March 2021

EBPU
Evidence Based Practice Unit
A partnership of
UCL
Anna Freud National Centre for Children and Families

Mental health and the coronavirus research bite #6: a brief review of protective factors for positive mental health among children and young people of colour

About this series

We are aware that parents, carers and those working with young people might have many questions about how to support children and young people's mental health and wellbeing during the coronavirus pandemic. We know that it can be hard to find evidence about the best ways to tackle some of these challenges. The Evidence Based Practice Unit (a collaboration between the Anna Freud Centre and UCL) is producing a series of 'research bites' based on very rapid reviews of existing research. These are not thorough or extensive reviews, rather they aim to offer concise and timely insights on some topical issues.

The question: what do we know from research about protective factors to support positive mental health or wellbeing among children and young people of colour?

In this research bite we draw on the literature about protective factors, which refer to activities, experiences and actions that can increase wellbeing, reduce the negative effects of stressors, and reduce the risk of mental health difficulties. Although the primary focus is on protective factors among children and young people of colour, we also reflect on evidence relating to children and young people from other minoritised backgrounds.

As the United Kingdom (UK) and countries around the world are tackling the challenge of the coronavirus (COVID-19) pandemic, there is growing recognition that the pandemic may be exacerbating existing inequalities that already pose risks to people of colour.[1] The pandemic has occurred in a context where pre-existing health inequalities influence access to health care. Research finds that racism and systemic racism confer a negative influence not only on health outcomes, but also on access to education, housing and employment for young people of colour and their families.[2-5] Several publications have reported increased risk of exposure to, and death resulting from, the coronavirus for people of colour, particularly for people of Black African and Black Caribbean, Indian, Pakistani, Bangladeshi and Filipino ethnic backgrounds.[a, 5-8]

These differences mean that in the UK, children and young people from the above backgrounds may be disproportionately affected by the coronavirus pandemic and its impact on mental health. As well as being more likely to experience the loss or illness of a loved one, structural inequalities mean that children and young people who are Pakistani, Bangladeshi or Black are also more likely to be from lower socio-economic backgrounds and may have decreased access to online learning and spaces to study during school closures and increased stress at home.[9] These could in turn increase the potential detrimental psychological impact of the pandemic on them. People of colour may also be at greater risk of exposure to the coronavirus due to occupational factors (e.g. jobs in healthcare and public transport) and other factors.[9] Therefore, it is particularly important that children and young people of colour have access to support with their mental health and wellbeing at this time, and that this support is tailored to meet their needs.

a. Further details about COVID-19 related deaths by ethnic group in England and Wales can be found at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020

Beyond the pandemic, a range of studies have shown that there are specific risk factors that are experienced by children and young people of colour. For example, people from some minoritised ethnic groups experience worse mental health outcomes.[10] Belonging to a minoritised ethnic group in and of itself is not a risk factor for worse mental health outcomes, it is the structural inequalities and structural racism that children and young people from minoritised ethnic groups are exposed to that is the risk factor for worse mental health outcomes. It is well documented, for instance, that children and young people of colour face racial discrimination, racial profiling and racist microaggressions that can have negative effects on mental health and other types of outcomes.[1,2,11]

In this context of exposure to increased risk, careful consideration of the factors that may increase the likelihood of positive outcomes for children and young people of colour is vital. There may be some protective factors for children and young people of colour that could afford them some protection in the context of new stressors and existing ones. Protective factors are important as they refer to those factors that enable children and young people to bounce back and adapt positively from risks, described as *resilience*. Protective factors lie at the individual level (such as having high self-esteem), the family level (such as having a close relationship with parents and carers), and at the wider community level (such as access to community groups and extracurricular activities). Protective factors can reduce the likelihood of poor mental health outcomes or poor mental wellbeing.[12]

In this research bite our main focus is children and young people of colour, but papers make reference to other minoritised groups so these are also referenced.

How did we answer this question?

To answer our question, we conducted a rapid review of the research evidence, looking for key studies of protective factors for positive mental health and wellbeing for children and young people of colour. Because this was a rapid search, we only looked for key papers published after the year 2000 and used a small number of search terms. Conducting a literature search in this way is less rigorous than conducting a systematic review, but it helps locate relevant evidence quickly. Due to a lack of research carried out in the UK on this question, we have included research from other contexts, such as the United States (US), where relevant research has been carried out.

We recognise that while we are attempting to draw out protective factors for applicability in the UK context, protective factors are highly context-specific and may depend on specific stressors which are only present in particular environments and may only be relevant to some people of colour but not others. As such, it should not be assumed that the protective factors described here are relevant to all children and young people of colour in all places. Instead, drawing from these studies, we highlight protective factors that have been supported by scientific research in specific contexts and propose that further research is needed in the UK context.

In addition, we note the importance of understanding the lived experience of what helps with wellbeing and mental health for children and young people of colour in the UK context, and we emphasise that it is important to conduct qualitative research to understand what works for whom, in addition to drawing on current literature.

Finally, we recognise the vital need to address the very real risks that children and young people of colour, as well as other mintoritised groups in the UK, face due to social inequalities, discrimination and systemic and structural racism. However, in writing this, we are aiming to shine a light on how children and young people of colour may have access to or draw on different protective factors. Understanding these protective factors is important to support mental health and reduce the risk of mental health difficulties during this challenging time.

In this research bite, we have focused on studies that include samples of children and young people aged 0-18 years old, while keeping in mind that definitions of young people often use a higher upper age bracket.

What did we find out?

There are complexities when it comes to understanding the mental health of children and young people of colour in the UK. The available data is limited for several reasons. Firstly, there is a lack of breakdown of young people's experience of mental health problems by ethnic group.[13] Secondly, there has been limited research investigating protective factors for children and young people of colour in the UK. Finally, there is an important need for researchers to make research both accessible and meaningful for children and young people of colour, and to take proactive steps to widen participation in research projects.[14]

There are many influences on the mental health of children and young people of colour. Factors include social and economic inequalities, exposure to racism and discrimination and mental health stigma.[15,16] For example, research finds that experiencing racial discrimination is linked with low self-esteem and symptoms of anxiety and depression.[17] In terms of young people's access to specialist mental health support, studies of referrals to child and adolescent mental health services (CAMHS) in the UK have shown an association between route to services and ethnicity. Young people of colour were found to be less likely to access CAMHS through voluntary routes. Instead, they were more likely to be referred through school, social care services or youth justice.[18,19]

On the other hand, self-report studies in the UK suggest that during adolescence, young people of colour report, on average, better mental health outcomes than their White British peers.[20] Reasons for this self-reported increased resilience are not clear. One explanation could be that self-report measures do not appropriately conceptualise and capture the mental health of young people of colour. That being said, researchers have found associations with protective factors including **parental care, family connectedness, cultural integration** (measured by ethnic diversity of friendships), and **frequency of attendance** at a place of worship.[21-23]

In this research bite, we define and describe in detail the protective factors linked with children and young people of colour which have been found to be associated with better wellbeing and mental health outcomes. **Many of these factors are found to increase wellbeing in the general child and adolescent population, but some are specific to children and young people of colour in relation to specific risks they may experience, such as racial discrimination.**

a) Racial and ethnic identity

Racial and ethnic identity have been studied both separately and together.[24] In this research bite, we have chosen to discuss racial and ethnic identity together. Some research suggests that this can be a helpful approach and defines racial and ethnic identity as "the beliefs and attitudes that individuals have about their ethnic–racial group memberships, as well as the processes by which these beliefs and attitudes develop over time." (see Umaña-Taylor *et al.*, 2014 p.23) Development over time is important in this definition, as a young person's thoughts and feelings towards their ethnic or racial group membership may vary through childhood and adolescence. Racial and ethnic identity is complex and can include identification with other peers, as well as identification with a set of values or behaviours associated with a particular ethnic group.[25]

A range of studies have found that racial and ethnic identity can serve as a protective factor, and if these connections are lost, it can lead an individual to feel isolated. A strong ethnic or racial identity has been found to be associated with outcomes including higher educational attainment,[26] increased self-esteem,[27] increased self-efficacy (belief in one's ability to achieve goals within the environment),[28] and increased wellbeing.[29] Researchers have also suggested that ethnic identity can serve to protect individuals from the effects of negative stereotypes and discrimination by providing a larger frame of reference with which to identify.[30] There is also some evidence from studies with African American families in the United States (US) which link stronger messages that support ethnic or racial identity (between parents, carers and their children) with reduced symptoms of anxiety in children.[31] A recent meta-analysis brought together a range of research which found that cultural socialisation has a positive role on self-perceptions and wellbeing in African American young people in the US.[32]

b) Cultural connection and language

Some studies with young people have found that cultural knowledge, language and participation in traditional activities specific to one's culture are associated with improved psychosocial functioning for specific minoritised ethnic groups, such as aboriginal young people in the Australian context and Native American young people in the US.[33] In the context of the coronavirus pandemic, some projects in the US have successfully brought together young people and older adults from specific minoritised ethnic communities for the purpose of fostering resilience and mutual support.[34]

c) Religious identity and religiosity

Similar to the concept of ethnic identity, religious identity and religiosity can provide a shared experience and sense of community. This protective factor broadly refers to the shared experiences and sense of membership and community which run alongside the presence of spiritual beliefs. For adolescents who are religious, spiritual or practice a particular faith, religious identity has been linked with increased wellbeing regardless of ethnic background.[35]

When looking at this protective factor in relation to young people of colour, frequent attendance at a place of worship and religious social support were found to be associated with better psychological wellbeing for Black young people in the US.[20,36] Religion is thought to influence mental health by providing social support, a sense of meaning and coherence and positive coping. Spirituality is thought to influence outcomes of wellbeing, mental health, resilience and reduced substance abuse.[37]

It is important to recognise that religion and religiosity are not always protective for young people and that sometimes religious expectation and religious norms can be a source of risk, and can impact mental health negatively,[38] for example, if a child is a religious minority in a school. Studies have also reported hostile treatment of young people from lesbian, gay, bisexual, trans, non-binary, and queer (LGBTQ+) groups in particular religious contexts,[39] and for some traditions, religious and spiritual beliefs can be a barrier to families accessing mental health services.[40,41]

d) Psychological empowerment, positive self-esteem and positive self-perceptions

These factors are found to be protective for the general population in relation to wellbeing.[42-44] However, it is important to consider these factors in reference to children and young people of colour. Psychological empowerment refers to young people gaining a sense of control over their lives and decisions and adopting a critical understanding of their environment.[45] Studies have found that adolescents with more empowerment reported better and more caring relationships with adults and peers, and there is also some evidence of increased academic attainment.[46] Positive self-esteem and positive self-perceptions have been found to help young people of colour to be resilient in the context of risk.[47] However, some studies have found that although higher self-esteem helped to reduce the risk of depression for Hispanic adolescents, this effect was not sustained for Black adolescents.[b,48]

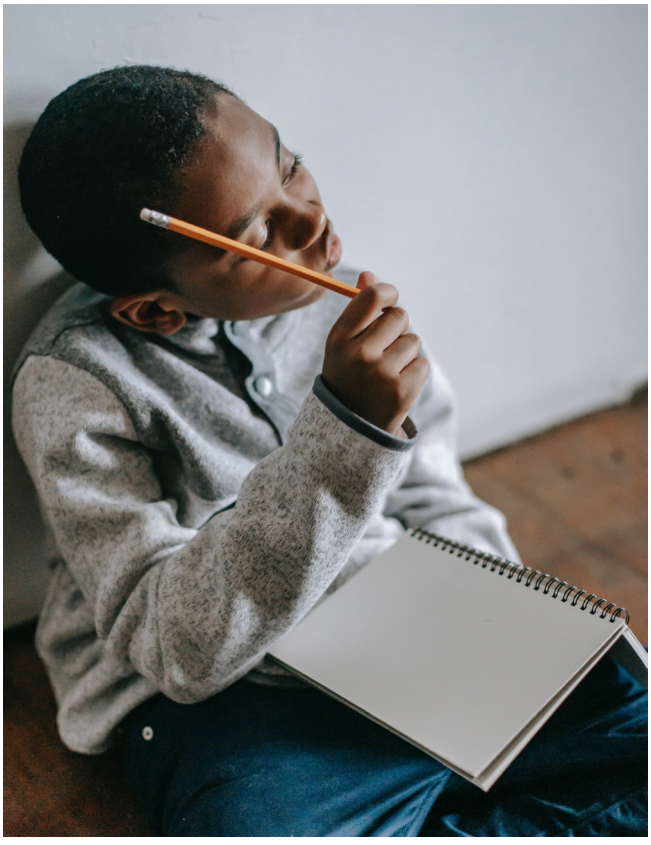
b. It is important to note that sometimes a factor has been found to be protective because a young person is in a high-stress environment (e.g. increased risk of crime), versus a factor that is protective because it directly links with race or ethnicity.

e) Relationships with parents, carers and family members

Research has traditionally focussed on the role of relationships with parents and carers, finding for example that parental monitoring is particularly important for adolescents growing up in neighbourhoods which have high levels of community violence.[47] Recent research examines the role of wider families members, such as aunts, cousins, and grandparents, in helping young people build family resilience and enhance child wellbeing.[49,50]

f) Social support

Social support refers to supportive relationships around the child or young person, including adults outside of the family, teachers and community leaders. There is mixed evidence for the effects of social support for children and young people of colour. Social support can promote wellbeing and can reduce the risk of depression, but this is not always the case and cannot be generalised for all groups.[51] Some studies have found that in the context of witnessing violence or being a victim of violence, social support protects African American boys against depression.[52] Another study found that teacher-student relationships reduced behavioural difficulties and the risk of depression for African American boys.[53,]



What are the implications?

It is widely agreed by mental health researchers and policymakers that coronavirus and lockdown pose a serious threat to young people's general wellbeing. Further, the impact of coronavirus and lockdown is especially relevant to children and young people of colour who have been disproportionately affected by the pandemic. Therefore, it is important to understand what helps protect children and young people of colour from adverse effects on their mental health. In the UK context, while there is a lot of literature about what protects White populations from mental health problems, there is limited knowledge about what protects children and young people of colour.

Many protective factors are common across ethnic groups, but some appear to emerge as relevant to minoritised groups in particular contexts. We have primarily found research from America and Australia, indicating that further research is needed to understand their relevance to the UK context. Many of the factors we identified suggest that promoting a young person's identity and self-belief, high levels of family support, religious belief and religious identity and social cohesion could help to protect young people against some of the adverse outcomes associated with the consequences of the coronavirus pandemic.

In identifying these protective factors, we do not intend to detract from the critical need to address the very real risks that people of colour face due to ingrained social inequalities, discrimination and systemic racism. These need to be tackled without question. In conducting this research, we are attempting to bring attention to the fact that children and young people of colour may have access to or draw on a range of different protective factors, and that families, professionals and mental health services may be able to support young people of colour to access these protective factors. Like adults, young people are unique with multiple aspects to their identities (including race and ethnicity), and therefore an intersectional approach to understanding lived experience is crucial.[54,55]

As researchers, we are taking steps to do better in tackling structural racism and inequalities, not only in what we research, but also in how we carry out our research and acknowledge sources of privilege that we may bring to the research process. Moving forward, we aim to ensure the views of young people are central to how we carry out research and that young people from all backgrounds are represented in this. As such, we have launched a new special interest research group on youth mental health and racism that aims to bring together different academic and community-lead organisations. In so doing, the research group will aim to amplify the voices of those working in this area. The group will also work with young people of colour to understand how researchers can make research more accessible and meaningful, from participating in studies to hearing about the results and being included in efforts for research to inform policy change and intervention design.

This research bite highlights that some protective factors may be equally prominent across young people from a range of racial and ethnic backgrounds, while other protective factors are more specific. One of the implications of this is not only examining protective factors individually, but also examining protective factors around the young person at multiple levels: individual, home, school, friendships and society. Therefore, the study of protective factors can benefit from taking a wider, social ecological approach that examines levels of support and protection within the wider socio-ecology around the young person.[56,57]

In addition, we would like to bring attention to the value of structural competency[c] in the process of conducting research with children and young people of colour. This means being able to look not only at the causes of mental health symptoms or outcomes in isolation, but to understand how symptoms or outcomes at the individual level may be the result of decisions made at the social and political level of planning and policy. It is crucial that consideration of the structural determinants of health outcomes and existing social and economic inequalities is an integral aspect of research efforts going forward.

c. Structural competency has been defined by Metzl and Hansen (2014 p.126) as 'the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, trauma) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health'.[58]

Take-away messages

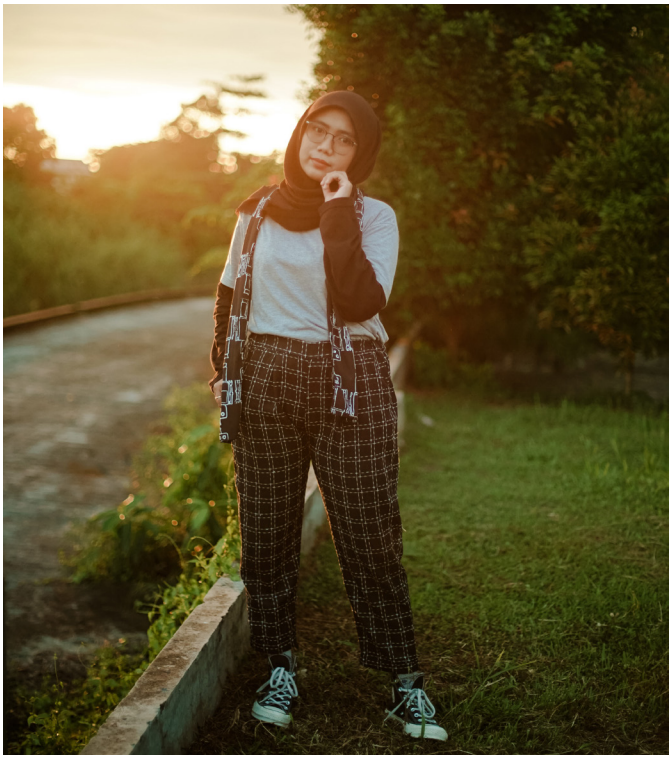
Our review of the literature has found that there is lack of research into protective factors linked to wellbeing and the risk of mental health difficulties for children and young people of colour in the UK context, particularly when compared with the US context. There are a number of important issues that have been less well explored within the literature in the UK context, including the following:

- Protective factors to support mental wellbeing and reduce risk for children and young people of colour.
- Protective factors that are specific to young people of colour in the context of the pandemic, for example, what helps young people with recovery from grief and loss in the context of the coronavirus.
- The lived experience of racism and social inequalities for children and families of colour.
- The meaning of ethnic and racial identity to children and young people of colour in the UK.
- Protective factors that children and young people of colour report to find helpful in relation to racism and social inequalities.
- Understanding the reasons for the inequalities in access to and use of mental health services for people of colour, and how to make mental health services more inclusive of children and young people of colour and their families.[18]
- What types of mental health care and support may be favoured by children and young people of colour, and how to make sure that that support is sensitive to the needs of children and young people of colour and their families.[1]
- The effects of systemic racism on children and young people of colour and their families and the importance of structural competence in the UK context.

Protective factors are highly context-specific and may depend on the specific stressors that are present in particular local contexts. As such, we would like to note that it should not be assumed that the protective factors here are relevant to all young people of colour in all places. Further research is needed in the UK context to understand the factors that young people of colour, as well as young people from other minoritised groups, find helpful to their mental health during the coronavirus pandemic. There is an urgent need to address gaps in the research that limit our understanding of the experience of specific minoritised groups.

Note on our use of language

This research bite discusses protective factors for positive mental health or wellbeing among children and young people of colour. We have referred to children and young people of colour as a broad category. However, we recognise there are difficulties with this categorisation, and we recognise too that people from other minoritised groups may also experience racial and ethnic discrimination. Where possible, we have further specified racial and ethnic groups according to the terms given in the source literature. The term 'minoritised' is used to recognise that being a minority is shaped by processes of power and is dependent on context.[59] We have discussed as a team as to how to carefully and consciously use language in addressing issues relating to race and ethnicity. If you have any feedback on our use of language that would help us refine our approach, please get in touch at ebpu@annafreud.org. This reflects an ongoing area of enquiry and concern for us. Please see *Our commitment to equity, diversity and taking an anti-racist stance:* https://www.ucl.ac.uk/evidence-based-practice-unit/sites/evidence-based-practice-unit/files/ebpu_equity_and_diversity_statement_august_2020_0.pdf



References

1. Cénat JM. How to provide anti-racist mental health care. *Lancet Psychiatry*. 2020 Nov 1;7(11):929–31.

2. Stanley J, Harris R, Cormack D, Waa A, Edwards R. The impact of racism on the future health of adults: protocol for a prospective cohort study. *BMC Public Health*. 2019 Mar 28;19(1):346.

3. Williams DR, Mohammed SA. Racism and Health I: Pathways and Scientific Evidence. *American Behavioral Scientist*. 2013 Aug 1;57(8):1152–73.

4. World Health Organisation Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health: Commission on Social Determinants of Health Final Report.* World Health Organization; 2008. World Health Organisation.

5. Platt L, Warwick R. *Are some ethnic groups more vulnerable to COVID-19 than others?* [Internet]. The Institute for Fiscal Studies; 2020 [cited 2020 Sep 28]. Available from: https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/

6. Pan D, Sze S, Minhas JS, Bangash MN, Pareek N, Divall P, et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. *EClinicalMedicine*. 2020 Jun;23:100404.

7. Coronavirus (COVID-19) related deaths by ethnic group, England and Wales - Office for National Statistics [Internet]. [cited 2020 Sep 28]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020

8. Abuelgasim E, Saw LJ, Shirke M, Zeinah M, Harky A. COVID-19: Unique public health issues facing Black, Asian and minority ethnic communities. *Current Problems in Cardiology*. 2020 Aug;45(8):100621.

9. How is COVID-19 affecting children and young people in BAME communities? | RCPCH [Internet]. [cited 2020 Sep 28]. Available from: https://www.rcpch.ac.uk/news-events/news/how-covid-19-affecting-children-young-people-bame-communities

10. Bamford J, Klabbers G, Curran E, Rosato M, Leavey G. Social Capital and Mental Health Among Black and Minority Ethnic Groups in the UK. *Journal of Immigrant and Minority Health*. 2020 Jul 4;1–9.

11. Stossel L. A Letter From...New York, USA. *Lancet Psychiatry*. 2020 Jun 1;7(6):486.

12. Garmezy N, Masten AS, Tellegen A. The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology. *Child Development*. 1984;55(1):97–111.

13. Lavis P, on behalf of the Children and Young People's Mental Health Coalition. *The importance of promoting mental health in children and young people from black and minority ethnic communities: A Race Equality Foundation Briefing Paper [Internet].* Race Equality Foundation; 2014 [cited 2020 Nov 10]. Available from: http://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/Health-Briefing-332.pdf

14. Bruton J, Jones K, Jenkins R, Davies B, Ward H, Toledano M. Enabling participation of Black and Minority Ethnic (BME) and seldom-heard communities in health research: a case study from the SCAMP adolescent cohort study. *Research for All.* 2020; 4(2), 207-19.Available from: http://spiral.imperial.ac.uk/handle/10044/1/80087

15. Grey T, Sewell H, Shapiro G, Ashraf F. Mental Health Inequalities Facing U.K. Minority Ethnic Populations. *Journal of Psychological Issues in Organizational Culture.* 2013 May 1;3(S1):146–57.

16. Reframing Racism: Explaining ethnic inequalities in the UK labour market. [Internet]. Runnymede Trust; 2017 [cited 2020 Sep 28]. Available from: https://www.runnymedetrust.org/uploads/Runnymede%20Reframing%20Racism%20TUC%20briefing.pdf

17. Roe J. Ethnicity and children's mental health: making the case for access to urban parks. *The Lancet Planetary Health.* 2018 Jun 1;2(6):e234–5.

18. Edbrooke-Childs J, Patalay P. Ethnic Differences in Referral Routes to Youth Mental Health Services. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2019 Mar 1;58(3):368–375.e1.

19. Edbrooke-Childs J, Newman R, Fleming I, Deighton J, Wolpert M. The association between ethnicity and care pathway for children with emotional problems in routinely collected child and adolescent mental health services data. *European Child Adolescent Psychiatry.* 2016 May 1;25(5):539–46.

20. Harding S, Read UM, Molaodi OR, Cassidy A, Maynard MJ, Lenguerrand E, et al. The Determinants of young Adult Social well-being and Health (DASH) study: diversity, psychosocial determinants and health. *Social Psychiatry and Psychiatric Epidemiology.* 2015 Aug;50(8):1173–88.

21.Bhui KS, Lenguerrand E, Maynard MJ, Stansfeld SA, Harding S. Does cultural integration explain a mental health advantage for adolescents? *International Journal of Epidemiology*. 2012 Jun;41(3):791–802.

22. Maynard MJ, Harding S. Perceived parenting and psychological well-being in UK ethnic minority adolescents: Parenting and well-being in ethnic minority youth. *Child: Care, Health and Development.* 2010 Sep;36(5):630–8.

23. Maynard MJ, Harding S. Ethnic differences in psychological well-being in adolescence in the context of time spent in family activities. *Social Psychiatry and Psychiatric Epidemiology.* 2010 Jan;45(1):115–23.

24. Umaña-Taylor AJ, Lee RM, Rivas-Drake D, Syed M, Seaton E, Quintana SM, et al. Ethnic and Racial Identity During Adolescence and Into Young Adulthood: An Integrated Conceptualization. *Child Development.* 2014;85(1):21–39.

25.Wallace JM, Muroff JR. Preventing Substance Abuse Among African American Children and Youth: Race Differences in Risk Factor Exposure and Vulnerability. *Journal of Primary Prevention*. 2002 Mar 1;22(3):235–61.

26.Gutman LM, Sameroff AJ, Eccles JS. The Academic Achievement of African American Students During Early Adolescence: An Examination of Multiple Risk, Promotive, and Protective Factors. *American Journal of Community Psychology*. 2002 Jun 1;30(3):367–99.

27.Robinson L. Racial Identity Attitudes and Self-Esteem of Black Adolescents in Residential Care: An Exploratory Study on JSTOR. *The British Journal of Social Work*. 2000;30:3–24.

28. Rivas-Drake D, Markstrom C, Syed M, Lee RM, Umaña-Taylor AJ, Yip T, et al. Ethnic and Racial Identity in Adolescence: Implications for Psychosocial, Academic, and Health Outcomes. *Child Development*. 2014;85(1):40–57.

29. Wakefield WD, Hudley C. Ethnic and Racial Identity and Adolescent Well-Being. *Theory into Practice*. 2007 Apr 30;46(2):147–54.

30. Yip T. Ethnic/Racial Identity—A Double-Edged Sword? Associations With Discrimination and Psychological Outcomes. *Current Directions in Psychological Science*. 2018 Jun 1;27(3):170–5.

31. Bannon WM, McKay MM, Chacko A, Rodriguez JA, Cavaleri M. Cultural Pride Reinforcement as a Dimension of Racial Socialization Protective of Urban African American Child Anxiety. *Families in Society.* 2009 Jan 1;90(1):79–86.

32. Wang M-T, Henry DA, Smith LV, Huguley JP, Guo J. Parental ethnic-racial socialization practices and children of color's psychosocial and behavioral adjustment: A systematic review and meta-analysis. *American Psychologist.* 20190506;75(1):1.

33. Whitbeck LB, McMorris BJ, Hoyt DR, Stubben JD, LaFromboise T. Perceived Discrimination, Traditional Practices, and Depressive Symptoms among American Indians in the Upper Midwest. *Journal of Health and Social Behavior.* 2002;43(4):400–18.

34. Lee S, Rose R. Unexpected benefits: new resilience among intergenerational Asian-Americans during the Covid-19 pandemic. S*ocial Work with Groups.* 2021 Jan 5;0(0):1–7.

35. Malinakova K, Trnka R, Bartuskova L, Glogar P, Kascakova N, Kalman M, et al. Are Adolescent Religious Attendance/Spirituality Associated with Family Characteristics? *International Journal of Environmental Research and Public Health* [Internet]. 2019 Aug 16 [cited 2020 Sep 28];16(16). Available from: https://europepmc.org/article/pmc/pmc6721075

36. Hope MO, Assari S, Cole-Lewis YC, Caldwell CH. Religious Social Support, Discrimination, and Psychiatric Disorders among Black Adolescents. *Race and social problems*. 2017 Jun;9(2):102–14.

37. Kulis SS, Tsethlikai M. Urban American Indian Youth Spirituality and Religion: A Latent Class Analysis. *Journal for the Scientific Study of Religion.* 2016 Dec 1;55(4):677–97.

38. Estrada CAM, Lomboy MFTC, Gregorio ER, Amalia E, Leynes CR, Quizon RR, et al. Religious education can contribute to adolescent mental health in school settings. *International Journal of Mental Health Systems*. 2019 Apr 26;13(1):28.

39. Newman PA, Fantus S, Woodford MR, Rwigema M-J. "Pray That God Will Change You": The Religious Social Ecology of Bias-Based Bullying Targeting Sexual and Gender Minority Youth—A Qualitative Study of Service Providers and Educators. *Journal of Adolescent Research.* 2018 Sep 1;33(5):523–48.

40. Islam F, Campbell RA. "Satan Has Afflicted Me!" Jinn-Possession and Mental Illness in the Qur'an. *Journal of Religion and Health.* 2014 Feb 1;53(1):229–43.

41. Wesselmann ED, Graziano WG. Sinful and/or Possessed? Religious Beliefs and Mental Illness Stigma. *Journal of Social and Clinical Psychology.* 2010 Apr 1;29(4):402–37.

42.Eisman AB, Zimmerman MA, Kruger D, Reischl TM, Miller AL, Franzen SP, et al. Psychological Empowerment Among Urban Youth: Measurement Model and Associations with Youth Outcomes. *American Journal of Community Psychology.* 2016 Dec 1;58(3–4):410–21.

43. Karatzias A, Chouliara Z, Power K, Swanson V. Predicting general well-being from self-esteem and affectivity: An exploratory study with Scottish adolescents. *Quality of Life Research*. 2006 Sep 1;15(7):1143–51.

45.Perkins DD, Zimmerman MA. Empowerment theory, research, and application. *American Journal of Community Psychology.* 1995 Oct 1;23(5):569–79.

46. Ozer E, Schotland M. Psychological empowerment among urban youth: measure development and relationship to psychosocial functioning. *Health education & Behavior.* 2011; 38(4):348-56. Available from: https://pubmed.ncbi.nlm.nih.gov/21606379/

47. Copeland-Linder N, Lambert SF, Ialongo NS. Community Violence, Protective Factors, and Adolescent Mental Health: A Profile Analysis. *Journal of Clinical Child & Adolescent Psychology.* 2010 Feb 26;39(2):176–86.

48. Gerard JM, Buehler, C. Cumulative Environmental Risk and Youth Maladjustment: The Role of Youth Attributes. *Child Development.* 2004; 75(6):1832-1849. Available from: https://srcd.onlinelibrary.wiley.com/doi/abs/10.1111/j.1467-8624.2004.00820.x

49. Walsh F. Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence. *Family Process*. 2020 Sep;59(3):898–911.

50. Sabolova K, Birdsey N, Stuart-Hamilton I, Cousins AL. A cross-cultural exploration of children's perceptions of wellbeing: Understanding protective and risk factors. *Children and Youth Services Review.* 2020 Mar;110:104771.

51. Scott SM, Wallander JL, Cameron L. Protective Mechanisms for Depression among Racial/Ethnic Minority Youth: Empirical Findings, Issues, and Recommendations. *Clinical Child and Family Psychology Review*. 2015 Dec 1;18(4):346–69.

52. Hammack PL, Richards MH, Luo Z, Edlynn ES, Roy K. Social Support Factors as Moderators of Community Violence Exposure Among Inner-City African American Young Adolescents. *Journal of Clinical Child & Adolescent Psychology*. 2004 Aug 1;33(3):450–62.

53. Wang M-T, Brinkworth M, Eccles J. Moderating effects of teacher-student relationship in adolescent trajectories of emotional and behavioral adjustment [Internet]. *Developmental psychology*. 2013 [cited 2020 Oct 22]. Available from: https://pubmed.ncbi.nlm.nih.gov/22582833/

54. Meyer IH. Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin.* 2003 Sep;129(5):674–97.

55. Cho S, Crenshaw KW, McCall L. Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. Signs: *Journal of Women in Culture and Society*. 2013 Jun 1;38(4):785–810.

56. Masten AS, Motti-Stefanidi F. Multisystem Resilience for Children and Youth in Disaster: Reflections in the Context of COVID-19. *Adversity and Resilience Science.* 2020 Jun 1;1(2):95–106.

57. Collette A, Ungar M. Resilience of Individuals, Families, Communities, and Environments: Mutually Dependent Protective Processes and Complex Systems. In: Ochs M, Borcsa M, Schweitzer J, editors. Systemic Research in Individual, Couple, and Famil*y Therapy and Counseling European Family Therapy Association Series* [Internet]. Cham: Springer; 2020. Available from: https://doi.org/10.1007/978-3-030-36560-8_6

58. Metzl JM, Hansen H. Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science and Medicine 1982*. 2014 Feb;103:126–33.

59. Milner A, Jumbe S. Using the right words to address racial disparities in COVID-19. *Lancet Public Health*. 2020 Aug;5(8):e419-e420. doi: 10.1016/S2468-2667(20)30162-6. Epub 2020 Jul 21. PMID: 32707127; PMCID: PMC7373398.

Authors of this research bite

Mia Eisenstadt PhD, Hannah Merrick PhD, Rosa Town, Snigdha Dutta PhD, Alan Lally-Francis, Lauren Garland, Jessica Deighton PhD and Julian Edbrooke-Childs PhD.

Acknowledgements

Many thanks to readers Yvonne Field, Somia Imran PhD, Tim Linehan, Danya Andrew and Anna Moore for helpful comments, feedback and insight.

Funding acknowledgement

This report is independent research supported by the National Institute for Health Research ARC North Thames. The views expressed in this publication are those of the authors and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care.

EBPU
Evidence Based Practice Unit

A partnership of

UCL

Anna Freud National Centre for Children and Families

Evidence Based Practice Unit (EBPU)
4-8 Rodney Street, London N1 9JH
Tel: 020 7794 2313

www.ucl.ac.uk/ebpu