

# **STUDY PROTOCOL**

Exploring mental health and wellbeing needs of Young Migrant Women

Version 1, 27 January 2022

## **RESEARCH REFERENCE NUMBERS**

<b>IRAS Number:</b>	NA
<b>SPONSORS Number:</b>	NIHR135216
<b>FUNDER</b>	National Institute for Health Research, Public Health Research Programme.
<b>FUNDERS Number:</b>	NIHR 135216

**LIST of CONTENTS**

<b>GENERAL INFORMATION</b>	<b>Page No.</b>
TITLE PAGE AND RESEARCH REFERENCE NUMBERS	1
LIST OF CONTENTS	2
KEY STUDY CONTACTS	3
STUDY SUMMARY	4
STUDY LOGIC MODEL	5
<b>SECTION</b>	
1. BACKGROUND AND RATIONALE	6
2. THEORETICAL FRAMEWORK	6
3. RESEARCH QUESTION/AIM(S)	7
4. STUDY DESIGN/METHODS	7
5. STUDY SETTING	7
6. SAMPLE AND RECRUITMENT	8
7. ETHICAL AND REGULATORY COMPLIANCE	10
8. DISSEMINATION POLICY	13
9. REFERENCES	15

**KEY STUDY CONTACTS**

Project Lead	Dr Melanie Rees-Roberts <a href="mailto:m.rees-roberts@kent.ac.uk">m.rees-roberts@kent.ac.uk</a> T: 01227 816433 Centre for Health Services Studies, University of Kent
Project co-lead	Ms. Palmira Ramos <a href="mailto:P.Ramos@kent.ac.uk">P.Ramos@kent.ac.uk</a> Centre for Health Services Studies, University of Kent
Project co-applicant	Professor Sally Kendall <a href="mailto:s.kendall-305@kent.ac.uk">s.kendall-305@kent.ac.uk</a> Centre for Health Services Studies, University of Kent
Project Manager	Ms Dunishiya De Silva <a href="mailto:d.de-silva@kent.ac.uk">d.de-silva@kent.ac.uk</a> Centre for Health Services Studies, University of Kent
Sponsor	University of Kent
Funder(s)	NIHR135216 - Mental health & wellbeing among young women
Committees	<p>The Project Advisory Group members include:</p> <ul style="list-style-type: none"> <li>➤ Professor Fiona Brooks – Professor of Child and adolescent health</li> <li>➤ Claire Doran – Service Provider (Was the Project Manager for the Healthy Communities Programme Kent - Project with migrant communities in Kent).</li> <li>➤ Francesca Gan – Public Advisor</li> <li>➤ Oluwatomi Joy Shobande – Public Advisor</li> <li>➤ Mr Patrick Nyikavaranda - Researcher</li> <li>➤ Ms Becca Randell – ARC KSS Implementation Manager for Starting Well Theme</li> <li>➤ Project team members:               <ul style="list-style-type: none"> <li>○ Dr Melanie Rees Roberts</li> <li>○ Ms Palmira Ramos</li> <li>○ Professor Sally Kendall</li> <li>○ Ms Dunishiya De Silva (secretariat)</li> </ul> </li> </ul>

## STUDY SUMMARY

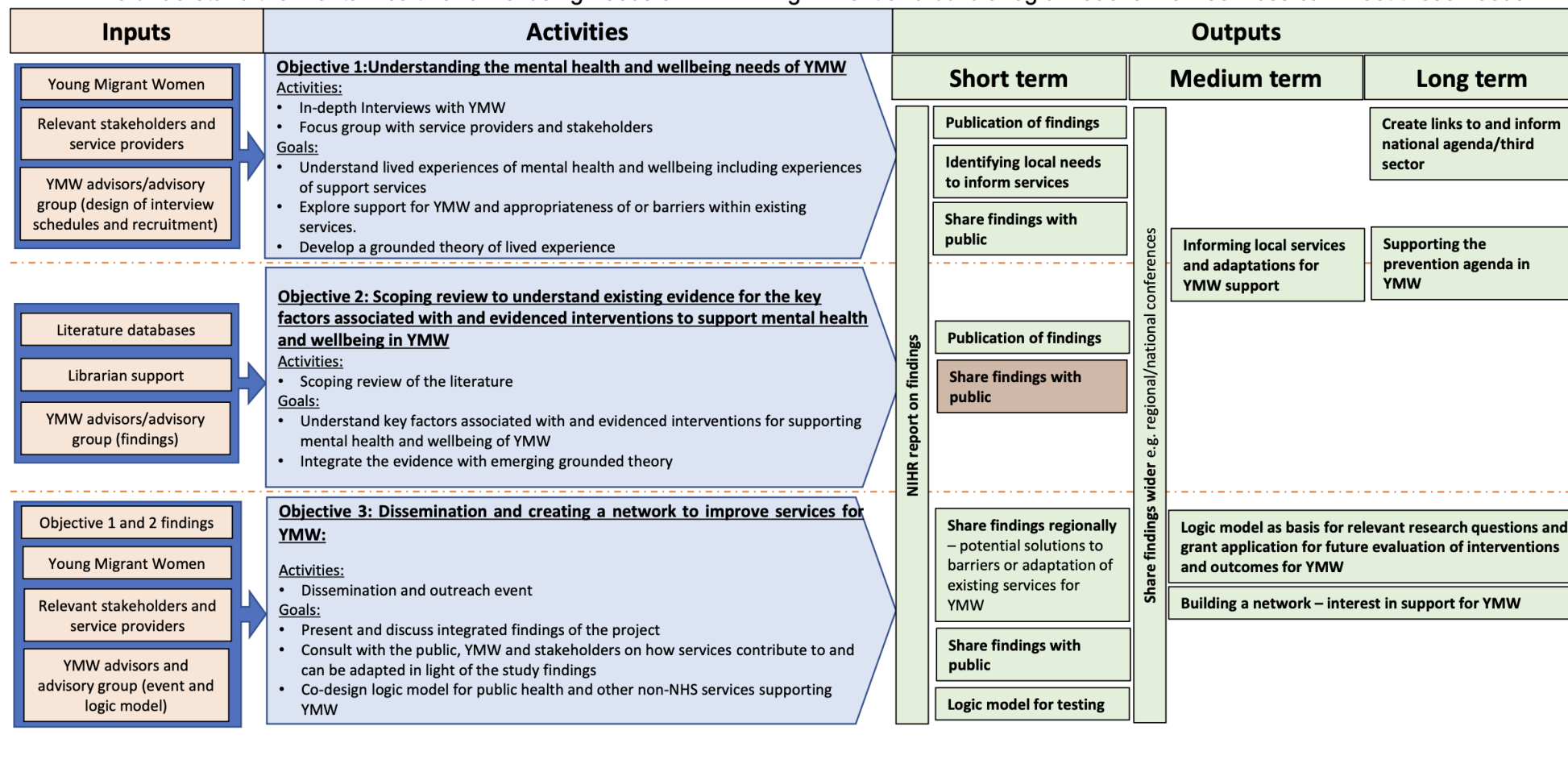
Study Title	Exploring mental health and wellbeing needs of Young Migrant Women
Study Design	Exploratory qualitative study
Study Participants	Young migrant women aged 16 to 24, who have been living in Kent, Surrey, and Sussex for at least 5 years
Planned Size of Sample (if applicable)	<ul style="list-style-type: none"> <li>Conducting interviews with YMW (n=15-25) aged 16 to 24 who have been living in Kent, Surrey, and Sussex for at least 5 years to understand their lived experiences of mental health, wellbeing and support services received in their early life.</li> <li>Two 2-hour focus groups (n=6-8 people per group) with professionals responsible for policy, commissioning, or provision of support services such as school health and charity services for mental health and wellbeing of migrant populations to understand how YMW are supported and how well existing services do this.</li> </ul>
Follow up duration (if applicable)	Not Applicable
Planned Study Period	6 months
Research Question/Aim(s)	<p><b>Research question:</b> How can YMW best be supported with their mental health and wellbeing through existing public health and other non-NHS services?</p> <p><b>Aim:</b> To understand the mental health and wellbeing needs of YMW living in Kent and how existing public health school services can meet these needs through co-design of a logic model for existing public health school services.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>To understand the mental health and wellbeing needs of YMW through: <ol style="list-style-type: none"> <li>Understanding the experiences of YMW in maintaining good mental health and wellbeing during educational years and how they have been supported to do so through public health and other non-NHS services.</li> <li>Understand opinions of stakeholders who support YMW, the appropriateness of existing public health and other non-NHS services available to identify how YMW can be best supported.</li> </ol> </li> <li>Conduct a scoping review to understand key factors and interventions associated with supporting mental health and wellbeing of YMW to inform public health school services for YMW.</li> <li>Co-design with stakeholders and YMW a logic model for public health and other non-NHS service support for mental health and wellbeing of YMW that can be tested in future studies.</li> </ol>

## STUDY LOGIC MODEL

### Exploring mental health and wellbeing needs of Young Migrant Women (YMW).

**What is the best way to support the mental health and wellbeing of YMW through existing services and community programmes?**

**Aim:** To understand the mental health and wellbeing needs of YMW living in Kent and build a logic model of how services can meet these needs.



## 1 BACKGROUND AND RATIONALE

Migrants are predisposed to specific mental health disorders, and it has long been known that migration is a precipitating factor for mental illness<sup>1-4</sup>. This is largely due to the challenges faced during the migration and post migration period and other factors such as: pre-existing vulnerabilities, type of migration and post-migration conditions<sup>1-4</sup>. Adjusting to new environments, complexities in local systems, language difficulties and cultural disparities contribute to poor mental health<sup>2</sup>.

Data from the Office for Statistics' shows that migration in the UK is now at the highest level<sup>5</sup> with approximately 9 million migrants living in the UK (14% of the population)<sup>6</sup>. Among foreign-born who arrived in the UK in the year preceding the 2011 Census, half were under the age of 25<sup>7</sup>. School-aged migrants are predisposed to mental ill health in comparison to their counterparts<sup>2</sup>. Although children and adolescents tend to have good physical growth and health, they are prone to developing unhealthy lifestyles, report worse mental health symptoms and engage in high-risk behaviours in comparison with their native counterparts and significantly higher compared to the second-generation migrant adolescents<sup>2,8</sup>.

Young people's mental wellbeing has been the centre of major international and national public health agendas as an area of concern<sup>9-12</sup>. Children and adolescent migrants experience various forms of physical, verbal, and relational violence mostly instigated by their peers having adverse effects on mental health, social health and well-being<sup>13</sup>. Moreover, several research studies add that young people who experience mental health disorders are at greater risk of developing psychopathological conditions later in life<sup>8</sup>. A recent Health Behaviour in School-aged Children (HBSC) survey revealed that girls reported poorer outcomes across a range of indicators of emotional health and wellbeing in comparison with males and the gap widened from age 11 to 15 years<sup>9-10</sup>. Young migrant women encounter a variety of challenges in adapting to new environments, language, low socioeconomic background, peer relations, discrimination and bullying which have direct or indirect influence on the educational and wellbeing experiences, undermining their self-esteem in multiple and complex ways<sup>14</sup>. Migrant families and young people are known to underutilise mental health services and face barriers accessing services largely due to a lack of familiarity with the health system in their new host country leading to severe health inequalities and lack of inclusion in services and their design<sup>15-18</sup>.

In the UK, the Chief Medical Officer's (2012) report and the NHS Long Term Plan (2019) committed to expanding mental health services for children and young people<sup>19-20</sup>. Public health services such as health visiting, and school programmes aim to promote the emotional wellbeing and positive mental health of children and young people<sup>21</sup>. However, it is not clear how well these services consider ethnic diversity and inclusion for issues of non-homogenous cultural and migration factors. This is compounded by the lack of adequate information about the determinants of mental health and wellbeing for YMW and the long-term impact of migration that affects mental health and wellbeing in later life<sup>22-23</sup>. Understanding the detrimental impact that poor mental health on an individual's quality of health, life and wellbeing may lead to improvement in care for YMW, methods for early detection and mechanisms for prevention. This project aims to understand the lived experience of YMW, evidence of determinants of poor mental health and wellbeing and how existing public health programmes for children and young people can better meet the needs of YMW. We will focus on the Southeast (Kent, Surrey, and Sussex) as areas of medium to high proportions of non-UK born people within the population and an area with increasing pressures of migration including children<sup>24</sup>.

## 2 THEORETICAL FRAMEWORK

This project will draw on a constructivist grounded theory approach<sup>25</sup> using qualitative methods to understand the concepts, opinions, and experiences of YMW and stakeholders that support mental health and wellbeing in this population. Qualitative data collected in interviews and focus groups will inform the grounded theory and generate a logic model for how services can best support YMW. We will use grounded theory as an inductive, comparative methodology with systematic guidelines for gathering, synthesizing, analysing, and conceptualising qualitative data for the purpose of this theory construction and logic model development. The thematic analysis will be shared and discussed with YMW and stakeholders to ensure the theory and logic model resonate with those experiencing and providing care.

### **3 RESEARCH QUESTION/AIM(S)**

#### **3.1 Research aim:**

To understand the mental health and wellbeing needs of YMW living in Kent and how existing public health school services can meet these needs through co-design of a logic model for existing public health school services. An application for funding will be submitted to evaluate the logic model with respect to prevention of and improving mental health and wellbeing outcomes for YMW.

#### **3.2 Research Questions**

How can YMW best be supported with their mental health and wellbeing through existing public health and other non-NHS services?

**Research sub-question 1:** -What are the experiences of YMW and key stakeholders of receiving and providing mental health and wellbeing services during educational years?

**Research sub-question 2:** How could these experiences contribute to an improvement in service provision within public health and other non-NHS services?

#### **3.3 Objectives**

1. To understand the mental health and wellbeing needs of YMW through:
  - a. Understanding the experiences of YMW in maintaining good mental health and wellbeing during educational years and how they have been supported to do so through public health and other non-NHS services.
  - b. Understand opinions of stakeholders who support YMW, the appropriateness of existing public health and other non-NHS services available to identify how YMW can be best supported.

## **4 STUDY SETTING**

This study concerns members of the public who are young migrant women and who may or may not have been in receipt of health and/or wellbeing services, including school services, to support their mental and general health.

## **5 STUDY DESIGN and METHODS of DATA COLLECTION AND DATA ANALYSIS**

### **5.1 Understanding the lived experiences of YMW**

Drawing on a constructivist grounded theory approach<sup>25</sup>, qualitative interviews will be conducted with YMW (n=15-25) aged 16 to 24, who have been living in Kent, Surrey, and Sussex for at least 5 years. Interviews will be 45-60 minutes in length and participants will be offered a shopping voucher of £25 for participating. We will aim to obtain as diverse a sample as possible from different ethnic groups, cultures and across the age range.

Interviews will be offered by telephone, online or in person where safe to do so with COVID-19 restrictions. Interpreter services will be made available if needed. Interviewees will be given the option of having a friend, family member or supporter with them during the interview and will be held in a comfortable, neutral public environment if conducted in person e.g., University or school location. The interview topic guide will be co-designed with two YMW advisors and our advisory group. Topics are likely to explore:

- What does good mental health/wellbeing mean to YMW?
- What factors affect mental health and wellbeing from the perspective of being a YMW?
- What are the experiences of educational years like for YMW?
- What support services YMW receive and their experiences of these – within education or as part of public health services?
- What would YMW recommend to others to maintain good mental health and wellbeing?

## **5.2 Understanding the opinions of stakeholders who support YMW**

We will identify and engage relevant stakeholders responsible for policy, commissioning, or provision of support services (including charity services) for mental health and wellbeing of migrant populations in Kent, Surrey, and Sussex. Two focus groups (n=6-8 people per group) will be conducted. Advertising for focus group participants will be done by email through the project team's contacts and links with existing services, school programmes and charities for migrant populations. Two-hour focus groups will utilise a co-produced topic guide (informed by our YMW advisors and advisory group) and explore topics including:

- What services currently exist to support YMW
- Whether existing services meet the needs for YMW
- What are the barriers and facilitators within existing services and of working with YMW?
- Understand how data currently collected helps services identify and support YMW.

## **5.3 Data analysis**

Interviews and focus groups will be recorded and transcribed for analysis. Where interpreters are used in interviews all or a sample of interviews, depending on the number of interviews using interpreters, will be back translated to ensure accurate capture of experiences. Inductive thematic analysis of interview transcripts will be carried out using Braun and Clarke's (2013) six stage model using NVIVO v11<sup>26</sup>. The process will involve multiple members (including our YMW advisors) of the project team undertaking independent reading of the transcripts and noting down initial ideas before joining together to generate a consensus view of the initial themes. The transcripts will then be coded, and data extracts collated and ordered into final themes. Ongoing analysis will refine the specifics of each theme and identify any themes which have not previously been recognised. Ongoing analysis will refine the specifics of each theme and identify any themes which have not previously been recognised. Deviant case analysis will be used to ensure that perspectives that diverged from dominant trends are not overlooked.

# **6 SAMPLE AND RECRUITMENT**

## **6.1 Sample populations**

Recruitment of two samples for data collection from:

- Individual interviews with YMW, aged 16-24
- Two focus groups (n=6-8 people per group) with professionals and stakeholders responsible for policy, commissioning, or provision of support services such as school health and charity services for mental health and wellbeing of migrant populations to understand how YMW are supported and how well existing services do this.



#### **6.1.1 Inclusion criteria for Young Migrant Women qualitative interviews**

- Women
- Age 16 – 24 years
- Have migrated from another country to the United Kingdom during their lifetime (migrant is defined as a person who leaves one country to reside permanently or semi-permanently in another country)
- Must be living in Kent, Surrey, and Sussex for at least 5 years

#### **6.1.2 Inclusion criteria for stakeholder focus groups.**

Participants invited to take part in stakeholder focus groups should fit with any of the following criteria:

- Have a professional role in providing services to young people, including migrant populations.
- Be employed by any provider or organisation with a remit for providing care for young migrant women.
- Be involved in the commissioning of young people's services, including those relevant to young migrant women populations.
- Are involved in third sector organisations supporting young migrant populations, especially young migrant women.
- Provide care services (e.g., foster care) for young migrant women.

### **6.2 Recruitment**

#### **6.2.1. Recruitment of YMW**

We will only interview YMW over 16 years of age to mitigate the risk to participants of interviews causing emotional upset to themselves or their families and to capture reflections of the full range of early life experiences for mental health and wellbeing. We will advertise for participants through organisations such as charities, schools (over 16 years only), colleges and university programmes and groups, community, and charity services for migrants and through social media. We will use a variety of methods, such as infographics and adverts in different languages, word of mouth and gate keepers as described above to recruit from a range of communities, cultures, and ethnicities. The advertising will contain a link to a full information sheet. YMW who can contact the research team themselves will be asked to register their interest in taking part through an online form by a certain date. This form will also collect some demographic information including name, contact email, age, country of birth, year moved to UK, self-identified ethnicity and if they are currently in education. We will also ask charities and gate keepers to support those not able to register their interest themselves by referring them to the research team as YMW interested in taking part. We will also advertise and provide information in translated form where needed. From this pool, as diverse purposive sample will be selected from different ethnicities, ages, cultures, and educational circumstances.

#### **6.2.2 Recruitment of professionals and stakeholders**

We will recruit participants for professional and stakeholder focus groups through email advertising amongst the project team's contacts and links with existing research groups, services, school programmes and charities for migrant populations. Those interested in participating will be asked to complete an expression of interest form with the following details: profession, organisation, role with YMW support services. We will then purposively select a diverse sample of stakeholders from a range of organisations and roles to take part.

#### **6.3.2 Consent**

All potential participants in both interviews (YMW) and focus groups (professionals and stakeholders) will receive a study information sheet ahead of agreeing to take part and given at least 24 hours to consider the information.

Copies of the consent form will be provided to each participant by email and the original electronic or paper form stored securely on a secure network drive or in the project file, within a locked cabinet at the Centre for Health Services Studies, University of Kent.

#### **6.3.2.1 Consent for YMW interviews**

The consent form will be shared with the participant ahead of the scheduled interview time. At the start of the interview session, a member of the research team will run through the informed consent form and discuss any questions they may have. Together the participant and researcher will record the consent using a paper or electronic copy of the consent form. Consent forms will be made available in translated copies if needed and preferred by the participant.

#### **6.3.2.1 Consent for professional/stakeholder focus groups**

Upon expressing interest to take part in a focus group, a link to the electronic consent form will be shared with the participant ahead of the scheduled focus group for completion. Prior to the focus group, a member of the research team will check participants have completed their consent form and send a reminder if required. If participants have not completed the consent form ahead of the focus group, they will be asked to do so at the beginning of the session via the consent form link. If consent is not completed participants will not be able to take part in the focus group.

## **7 ETHICAL AND GOVERNANCE CONSIDERATIONS**

The University of Kent will act as the study Sponsor. Ethical approval for the project will be sought from the University of Kent ethics committee (School of Social Policy, Sociology and Social Research, reference number 596). Careful consideration of the needs of participants will be in place to ensure inclusivity and reduction of risk e.g., ensuring appropriate support procedures are in place for translation and support signposting if distressed by discussing mental health issues and their background. Consent will be sought ahead of any data collection with all participants in the study, with all data kept strictly confidential.

### **7.1 Assessment and management of risk**

We will only interview YMW over 16 years of age to mitigate the risk to participants of interviews causing emotional upset to themselves or their families. The primary ethical issues of the study will be to ensure the safety of the young people and stakeholders taking part in the research. Taking part in an interview may involve discussion of sensitive, emotional topics and experiences that may risk re-traumatisation. This is equally true for stakeholders through experiences of care provided. The following will be measures taken by the research team to always ensure the safety of participants:

- The information sheet will cover all elements that participants need to know and will discuss the risks and benefits of agreeing to take part in the study. They will have the opportunity to ask questions prior to agreeing to taking part in the research.
- Young people taking part in interviews will be able to have a trusted person with them during the interview if they wish.
- At the beginning and end of all interviews, the interviewer will highlight that the participant may be triggered and feel emotional about the things discussed. They will be able to stop, pause or skip any elements of the interview as they wish and will be offered a chance to pause and re-visit the interview at a later date if participants become distressed. The study has a duty of care process designed for use by the interviewer if participants become distressed.

- All participants in interviews will be given links and advice after the interview in case they need continued support. They will be given a list of support agencies such as Young Minds and the contact details of the interviewer for contact at any time if needed. Staff will be recommended to contact their employer's support services if needed after the interview and the study team details.
- Those taking part in interviews will be able to withdraw from the study at any time and their data will not be used if they wish.

We are committed to ensuring accessibility and inclusivity in the project and have in place key community gatekeepers to help us access and recruit a diverse range of YMW. We will ensure study materials are translated into relevant languages for accessibility and to ensure participants fully understand what is involved. We will offer the use of a translator if participants need this for the interview.

## **7.2 Peer review**

The project has been peer reviewed by the funder, the National Institute for Health Research.

## **7.3 Patient & Public Involvement**

The project and plain English summary was been reviewed by two members of the public at the time of grant submission using the Research Design Service Southeast public review service. The project co-lead has experience as a YMW and the idea behind this project has grown not only from her own experiences of migration to the UK, but also through her professional role within school public health services, the Health Community Project Kent, working with YMW in Kent, and through her volunteer work with YMW in higher education in Sussex.

We have consulted with key stakeholders and community gatekeepers who provide services for young people in schools, higher education and for migrant populations across Kent, Surrey, and Sussex. This has enabled us to refine the study design particularly for our population criteria and mode of data collection (interviews versus focus groups). It has also provided us with key contacts with community groups and projects that will allow us to recruit sufficient YMW to take part in the study. This involvement will help ensure the project can engage with the relevant migrant communities and is able to achieve its goals.

Given that one of the key objectives of this application is to consult with and understand the needs and views of YMW in maintaining their own mental health and wellbeing plus how services have helped them to do so, we have not conducted any specific involvement in developing the proposal outside that described above.

We plan to involve two public advisors who are YMW to support the project in the following ways:

We will recruit two public advisors to work with us throughout the project and sit on our advisory group. They will be identified through regional University placement projects for student populations where YMW may be identified, relevant University student societies for migrant communities and other services. They will:

- Review and contribute to the protocol and public facing documents for the study o Co-design the interview schedules for Objective 1
- Help to review literature from our scoping review and support the analysis of themes coming out of this literature
- Help to support and facilitate the qualitative data collection if they would like to.
- Support the dissemination event by talking about their experience of being a public advisor on this project and facilitating relevant aspects where they are comfortable to do so.

- They will review public facing summaries and outputs

We will also use the Centre for Health Services 'Opening Doors to Research' group to review and comment on the project as it progresses and review public facing documents and outputs. We will include YMW and their families as key contributors to our dissemination events and activities.

The project team will provide introductory training for our two public advisors for which their time will be reimbursed on top of project activities. Key training identified will include the below but will be reviewed with public advisors once recruited to cover all needs:

- Introduction to research and qualitative research
- Introduction to analysing qualitative research
- Facilitating focus groups and interviews – online course if needed
- Preparation, individual support, and guidance for working with us on the stakeholder/dissemination event

We will involve/engage relevant stakeholders in research's activities, working together and sharing responsibilities across the project particularly with two stakeholder advisors on our advisory group. We will disseminate, sense check, and refine our findings at a stakeholder/dissemination event (Objective 3) with YMW and their families as delegates where findings can be transformed into mechanisms to improve existing services to support.

## 7.6 Data protection and patient confidentiality

As a university, personally identifiable information is utilised to conduct research to improve healthcare and services. As a publicly funded organisation the university must ensure that it is in the public interest when using such information from people who have agreed to take part in research. To safeguard the rights of those participating in the study the minimum of personally identifiable information will be utilised. The University of Kent will hold the data for this evaluation in pseudo-anonymised form and service users will be notified of the university's policies under GDPR in the service user information sheet: <https://www.kent.ac.uk/chss/contact/privacy.html>

The nature of this information will be clearly provided in the information sheet along with information regarding their right to withdraw at any time and that for service users, withdrawing will not affect any current or future care.

A unique code will be assigned to each service user and will be used to label the relevant qualitative data, documentation, and files to ensure anonymity. Once the unique code has been assigned to the documents, personal information that may enable the service user to be identified will be removed from all transcription data.

All data will be stored in a password-protected computer folder on the university network electronic files with personal information will be password protected and stored on the university network in folders that can only be accessed by the research team. These folders will not be transferred from the network onto personal computers. Data in paper form will be stored in locked filing cabinets in offices that are locked when unoccupied. Any personal data will be destroyed on completion of the project. The coded data will be stored for five years following the completion of the study, when it will be destroyed.

Interview and focus group transcripts will be pseudo-anonymised before analysis and will not be linked back to the personal data. The research team will ensure as far as possible that specific individuals are not identifiable in written reports and that all quotes cannot be traced back to the persons concerned. However, while they will not be named, there is the potential that the professionals/stakeholders taking part in focus groups may be identifiable to local staff or organisations. While their data will be coded and anonymised as described, this potential risk will be fully explained to the professionals prior to obtaining consent. Care will be taken on how the data is reported, and the professionals and managers will see drafts of the report before wider dissemination.

## **7.7 Indemnity**

The University of Kent will act as the Sponsor for this study. This evaluation is registered with the sponsor under the ref #414. The University of Kent holds relevant insurance policies which apply to this study.

## **7.8 Access to the final study dataset**

The interviews and focus groups will be pseudo-anonymised with a participant code at the time of transcription. During the study, only the evaluation team will have access to the full dataset. Relevant data reports will be produced by the project team for the benefit of the Advisory committee and will contain only anonymised data. This study is part of the NIHR Data Management and Access Plan (DAMP) pilot scheme and therefore conforms to the NIHR policy on sharing data. Full details can be found on their website: [NIHR position on the sharing of research data](#). As a result, this study is registered on a freely accessible research database, a data access statement will be included in all publications and access to anonymised data at the end of the study will be possible on request to the research team as advertised on the project website. Once data analysis is complete, all data will be anonymised and links to participant codes will be destroyed leaving an anonymous data set for sharing where appropriate for future research. Participants are made aware of this in the information sheet and consent to sharing anonymised data for future research in the consent form.

# **8 DISSEMINATION**

## **8.1 Authorship eligibility guidelines**

Authorship for report and publication outputs will be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

In addition to being accountable for the parts of the work, an author should be able to identify which co-authors are responsible for specific parts of the work. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged.

## **8.2 Dissemination plans**

The results of this project will be reported to the National Institute for Health Research (NIHR), published in journals, and distributed through an accessible lay (non-English versions/alternative formats) and executive summary. We will present the findings at conferences and events such as the Migrant Help Building Bridges – Mental Health & Wellbeing in the Asylum Sector Conference. To actively promote change, our findings will be shared at a project event bringing together YMW and those who provide support services to discuss the findings as a starting place to debate ways in which existing services might be improved to better support the mental health and wellbeing of YMW.

We will hold a dissemination event with YMW and stakeholders who provide supporting services for YMW. The event will aim to share the study findings, confirm the findings resonate with YMW and key stakeholders and use the findings as a starting place to discuss ways in which existing services influence the mental health and wellbeing of YMW. A key output of the event will focus on hearing from our public advisors and from YMW to

build a logic model detailing how existing services support YMW and making any cases for change. We will utilise our robust contacts with existing services, school programmes, communities and charities groups for migrants including:

- YMW & Migrant families
- School and HEI Support Services
- Health and Social Care providers
- Educational Institutions
- Mental Health Welfare System
- Policymakers
- Children & Young people's services
- Researchers
- Charities
- Migrant Community Groups
- General Public
- Young People Counselling Services

We understand the service context of our research and have influential leader opinions from academia, public health and the third sector to act as champions and advisors. We have identified our primary audiences (YMW, children and young people's mental health services, local government, school services, social and health services and the third sector) and through a dissemination event intend to engage and disseminate findings to ensure that the evidence produced is grounded, relevant, accessible, and useful, creating a 'pull' from the system and supporting co-design of service improvements. We will build partnerships with established networks such as the Samphire project in Kent, Voices in Exile group (Sussex and Surrey), Brighton and Hove educators of colour collective (BHECC) and the Black and Minority Ethnic Young Peoples Project in Sussex; use existing conferences and events to exchange knowledge and raise awareness of our work. We also have links to regional groups such as the Strategic Migrant partnership in the Southeast. We will use the most effective ways to communicate our message to our target audience via social media, websites, conferences, journals. We will identify and connect with influencers in our audience who can champion our findings.

### 8.3 Project outputs

- Stakeholder/dissemination event to co-design a logic model detailing how existing services support the mental health and wellbeing of YMW and how improvements to existing services may improve care and prevention
- Report for funder with slide set
- Two peer-reviewed publications - scoping review and qualitative findings
- Executive summary and public summary of study findings for dissemination including use of accessible formats and inclusion of non-English languages.
- Talk/poster presentation at a relevant conference or event e.g., European Forum of Primary Care or Migrant Help Building Bridges – Mental Health & Wellbeing in the Asylum Sector Conference
- Evidence to support a future research project aimed at improving existing services for YMW and submit a grant application to PHR programme or RfPB programme

## 9. REFERENCES

1. Odersgaard, O. (1932) Emigration and Insanity: A Study of Mental Disease Among the Norwegian Born Population of Minnesota. *Acta Psych et Neurol Scand Suppl* 4, 1-206.
2. Virupaksha, H. *et al.* (2014) Migration and Mental Health: NA Interface. *J of Nat Sci, Biol and Med*, 5(2), 233 -239.



3. Bhurgra, D. *et al.* (2014) EPA Guidance Mental Health Care of Migrants. *Euro Psych.* 29(2)107-115.
4. Siriwardhana, C. & Steward, R. (2013) Forced Migration and Mental Health. *Intern Health.* 5 (1), 19-29
5. [Migration statistics 2020](#). Office of national statistics
6. [Migrants in the UK: An Overview. 2020. The migration observatory at the University of Oxford.](#)
7. Markani Y. 2015. [BRIEFING Demographics of Young Migrants in the UK](#). Migration Observatory, University of Oxford
8. Maggi, S. *et al.* (2010) Rural-urban Migration Patterns and Mental Health Disgnoses of Adolescents and Young Adults in British Columbia, Canada: A Case-control Study. *Child and Adoles Psych and Ment Health.* 4 (13).
9. Brooks, F. *et al.* (2017) Wellbeing of Adolescent Girls: An Analysis of data from the Health Behaviour in School-Aged Children (HBSC) Survey for England, 2014. England: PHE
10. Brooks. F *et al.* (2020) HBSC England National Report: Findings from the 2018 HBSC Study for England. Hatfield, England: University of Hertford.
11. WHO (2014) Health for the World's Adolescents: A Second Chance in the Second Decade. Geneva
12. 12. Every Woman Every Child. (2015). The Global Strategy for Women's, Children's, and Adolescents' Health (2016–2030): Survive, Thrive, Transform. Retrieved from <https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>.
13. Fournier, C. *et al.* (2014) Children and Adolescent from Elsewhere: The Violence Experienced in their Host Society and the Effects on their Health, a Literature. *Can J of Pub Health.*105 (1).28-36.
14. Altinyelken, H. (2009) Migration and Self-Esteem: A Qualitative Study Among Internal Migrants in Turkey. *Adoles.* 44:149-63.
15. Nadeau, L., *et al.* (2017) Perspective of Migrant Youth, Parents and Clinicians on Community-Based Mental Health Services: Negotiating Safe Pathways. *J of Child and Fam Stud.* 26, 1936-48.
16. Ellis, B. H., *et al.* (2011) New Directions in Refugee Youth Mental Health Services: Overcoming Barriers to Engagement. *J of Child & Adoles Trauma.* 4 (1), 69-85.
17. Nadeau, L., & Measham, T. (2006) Caring for Migrant and Refugee Children: Challenges Associated with Mental Care in Paediatrics. *J of Dev & Behav Paed.* 27(2), 145-154.
18. Ter Kuile, S., *et al.* (2007) The University of the Canadian Health System in Question: Barriers to Services for Immigrants and Refugees. *Int J of Mig, Health and Social Care.* 3 (1), 15-25.
19. [Chief Medical Officer annual report 2012: children and young people's health](#). Department of Health and Social Care
20. [NHS long term plan. 2019](#). NHS England
21. [Promoting emotional wellbeing and positive mental health of children and young people. Department of Health and Public Health England](#)
22. Kerkenaar MM, *et al.* 2013. Depression and anxiety among migrants in Austria: a population-based study of prevalence and utilization of health care services. *J Affect Disord.* 151(1):220-8.
23. Forte A, *et al.* 2018. Suicide Risk among Immigrants and Ethnic Minorities: A Literature Overview. *Int J Environ Res Public Health.* 15(7):1438.
24. [Office for National Statistics. Local area migration indicators, UK Dataset.](#)
25. Charmaz, K. (2006) Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis. London: SAGE Publications Limited.
26. Braun V. and Clarke V. 2013. Successful qualitative research. Sage. London
27. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol.* 2005;8(1):19-32.
28. Pham MT, *et al.* 2014. A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Res Synth Methods.*5(4):371-85.
29. Levac D, *et al.* (2010). Scoping studies: advancing the methodology. *Imp Science* 2010; 5:1-9.
30. Joanna Briggs Institute, University of Adelaide. [Critical Appraisal Tools](#).

31. Moule P and Hek G. 2011. Making Sense of Research: An Introduction for Health and Social Care Practitioners. 3<sup>rd</sup> Edition. SAGE. London
- Tricco AC, *et al.* 2018. PRISMA extensión for scoping reviews (PRISMA-ScR): Checklist and Explanation. *Annals of Internal Medicine* 169 (7):467-473.



## Exploring mental health and wellbeing needs of Young Migrant Women

### Authors

Dr. Melanie Rees-Roberts, Palmira Ramos, Dunishiya De Silva, Sally Kendall

Centre for Health Services Studies, University of Kent, Canterbury, Kent, CT2 7NZ

### Summary

#### Objective:

This scoping review will allow us to understand existing evidence relating to the mental health and wellbeing of YMW and what evidence for interventions during educational age years might contribute to best practice in the theory generation and logic model.

This will contribute to qualitative work within the larger project aims to understand the mental health and wellbeing needs of YMW aged 16 – 24 years living in Kent, Surrey and Sussex (KSS) as areas with medium to high migrant populations. This understanding will be used to discuss and co-design adaptations to existing non-NHS public health services with providers and YMW with respect to school, health, social care and community programmes to ensure the needs of YMW are met. A logic model will be co-designed with stakeholders detailing what effective support for good mental health, wellbeing and preventing mental ill-health is for this population. The project will be conducted with YMW, service providers and policy makers

#### Introduction:

Migration is a common factor in mental illnesses. Adolescents in particular have reported worse mental health symptoms in comparison with their counterparts. YMW in particular are prone to specific mental health illnesses due to the challenges they face during migration and other factors such as pre-existing vulnerabilities and experiences. Difficulties in adjusting to new environments, local systems, language and cultural disparities can contribute to poor mental health. Therefore, with the widening of migrant communities in KSS, this project has the potential to understand how to improve, change and inform policy and practice within the system for this vulnerable and marginalised group.

#### Inclusion criteria:

Young Migrant Women (age 16-24) living in Kent, Surrey or Sussex for the last 5 years

#### Methods:

A rapid scoping review of the current published research (including grey literature and reports) will be conducted to understand the current evidence for determinants of good/poor mental health and wellbeing in YMW and evidenced preventative interventions supporting good mental health and wellbeing.

## Introduction

Migrants are predisposed to specific mental health disorders, and it has long been known that migration is a precipitating factor for mental illness<sup>1-4</sup>. This is largely due to the challenges faced during the migration and post migration period and other factors such as: pre-existing vulnerabilities, type of migration and post-migration conditions<sup>1-4</sup>. Adjusting to new environments, complexities in local systems, language difficulties and cultural disparities contribute to poor mental health<sup>2</sup>.

Data from the Office for Statistics' shows that migration in the UK is now at the highest level<sup>5</sup> with approximately 9 million migrants living in the UK (14% of the population)<sup>6</sup>. Among foreign-born who arrived in the UK in the year preceding the 2011 Census, half were under the age of 25<sup>7</sup>. School-aged migrants are predisposed to mental ill health in comparison to their counterparts<sup>2</sup>. Although children and adolescents tend to have good physical growth and health, they are prone to developing unhealthy lifestyles, report worse mental health symptoms and engage in high-risk behaviours in comparison with their native counterparts and significantly higher compared to the second-generation migrant adolescents<sup>2,8</sup>.

Young people's mental wellbeing has been the centre of major international and national public health agendas as an area of concern<sup>9-12</sup>. Children and adolescent migrants experience various forms of physical, verbal, and relational violence mostly instigated by their peers having adverse effects on mental health, social health and well-being<sup>13</sup>. Moreover, several research studies add that young people who experience mental health disorders are at greater risk of developing psychopathological conditions later in life<sup>8</sup>. A recent Health Behaviour in School-aged Children (HBSC) survey revealed that girls reported poorer outcomes across a range of indicators of emotional health and wellbeing in comparison with males and the gap widened from age 11 to 15 years<sup>9-10</sup>. Young migrant women encounter a variety of challenges in adapting to new environments, language, low socioeconomic background, peer relations, discrimination and bullying which have direct or indirect influence on the educational and wellbeing experiences, undermining their self-esteem in multiple and complex ways<sup>14</sup>. Migrant families and young people are known to underutilise mental health services and face barriers accessing services largely due to a lack of familiarity with the health system in their new host country leading to severe health inequalities and lack of inclusion in services and their design<sup>15-18</sup>.

In the UK, the Chief Medical Officer's (2012) report and the NHS Long Term Plan (2019) committed to expanding mental health services for children and young people<sup>19-20</sup>. Public health services such as health visiting, and school programmes aim to promote the emotional wellbeing and positive mental health of children and young people<sup>21</sup>. However, it is not clear how well these services consider ethnic diversity and inclusion for issues of non-homogenous cultural and migration factors. This is compounded by the lack of adequate information about the determinants of mental health and wellbeing for YMW and the long-term impact of migration that affects mental health and wellbeing in later life<sup>22-23</sup>. Understanding the detrimental impact that poor mental health on an individual's quality of health, life and wellbeing may lead to improvement in care for YMW, methods for early detection and mechanisms for prevention. This project aims to understand the lived experience of YMW, evidence of determinants of poor mental health and wellbeing and how existing public health programmes for children and young people can better meet the needs of YMW. We will focus on the Southeast (Kent, Surrey, and Sussex) as areas of medium to high proportions of non-UK born people within the population and an area with increasing pressures of migration including children<sup>24</sup>.

## Review question

We want to understand how YMW can best be supported with their mental health and wellbeing through existing public health and other non-NHS services. The scoping review will cover two research questions:

1. What are the experiences of YMW and key stakeholders of receiving and providing mental health and wellbeing services during educational years?
2. What evidenced public health or other non-NHS interventions exist for this population during educational years and how do they improve outcomes and services?

## Keywords

Young migrant women' mental health; health; wellbeing; needs

## Eligibility criteria

### Participant inclusion

Young migrant women aged up to 24. Migrant will be defined in the scoping review as a person who leaves one country to reside permanently or semi-permanently in another country.

### Concept

Understanding the needs of young migrant women with respect to their mental health and wellbeing and the services that support this in early life and the interface with early life services.

### Context

We aim to understand the needs of YMW with respect to their mental health and wellbeing in the context of their specific cultural background, experiences of migration, experiences as a women in early life and from an intersectionality perspective.

### Types of Sources

This scoping review will consider both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies for inclusion.

Qualitative studies will also be considered that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, qualitative description, action research and feminist research.

In addition, systematic reviews that meet the inclusion criteria will also be considered, depending on the research question.

Text and opinion papers will also be considered for inclusion in this scoping review.

## Methods

The literature review search will include materials published from 2000 to the present day. Studies published in English will be included. The scoping review Population Intervention Comparison

Outcome framework to identify relevant evidence through keywords on determinants of mental health and wellbeing is:

**Population:** Young migrant women aged 16-24, migrant will be defined in the scoping review as a person who leaves one country to reside permanently or semi-permanently in another country.

**Intervention:** The scoping review will consider the following:

- experiences of YMW receiving and providing mental health and wellbeing services during educational years?
- public health or other non-NHS interventions exist for this population during educational years and how do they improve outcomes and services?

**Comparator:** comparison of YMW with non-migrant populations or comparisons of interventions may be included, however, non-comparative studies will also be reviewed.

**Outcomes:** Recommendations for key factors that affect the mental health and wellbeing of YMW during educational years and for evidence-based public health and non-NHS services to best support this population. Evidence identified will contribute to the project grounded theory and logic model outputs.

**Study type:** Scoping review considering a wide range qualitative study designs, reviews, and experimental studies.

### Search strategy

The search strategy will aim to locate both published and unpublished studies. An initial limited search of MEDLINE will be undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and MeSH or relevant index terms used to develop a full search strategy. The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source. The reference list of all included sources of evidence will be screened for additional studies. Relevant sources of unpublished studies/ gray literature will also be searched through known repositories and by searching Google and Google Scholar.

### Study/Source of Evidence selection

To be included in the scoping review, original peer-reviewed or grey literature articles will be screened by Ramos and Rees-Roberts using the title and abstract/executive summary using the criteria below. Screening selections will be compared, and any conflicts discussed until consensus with Kendall acting as third opinion where needed.

- Considers YMW as per the above definition and involves participants.
- Written in English that describes original quantitative, qualitative, or mixed methods research

- Involves research into the mental health of YMW either considering an intervention or assessing risk factors and determinants for mental health in YMW. We will include qualitative studies exploring experiences of mental health in YMW.
- At least one of the outcomes measured or findings reported in the study considers determinants of health.
- Peer-reviewed articles, grey literature, narratives, commentaries, or other document types such as reports, and essays will be included. Where systematic reviews are identified, the reference lists will be reviewed for eligible studies for inclusion.

### **Data Extraction**

On completing selection of articles, the following data will be extracted in a spreadsheet: author(s), year, city, region, country, characteristic of participants (e.g., age of young women), type of intervention and comparator if applicable, study aims/purpose, study methods and design (e.g. quantitative, qualitative, or mixed methods), measurement methods, outcomes measured, factors identified to be associated with mental health in YMW and summary key findings. Articles selected will be quality assessed to appraise the methodology using adapted checklist items from the Joanna Briggs Institute critical appraisal tools depending on the type of articles retrieved and checklist suitability<sup>25</sup>. The checklist will be decided upon prior to selection and assessment of articles for inclusion. Ramos and Rees-Roberts will appraise the quality of the included studies and obtain validation from Kendall where a third opinion is required.

A draft extraction form is provided (see Appendix 1). The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included evidence source. Modifications will be detailed in the scoping review. Any disagreements that arise between Ramos and Rees-Roberts will be resolved through discussion with Kendall. If appropriate, authors of papers will be contacted to request missing or additional data, where required.

### **Data Analysis and Presentation**

The scoping review will be analysed and organised thematically, and will be critical in its approach, comparing and contrasting findings and evaluating their relative worth (validity, reliability, and generalisability). Moule and Hek's (2011) model will be used as the framework for the critique of the literature materials<sup>26</sup>. The reported outcomes and findings will be synthesised into the emerging themes using the PRISMA-ScR checklist as a reporting framework<sup>27</sup>.

The overall themes and conclusion will be converged with the emerging grounded theory to provide an explanatory evidence base for improvement to access to and care delivery that meets the expressed needs of YMW<sup>28</sup>. The project public advisors will take part in the emerging analysis after receiving training and support to do so.

## **Acknowledgements**

We would like to acknowledge the contributions and support of our two public advisors who will support and assist this rapid scoping review.

## Funding

National Institute for Health Research, Public Health Research Programme. NIHR 135216

## Conflicts of interest

None declared

## References

1. Odergaard, O. (1932) Emigration and Insanity: A Study of Mental Disease Among the Norwegian Born Population of Minnesota. *Acta Psych et Neurol Scand Suppl* 4, 1-206.
2. Virupaksha, H. *et al.* (2014) Migration and Mental Health: NA Interface. *J of Nat Sci, Biol and Med*, 5(2), 233 -239.
3. Bhurgra, D. *et al.* (2014) EPA Guidance Mental Health Care of Migrants. *Euro Psych*. 29(2)107-115.
4. Siriwardhana, C. & Steward, R. (2013) Forced Migration and Mental Health. *Intern Health*. 5 (1), 19-29
5. [Migration statistics 2020](#). Office of national statistics
6. [Migrants in the UK: An Overview. 2020. The migration observatory at the University of Oxford.](#)
7. Markani Y. 2015. [BRIEFING Demographics of Young Migrants in the UK](#). Migration Observatory, University of Oxford
8. Maggi, S. *et al.* (2010) Rural-urban Migration Patterns and Mental Health Disgnoses of Adolescents and Young Adults in British Columbia, Canada: A Case-control Study. *Child and Adoles Psych and Ment Health*. 4 (13).
9. Brooks, F. *et al.* (2017) Wellbeing of Adolescent Girls: An Analysis of data from the Health Behaviour in School-Aged Children (HBSC) Survey for England, 2014. England: PHE
10. Brooks, F *et al.* (2020) HBSC England National Report: Findings from the 2018 HBSC Study for England. Hatfield, England: University of Hertford.
11. WHO (2014) Health for the World's Adolescents: a Second Chance in the Second Decade. Geneva
12. Every Woman Every Child. (2015). The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): Survive, Thrive, Transform. Retrieved from <https://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>.
13. Fournier, C. *et al.* (2014) Children and Adolescent from Elsewhere: The Violence Experienced in their Host Society and the Effects on their Health, a Literature. *Can J of Pub Health*.105 (1).28-36.
14. Altinyelken, H. (2009) Migration and Self-Esteem: A Qualitative Study Among Internal Migrants in Turkey. *Adoles*. 44:149-63.
15. Nadeau, L., *et al.* (2017) Perspective of Migrant Youth, Parents and Clinicians on Community-Based Mental Health Services: Negotiating Safe Pathways. *J of Child and Fam Stud*. 26, 1936-48.
16. Ellis, B. H., *et al.* (2011) New Directions in Refugee Youth Mental Health Services: Overcoming Barriers to Engagement. *J of Child & Adoles Trauma*. 4 (1), 69-85.
17. Nadeau, L., & Measham, T. (2006) Caring for Migrant and Refugee Children: Challenges Associated with Mental Care in Paediatrics. *J of Dev & Behav Paed*. 27(2), 145-154.
18. Ter Kuile, S., *et al.* (2007) The University of the Canadian Health System in Question: Barriers to Services for Immigrants and Refugees. *Int J of Mig, Health and Social Care*. 3 (1), 15-25.
19. [Chief Medical Officer annual report 2012: children and young people's health](#). Department of Health and Social Care
20. [NHS long term plan. 2019](#). NHS England
21. [Promoting emotional wellbeing and positive mental health of children and young people. Department of Health and Public Health England](#)
22. Kerkenaar MM, *et al.* 2013. Depression and anxiety among migrants in Austria: a population based study of prevalence and utilization of health care services. *J Affect Disord*. 151(1):220-8.
23. Forte A, *et al.* 2018. Suicide Risk among Immigrants and Ethnic Minorities: A Literature Overview. *Int J Environ Res Public Health*. 15(7):1438.



24. [Office for National Statistics. Local area migration indicators, UK Dataset.](#)
25. Joanna Briggs Institute, University of Adelaide. [Critical Appraisal Tools.](#)
26. Moule P and Hek G. 2011. Making Sense of Research: An Introduction for Health and Social Care Practitioners. 3<sup>rd</sup> Edition. SAGE. London
27. Tricco AC, *et al.* 2018. PRISMA extensión for scoping reviews (PRISMA-ScR): Checklist and Explanation. Annals of Internal Medicine 169 (7):467-473.
28. Charmaz, K. (2006) Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis. London: SAGE Publications Limited.