The latest survey of child and adolescent mental health problems reported that one in 10 young people have a mental disorder,(1) but the official statistics fail to highlight the needs of particularly vulnerable groups.

Child and adolescent mental health services (Camhs) are undergoing substantive changes in the way they are organised, staffed and delivered following the 2004 National Service Framework for Children. The government intends to increase the Camhs workforce by...
2006 to create an improved comprehensive service after years of neglect. But too little attention is being paid to the needs of ethnic minorities, refugee and asylum-seeking children and young people.

Research has highlighted the inequitable, oppressive, and poor quality services available for families from ethnic minorities. Inspection of social work services for black children and their families in the UK shows that despite years of anti-racist and anti-oppressive social work rhetoric, assessments and care planning are still generally inadequate. To try and improve matters government guidance suggests:

- Ethnic monitoring of services and staff to ensure they are provided equally.
- Involving ethnic minorities in planning and reviewing services.
Training in anti-racist and anti-discriminatory practice.

Investigating and monitoring complaints of racial discrimination or harassment.

Explicit policies are in place for working with black families.

It is also important that the organisation and training of social workers in CAMHS is rooted in psychosocial and culturally competent skills. The increasingly fluid patterns of migration, immigration, asylum seeking and refugees crossing geographical and cultural boundaries are disrupting traditional identities and subsequent intra-familial stress requires attention.

Identity conflicts, developmental milestones, and transitions from one phase of childhood to another are risk factors in the genesis of mental health problems in young people. But when added to the excessive strain experienced by children suddenly uprooted from one country to another, they can magnify the effects of these factors. In addition, recent research has identified the way that globalisation and consequent social changes have proved unsettling for established cultural identities. (4)

One of the central aims of culturally competent practice is to exclude the risk of misinterpretation or underplaying significant emotional and behavioural characteristics. An understanding of the reluctance and resistance of parents to consider a mental health explanation for their child's behaviour or emotional state is important when considering how to engage parents or carers from diverse cultural backgrounds in the process of support.

It is equally important to make efforts to understand cultural explanations and belief systems around disturbed behaviour as part of risk assessment work.

For some young people it could be a relief to have an explanation for feelings and behaviour that they find hard to make sense of, whereas for others it could exacerbate feelings of blame, guilt and self-loathing. The enduring social stigma of mental health problems, combined with institutionally racist practices, provides an overall context for these feelings to be repressed, displaced, or acted out.

Respecting rather than challenging difference should be the starting point for a partnership and collaborative social work practice. The dilemma for social workers aspiring to practice in culturally competent ways is in balancing this respect with knowledge and evidence of the consequences of untreated emerging mental health problems.

The Western psychiatric model of mental illness tends to ignore the religious or spiritual aspects of the culture in which it is based. (5) However, Eastern Asian, African and Native American cultures tend to integrate them. Spirituality and religion do not feature often in social work literature, yet they can be critical components of a child and young person's well-being, offering a source of strength and hope in trying circumstances. Social workers need to address this as part of the constellation of factors affecting black children and adolescents, avoiding stereotyping, and bearing in mind the positive, and sometimes negative, impact spiritual or religious beliefs might have on their mental health.

The evidence suggests that an interplay between characteristics in the child and their environment increases the risks of developing mental health problems. Social workers ought to
find that this paradigm fits with a psychosocial framework for culturally competent assessment and intervention in Camhs.

The risk factors include:
- Communication difficulty.
- Physical illness.
- Low self-esteem.
- Family breakdown.
- Death and loss.
- Socio-economic hardship.
- Disaster.
- Discrimination.
- Homelessness.

There is very little evidence of what works with children from ethnic minorities, or how models of practice should be adapted to meet the needs of diverse, multi-cultural populations. The literature on anti-racist and anti-discriminatory practice often laments this knowledge gap. But there are identifiable areas for social workers to focus their work.

Advocacy skills in which young people are encouraged to be supported and represented by advocates of their choice with a children’s rights perspective would help contribute to enhancing future Camhs provision. A traditional psychosocial practice, that links the internal and external world of the client, augmented with culturally competent skills can help tackle the policy failure to fully address the needs of black, other ethnic minority, and refugee and asylum-seeking children and young people.

Social workers thus have the opportunity to make a major contribution towards responding to the increased prevalence of child and adolescent mental health problems. The insights offered within reflective practice can fully engage troubled young people and help identify those at risk of developing mental health problems.

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Training and learning
The author has provided questions about this article to guide discussion in teams. These can be viewed at www.communitycare.co.uk/prtl and individuals’ learning from the discussion can be registered on a free, password-protected training log held on the site. This is a service from Community Care for all GSCC-registered professionals.

Abstract
Child and adolescent mental health services are being developed to try and cope with unprecedented demand. But too little attention is being paid to the
needs of ethnic minority, and refugee and asylum-seeking families. Social workers have an opportunity to meet their needs using psychosocial and culturally competent skills.

References
(1) Office for National Statistics, *Mental Health of Children and Young People in Great Britain*, HMSO, 2005
(5) S Walker, *Culturally Competent Therapy*, Palgrave, 2005

Further information

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