultural incompetency'**, when services are unable to provide for the needs of different communities – for example, failing to provide translators, or providing male practitioners for female service users where that is culturally inappropriate (Sambrook Smith et al, 2018; Watson et al, 2019).

> 'I don't use any other services, I'm just for Midaye.'
> Midaye Hope project parent/carer

Parents/carers from both services explicitly contrasted their **positive experiences** of Strengthening Families and the Midaye Hope project with other services they had used. Given the specific challenges faced by parents/carers from minoritised and marginalised communities in accessing support, it is essential that services adopt practices to overcome these barriers. Parents/carers and staff at Strengthening Families and Midaye told us what made these services successful, and we share their voices along with recommendations below.

> 'I trust them [Strengthening Families], but not every other professional.'
> Strengthening Families parent/carer

2.2 Best Practice

A relationship-and person-centred approach

i. Build trust by treating service users with respect, empathy and compassion.

Respect, empathy and compassion should form the foundations of interactions with service users. This, and not the needs of the service, must be a priority. **Find opportunities to develop rapport** before diving into details of the service.

> 'Interviewer: How does support from Strengthening Families compare to other services?
> Parent/carer: They're polite, impartial, show a sense of empathy... and human, treat others as human beings.'
> Strengthening Families parent/carer

Parents/carers noted that their interactions with the pilot services were marked by genuine warmth and compassion. This allowed them to feel seen, held and safe.

> 'The first time I got help from [Strengthening Families] I was very down. I was listened to. It was the first time I actually cried because it was the first time someone listened to me and showed empathy. [Strengthening Families staff] listened, acknowledged what I was going through, that my reaction was normal, made me feel like a human being.'
> Strengthening Families parent/carer

Parents/carers noted that the siloed and targeted nature of other services could mean that they didn't always feel heard in this way.

> '[Other services] might say "Well we only deal with occupational therapy, you'll have to talk to this person about this particular situation" – so I was never able to get off my chest you know, what was actually going on in entirety.'
> Strengthening Families parent/carer

The pilot services were clear that **interactions with parents/carers should not be purely 'transactional'**, and were not based on an asymmetry of power between service and service user. The pilot services put people first – **dedicated time and space was given over to building and maintaining trusting relationships.**

> 'We know that with other services it's very different. Its so client based. "I'm calling you because of this." "I want to know this." "Can you let me know if you've had that conversation yet?" "I've got my notebook out." I guess it's not a warm experience... I'm going to ask challenging questions but that initial engagement has to be better... We constantly had the conversations about the small little details to ensure then actually someone got treated how they wanted to be treated.'
> Strengthening Families staff

ii. Adopt informal communication styles

to encourage open and equitable conversations.

The person-centred approach described above was also reflected in the pilot services' communication. Services were conscious of the benefits of a more informal, less bureaucratic communication style with the communities they worked with. This helped to create a more equitable power dynamic, avoiding the asymmetries that could be found in other services.

> 'I think what we do really well is dismantle the barriers to accessing help. We're very accessible, very open. We will happily chat to somebody about an issue in a corridor, at the door, on a text message.'
> Strengthening Families staff

> 'We've had lots of these discussions in the past with organisations who see the success that we have in reaching people that they really struggle to reach… Carrying a clipboard around or appearing too professional can have its drawbacks… Other things like even the way people dress, so those NHS lanyards, you know, can be anxiety-inducing for our service users.'
> Midaye staff

Communication should be flexible and tailored to suit parents'/carers' preferences, rather than serving the need of the service first. **Building a relationship is fundamental** to successful work with parents/carers.

> 'I know you want to have a trail of emails, but please where possible make a phone call and if the parent says now is not good time, respect it, change it. If you have to do a home visit, do a home visit… then they'll be able to see that actually you do care – in order for you to kind of get to that stage where you can make recommendations for them and their family.'
> Strengthening Families staff

The lack of bureaucracy and power dynamics that the pilot services demonstrated in their communication styles also came across in their availability to parents/carers. The pilot services 'belonged' to the parents/carers, and **made themselves available, offering an open door.**

> 'People that use our services genuinely feel like we belong to them, that they are exceptionally comfortable coming into our offices and accessing our services, which is really helpful.'
> Midaye staff

iii. Be professional: responsive, proactive and follow through with commitments.

Although interactions with the pilot services were marked by a lack of bureaucracy, this did not mean that services were not professional. Indeed parents/carers experienced the pilot services as more professional than other services. The pilot services **recognised how important maintaining parents'/carers' trust is to the therapeutic relationship.** This meant recognising reciprocal responsibilities to parents/carers and **always following through with their commitments.**

> 'The highlight compared to other service is that… they'll actually do what they said they're going to do. And that makes a huge difference… I've been let down by a few services. They say they're doing things and, you know, on paper it looks good, but in reality they weren't doing it. I haven't witnessed that with Strengthening Families, they've actually been present.'
> Strengthening Families parent/carer

The pilot services were also **highly responsive** to parents/carers – which in some cases was contrasted to their experiences with other services.

> 'When I have conversation with [Strengthening Families staff] we have received [from] them fast response because they knew we needed help and it has to be urgent.'
> Strengthening Families parent/carer

> 'Midaye surprise me. When we suggested anything to help, they do it.'
> Midaye Hope project parent/carer

The pilot services were also **proactive in checking in** with parents/carers – who felt supported and cared for as a result. This also **helped to reach parents/carers at times when they needed extra support.**

> 'We went back on a downward spiral. And… I think, [Strengthening Families staff] called me for a check up to see what was going on. And I explained and that's how we got [further support].'
> Strengthening Families parent/carer

As one parent/carer noted, sometimes **being proactive can be the difference between a family overcoming barriers to seeking help and accessing support,** or not.

> 'Parent/carer: So when I went to the other website I saw the number of [Strengthening Families]. I called and then I just hung up. [laughs]. But then he called me back.
>
> Interviewer: Why did you hang up?
>
> Parent/carer: You know, sometimes when you're going through things. Yes. "Well, is this right?" But… he explained what they do… oh he was really nice… and we continued from there.'
> Strengthening Families parent/carer

iv. Offer flexibility, tailor services to individual needs, and empower service users to make decisions about the support they receive.

As well as being flexible and person-centred in their communication with parents/carers, the pilot services were also flexible in service delivery. This helped them to be led by parents'/carers' needs.

> 'I think it's a good programme because it allows us to work with families in a way where we can meet them exactly where they're at. We have that flexibility, instead of kind of every single person needs to fit within a certain box, we can be flexible.'
> Strengthening Families staff

Being flexible meant **letting parents/carers know what the service could offer, and then allowing parents/carers to decide about what would work best for them.**

> 'Here we say "Well we let's try this, but this is also available and you can come back to it. You know, do the group sessions alongside... none of it, you're now not disqualified from any other help that we can offer, but this is what we think is best for you right now."'
> Strengthening Families staff

The services understood that **parent/carer autonomy was crucial for the development of a trusting relationship.**

> 'We tried to with social workers especially, we love them to a level, but at the same time we often say to them and we're very mindful that "Please, please, please don't tell a parent what they have to do."'
> Strengthening Families staff

The services recognised that **it took time to build trusting relationships** with parents/carers. Some parents/carers might only be able to engage with limited aspects of the service initially before later deepening their involvement.

> 'To really offer a bespoke thing for parents and to sort of build relationships over a period of time, and let them come in and be part of a network and stuff like that, where everybody's sort of sharing similar challenges – I think that's been the key.'
> Strengthening Families staff

Additionally, both services also tried to accommodate different schedules. Sessions were offered in the daytime and the evening, online and in-person.

Cultural competency

v. Recruit staff from the communities being served and with lived experience of the challenges service users are facing to increase understanding and relatability.

Staff drawn from the local community may find it easier to build rapport and relationships with service users. For example, in the Midaye Hope project, it was noted that the predominately Muslim workforce made parents and carers feel at home and comfortable.

> 'When I made a phone call it was always a lot easier for me because if I say [my name] and we're dealing with Afro-Caribbean parents, especially with many of the African parents, initially within two minutes would say to me, "If you don't mind me asking, where are you from?"'
> Strengthening Families staff

The closeness of services to the community can reduce the likelihood of parents/carers feeling judged by an outside agency – particularly important for communities that may be used to being excluded. Effective relationships allow parents/carers to feel more comfortable opening up about the need for support.

> 'If a service want to reach our communities, the best thing they can do really is look for someone in that community who understands the community, who perhaps the community even recognises, and who speaks the language – and employ them, train them up as an access point into that community.'
> Midaye staff

Staff drawn from the local community are also generally likely to have a deeper understanding of the lives of families. Staff in the pilot services had direct lived experience of some of the challenges parents/carers were experiencing – which strengthened their determination that parents/carers should have the right information and be heard.

> 'You're looking for someone with lived experience, if possible from the community you're trying to reach – and by "lived experience", I mean someone who's really been through it, who's been through the same experiences as the people they're trying to connect with.'
> Midaye staff

vi. Offer services in users' native languages to enable those without English proficiency to fully participate.

Language is a key aspect of parents/carers feeling welcomed by a service, and was fundamental to parents/carers engaging with the pilot services (and Midaye in particular).

> 'In Midaye it's different because they speak your own language.'
> Midaye staff

Midaye was also able to connect parents/carers to other services by bridging language barriers.

> 'If they want to go to an appointment and… they need a translator, somebody to be with them… they benefit a lot from Midaye.'
> Midaye Hope project parent/carer

vii. Understand, respect and honour the cultures and values of the communities being served.

The pilot services' **understanding of the communities they work with was essential** to delivering an effective service. Staff had an expert understanding of the attitudes to mental health amongst the communities they were working with.

For example, Midaye's service design was based around the understanding that many parents/carers in the local community were not aware of terms relating to mental health, meaning they needed to take people on a journey of learning about different mental health related terminology.

> 'They'll be like… "I have panic attacks", but they don't know the word… so they just say, "I feel like I have heart attacks"… we just give a description and explain more… then the more comfortable the women get, they ask for those labels… they'll be like, "Oh can you describe depression or bipolar, can you give me a description?"'
> Midaye staff

Staff also noted the importance of the motherhood role in constructing parents'/carers' self-esteem and identity in the community, and stigma might prevent parents/carers asking for help for themselves individually; this made it important to build a group consensus about what support may be needed – to avoid singling out individual parents/carers. Parents/carers were also carrying trauma from past experience of forced displacement and war. The way all of these issues played out was specific to the community, and an understanding of the community was central to the service's effective work with parents/carers.

As well as simply understanding a community, a fundamental **respect for families' values is essential to constructive work with parents/carers.**

> 'The challenges are also if you are trying to support someone… you might also get obstacles put in place because they're actually wondering, do you really understand the values that we want to have and have in our household as opposed to you coming in and going "Well this is how things are done over here." There's a lot of families still want to go like "We wanna retain our values and beliefs, and this is our approach… So now that you're asking me to listen a little bit more or not do this or not do that, do you realise how much you're trying to make me compromise in terms of how I grew up on, you know, what worked well for me?"'
> Strengthening Families staff

Again, the closeness of the pilot services to the community empowered them to sensitively challenge cultural practices – something that would have been harder for an outsider to do.

> 'There's been quite a lot of work that's gone into having honest conversations… you do need to understand and appreciate a lot about someone's culture before you can actually almost start to unpack some of the habits that they have, that you think that might not be working so well.'
> Strengthening Families staff

The pilot services also emphasised the importance of not just being culturally sensitive but actively honouring the cultures that people come from. For example, parents told us about Midaye hosting Eid celebrations and bringing henna to a session (knowing that parents/carers really enjoyed the practice but struggled to access it due to the cost).

Community-led, empowering and holistic

viii. Allow service users to share what they want and need from the service.

Communities have the best understanding of their own needs, and **services should be shaped around the wants and needs** parents/carers communicate.

> 'The parents are the ones who have the experience right, and they're the ones who ultimately we want to leave them in the situation where they're happy – but we don't wanna dictate that to them so trying to have them involved as much as possible is quite key.'
> Strengthening Families staff

The pilot services were exemplary in identifying the support needs of the parents/carers. One way this was done was to **give space to parents/carers to share their experiences.** Group consultations and focus groups were used to learn about what parents and carers wanted.

> 'The idea is to get people together in the same room, you know, without necessarily having an overt agenda, allowing them to talk and then directing the conversation, to help them identify the difficulties... common issues that they are facing. And then offering them some ideas but allowing them pick and choose... how they can deal with it.'
> Midaye staff

It is important to emphasise that this went well beyond a consultation or tokenistic co-production session at the point of setting up the service. For Midaye especially, this work was a fundamental and ongoing aspect of their grassroots approach. For this to be done meaningfully, it was necessary to **give enough space for parents/carers to form relationships** and be comfortable opening up with each other and with the service. Midaye noted, for example, **bringing parents/carers together – e.g. for meals – with a sole focus on providing space for relationships to develop.** This was **necessary for effective community-led work.**

> 'What's critical there... is the friendships and the relationships that are required in order for that to be effective and that happens through creating an environment where people can really just get along with each other, where they can talk, where they can share both their joy and their difficulties with each other... Sometimes, external visitors will come into our groups and they'll say to me – they're speaking in Somali – they'll say, "Oh, they just look like a group of friends chatting together." And I'll say, "Yes, they are friends," and they say, "Well, what are you doing with them? Where's the activity? Where's the outcome for this session?", and I'll say, "Well, this is exactly what's necessary in order for us to achieve our wider outcomes, this environment where people can get on and they can do things together."'
> Midaye staff

ix. Support service users to form peer networks to create wide and sustainable support.

The space given over to forming relationships was fundamental to other aspects of the community-led approach. Both services recognised the value of the networks that developed among parents/carers – **peer support networks are a means to directly achieve outcomes** for service users.

There is rigorous evidence for the benefits of peer support groups in providing both emotional support and important information to participants (Worrall et al., 2018; Borkman et al., 2020). The feelings of being connected, seen and having a common experience, and the benefits of mutual support were key drivers of the positive outcomes for parents/carers in the pilot services. Parents/carers spoke about the value of meeting people from similar cultural backgrounds that they felt understood them.

> 'Being in a group of people... actually listening to them was a really good way of not feeling isolated.'
> Strengthening Families parent/carer

> 'Most of us we don't have family here; these are like family.'
> Midaye Hope project parent/carer

The pilot services ensured that group sessions were a **safe space** for parents/carers to open up with each other, and for relationships to develop. As well as providing this space, **staff enabled and encouraged parents/carers to support each other.**

> 'You don't just say "Oh there's your homework"... you kinda get them to encourage each other in the process, text each other, go and visit their neighbour and [ask] "How are you looking after yourself today?"'
> Midaye staff

The strength of the relationships that developed were evident in the examples of mutual support provided by parents/carers, particularly at Midaye – e.g. looking after each other's children, supporting each other after bereavements or the birth of a child.

> 'If anybody is going through a problem at that time, I feel like there's some sort of a network, a group that forms to help that individual.'
> Midaye staff

x. Encourage service users to play an active role through participatory services and voluntary and paid roles to build capacity within the community and to ensure the service is user-led.

Beyond the pilot services being shaped by parents'/carers' needs and promoting the development of supportive peer networks, being parent/carer-led also meant empowering service users to find solutions themselves to the challenges they identified.

> '[We are] led by the community, led by the parents, discovering and understanding the anxiety community members have, and innovating a way that the community feels that they are the lead. Like we don't step back, we guide, we support, but they are the leaders of the community. I really believe in that.'
> Midaye staff

This involved parents/carers being supported to take on voluntary or paid roles to address community issues. For example, at Midaye parents/carers identified a common issue that the community was not accessing drop-in sessions run by Family & Children's Services; a parent volunteered to help deliver an Arabic-speaking mothers and children group at an appropriate community venue to increase engagement.

Many services could be described as deficit-based, focussed on addressing service users' challenges. However this parent/carer-led approach is necessarily strength-based, as it draws on the internal resources of service users and the wider capacity of members of the community to support each other. As seen in the pilot services, drawing on the resources of the community in this way can also build capacity and expand the resources available to support service users.

Final Thoughts

Although the principles we have outlined above – relationship-centred practice, cultural competency, and being community-led – are straightforward, they require **focus and commitment** from services. The pilot services also noted key facilitators that allowed them to undertake such practice – including **providing sufficient emotional support to staff;** they also noted that they by and large had **sufficient capacity and caseload to ensure the quality of the work.**

It must also be noted that the pilot services were explicit that their principles and organisational culture could not be adopted by another organisation overnight.

> 'I don't know if it's easily transferrable to an established organisation to be honest with you. The reason that we have success is because we were started by people within the community. Our whole organisational culture feels familiar for the people that live in our communities, so that's not something that you can easily transpose onto another organisation.'
> Midaye staff

Sensitivity to the specifics of the communities they work with was part of what made the pilot services successful – they have been developed in and for these contexts. Midaye have been working with the community for many years – **strong relationships and community trust in a service is something that takes time to build.** Where services are unable to make this sustained investment in a minoritised and marginalised community, they should – with humility – look to partner with a local organisation with authentic grassroots connection to the local community.

3. References

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.

Borkman, T., Munn-Giddings, C. & Boyce, M. (2020). Self-Help/Mutual Aid Groups and Peer Support: A Literature Review. Voluntaristics Review 5.2-3, 1-219.

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.

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.

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).

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.

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).

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.

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).

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.

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.

Worrall, H., Schweizer, R., Marks, E., Yuan, L., Lloyd, C. & Ramjan, R. (2018). The effectiveness of support groups: a literature review. Mental Health and Social Inclusion, 22 (2), 85-93.

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.

coram **better chances for children since 1739**

We are Coram.

Better chances for children, now and forever.