Opportunity areas: making mental health research more inclusive

Use these ideas to spark conversations about potential interventions or solutions on how to break down barriers to involving BAME young people in mental health services and research.

Opportunity area 1

Increasing intergenerational and family understanding of anxiety and depression for people

This is already a huge issue, and likely to become more pronounced with the ageing generation and young people living for longer under the same roof / in close proximity.

- **Partnership with a broadcaster on programming** – mental health storytelling aimed at BAME audience either. This could target older generations, or be presented as something that families can watch together.

- **Family meal packs** – bought at (and supported through a partnership with) supermarkets and cooked and eaten together as a family. We suggested conversation guidelines / cards could be integrated into this to encourage specific mental health conversation areas.

- **Build listening skills in families** – creation of specific resources (eg conversation cards) and activities to guide families through having difficult conversations about mental health. Building on the idea of 'buying a safe space from Ikea', ie the need to create safe spaces from within the home.

Opportunity area 2

'Get woke' – build a (global) movement aimed at empowering young people to raise visibility and change perspectives on mental health

This was largely based on the insights that BAME people often felt there was no-one they could visibly identify with going through similar issues to them. And the horror and shame attached to even admitting the issue in the first place (this comes even before speaking with anyone else and is about self-acknowledgement).

There's also, a lack of nuanced understanding of the challenges / barriers / experiences that are unique only to people from BAME backgrounds – eg living with dual identities.

- The ambition would be to create and mobilise a movement that could create cultural change, rather than just a transient campaign.

- To provide a safe digital space for people to share stories and raise visibility – MeToo / Women's March / SheVotes / Veganism / LGBTQ awareness (all examples in this space).

- Storytelling aimed at very young people which is successfully changing gender perceptions and empowering kids from a young age eg Girls Who Dare / Boys Who Dare to be Different.

Opportunity area 3

Tackle a profound lack of cultural understanding through people–centred service innovations

The need for more BAME specific people-centred service design was a strong theme in the workshop. Lack of cultural understanding and entrenched racism was often cited as a barrier to engaging with services, and certainly with research as an extension of these.

This gave rise to two leading ideas:

- **Empathy services 'walk in my shoes'** – development of a service / training tool that would take people first hand through how some BAME individuals experience services and the impact this has on them.
  This would be used as a training tool for researchers and practitioners and lead to increased cultural understanding and the development of more culturally aware and tailored practices. Virtual reality was mentioned as a possible tool here.

- **As an extension, once awareness has been built** – develop a dedicated programme that brings community leaders, service users, researchers and designers together to co–design specific methods for bringing research to specific BAME groups. The idea here was to design for the nuances of cultural differences, rather than lumping all ethics minority groups into the same category.

Opportunity area 4

Change the way research (and services) are done – from the ground up

Opportunities 4 and 5 deal with the fact that some of the best support systems and innovations are coming from within communities themselves – but many dots need to be connected to empower, advance and scale grass roots activity.
Work needs to be done at both the grass roots / frontline level and within the established structures that hold power and influence at the top of the system.

We have separated these into 'ground up' and 'top down' solutions, but of course these are all part of an ecosystem and need to work together to effect change.

- **ECitizen Researchers** – building the researchers of the future: young people to be trained to conduct research with peers in a safe and attractive community space. As part of their training they would learn new skills and potentially build a career (on a path that might not have been open to them previously) as part of a paid apprenticeship. Crucially, they must be incentivised and remunerated for their work so that input is valued. As well as to academic structures, they would in turn communicate the content of their research findings back to other young people in mediums they engage with – eg, music, imagery, Instagram etc. (perhaps a good start would be to mobilise 100 young people to do this across the UK to extend Wellcome's understanding of what BAME young people think and want).

- **'Air CBT'** – a similar principle as the above concept, but this centres on space and connecting young people / potential service users with therapists / researchers to meet in safe or familiar community spaces. Based on the Airbnb model, through a self-organising platform, community spaces (eg barber shops / local cafes etc.) could offer themselves as spaces for use by young people and practitioners.

Opportunity area 5

Change the way research is done – from the top down

Two ideas that tackle the need for a change in research practices
by innovating incumbent practices / approaches.

- **Capacity building through researcher brokering / buddying roles** – although community groups might be doing great work on the ground, they often lack the internal capacity to apply for grants, and where Wellcome is concerned, will often not have an evidence base to work with in terms of research. This concept proposes 'giving' community groups a resident researcher to help develop a research offer and build a longer term (and fundable) research project originating from the community.

- **A change to Wellcome's policies** – make it mandatory for mental health research proposals to partner with more diverse communities / community influencers, and to have this relationship facilitated by public engagement expertise that can bridge both spheres. Essentially, where / how can Wellcome have impact by changing its grant giving policies and supporting researchers to be more inclusive in their practices?

Opportunity area 6

Create ground breaking innovation in schools

The topic of schools came up a lot – their current failure, lack of resourcing,
understanding etc. Despite failings, it's clear that the school site is still a very important one.
It's often the frontline in the detection of mental health issues and where young people are
first able to access support. Attuned teachers were able to connect with
young people more than family, friends or services and young people are easier to
reach while still in 'the system'.

• Could young people create, activate and manage their own safe spaces?

• Could an independent service / pop-up / resource be co-created that is independent
of the school curriculum and does not depend on school provision,
but uses the centralised school model?

• Examples / references include Steve McQueen project photographing all school
students, Shakespeare in Schools, Wellcome Mad Love project (other examples
of tackling difficult topics, eg around sexual health)

Opportunity area 7

The philosophy of mental health within religion – find ways to work with religion, not against it

This issue of religion as both a negative and positive force came up a lot in the workshop.
On the one hand, religion adds to people's sense of shame and stigma, but on the other, certain religious practices bring solace and peace to those experiencing mental health issues.

- How to work with religion, not against it, felt like an opportunity space to explore (eg through multi-faith partnerships)?

- Could we work closer with faith schools – particularly evening classes for Islamic learnings / Jewish schools etc?

- Could we do some research into how religion impacts on mental health – both positive and negative (eg through Muslim women's council, and Imams)?

Opportunity area 8

SafeHouse – safe spaces are an essential part of any solution

This was a really strong theme in the workshop (and continues to be in the frontline work we have done) – this could be a design principle that is woven into every area or it could form the basis of a whole opportunity area to explore.

- For example – what constitutes a safe space for different people / communities? How and when do people use them? How can they be supported and cultivated? Some in-depth research here could lead to a number of solutions.

- Could you fund young people to create their own safe spaces within different communities with very different needs? Or develop a network of 'safe spaces' to be run by trusted individuals / lynch pins?