

‘Having Two Heads’: An Exploration of Experiences Relating to the Mental Health of Children of Black Africans

Asma’u Mustapha

A thesis submitted in partial fulfilment of the requirements of the
University of East London for the degree of Professional
Doctorate in Clinical Psychology

May 2024

Word Count: 29749

ACKNOWLEDGMENTS

Writing this thesis between late 2023 and early 2024, the themes within – loss, belonging, identity and reclaiming narratives – have felt particularly pertinent. Throughout this project people in the Democratic Republic of Congo, Occupied Palestine, Sudan, and elsewhere have often been in my mind, heart, and prayers. Their stories have shaped me, my thinking, and this research, and I acknowledge them here.

To my supervisor Dr Paula Corredor-Lopez, thank you for the freedom and encouragement you have given me throughout this project. Thanks also for your ongoing cheeriness in the face of my deadline-keeping. I really appreciate it!

To Mr David Gimson, thank you for your support during this project. It was really special to be able to conduct some of this research in my old stomping ground.

To my family and friends, thank you for the distraction and encouragement over the last few months! A particular thank you to my aunt, Margaret Meagher for her kind offers of practical help throughout this project.

To my wonderful parents, thank you for all your efforts in building community and for teaching me the value of it. Thank you for the love and support you have given me always.

To Jonathan Kleff, thank you not only for your graphic design skills and for the best writing retreat, but for your consistent support, encouragement, and provision of fun throughout the last few years. You have made this process much more enjoyable!

Most especially, to my fellow children of Black Africans! I'm so proud and grateful to be a member of this community:

To the participants, thank you for your time and for sharing your stories with me. I so enjoyed being able to speak with all of you. I thank you whole heartedly for your contributions, which were so rich my biggest challenge was fitting them into this word count!

Special thanks also to D.J, E.B, E.O, H.A, J.K, J.O, K.R, L.A, M.K, M.J, T.A, Z.H and Z.O for help with the focus groups, recruitment, and general encouragement.

Lastly, to my brother, Seyi, who has been helping me figure out these issues as long as I can remember: You have shaped my thinking on identity and belonging more than anyone else. I couldn't imagine this journey alone. This one was for you.

ABSTRACT

Background: Within the increasingly prominent field of migrant mental health, research on children of migrants (COM) indicates sociocultural factors play an important role in mental health outcomes observed in migrant communities. While several potential factors have been implicated, research is at an impasse in understanding underlying mechanisms. Within COM literature, failures to appropriately appreciate variations between different COM populations, or to include COM perspectives is suggested to contribute to difficulties advancing the research. This research therefore specifically focused on the perspective of children of Black Africans (COBA) in the UK, a quickly growing population at the centre of many of the intersecting inequalities likely to affect COM mental health.

Methodology: Research was conducted from a critical realist epistemological standpoint and informed by pre-research participatory focus groups. A qualitative methodology was used to explore COBA's views about factors that are currently reported in psychological literature to affect their mental health. Nineteen semi-structured interviews were conducted.

Analysis: Following the reflexive thematic analysis of the qualitative data, three themes were developed. 'Connection and Disconnection' explored the complex patterns of interactions participants described within relationships with their numerous communities, and relationships with their own identities. 'Loss and Shame' discussed how disconnections and comparisons could result in feelings of loss and shame. 'Control' considered how COBA's contexts could contribute to feelings of disempowerment, and the steps they took to reclaim control.

Conclusion: Findings were discussed in relation to the existing literature. COBA's perspectives highlighted important nuances in factors hypothesised to be important to COM mental health, such as discrimination and ethnic density. Additional factors were also explored, including the role of shame and 'micro-losses'.

Recommendations of therapeutics approaches with COM and their parents and wider policy interventions are made, alongside research suggestions to help clarify current inconsistencies in migrant mental health research.

1.1 Contents

1.INTRODUCTION	11
1.1 Migration and Mental Health.....	11
1.1.1. Increased Risk in Migrant Mental Health	11
1.1.2 Healthy Migrant Effect	12
1.1.3. Clarifying Contradictions within Migrant Mental Health	12
1.1.4 Children of Migrants	12
1.1.5 Children of Migrants’ Mental Health.....	13
1.2 Socio-Cultural Factors	13
1.2.1 Acculturation Issues	13
1.2.2 Intergenerational Issues.....	14
1.2.3 Racism, Discrimination, and Disadvantage.....	15
1.2.4 Ethnic Density and Urbanicity	15
1.3 COM from Black African Backgrounds in the UK	16
1.4 Literature Review	17
1.4.1. Scoping Review Framework	17
1.4.2. Mental Health and Psychosocial Issues	19
1.4.3. Socioeconomic Factors	19
1.4.4. Racism and Discrimination	20
1.4.5. British Social Factors	20
1.4.6. Urbanicity, Ethnic Density and Diversity.....	21
1.4.7. Sociopolitical Factors	22
1.4.8. Parenting and Families.....	24
1.4.9 Identity Development	25
1.4.10. Gender	26
1.4.11. Religion	26
1.4.12. Conclusion.....	27
1.5 Current Research.....	29
1.5.1. Issues with Existing Research.....	29
1.5.2. Aims	29
1.5.3. Clinical Relevance.....	30
1.5.4. Notes on Language.....	30
1.6 Personal Position Statement.....	31
2. METHODOLOGY.....	31

2.1 Epistemology	31
2.2 Design	32
2.3 FGs	33
2.3.1. FG Participants	34
2.3.2. FG Procedure	35
2.3.3. Outcomes	36
2.3.4. Reflections and Limitations.....	36
2.4 Interviews	39
2.4.1 Participants.....	39
2.4.2. Procedure	40
2.4.3 Reflections and Limitations.....	42
2.5 Ethics	42
2.5.1. Informed Consent and Right to Withdraw.....	42
2.5.2. Risk, Potential Distress and Harm Minimisation.	43
2.5.3. Recognition for Participation	44
2.5.4. Confidentiality and Data Protection.....	44
2.6 Analytical Approach	45
2.6.1. Data Familiarisation	45
2.6.2. Coding	45
2.6.3. Generating Initial Themes	46
2.6.4. Developing and Reviewing Themes.....	46
2.6.5 Refining, Defining, and Naming Themes	46
2.6.6. Writing the Report.....	46
2.7 Researcher Reflexivity	47
3. ANALYSIS	48
3.1 Participant Demographics	48
3.2 Summary of Themes	50
3.3. Theme 1: Connection and Disconnection	50
3.3.1 “I do try to stay connected, but it’s really tricky”: Connection and Disconnection with Others	50
3.3.2. “Your name is funny, your food is weird”: Disconnection due to Racism, Discrimination, and Othering.....	56
3.3.3.“Feeling less alone”: The Importance of Connection and Disconnection.....	58
3.3.4. “The complexity of trying to understand yourself”: Connection and Disconnection to the Self	60
3.3.5. “I have more to consider”: Navigating Multiple Connections.....	62

3.4 Theme 2: Loss and Shame	66
3.4.1. “I wish I had that”: Loss.....	66
3.4.2 “For a long time in my life I wasn’t proud”: Shame	70
3.5. Theme 3: Control	74
3.5.1. “Less by choice”: Lack of Control.....	74
3.5.2. “Falling in love with the journey of figuring out who I am”: Reclaiming Control	76
4. DISCUSSION.....	82
4.1 Summary of Analysis.....	82
4.2. What are COBA’s Experiences of Factors that are Commonly Reported in Research to Affect their Mental Health and Wellbeing?.....	82
4.2.1. Racism, Discrimination, and Othering	83
4.2.2. Ethnic Density, Diversity, and Multiculturalism.....	84
4.2.3. Urbanicity and Socioeconomic Deprivation	86
4.2.4 Intergenerational Relationships.....	87
4.3. How may these Factors Affect their Mental Health?.....	88
4.3.1. Shame	88
4.3.2. Mirco-Losses.....	90
4.4 What Additional Factors do COBA feel Affect their Mental Health and Wellbeing?	91
4.5. Implications and Recommendations	91
4.5.1. Clinical	91
4.5.2. Wider Systems	93
4.5.3. Research.....	94
4.6. Critical Review	95
4.6.1. Sensitivity to Context	95
4.6.2. Commitment and Rigour.....	96
4.6.3. Transparency and Coherence.....	96
4.6.4. Impact and Importance	96
4.6.5. Strengths and Limitations	97
4.7. Reflective Statement.....	99
4.8 Conclusion	100
5. REFERENCES.....	102
6. APPENDICES.....	121
6.1 Appendix A: Scoping Review Search Strategy	121
6.2 Appendix B: Scoping Review Inclusion and Exclusion Criteria	122
6.3 Appendix C: PRISMA Flow Diagram	123
6.4. Appendix D: Summary of Scoping Review Papers	124

6.5. Appendix E : Regions of the African Union	134
6.6. Appendix F: Focus Group Powerpoint	135
6.7 Appendix G: Research Recruitment Leaflet	137
6.8 Appendix H: Interview Schedule	138
6.9. Appendix I: Pre-Interview Questionnaire	143
6.10. Appendix J: Participant Information Sheet	147
6.11. Appendix K: Example Introductory Email to Participant.....	152
6.12. Appendix L: Interview Consent Form.....	153
6.13. Appendix M: Participant Voucher Claim Form.....	156
6.14. Appendix N: Example Pre-Research Email to Participant.....	158
6.15. Appendix O: Interview Debrief Sheet	159
6.16. Appendix P: Support Resource	162
6.17. Appendix Q: UEL Ethics Application	164
6.18. Appendix R: UEL Ethics Approval	175
6.19. Appendix S: Risk Assessment	181
6.20 Appendix T: Data Management Plan	186
6.21. Appendix U: Transcript Excerpt	196
6.22. Appendix V: Initial Code List	197
6.23. Appendix W: Initial Thematic Map	199
6.24. Appendix X: Final Thematic Map	200
6.25. Appendix Y: Participant Pseudonyms	201
6.26. Appendix Z: Signed Change of Title Request Form	202

LIST OF FIGURES

Figure 1: Berry's (1992) Acculturation Framework

Figure 2: Map of African Country of Origin (COO) of Focus Group Members.

Figure 3: National Co-Production Advisory Group's (2023) Co-Production Ladder

Figure 4: Map of African COO of Interview Participants.

Figure 5: Map of African COO of FG Members and Interview Participants

LIST OF ACRONYMS

BDD – Body Dysmorphic Disorder

COBA – Children of Black Africans

COM – Children of Migrants

COO – Country of Origin

CR – Critical Realism

FG – Focus Group

HME – Healthy Migrant Effect

PTSD – Post Traumatic Stress Disorder

RTA – Reflexive Thematic Analysis

TA – Thematic Analysis

UEL – University of East London

UK – United Kingdom

US – United States

1.INTRODUCTION

1.1 Migration and Mental Health

Migrant mental health is an increasingly prominent research field in psychology, partly due to growing levels of international migration, resulting in increased migrant populations particularly in countries in the Global North including in the United Kingdom (UK) (Dorsett et al., 2019; The Migrant Observatory 2022b). A further factor is the opportunity presented by migrant mental health research. In some ways migration creates a “natural experiment” (Wallace, 2023; Vickerman, 2024, p.558) in which theories about the impact of migration or post-migration contexts can be used to draw wider conclusions. Such findings have been extremely impactful in psychology, for example, contributing to an increased focus on social factors in diagnoses such as schizophrenia, previously understood to have a largely biological aetiology (Hutchinson & Haasen, 2004).

Despite increased research focus, the ability to draw firm conclusions regarding migrant mental health remain limited as the field is affected by conflicting results and a lack of clear causal explanation (Morgan et al., 2010; Schofield et al., 2019; Dykxhoorn et al., 2020). Currently two of the most researched areas in migrant mental health are the seemingly contradictory increased rates of poor mental health and the Healthy Migrant Effect (HME).

1.1.1. Increased Risk in Migrant Mental Health

Within psychology, migrant mental health research is often traced back to Ødegaard's (1932) seminal findings of disproportionately high rates of psychosis in Norwegian migrants to the United States (US), when compared with non-migrant Norwegians (Bhugra, 2004; Morgan & Hutchinson, 2010). Since then, multiple studies in locations across the Global North have consistently reported an increased risk of psychosis diagnosis in migrant populations (Selten et al., 1997; Cantor-Graae et al., 2005; Fearon et al., 2006; Bresnahan et al., 2007; Selten et al., 2020). In the UK this pattern has been particularly observed in people from Black backgrounds (Fearon & Morgan, 2006; Jackson et al., 2007; Morgan & Hutchinson, 2010). Although this finding is most commonly and consistently reported in relation to psychosis, increased risk of other psychiatric diagnoses including mood disorders

and post-traumatic stress disorder (PTSD) have also been reported (Mindlis & Boffetta, 2017; Baker et al., 2021; Ekeberg & Abebe, 2021).

1.1.2 Healthy Migrant Effect

The HME (Salas-Wright et al., 2014) describes a phenomenon in which migrants have better health outcomes than host country natives, however this advantage declines with increased time spent in the host country (Bowe, 2017). The HME is supported by empirical research in both physical and mental health, however findings related to mental health have been reported to be inconsistent (Alegria et al., 2008; Wallace et al., 2016; The Migrant Observatory, 2020b; Kierans, 2021; Elshahat et al., 2022).

1.1.3. Clarifying Contradictions within Migrant Mental Health

An ongoing focus within migrant mental health research has therefore been to clarify this complex relationship, with the aim of increasing knowledge about mental health risk and protective factors and improving migrant mental health outcomes. Wide-ranging theories have previously been offered to account for increased mental health risks observed in migrant populations, including genetic factors, selective migration, viral infection, cannabis use and obstetric complications, however contemporary research indicated these are unlikely explanations (Hickling et al., 1999; Arai & Harding, 2004; Fearon & Morgan, 2006; Jackson et al., 2007; Selten et al., 2008; Morgan et al. 2010; Baker et al., 2021,). The role of adverse post-migration socio-cultural factors, however, continues to be of particular interest (Dyckhoorn et al., 2020). One of the strongest findings highlighting socio-cultural factors is that children of migrants (COM), often have similar, if not worse mental health outcomes than migrants themselves, and are also less likely to benefit from the HME (Arai & Harding, 2004; Hutchinson & Haasen, 2004; Wallace, 2016).

1.1.4 Children of Migrants

COM refers herein to children who were born in a host country (second-generation), arrived prior to the age of six (1.75 generation), arrived between ages six and 12 (1.5 generation) or arrived between 12 and 17 (1.25 generation) (Rumbaut, 2004). Raised by migrant parents in the UK, they occupy a complex social position, navigating between British (host) culture and their familial/parental (home) culture (Lorick-Wilmot, 2015; Owusu-Kwarteng, 2017; Imoagene, 2017). They are one of the

fastest growing populations in the Global North and their outcomes are considered key indicators of migrant integration, and critical for the formation of successful multicultural communities (Brown & Bean, 2006; Dorsett et al., 2019). They therefore receive large amounts of societal, political, and academic attention (Finney & Simpson, 2009; Dustmann et al., 2011; Wiley et al., 2012; Drouhot & Nee, 2019; Wallace et al., 2022).

1.1.5 Children of Migrants' Mental Health

COM may be particularly vulnerable to risks associated with migrant mental health. COM have also been found to have increased rates of psychosis diagnoses (Hutchinson & Haasen, 2004; Cantor-Graae & Selten, 2005; Jackson et al., 2007; Dykxhoorn et al., 2020; Cullen et al., 2023). Increased risk of suicide, anti-social behaviour, psychological distress, intellectual disability, autism, depression, PTSD, and anxiety have also been reported (Webb et al., 2016; Ceri et al., 2017; Allport et al., 2023). Some report that COM benefit less from the HME than first-generation migrants, although HME results are mixed (Dekeyser et al., 2011, Sirin et al., 2013; Laghi et al, 2021; Zhang et al., 2021).

Findings related to COM have been described as “difficult to explain” (Bhugra et al. 2014, p.3; Ceri, 2017). They undermine potential explanations for vulnerability to poor mental health in migrants (i.e. pre/peri migration stresses, lower linguistic ability) and traditional theories of acculturation, which predict that immigrants will become increasingly integrated and experience reduced stress over time/generation (i.e. ‘straight-line’ assimilation: Alba & Nee, 1997). As such, a better understanding of COM’s mental health could be important to help clarify mechanisms behind the complex pattern of risk and protective factors observed within migrant mental health research. Factors currently of interest within COM mental health research will now be explored.

1.2 Socio-Cultural Factors

1.2.1 Acculturation Issues

Acculturation describes the process of adjusting to a new cultural environment (Huang & Lamb, 2015). Acculturation of migrant populations remains a socially significant issue (Finney & Simpson, 2009; Berrington, 2020) and is understood to be

an important factor in COM mental health (Amer & Hovey, 2007; Wu et al., 2018). Berry (1992) suggests acculturation can happen in four ways (Figure 1):

Figure 1

Berry's (1992) Acculturation Framework

Values and maintains host country culture		Values and maintains home country culture	
		Yes	No
Yes	Integration	Assimilation	
No	Separation	Marginalisation	

Integration has been found to be associated with the best mental health outcomes, while marginalisation and assimilation are associated with poor mental health (Lo, 2010; Berry & Sabatier, 2010; Schofield et al., 2018). Acculturation processes have also been suggested as a possible explanation for the HME and its attenuation in COM (i.e. adaptive behaviours from country of origin (COO) cultures protect against maladaptive behaviours common in host cultures, but protection is lost through individual/generational acculturation) (Williams et al., 2007; Wang & Li, 2019; Laghi et al., 2021).

1.2.2 Intergenerational Issues

COM are exposed to experiences and cultural norms within their host country which can vastly differ to those they are exposed to in familial settings. Intergenerational conflict can occur in migrant families due to acculturative dissonance between first-generation migrants and COM, resulting in different values, expectations, and practices, potentially leading to parenting difficulties (Pham, 2016; Mugadza et al, 2019; Okpokiri, 2021). This has been associated with poor COM psychological wellbeing (Dekeyser et al., 2011; Webb et al., 2016; Berrington, 2020).

Further intergenerational factors suggested to affect COM include poor parental mental health and parent-child separation which may occur in connection with

migration experiences (Morgan et al. 2010; Morgan & Hutchinson, 2010; Dekeyser et al., 2011; Burke, 2015).

1.2.3 Racism, Discrimination, and Disadvantage

Racism and discrimination have been associated with poor migrant health (Ellis et al., 2010; Wallace 2016; Dyxhooren et al., 2020; Held et al., 2022). COM in the UK are more likely to report feeling discriminated against than first-generation migrants and have worse outcomes on some measures of disadvantage (i.e. higher unemployment). This has been related to COM having different reference groups, higher expectations, and increased sensitivity to discrimination than first-generation migrants (The Migrant Observatory, 2020a).

COM are also a commonly socioeconomically disadvantaged group, a factor related to poorer physical and mental health (Arai & Harding, 2004; Kierans, 2021; The Migrant Observatory, 2022a). Findings of HME attenuation in the physical health of COM are somewhat explained by socioeconomic factors, indicating socioeconomic deprivation could play a role in HME patterns observed (Wallace, 2016).

1.2.4 Ethnic Density and Urbanicity

Living conditions of migrant communities have been suggested as specific factors which may play in a role COM mental health. Migrant populations are more likely to live in high-population, urban, deprived conditions and these factors have been linked to poor mental health outcomes, particularly in relation to psychoses diagnoses (Arai & Harding, 2004; Morgan et al, 2010; Dykxhoorn et al 2020; Saxena & Dodell-Feder, 2022).

Ethnic density is defined as the proportion of own-group ethnic minorities living in an area (Baker et al., 2021). Higher ethnic density has been linked to poorer migrant mental health due to socioeconomic deprivation, or theories of social drift (Bhurga, 2004). Somewhat surprisingly, ethnic density has also frequently been associated with better physical and mental health outcomes, particularly for visible minorities (Veling et al., 2008; Schofield et al., 2018). Suggested psychosocial mechanisms for this have included increased social support and buffering against racism (Dykxhoorn et al., 2020).

1.3 COM from Black African Backgrounds in the UK

At present explanations for these findings remain unclear (Morgan & Hutchinson, 2009; Schofield et al., 2019). This may be partially due to failings to account for variety within migrant/COM experiences, inappropriately combining heterogeneous groups within research, therefore potentially occluding important results (Dekeyser et al., 2011, Schofield et al., 2018; Zhang et al., 2021). This current research therefore focuses on a specific COM population: Children of Black Africans (COBA) living in the UK.

COBA are considered a group which could particularly benefit from additional research for several reasons. Firstly, many of the factors of interest are particularly pronounced in Black population in the UK. In white-majority Global North countries such as the UK elevated rates of poor mental health including psychosis diagnoses are consistently found in Black populations (Selten et al. 2019; Terhune et al., 2022; Cullen et al., 2023). Attenuation of the HME and protective ethnic density effects have also been found to be particularly pronounced in Black African populations (Bowe, 2017; Schofield et al., 2018). Black Africans are also found to experience amongst the highest levels of racism, discrimination, and disadvantage in the UK (Karlsen & Nazroo, 2014; Heath & Di Satsio, 2019). The effect of prolonged exposure to societal racism or disadvantage is associated with psychological difficulties in identity formation and internalised racism in Black populations within white-majority settings (Fanon 1952/1967; Potter & Phillips, 2006). Assimilation processes of visible/racialised minorities are also argued to differ from traditional assimilation theories (Portes & Zhou, 1993; Waters, 1994; Hoechner, 2020; Wallace et al., 2022).

Secondly, changing patterns of migration have resulted in Black Africans now being the largest, fastest growing, and most recently arrived Black population in the UK (Lupton & Power, 2004; Crawley, 2009; Dustmann et al., 2011; GOV.UK, 2022; BBC, n.d.). Research into the mental health of Black migrant populations has typically focused on historically larger and more established Black Caribbean communities (Fearon & Morgan, 2004). Assumptions of homogeneity have led to the application of these findings to Black African populations, despite the differences and tensions between these groups (Daley, 1998; Owusu-Kwarteng, 2017, Sall, 2019). When

Black subgroups are separated in research, differences are frequently found (Wallace, 2016). Comparisons between Black subgroups in the US has also led to useful additions to existing knowledge about migrant mental health and wellbeing (Williams et al. 2007; Morgan et al. 2010; Lorick-Wilmot 2014; Thornton et al., 2017). Additional research on Black Africans in the UK could be similarly helpful.

1.4 Literature Review

A scoping review was conducted in March 2024, to establish the current evidence base regarding experiences of COBA in the UK. A scoping review allowed for broad, inclusive exploration of a potentially diverse research area, to identify existing research gaps and shape the current research (Grant & Booth, 2009; Peters et al., 2015).

1.4.1. Scoping Review Framework

The scoping reviews was conducted using Arksey and O'Malley's (2005) five stage scoping review framework.

1.4.1.1. Stage 1: Identifying the research question: The scoping review focused on addressing the orienting question: "What is known in existing literature about the mental health and psycho-social wellbeing of 2nd, 1.75, 1.5 and 1.25 generation Black Africans living in the UK?".

The term "psychosocial wellbeing" was chosen to better capture the holistic experiences of COBA, allowing for the inclusion of knowledge from non-psychology disciplines (i.e. sociology) to provide insight into experiences outside of the mental health lens. Psychosocial wellbeing is here defined as the:

"... dynamic relationship that exists between psychological and social processes, each continually influencing the other. The prefix 'psycho-' relates to the psychological aspect of the individual and incorporates individual thoughts, feelings, desires, beliefs, values, cognition and ways in which people perceive themselves and others. The suffix 'social' insinuates the relationships and outer environment of the individual and contains the material world in addition to the social/cultural context in which people live." (UNICEF, 1997; Bragin et al., 2022 p.461).

1.4.1.2. Stage 2: Identifying relevant studies: The search strategy (Appendix A) was developed by combining terms related to concepts of interest. Words related to 'mental health' and 'psychosocial wellbeing' were removed to reduce the possibility of missing relevant research, given the varied terminology used across disciplines. These concepts were instead included as part of the inclusion/exclusion criteria during Stage 3.

Search terms were entered into EBSCO (using databases Academic Search Ultimate, APA PsycINFO, Child Development and Adolescent Studies, CINAHL), OVID and SCOPUS. Supplementary searches (using keywords BLACK AFRICAN, 2nd, 1.75, 1.5, 1.25 GENERATION, MENTAL HEALTH, WELLBEING, UNITED KINGDOM) were conducted on Google Scholar and ETHOS. On Google Scholar the first 100 results of the total 9550 sorted by relevance were assessed for inclusion, alongside the six results from ETHOS, however these supplementary searches did not yield any additional relevant results.

1.4.1.3 Stage 3: Study selection: The resulting 895 results were uploaded to Rayyan, a systematic review screening software (Ouzzani et al., 2016). Following de-duplication, 709 results were included at the start of the screening process. Initial title and abstract screening and subsequent full-text screening was conducted using criteria listed in Appendix B.

As detailed in the PRISMA flow diagram (Appendix C), 660 articles were excluded following title and abstract screening. During full-text screening, it was not possible to retrieve one article, despite contacting the publishing journal. A further 38 articles were excluded, resulting in 10 articles being included in this scoping review (Appendix D).

1.4.1.4 Stages 4 & 5: Charting the data and collating, summarising and reporting the results: Of the 10 articles, six were quantitative studies and four used qualitative methodologies. Only two were explicitly focused on mental health while the remaining eight focused on other aspects of psychosocial wellbeing, including life satisfaction and identity development. Both studies explicitly focusing on mental health were quantitative. All quantitative studies included were large scale cross-sectional studies.

A narrative summary of themes from the papers is now presented. While all papers provided some results specific to 2nd/1.75/1.5/1.25 generation COBA, several of the papers included results for multiple ethnic groups and generations and did not always clearly differentiate for all reported results. Where available and differing from general results, the specific results related to COBA will be reported.

1.4.2. Mental Health and Psychosocial Issues

Several of the papers highlighted COBA as vulnerable to poor mental health or psychosocial issues. Coid et al. (2008) reported an increased risk of psychosis for all racially minoritised groups when compared with white British populations, especially in Black Caribbean and African populations. For the Black African group, this increased risk was broadly similar across first- and second-generation individuals. Second-generation Black Africans were at a significantly elevated risk of nonaffective psychosis, despite a relatively small sample.

Knies et al. (2016) replicated findings that life satisfaction was lower in all racially minoritised groups and found this was especially the case in second-generation populations, even when controlling for factors such as neighbourhood deprivation. This finding varied by ethnicity.

Conversely, Astell-Burt et al. (2012) reported a psychological wellbeing advantage in racially minorities groups, particularly boys from Nigerian or Ghanaian backgrounds, despite increased experiences of racism. Yan et al. (2019) also found, across first- and second-generations, Black Africans had the lowest level of poor mental health when compared with other racialised minorities.

The papers in the review highlighted several environmental factors as potential explanations for observed results which are discussed below. Factors were broadly similar to those discussed in wider migrant/COM literature:

1.4.3. Socioeconomic Factors

Factors related to poverty and deprivation appeared frequently. Astell-Burt et al. (2012) and Knies et al. (2016) found racially minoritised individuals were more likely to come from deprived areas. Yan et al. (2019) reported a negative association between mental health and neighbourhood deprivation, significant for the Indian population, and a positive association between higher household income and mental health for the Black African population. They concluded the negative impact of ethnic

density was at least partially due to socio-economic disadvantage. Poverty often co-occurred with factors like ethnic density, potentially confounding the results and complicating conclusions that could be drawn (Knies et al., 2016).

Allport et al. (2019) highlighted economic factors disproportionately affecting Bristol's Somali community, including poverty and underemployment. Somali mothers discussed the lived reality of these factors: living in small, often social housing meant that they were unable to socialise or receive visitors in accordance with Somali culture, increasing familial isolation and reducing access to social support. Mothers shared their children had less opportunity for independent play and learning, needing more direct guidance than parents were able to give, due to reduced parental resources. These factors were argued to contribute to poorer developmental outcomes observed in second-generation Somali children.

1.4.4. Racism and Discrimination:

Coid et al. (2008), Heath & Demireva (2016) and Knies et al. (2016) all mentioned racism and discrimination as factors affecting the psychosocial wellbeing of COM/migrants, however only Astell-Burt et al. (2012) directly addressed this. They found racism was associated with poorer psychological wellbeing in all groups and occurred more in settings with lower ethnic density and higher deprivation. Racism was thought to have a greater impact when experienced at younger ages.

Nigerian/Ghanaian boys were found to experience amongst the highest levels of racism, which increased as they got older. Counter-intuitively, Nigerian/Ghanaian boys reported the lowest levels of psychological difficulty.

1.4.5. British Social Factors:

Cultural differences between COO and the UK were also suggested as factors that could affect psychosocial wellbeing (Knies et al. 2016). Somali mothers interviewed by Allport et al. (2019) described how communal structures within Somali society allowed children to interact more widely and independently, with less direct pressure on parental resources. In the UK, climatic differences, structure of homes/neighbourhoods, less trusting or supportive relationships and limited scaffolding of cultural practices were factors listed as affecting their children's socialisation and development.

Cook & Waite (2016) also discussed differences in individualist vs. collectivist culture alongside gender roles and relationship to authority as factors which African migrant families are likely to have to navigate. They concluded navigation was not a linear process of assimilation from 'traditional' to 'modern', as often portrayed but was instead fluid and negotiated by both parent and child. They cautioned against poorly defined oversimplifications of African cultures as 'backwards', or over-idealised portrayals of African 'collectivist strength', that did not account for the diverse social/family structures in various African societies, which are also influenced by demographic shifts, economic change, globalisation, etc. and therefore constantly changing.

1.4.6. Urbanicity, Ethnic Density and Diversity

Urbanicity was briefly discussed. Knies et al. (2016) reported that a much higher proportion of the British-born Black population live in metropolitan areas than other racially minoritised or white British groups. Allport et al. (2019) suggested the urban environment, concerns about traffic and child safety, and lack of open space all negatively affected Somali COM.

Ethnic density, and to a lesser extent, diversity, was more comprehensively addressed, although findings were conflicting, reflective of mixed findings in wider research. Yan et al. (2019) concluded that ethnic density had a detrimental effect on the mental health of racially minorities, particularly for Black groups and concluded ethnic density had detrimental effects over the effects of deprivation alone.

Differences between first- and second-generation populations in this study proved difficult to explain. COM tended to live in less deprived, less ethnically dense neighbourhoods. Increased ethnic density was associated with poorer COBA mental health and better mental health in the Black African first-generation, while the opposite pattern was observed for Asian groups, although Yan et al. (2019) also urged caution when interpreting results for COBA, due to large standard errors.

Knies et al. (2016) found no association between diversity and life satisfaction, but higher ethnic density was positively correlated with life satisfaction in Black African groups, although results were less robust than similar findings for second-generation Indians and Pakistanis. Ethnic density was associated with decreased life satisfaction in other groups studied (i.e. first-generation Pakistanis). While reasons

for these conflicting results remained unclear, they indicated ethnicity and generation status are important moderators when considering ethnic density's effects.

Knies et al. (2016) felt contradictions in ethnic density research could be due to failures to account for differences between migrant generations. Yan et al. (2019) and Astell-Burt et al. (2012) highlighted variation in ethnic density research settings: while research in the US could include neighbourhoods of 90-100% racialised minority populations, British 'ethnically dense' neighbourhoods have much lower population concentrations, especially for Black African and Caribbean populations, where the average concentration of own-group minorities studied was less than 10%. This may not be a large enough concentration for ethnic density to be protective or offset the detrimental effects of associated factors like neighbourhood deprivation. Findings from non-UK studies should therefore be applied to UK settings with caution.

Astell-Burt et al. (2012) hypothesised ethnic diversity, although lesser-studied, may play an important role in COM wellbeing, however their results did not indicate an association between either ethnic density or diversity and psychological well-being. They did report an association between own-group ethnic density and reduced racism, which was independently associated with psychological wellbeing.

1.4.7. Sociopolitical Factors

Multiculturalism came up in several papers. Defined as a political practice for "giving recognition to ethno-religious groups and their culture" (Heath & Demireva, 2016, p.161), British multiculturalism was a contested area, which some felt had failed, resulting in parallel societies (Yan et al. 2019). The integration or segregation of COM was highlighted as a key determining point in debates about multiculturalism.

Heath and Demireva (2016) described views of multicultural policy typically framing bridging social capital (forging links between different parts society) as successful. This would relate to the 'integration' and 'assimilation' cells within Berry's acculturation framework (Figure 1). Multiculturalism critics argue that bonding social capital dominates in the UK (different ethnic groups living in separate societies) represented by "separation/segregation" and "marginalisation" cells.

Both Yan et al. (2019) and Heath & Demireva (2016) contested the idea multiculturalism in the UK has failed, interpreting their findings as indicative of

increased integration. Heath and Demireva (2016) found inter-ethnic mixing increased over generation across all ethnic groups in intermarriage, friendships, and work settings. Black Africans (particularly Muslims) were found to have amongst the highest levels of inter-ethnic mixing within the first-generation, however non-Muslim Black Africans exhibited the slowest level of intergenerational change.

Heath and Demireva (2016) rejected that the idea that bridging or bonding social capital occurred mutually exclusively. Their results indicated the majority of racially minoritised individuals from both generations felt they should both maintain their own values (83% for first-generation and 84% for second-generation) and integrate with British society (93% for both generations), therefore falling in the integration cell. This was reflective of the pattern seen within the Black African groups, although the importance of integration fell over generations (91% for first-generation vs 88% for COBA) while the importance of maintaining cultures rose (74% for first-generation vs 86% for COBA). Intergenerational results were only available for non-Muslim Black African groups. Heath and Demireva linked this to later findings that perceived discrimination was most predictive of integration/segregationist attitudes, concluding societal integration may be more plausibly explained by discrimination than multicultural policy.

McAndrew and Voas (2016) found that second-generation individuals tended to be increasingly civically involved and less trusting than first-generation. Both first-generation and British-born Black groups were less trusting than their Asian counterparts. They also concluded these findings may be linked to discrimination.

Knies et al. (2016) reported concern in findings that life satisfaction was lower for second-generation individuals including Black Africans. Finding that ethnic density increased the life satisfaction of certain racially minoritised groups was also contrary to straight-line assimilation predictions. These findings indicated some aspects of “successful” multiculturalism (i.e. more interethnic neighbourhoods) could be psychologically costly for second-generation individuals. They suggested the lower than expected life satisfaction reported within the second-generation may be due to differences in reference groups (first-generation may be more likely to compare themselves to people from their COO, while second-generation are more likely to compare themselves to the British majority) and selection effects (first-generation are

more likely to have chosen to come to the UK and therefore experience higher levels of satisfaction from living here).

Several of the papers highlighted sociopolitical differences between the UK and the US, where much migrant sociological and psychological research has been conducted. McAndrews & Voas, 2016 described the US as more religious and more defined by immigration. Imoagene (2012, p.16) contrasted this to the UK's national identity which she argued was characterised by a reluctance to confront its colonial history, and a framing of immigration as "invasion". Imoagene concluded the UK's official policy of multiculturalism was ineffective in the face of discrimination and hostile political attitudes towards immigration, which resulted in feelings of discrimination, exclusion, and lack of connection to British identity, impeding the integration of second-generation Nigerians.

1.4.8. Parenting and Families

Cook and Waite (2016) stated that familial/intergenerational relationships was an emerging but currently understudied area within migrant research. Research that did occur often focused on relationship difficulties, as opposed to opportunities for successes, with research adopting oversimplistic, linear narratives of acculturation as moving from 'traditional' African to 'modern' Western practises. Examples of this narrative were seen in other literature in the review, with Vil (2009, p.210) describing how "adaptation to a more liberal London society has caused a cultural clash with more conservative West African parents".

Cook and Waite (2016) felt migrant families could experience intensified intergenerational differences and increased tensions. They reported adaptations could be harder for parents, particularly fathers, however they felt processes of negotiating these differences involved bi-directional adaptation. All African migrant parents interviewed described disliking certain parts of British culture, typically: gender roles, sexuality/relationships, educational pressures, relationships to authority, individualism, and increased distance from extended families. Instead of reducing these topics to binary outcomes, Cook and Waite described a transnational culture building process occurring within families (Foner, 1997).

Participants were able to explain how and why they negotiated boundaries. Understandings differed somewhat between generations. Parents spoke about

relaxing their attitudes to help their children live in complex transnational contexts, whilst being increasingly aware of the risks in failing to adapt, citing examples of breakdowns in other migrant families. COM acknowledged adaptation in their parents and felt time and experience (i.e. parenting older siblings) were important in this process. COM also described an awareness of their parents' boundaries, sometimes withholding things from them, so as not to push for adaptation too quickly, preserving peace within families.

Vil (2009) discussed potential stressors within Nigerian migrant families including ongoing commitments to Nigeria (i.e. remittances) and increased feelings of shame if first-generation migrants were thought not to have succeeded abroad. Allport et al. (2019) detailed difficulties migrant parents may be more likely to experience, including increased isolation, language barriers, reduced social support, limited resources, increased vigilance, and higher rates of mental health issues. These stresses could affect COM wellbeing via epigenetic or attachment pathways. Additional factors noted by Allport et al. (2019) included a high rate of single parent households and a reluctance for parents to discuss difficult early experiences (i.e., experiences of war).

1.4.9 Identity Development

Focusing on national identity, Imoagene (2012) found second-generation Nigerians (80+%) did not identify as British or expressed only an instrumental identification. Second-generation Nigerians were overwhelmingly more likely to identify as Nigerian (64%) than British (10%) or British-Nigerian (2.6%). Levels of host-country identification were much lower than for Nigerian-Americans and British-Caribbeans. Her results can be contrasted with Heath & Demireva (2016) who reported high levels of British identification in first-generation migrants which increased for the second-generation, although Black African groups were less likely to reported feeling British than other racialised minorities (i.e. 79% of COM vs 59% of non-Muslim COBA specifically). Heath and Demireva found that youth, higher levels of perceived discrimination and first-generation status were all negatively associated with British identification.

These differences may stem from the different populations and the wording of the questions (Black or British vs. Nigerian or British). Vil's (2009) research may also

provide some context. This paper discussed how stigmatisation of more established Black British and Caribbean communities could affect the cultural identity and acculturation of more recently arrived Black African communities. Vil concluded that Black African COM were more likely to shape their identities around their national/African heritage, as opposed to identifying as Black. Conversely, Vil also described West African COM feeling they had to perform stereotypes of Black Britishness which they did not relate to in some contexts. Themes of divisions within the UK's Black communities were contrasted with perceived success and unity within Asian communities.

COO visits, ethnic enclaves and religious involvement were all important ways West African culture was transmitted to COBA, with all described as having beneficial effects on identity development and wellbeing by supporting positive identification and combating racialised stigma (Vil, 2009). Vil described less of a transnational identity than Cook and Waite, instead reporting young people codeswitched between identities, accents and behaviours depending on setting, describing this ability as "their greatest asset" (p.201).

1.4.10. Gender

Cook and Waite (2016) noted African societies were often portrayed as being primarily patriarchal, and while this was the case for some, emphasised large amounts of cultural variation rarely accounted for in research. They highlighted gender as a particular site for intergenerational negotiation in migrant families, impacted by factors including religious background, extended family and wider ethnic community relationships. Heath and Demireva (2016) reported that 32% of Black African Muslims and 21% of non-Muslims reported being supportive of traditional gender roles, compared to 14% of white British respondents. No data was available for second-generation African groups.

1.4.11. Religion

McAndrews & Voas, 2016 found that, although the majority of first-, 1.5- and second-generation Black Africans identified as religious (96.5%, 92.4% and 80% respectively) secularisation increased across successive generations, particularly between second-generation and 1.5 generation. Second-generation Black Africans were significantly less likely than the first-generation to report religion was important

to them or to practice privately. No significant intergenerational difference was found for communal practice, highlighting its non-religious (potentially social or cultural) function. Although, in general, religiosity was associated with increased civic engagement, McAndrews & Voas (2016) concluded increasing secularisation across migrant generations did not appear to have a detrimental effect on civil and social life.

Vil (2009) discussed how increasing membership of Black African churches despite falling religious rates in the UK highlighted the importance of churches as culturally important environments for Black African groups. Vil concluded that church was an important site for positive identity development for West African COM.

1.4.12. Conclusion

This review attempted to bring together existing research on the mental health and psychosocial wellbeing of COBA in the UK. While important themes have been highlighted, the current research field is contradictory.

The papers revealed second-generation identity to be a contested one, at the heart of many current socio-political debates. Many of the papers stated generational status as an important, often understudied area. Yan et al. (2019) described how failure to acknowledge it in research had contributed to confusion within the field, however conclusions drawn about the impact of generational status varied enormously.

Astell-Burt et al. (2012) found a wellbeing advantage for COM, while Knies et al. (2016) reported COM were more vulnerable to lower life satisfaction. Both authors reported being surprised by these results. Coid et al. (2008) concluded generational status did not have a significant impact on psychosis risk variation, despite observing some generational differences in psychosis diagnosis, (including a significantly elevated rate of non-affective psychosis in second-, but not first-generation Black Africans), reporting these variations were better explained by differing age structures.

One suggested factor regarding these inconsistencies was a frequent failure to acknowledge variation within the Black African population. While it was common to isolate the South Asian region or even specific Asian countries, the majority of studies considered 'Black African' a homogenous sample, potentially obscuring

important national, cultural, social and religious variations. Coid et al. (2008, p.6) commented the combination of participants from Indian, Pakistani and Bangladeshi origin may have “concealed subtle differences” but no such reflection was offered for the more varied Black African sub-group.

Secondly, the broad framing of the review brought together research from different fields. It was felt this was important to gain a holistic view of COBA’s experience, however the different methodologies, research approaches and definitions likely contributed to the lack of cohesion observed. When looking only at mental health research, papers were all quantitative and tended to have a very narrow focus (i.e. Coid et al. 2008 only looked at psychosis). It was unclear how certain conclusion about COBA’s experiences could be reached based on the information included. For example, Coid et al. (2008, p.2) asserted that people from African, Caribbean and Indian backgrounds “might be expected to have experienced [similar] migration-related societal pressures” without identifying how an understanding of those experiences and their similarity or dissimilarity was reached.

Most included studies were large-scale, observational, quantitative studies. While able to highlight association, limited causal conclusions can be drawn from such research. Many of these studies also used the same data sets (Yan et al.,2019 ; Knies et al. 2016 used UKHLS, Heath & Demireva, McAndrew & Voas, 2016 used EMBES). Despite more recent publication dates, some data was collected many years ago (i.e. Coid et al. 2008 included data collected from 1996). The conclusions reached may have limited relevance to the current experiences of COBA, one of the fast-growing populations in the UK, the demographics of which have changed particularly over the past 30 years.

Within sociological research, the perspectives of COBA were more apparent. This research also highlighted more potential mechanisms behind the patterns observed. Attempts to bridge the gap between the contributions of these two bodies of research could clarify some of these inconsistencies. In terms of their clinical use, studies tended to explore risks rather than protective factors and only Vil (2009) & Allport et al. (2019) offered concrete recommendations.

1.5 Current Research

1.5.1. Issues with Existing Research

Despite the increasing research focus on migrant mental health, precise understanding of mechanism behind the complex patterns observed remains elusive. Patterns of risk and protective factors are complex, varying across settings and populations (Williams et al., 2007). Factors are often co-occurring and confounding, making it hard to identify precise mechanisms (Morgan et al., 2010). Existing research often does not stratify across factors which are likely to affect these pattern (i.e., generation status, immigrant origin) potentially obscuring important information (Georgiades et al., 2018; Baker et al. 2021.).

Psychological research on migrant mental health is largely qualitative and rarely includes perspectives from migrant populations. It has thus far focused in identifying relationships between factors but has been unable to provide more in-depth understandings of underlying mechanisms. Qualitative research including the population in question may be more appropriate for this purpose, however this approach is currently uncommon (Schofield et al., 2019). Research from separate disciplines appears to be poorly integrated, despite having the potential to strengthen the knowledge base.

1.5.2. Aims

This study aims to address gaps in the current evidence base, by exploring how COBA understand and relate to factors that are commonly reported in current psychological literature as affecting their mental health. As such research has typically not included their perspective, it is hoped that this study will contribute to the understanding of migration, mental health, and the specific experiences of people from Black African backgrounds, providing avenues for further research and improving available support.

This research aims to be exploratory and so will include a broad focus across Black African populations, migration pathways, and generations status' (1.25+), however the importance of these variations are acknowledged and will be addressed.

This research will aim to answer the following research questions:

- 1) What are COBA's experiences of factors that are commonly reported in research to affect their mental health and wellbeing?
- 2) Do they feel these factors impact their mental health and wellbeing? If so, how?
- 3) What additional factors do COBA feel affect their mental health and wellbeing?

All three objectives will be addressed through thematic analysis of semi-structured interviews, with 1.25+ generation COBA.

1.5.3. Clinical Relevance

COBA are a rapidly growing and under-researched population, at risk of multiple disadvantages, and a lack of understanding about their mental health hinders the provision of appropriate support (Morgan & Hutchinson, 2010; Das-Munshi et al., 2012). The UK's public health system needs to be increasingly responsive to their needs. Improved understandings of COBA mental health could also help clarify how social factors affect other COM populations and the role they play mental health more generally.

1.5.4. Notes on Language

This research focuses on the experience of growing up in the UK with a Black African parent and may therefore include people or families who self-identify in various ways. The term migrant has been used thus far, reflecting its common use in the literature. The International Organisation for Migration's definition of migrant has been adopted: someone who moves outside their usual place of residence for a variety of reasons (Sironi et al., 2019, p.132). This umbrella term would therefore cover a wide range of classifications including refugees and asylum seekers. In acknowledgement of the varied experiences of people from Black African backgrounds, and the importance of labels in the construction of identity, particularly in marginalised groups, it is noted that 'migrant' may not be applicable for all participants (Valentine, 1998; Galinsky et al. 2013; Sturaro et al., 2023). The more general 'COBA' or '1.25+ generation' will be primarily used for this research.

Research also commonly uses 'Sub-Saharan Africa' terminology, which will be avoided in favour of terms 'Black African', nation states or African Union determined regions of Africa (Appendix E) (Nkrumah, 1963; Mugadza et al., 2019, *Africa Union*,

n.d.; Onambele et al. 2022). The word 'Black' is capitalised throughout, in reflection of its use as a social and political label, as well as a racial descriptor (Dumas, 2016).

1.6 Personal Position Statement

This research is conducted with the assumption that epistemological, methodological and analytical choices made within research are all impacted by the personal position of the researcher. A personal position statement is offered here, in an attempt to transparently acknowledge the subjectivity of my perspective and encourage reflection on how this has shaped the research now presented, as recommended by Braun and Clarke (2022).

I am a Nigerian, Yoruba, Muslim, mixed-race woman from a middle-class immigrant background. Within the terminology of this research, I would be considered a COBA and a 1.75 generation migrant. Although both of my parents are immigrants, one is a Black African, while the other is a white North American. I arrived to live in the UK aged three, after my family relocated from Nigeria in the late 1990s, however Nigerian culture continues to have a strong influence on my personal values and beliefs and my familial culture. I have visited Nigeria frequently, for periods of up to 12 months, and I have had experiences of schooling and working in Nigeria. My experiences of both being in Nigeria and being Nigerian are impacted by my lack of fluency in Yoruba.

2. METHODOLOGY

This chapter outlines how the research was conducted, including details of the epistemological approach, design, procedure, and analysis. First person language will be used at points to reflect the active role that I played in the knowledge production, in keeping with epistemological stance here adopted (Hyland & Jiang, 2017; Braun & Clarke, 2022).

2.1 Epistemology

This research is conducted from a critical realist (CR) position. It is based on the assumption that social forces like racism and poverty are 'real' and can have

causative effects independent of human knowledge (mind-independent), however these effects are shaped by, and can only be understood through, our socially constructed beliefs and interpretations (Sims-Schouten, Riley & Willig, 2007; Barnett-Page & Thomas, 2009; Ormston, 2013; Green & Thorogood, 2018; Fryer, 2020; Stutchbury, 2022).

A concern facing the migrant mental health field is that, although several factors which may shape the complex results observed have been proposed, the processes behind these associations remain unclear (Morgan et al. 2010; Schofield et al., 2019). Positivist approaches often adopted in psychological literature have focused on finding statistically significant relationships between various factors and mental health outcomes, however these alone cannot provide sufficient information about the nature of this association, or indicate causal mechanisms (Bhaskar, 1975; Gorski, 2013; Rutten, 2019). More constructivist approaches often adopted in sociological literature can provide helpful information about individuals' experiences and understandings but are often less focused on causal mechanism given their rejection of realist ontology (Green & Thorogood, 2018; Stutchbury, 2022).

CR has therefore been selected to build on existing knowledge from these two traditions, while addressing gaps between these bodies of literature. CR's realist ontological and subjective epistemological stance frames observed trends as reflective of real causal mechanism, which are shaped by subjective perspectives and nuances. Importantly, this creates room for the inclusion of COBA's individual perspectives, which could help provide a nuanced understanding of the patterns observed, as well as potentially shedding light on missed factors and inconsistencies within current literature (Ormston et al., 2014; Price & Martin, 2018). This could be key to understanding underlying process, better enabling the development of support for people from migrant backgrounds in the future (Zachariadis et al., 2013; Schofield et al., 2019).

2.2 Design

This research was designed in response to gaps in current literature on COBA mental health, which often makes claims about their experiences without including their perspectives. This qualitative research aimed to highlight COBA's perspectives,

not only through the data produced, but also in the research design, using semi-structured interviews informed by participatory focus groups (FGs).

A qualitative approach was selected as it allowed for the emphasis on participant perspective and is often highlighted as an approach which centres the viewpoints of marginalised populations (Ormston et al., 2014; Aldridge, 2015; Willig 2021). The qualitative approach's flexibility suited the exploratory nature of this research. It enabled detailed and complex data to be elicited, fitting for the nuanced subject area and often contradictory body of research (Ormston et al., 2014).

From a CR perspective, data from quantitative approaches can provide “helpful simplifications” while qualitative approaches are central to understandings of complex mechanisms (Zachariadis et al. 2013, p.862; Vincent & O’Mahoney, 2018). With regards to COBA mental health, this suggests further qualitative research is needed to build on existing quantitative findings and identify potential causal processes.

2.3 FGs

Three pre-interview participatory FGs were conducted with individuals from the target research population, with the aims of ensuring the study's focus, materials, and procedures were relevant, appropriate, and ecologically valid. All FGs took place July 2023.

Participatory approaches are increasingly common in research, with the intended benefits of promoting the voices of often marginalised groups, reducing the risk of misrepresentation, and producing research that is meaningful, trusted and ultimately more likely to be relevant and useful for the researched communities (Bagnoli & Clarke, 2010; Ormston et al. 2014; Aldridge, 2015; Dowding 2020). Participatory approaches were therefore in keeping with the research aims of amplifying the perspectives of COBA.

FGs allowed for information production between the researcher and FG participants, and between group participants. This was intended to re-distribute power in the research design process, in keeping with participatory aims, as FG members outnumbered the researcher and could initiate independent interactions with more ease than other research methods (i.e. surveys or interview) (Bagnoli & Clarke,

2010). All FG members identified as COBA. Sharing views about a collective experience within a group is also thought to empower group members and encourage them to share freely (Bagnoli & Clarke, 2010).

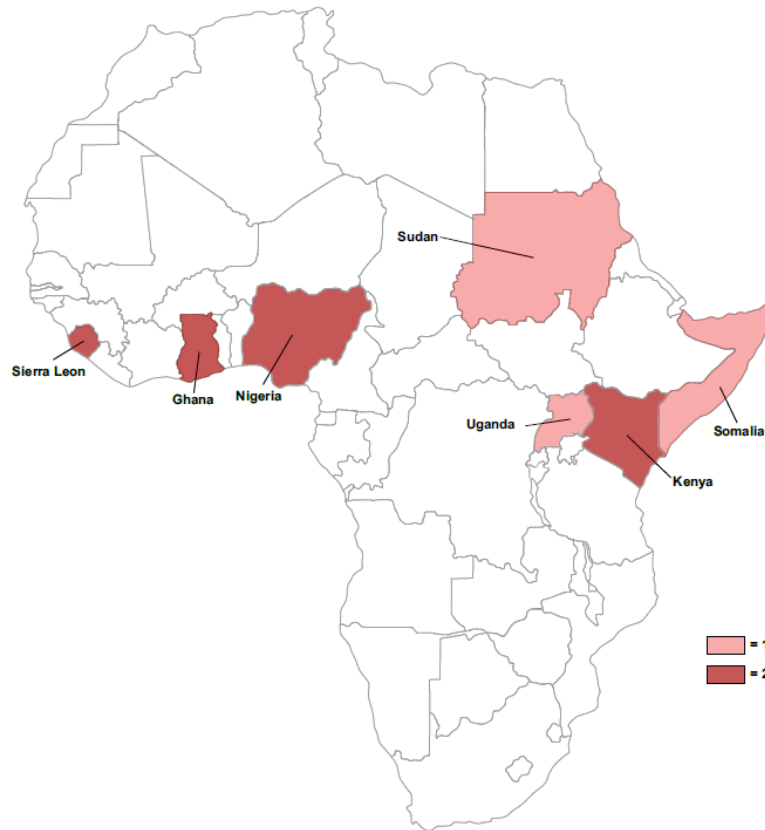
Additionally, FGs were an efficient method to collect large amounts of data and allowed multiple viewpoints to be included in the research design, within the logistical and practical limitations of doctoral research. FGs are useful for gathering views on previous literature and project development (Schensul, 1999). They have previously been used as a pre-research participatory approach, as utilised here (Bagnoli & Clarke, 2010).

2.3.1. FG Participants

A combination of purposive and convenience samplings was used, resulting in the recruitment of 11 FG members, all previously known to me. All group members met the inclusion criteria for the target population: 1.25+ generation UK-based COBA, aged above 16, with at least one 1st generation Black African parent. There were eight female group members and three male group members. The smallest groups had three members, while the largest had five. Members represented seven African COOs (Figure 2). All groups included representation from at least two COOs, with the largest group including members with heritage from five COOs.

Figure 2

Map of African COO of FG Members.



2.3.2. FG Procedure

FG procedure was informed by Schensul's ethnographer's toolkit (1999). Groups started with introductions, which included sharing African COOs. A PowerPoint presentation (Appendix F) introduced the FG's agenda and aims. Group members were given a brief background to the research topic area, existing literature, and research aims and then given a chance to ask questions or share initial reflections.

The proposed research procedure and materials were shared with group members who were asked to comment or recommend any amendments or additions. All groups lasted approximately one hour. The groups were conducted online using

Microsoft Teams and were recorded with consent. Following the FGs, off-camera check-ins and debriefs were conducted.

2.3.3. Outcomes

Notes and recordings from the groups were used to inform adjustments to the research materials and procedure. As a result of the FGs several changes were made to the research recruitment leaflet including stylistic adjustments and amendments to the wording on the leaflet to increase inclusivity. The resulting leaflet can be found in Appendix G.

Adjustments were also made to the interview schedule (Appendix H) which included rephrasing questions and wording of psychological concepts to ensure this was appropriate for lay audiences. The structuring of questions was also adjusted, with the group members sharing thoughts about the question's conceptual flow, as well as the order in which participants may find it easiest to develop comfortable rapport during the interviews.

General reflections of the group inspired a more specific focus on numerous topics which they felt were relevant to COBA's mental health and wellbeing, which had not been highlighted during the literature review, including the importance of sibling relationships. The focus group members also felt that research participants may feel more able to initially share details (specifically sensitive details relating to mental health) using a non-verbal medium. The pre-interview questionnaire (Appendix I) was developed following the FG's recommendation this could be a gentle way to introduce these topics.

2.3.4. Reflections and Limitations

The participatory FGs was central to improving and refining the research methodology and enhancing relevance, appropriateness, and ecological validity. FGs were key to the development of research procedures and materials, as evidence by the numerous changes made following FGs.

An example of this is in the phrasing of the recruitment leaflet. The initial wording of 'Children of Black African Immigrants' reflected my comfort and identification with the word 'immigrant'. Fruitful FG discussions highlighted the varying views within the group, and in the final leaflet the more neutral 'Child of a Black African' was used, alongside a qualifier that participants "may identify as immigrants, migrants,

refugees, asylum seekers, expatriates, etc.”. These reflections also inspired the use of COBA throughout this report.

It was also important to develop this research with non-psychological input to ensure the language and phrasing of the questions was accessible and increase the chances that participants felt comfortable during the interview and able to fully engage in productive conversation.

The choice of convenience sampling for FG recruitment was made for pragmatic reasons, to ensure study development could include consultation from the target population, without depleting pools of potential research participants for subsequent interviews. The benefits of this approach included the expected convenience – sampling in this way enabled this additional research aspect to occur, despite the time and resource limitations of doctoral research.

It is also possible this sampling method resulted in a more diverse FG than would have been included with alternative sampling methods (i.e. snowball sampling). Additionally, all FG members having an existing relationship with me could have facilitated group member’s comfort and therefore increased the rapport and depth of sharing that occurred in the group. This reflection was inspired by the level of engagement in all groups and the depth and number of critiques and recommendations made, which proved incredibly useful to the research development process.

Attempts were made to encourage free sharing within the groups, including the eliciting of thoughts prior to the sharing of the proposed materials and the organisations of groups so people did not know other group members (with one exception, which occurred with prior consent) in the hopes that this would allow people to engage as freely as possible.

Having multiple FGs allowed for triangulation, and similar feedback was received from all groups. The FGs also proved to be helpful for later recruitment, as has been found in other research (Bagnoli & Clare, 2010), with several interview participants later recruited from snowball sampling via FG members.

Despite these advantages, limitations in FG procedure should be noted. Convenience sampling has been described as the “least desirable” method of

sampling, related to concerns about bias within the sample impacting the generalisability of data produced (Patton, 2002, p.241; Suri, 2011).

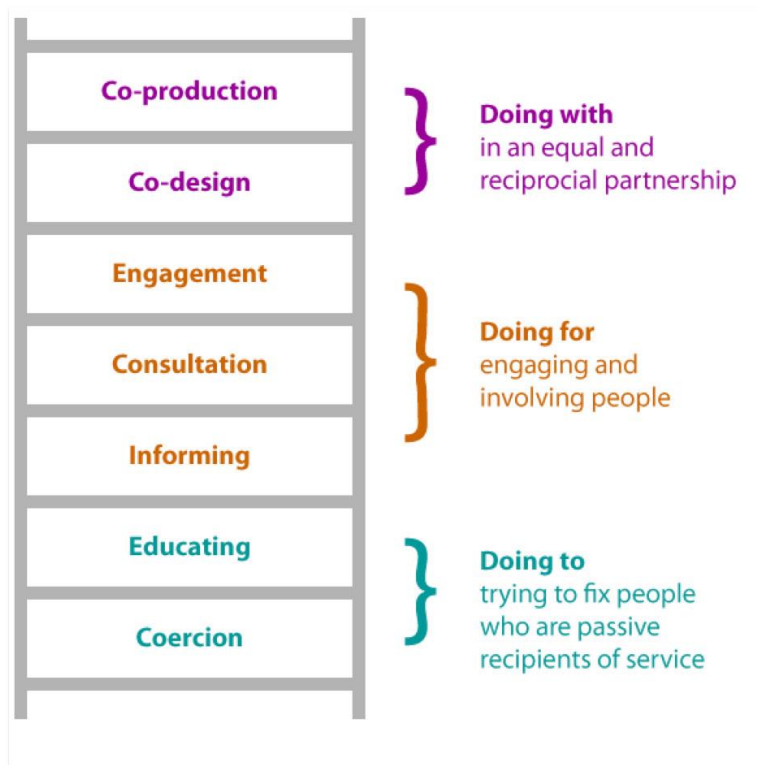
In this research, although the use of FGs allowed for input in research procedure and materials from a more diverse group than without the FGs, as a result of the group being made up of people within my networks, FG members were largely female (8/11), West African (6/11) and University educated (11/11), as I am. This research is exploratory, qualitative, and undertaken from a CR stance; therefore, is not claiming an objectivity for which these examples of skew or bias would be especially problematic. It is still important to note the potential blind spots or factors that may not have been considered despite the inclusion of participatory FGs, due to limited representation within the groups. It was hoped that some of these issues related to representation would be addressed during the interview phase.

Finally, although FGs improved the participatory elements of this research, it is important to highlight the limits of participation here. Clarity regarding methods is a key factor in avoiding tokenism and encouraging accountability within participatory approaches (Aldridge, 2015). FG participation in this research was limited to study design and not included in conducting, analysing, or writing up the research. This was for practical reasons, as well as concerns related to participant confidentiality and academic course requirements.

The elements of participation used aimed to re-distribute power within the research relationship, however power remained unequally distributed. While the research was shaped by FGs, it was not always possible to include every suggestion, reflecting the power hierarchy that remained within the research. Using the National Co-production Advisory Group's (2021) adaptation of Arnstien's (1969) Ladder of Citizen Participation (Figure 3), the participation in this study could be seen to range from 'informing' (i.e. research topic) to 'co-design' (i.e., the interview schedule).

Figure 3

National Co-production Advisory Group's (2023) Co-Production Ladder



2.4 Interviews

The qualitative research used semi-structured interviews with 19 participants who identified as COBA. In keeping with the CR approach, interviews were theory-driven and also shaped by the participatory FGs (Stutchbury, 2022).

2.4.1 Participants

Interview inclusion criteria were that all participants had to:

- Have one or more first-generation Black African parent (born in an African country, arrived in the UK after the after the age of 17).
- Have been born in the UK or arrived prior to the age of 14 (therefore categorised as 1.25-2nd generation immigrant).
- Be aged 16+ and living in the UK.

Participants younger than 18 were included as adolescence was identified in the literature as a critical stage of COM identity development, in need of further research

attention (Imoagene, 2017; Georgiades et al., 2018; Sall, 2019). FG members also felt, as younger participants were more likely to live with their African parent(s), it was specifically important to capture these experiences. Although not explicitly stated in the inclusion criteria, all participants also had to be able to communicate in English and either have internet connection to access emails/Microsoft Teams or be able to access physical locations where permission had been granted to run the study. No specific exclusion criteria were stipulated, reflecting the broad and exploratory nature of the research.

A combination of purposive and snowball sampling was used for the diverse recruitment strategy. This included snowball sampling with FG members and advertising through word-of-mouth in social and professional networks. The recruitment leaflet (Appendix G) was shared on social media and emailed to several external organisations thought or known to work with Black African groups. This included Black/African-focused community organisations and charities, religious organisations, secondary schools, and 41 UK University African Caribbean Societies. Physical copies of the recruitment leaflet were also placed in several location thought to have a high proportion of clientele from Black African backgrounds (i.e. Afro-Caribbean hair shops).

2.4.2. Procedure

Participants were given a choice of online or in-person interviews, with the exception of participants recruited via secondary schools who stipulated that research had to be conducted on school premises, in accordance with school safeguarding procedures. All participants given the choice opted for online interviews resulting in 14/19 interviews being conducted online. The separate procedures for online and in-person interviews are detailed below.

2.4.2.1 Online interviews: Upon initial contact from potential participants the information sheet (Appendix J) was emailed to participants (example email, Appendix K). If participants responded indicating they would like to take part in the interviews, an appropriate time was mutually agreed, and a Microsoft Teams invitation was sent to them. To meet the needs of as many participants as possible, timings offered for the interviews were flexible, including weekends and evenings.

The pre-research questionnaire, consent form and voucher claim form (Appendix I, L and M) were also shared with participants (example email, Appendix N).

All interviews started with introductions and participants being invited to ask any questions they may have. A semi-structured interview was then conducted. Participants were asked about their experience of growing up as a COBA, with a particular focus on their mental health and factors currently highlighted in the literature as having an important impact on migrant/COM mental health. As semi-structure interviews, the interview schedule (Appendix H) was used flexibly, to maintain focus on the topic but allow for the exploration of unique avenues brought by individual participants. All interviews were recorded on Microsoft Teams with participant consent, to aid with later transcription.

At the end of the interview, time was allocated for a non-recorded check-in and research debrief. Participants were also emailed a debrief sheet (Appendix O) and document with support resources (Appendix P). Resources listed included generic mental health support as well as specific support organisations for Black/African communities.

All online interviews occurred between October and November 2023. Interviews lasted between 54 and 139 minutes (mean average of 88 mins).

2.4.2.2. In-person interviews: In-person interviews were only held with participants recruited from secondary schools. The procedure for these interviews varied slightly, as detailed below.

Upon the school's confirmation they could facilitate the research a member of school staff identified appropriate pupils and discussed participation with them. If they were interested in taking part, the member of staff also contacted their guardians and shared the research information and materials.

The in-person interviews took place on school grounds in January 2023 within a private room. The interviews again began with introductions, a review of the information sheet and answering any questions participants may have. The research questionnaire was completed with all in-person interviewees in the room. The semi-structured interviews, check-ins and debriefs were then conducted following the same protocol outlined above. In-person interviews were also recorded on Microsoft

Teams with prior consent and lasted between 49 and 65 minutes (mean average of 57 mins).

2.4.3 Reflections and Limitations

From a CR perspective, interviews provide an opportunity to access authentic accounts of participants subjective experiences. Therefore, while issues such as bias and validity are less of a concern, conditions which affect authenticity are important to note.

Firstly, environments which foster trust and rapport building are important for open and authentic communication. Attempts were made to develop rapport and create a comfortable environment for participants by using an informal interview style, check-ins, and the use of interpersonal research and clinical skills (i.e., active listening). My 'insider' status as a fellow COBA also felt helpful for building trust and encouraging authentic engagement during the interviews.

Despite the varied recruitment strategy used, the self-selecting nature of recruitment resulted in participants predominantly identified as female, West African, University educated, and often with a specific interest in mental health. Again, the CR approach does not make "objective" knowledge claims and so issues of bias are of less concern, but this is still important to consider prior to conducting the analysis.

Finally, the use of both in-person and online interviews should be noted. Although both sets of interviews followed similar procedures, there were differences between these modalities. In-person interviews were much shorter on average. This was partly because in-person appointments were less flexible due to logistical issues (i.e. room bookings) but it also felt easier to convey and receive information during the in-person interviews which could have contributed to this difference.

2.5 Ethics

Ethical approval for this research was granted by the University of East London's (UEL) School of Psychology Ethics Committee (application, Appendix Q, and approval, Appendix R). Steps taken to ensure research was conducted in an ethical manner are now detailed.

2.5.1. Informed Consent and Right to Withdraw

Prior to taking part in the interview, the research information sheet shared with

participants detailed the purpose and procedure of the research, data handling, confidentiality, potential risks, and participant's right to withdraw during the interview or to withdraw their data up to month after the interview (Appendix J). Information sheets also contained contact details participants could use, should they have any concerns about the research. All participants who took part in the research also signed a consent sheet (Appendix L). With participants under the age of 18, the information sheet and consent sheets were also shared with their guardians and their additional consent was required.

During the interview sessions, details related to consent, confidentiality and withdrawal were also verbally discussed with participants. Verbal consent was sought, and participants were invited to ask any questions they may have about the research at several intervals. At the end of the interview participants were also given a debrief sheet which included information about where they could access the final report and support resources (Appendices O and P).

2.5.2. Risk, Potential Distress and Harm Minimisation

This study was assessed as being low risk (Appendix S). The only potential harm to participants identified was distress related to the topics discussed during the interviews. This risk was mitigated by clearly informing participants of the research topics and areas of discussion before they agreed to take part. Potentially sensitive topics (i.e. experiences of discrimination) were flagged for participant before these questions were asked and participants were reminded they were able to share as much or as little as they wished and of their right to withdraw. The use of semi-structured interviews allowed for open-ended questions to be asked flexibly, which additionally helped ensure participants did not have to disclose anything they did not feel comfortable discussing.

Time for unrecorded introductions, check-in and debriefs was included in each interview. This helped with the development of rapport, with the intention this would put participants at ease and help them feel comfortable sharing any questions or concerns. The majority of interviews were also conducted online, at participant's request, and so participants were able to contribute to the research in surroundings of their choice, which could have further aided comfort.

I have previously conducted research interviews and am familiar with discussing sensitive topics in research settings. As a trainee clinical psychologist, I was also able to use clinical skills to build rapport, identify and manage distress and discuss sensitive topics. Few signs of distress were noted during the interviews. On the instances they did occur, a check-in was conducted with participants and an offer to pause or stop the interview was made. No participants took up this offer during the research or requested to withdraw from the research after the interviews.

2.5.3. Recognition for Participation

All participants were offered a £10 voucher following completion of the research interviews, as a token of appreciation for sharing their insight and time with me, in line with UEL guidance on using vouchers in lieu of cash payments for research. This method of reimbursement was selected following FG consensus that thanking participants and indicating their time and knowledge was valuable was especially important in research with a largely young, Black population, a group often undervalued in many aspects of society, including research and knowledge production. FGs felt it was important that each participant receive a token individually, as opposed to entering a draw with a chance of receiving a higher value voucher.

2.5.4. Confidentiality and Data Protection

Information about confidentiality, how this would be maintained, and its limits were included in the research materials, and discussed verbally with participants. All interviews were held in a confidential space. During interviews organised via a third-party, I reiterated that information shared during the interview would not be disclosed to the third-party.

The varied recruitment strategy resulted in recruitment of participants from multiple sources which supported anonymity. All participants were informed that identifiable information would be removed from interview transcripts and any quotations included in the final report. I carried out all transcriptions and no one else had access to the recordings.

In line with the data management plan (Appendix T), all data was stored on a password protected laptop. Paper files used in in-person interviews were scanned, uploaded and physical copies were shredded at the earliest opportunity. Participant

names and contact details were stored separately from both participant demographic information and participant interview recordings and transcripts, which were all pseudonymised.

2.6 Analytical Approach

Given the CR positioning of this research and focus on developing and analysing patterns across a broad, relatively large participant group with qualitative data (10+ interviews identified as large (Braun & Clarke, 2021b; 2022)) a reflexive thematic analysis (RTA) approach was selected (Braun & Clarke, 2019).

TA is often highlighted as a flexible because it is not specifically linked to any ontological or epistemological frameworks and can therefore be used across a variety of different types of research, including research conducted from a CR perspective (Braun & Clarke, 2006). It has also been used explore both individual's subjective experiences and the way that social processes shape these experiences across groups (Braun & Clarke, 2022). Braun & Clarke (2017; 2021b) argue this latter use makes TA particularly appropriate for critical approaches. From a CR perspective, TA provides a method of analysis which contribute insights related to both subjective experiences and potentially underlying causal mechanisms (Braun & Clarke, 2021b).

Braun and Clarke's (2006, 2021) six-phase RTA process was followed. While presented here as distinct phases, the process was flexible and iterative (Braun & Clarke, 2019; 2021a; 2021c; Campbell et al. 2021).

2.6.1. Data Familiarisation

Familiarisation involves immersion in the data to increase understanding.

Transcription has been highlighted as a key part of familiarisation and analysis (Riessman, 1993; Braun & Clarke, 2006; Baily, 2008). Microsoft Teams produced an initial transcription of the interviews which I corrected by listening to all interview recordings resulting in the verbatim transcription used (Appendix U). During this process my initial thoughts about the data and potential patterns were noted and discussed with my supervisor.

2.6.2. Coding

The transcripts were uploaded to Nvivo (QSR, 2020) and then repeatedly read and

systematically coded. Codes are the smallest analytic unit, categorising usually one facet of meaning (Braun & Clarke, 2017; 2021a; 2021c).

Given the exploratory nature of this research, with stated aims of amplifying currently underacknowledged COBA perspectives, coding was largely inductive (data-driven), however as with all research, knowledge of existing research, theory and context resulted in elements of deductive (theory-driven) coding being included (Braun & Clarke, 2017; 2022). Similarly, semantic coding (directly based on participants' statements) was mainly used, however elements of latent coding (implicit meaning of data) were also included where it was felt this allowed for richer analysis. Seventy-one initial codes were developed (Appendix V).

2.6.3. Generating Initial Themes

Themes are multi-faceted units of analysis, sharing a central concept (Braun & Clarke, 2006; 2019; 2021c). Frequency does not determine analytical importance, themes should instead be shaped by analysis (Campbell et al., 2021; Braun & Clarke, 2017; 2022). RTA frames themes as being developed and not found to reflect the researcher's active role in constructing themes (Campbell et al., 2021; Braun & Clarke, 2019; 2021; 2022). Initial codes were analysed in relation to each other and tentatively categorised into groups, resulting in an initial thematic map (Appendix W).

2.6.4. Developing and Reviewing Themes

All data was then re-coded. Relationships between themes were considered. Themes were updated and generated iteratively throughout.

2.6.5 Refining, Defining, and Naming Themes

Once the data set had been organised into codes and themes, resulting themes/sub-themes were analysed, updated, and renamed, resulting in the final thematic map (Appendix X).

2.6.6. Writing the Report

The intended aim of this final phase of analysis is to produce an analytically interesting, coherent, and convincing representation of the data. The write-up included supporting quotes from interviews (Campbell et al. 2021).

2.7 Researcher Reflexivity

The epistemological stance taken within both CR and RTA perspectives highlight my subjective position as an unavoidable aspect of analysis and encourages the use of reflexivity to acknowledge this (Price & Martin, 2018). Subjective positions are understood as knowledge resources and construction tools, rather than weaknesses or problematic biases (Braun & Clarke, 2019; 2021; 2022; Campbell et al, 2021). The following reflexive statement is an attempt to situate my experiences and viewpoints, transparently acknowledging the impact these will have on analysis and interpretation (Braun & Clarke, 2022). This both encourages me to better attend to how my position and assumptions may have affected decision-making during analysis; while also making this transparent to the reader to inform their interpretations (Berger, 2015; Braun & Clarke, 2019).

As a 1.75 COBA, I share a key experience of the research focus with all participants (Berger, 2015) and in some ways would be considered an insider-researcher. Insider research has been argued to improve openness, trust, rapport, and recruitment (Kacen & Chatain, 2006; Harris, 2015), including in research with migrant populations (Berger 2015). Conversely, it has also been found to risk inhibiting conversation, privilege assumptions, and increase researcher projections (Keval, 2009). I was therefore particularly conscious that positions I hold as a COBA – i.e., my strong positive identification with the labels ‘Nigerian’, ‘African’ and ‘immigrant’ – may not be shared by all participants.

As Keval (2009) argues, insider/outsider status is dynamic and non-binary. Therefore, just as I was aware of common experiences, I was also aware of differences. Most participants were not from Nigerian backgrounds, with 7/16 being from non-West African backgrounds. Given this, I was an ‘outsider’ researcher for many participants. Further, as a mixed-race person with a white, non-African parent, my experience differs from all participants.

Additional factors I reflected on as affecting my worldview, and the way I conducted the research, included:

- Identifying as political left-wing, associating this with anti-imperialist and decolonising values.
- Speaking English as a first language, both my parents being Anglophone.

3. ANALYSIS

This chapter details the results of the RTA conducted on data from 19 interviews with COBA. The analysis presented includes themes, sub-themes, and quotes from the interviews.

3.1 Participant Demographics

Participant's demographics are presented in summary, rather than tabular format, to reduce the likelihood of identification. Figure 4 details participant's COOs. Darker colours represent a greater number of participants; however, exact numbers are withheld to preserve anonymity. All participants self-identified as either "Black" (n=7), "Black African" (n=10), "Black British" (n=1) or "Black African British" (n=1). Most participants (n=14) had two Black African parents from the same African country. Three had Black African parents from two different African countries. One participant had a parent identified as "white African" and one had a parent identified as "mixed Black Caribbean and white British".

Figure 4

Map of African COO of Interview Participants.



Participants were aged between 17 and 33. Fourteen participants identified as female and five as male. Fourteen participants were classified as second-generation. Two participants were 1.75 generation, two were 1.5 generation, and one was 1.25 generation. Most reported that their families had relocated to the UK for economic/educational reasons (n=16), however three participants shared their parents had fled their COO for political reasons or due to war.

Twelve participants came from a Christian family background while seven participants came from Muslim backgrounds. The majority of participants (n= 14) reported sharing the same religious identity as their parents. The five participants who reported having a different religious identity to their parents all came from Christian backgrounds and now identified as atheist (n=3), agnostic (n=1) or spiritual (n=1).

Twelve participants lived with at least one of their parents. Ten participants had parents who were married to each other, while eight shared their parents were divorced or separated and one shared their parent was widowed, following the death of their other parent. All participants had at least one sibling. In almost all cases, siblings were also COBA who grew up in the UK, however one participant had older half siblings who grew up in their African COO.

All participants reported having some familiarity with a language spoken in their COO, but most participants (n=12) shared that while they had varying levels of understanding, they could not fluently speak the language. Seven participants reported being able to both understand and speak a COO language.

Participants are referred to using pseudonyms (Appendix Y).

3.2 Summary of Themes

During the RTA three themes were developed (Appendix X):

- Connection and Disconnection
- Loss and Shame
- Control.

3.3. Theme 1: Connection and Disconnection

This theme details the complex patterns of interactions participants described developing closeness and connection with others, and with aspects of their own identities. This theme is understood as detailing important context, discussed further in the other themes.

3.3.1 “I do try to stay connected, but it’s really tricky”: Connection and Disconnection with Others

Participants described intricate networks of both connection and disconnection within numerous communities. Being Black in the UK was often an experience of disconnection: “I’m very, very conscious of the fact that I’m Black... I’m very conscious that I look different to like, most of the people that I see.” (Abena). While some found it “cool” to be “not the same as everyone else” (Wajih), others found it

“daunting” (Teta) with Inori sharing “it's like you're being observed. Especially when you're Black or you're different”.

Experiences of racial disconnection were related to interconnections with other Black populations, due to what Jamal dubbed “a common struggle, a shared experience of being Black”. Participants reported valuing and actively seeking connection with Black people, as they offered a “sense of belonging” (Wajih) which was important for several reasons:

“It's always nice to feel like... the people that are around you are people who don't, who wouldn't judge you on your... race. So, I quite like that. The idea of being friends with someone who... could make a remark that I wouldn't appreciate... I feel safe around Black people personally”. (Daaood).

Safety was commonly highlighted in Black communal connections. Discussing her “liberating and supportive” connections to non-African Black communities Efua shared: “I felt like if someone targeted me, they'd be like, well, you're targeting us. So, we're going to come at you as well”.

Despite this, several participants were surprised they had less interaction than expected with non-African Black populations, especially participants who were female and had grown up outside of London: “I don't think I'm friends with any like Black Jamaican or like non-Africans, which is interesting. I haven't really, actually, like realised that.” (Soraya).

For many this, was understood as simply growing up in areas with “more Black African people, rather than Black Caribbean people” (Bilan). The interviews also revealed deeper tensions, however. Remi recalled an “anti-African vibe, like from Caribbeans... but I felt that mostly kind of disappeared as I got older”. Participants also discussed negative stereotypes toward Black Caribbean populations, which while aware of, they did not espouse themselves, typically associating them with previous generations. There was a perception that Caribbean populations were more “integrated” (Wajih & Abena), within the UK, due to longer migration histories and increased cultural similarity. The experience of being both advantaged and disadvantaged within the Black community was present in Funmi's reflection:

“There'd be people who pretend to be Caribbean because being African was, like, almost like... on a lower rung. But... when you look at like statistics and outcomes for Black British people based on like being African or Caribbean, then you're almost like... in a more privileged position”.

Other participants raised issues with Black British connections sometimes resulting in cultural erasure, because people “think that we were all the same” (Efua). This was experienced as problematic when occurring within African as well as non-African Black populations:

“For a lot of people, I was just black or like I was mistaken for like Jamaican... Ghanaian or Nigerian.... growing up, you kind of just fall into this kind of like other character of just being Black. And, as I've grown up, I've realised, well, no, you're Tanzanian and that means something.” (Jamal)

Intra-African tensions and differences were also noted. Participant reports ranged from noticing “cultural differences” (Soraya) to experiences of othering and hostility: “A lot of Africans don't really like Nigerians” (Nnenna). Jamal reported feeling “envious” that he did not have “a lot more Tanzanians, 'cause I saw other communities like Ghanaians, Nigerians, Somalis”. Similar patterns were seen even within nationalities:

“I'm from a tribe in Nigeria that's very small... the Nigerians that are usually in the UK are like Yoruba.... I don't resonate with that... even connecting with other Nigerians here... I feel quite different to most Nigerians” (Inori).

COO conflicts were linked to both connection and disconnection. Soraya detailed how conflict in Sudan led to a “very segregated... very racist” community with “lots of divide”. Simultaneously, political unrest also provided connection opportunities: “A lot of people go to the protests... it felt important to connect with them... we all had very similar feelings about Sudan... It felt good to be a part of that”.

Despite the importance of a Black community, it was also important that “being Black British isn't a monolith, and being Black definitely isn't” (Funmi). Some reported difficulty connecting with Black British communities:

“I was predominantly rejected for not being part of the typical Black British culture... whatever that culture was, I wasn't getting it because I'd moved

around a lot. And so, I was very much othered for my lack of understanding of it and my lack of adoption.” (Vimbo).

Other than race/ethnicity, participants felt shared characteristics including migration background, language and religion were equally or more important to connection. Participants commonly discussed the importance of having a multicultural “sense of community” (Funmi & Wajih) with non-Black immigrant groups, who they perceived as, like them, being less integrated into British life. Some connections were related to facing “similar struggles” (Jamal) due to transcultural dynamics, parental expectations, and othering. As Latifah put it “they’re not Black, but they get it”.

Some participants reported having positive connections to white peers and emphasised the importance of shared values and interests over identity characteristics in forming connections, but others were “almost...wary of... white British culture... because it’s so different” (Jamal).

In related reflections on multiculturalism, diversity seemed particularly important to participants feelings of safety and connection. Diversity was understood as a factor which affected their connection to and treatment from the white majority:

“Really standing out a sea of, like, white and then just be this one person, or one of very few people... this place isn't diverse... I'm worried about experiencing discrimination here or... being targeted.” (Abena).

Participants who reported growing up in ethnically diverse settings reported feeling “happy” (Efua) about this, even when diversity occurred in situations perceived as otherwise difficult. Daaood shared his experience growing up in London: “It’s your typical council estate... somewhat of a deprived area... it’s very diverse...no one in my estate is well off... it’s good because you feel this sense of community, that sense of belonging”. Those who grew up in less diverse settings seemed more likely to report feeling “isolated” (Inori) and “disconnected” (Bilan).

For most, diversity appeared to be more important than having a high own-ethnic group population, with preferences expressed for spaces where “everybody else is a bit of a mishmash of everything as well” (Latifah). These settings helped people feel “it was OK to be different... it didn’t feel weird... everyone’s different” (Soraya).

Family connection and disconnection were also discussed. Participants typically shared having relatively good relationships with their African parents, which improved with age. Participants were very aware of intergenerational difference which they related to their migrant generation status’.

“Every person that comes with an immigrant like background... I feel like there’s always a disconnect between like your parent’s experience and then your experience. And people that... don't have immigrant parents, they don't see that because... you kind of have a similar experience... You guys are never going to fully understand each other.” (Bilan).

Participants’ parents were reported to be less aware of these differences: “My mum needs to remember; we grew up in different cultures... we’re not living the same life.” (Umma). It was noted to be “helpful” (Latifah) when they were able to acknowledge them:

“[Mum] exhibited a greater kind of awareness of the fact that we were then growing up in a different culture because my dad was very much trying to bring... strict African customs that he had grown up with that didn't necessarily always feel compatible with where we actually were”. (Vimbo).

Participants highlighted not growing up as a “majority” (Soraya), difference in values and unfair expectations as factors related to this disconnection. Parents were often described as “conservative”, while participants saw themselves as more “liberal” (Latifah). Views on gender roles, religiosity, socialising/dating, and mental health were discussed as being particularly disparate. Having closer connection to African COO’s was reported to reduce intergenerational disconnection: “When I went to Sudan, I kind of understood why she would make these decisions, that for me, felt so ridiculous or so unfair” (Soraya).

Participants reported being discouraged from discussing mental health with their parents as difficulties could be: “brushed off as... first-world issues... that stops you from wanting to share your problems with someone who’s supposed to be the person you go to...it makes me upset. You feel like you have no one you can trust” (Bilan). Several felt their parents themselves may experience mental health issues but were more likely to rely on religious or physical health framings. While several

participants reported their faith had been helpful navigating difficulties, exclusively religious framing was often described as unhelpful:

“If I was to tell my mum ‘Oh, I'm dealing with this’, she'd be like ‘Oh, just pray about it’ or, you know, ‘Just be strong’...And I'm like, that's not what I need... I don't think she understands”. (Queeneth).

Authoritarian parenting practices were identified as further contributing to “distance” with parents (Gifty). While Osei felt this narrative conformed to “a bit of a stereotype” he too noted an emphasis on discipline and respect for elders in his upbringing. Several participants associated these parenting practices not only with disconnection from parents but also “feeling a bit different” (Abena) to white British peers who they perceived as having very different experiences.

Some participants understood relational distance in the context of their parents COO and migration histories – being exposed to colonial/military rule, wars, and genocides. Participants were aware these experiences could have shaped their parents’ mental health, parenting practices and communicate styles. Within this familial context, siblings were seen as important sources of connection who could help navigate disconnections and provide alternative sources of understanding: “Me and my sister, we talk about it... but we can’t go to our parents.” (Kemi).

Many participants described connections within African COOs, however barriers to strengthening connections include physical distance and “language barrier[s]” (Bilan). Kemi’s reflection – “My grandparents... I’ve actually met them in person” – indicated relatively low levels of connection were often the norm.

As with their parents, participants felt COO peers held less liberal views than their own. These differences caused some to distance themselves from relationships. Speaking about discomfort at anti-LGBT views in Ghana, Efua said “why I don't have connections with my cousins is simply because I know their belief system is something that I can't agree with”. The continued valuing of diversity and multiculturalism was seen, with participants finding it easier to relate to COO connections who had “exposure to the UK or sort of other international backgrounds” and so could “see a bit of both” (Latifah).

Participants commonly reported they would like to have deeper COO connections and were “sad” (Osei & Umma) about disconnections: “I do try to stay connected, but it’s really tricky” (Queeneth). For many, “the chasm is too big... I can’t really understand the realities of their daily life, and they can’t imagine the daily realities of my life” (Vimbo).

3.3.2. “Your name is funny, your food is weird”: Disconnection due to Racism, Discrimination, and Othering

Racism was discussed by participants as both occurring due to being different/disconnected and increasing feelings of disconnection. As Gifty shared, “already feeling like you’re an ‘other’... and then somebody saying something that exactly confirms that.... I’m not seen as somebody who’s from here, despite... being born here”. A minority of participants shared they had been “lucky enough” (Umma) not to experience any racial discrimination, but almost all shared stories of experiencing racism in the UK which included bullying and institutional discrimination from teachers and police. Several female participants commented on the impact of “Black girls being seen as like, not desirable, not pretty” (Inori) with Abena linking this to experiences of body dysmorphic disorder (BDD). Participants associated racism with “places where it’s not... very diverse” (Efua).

Vimbo noted the effect of experiencing racism as a child on her mental health:

“It was traumatic... it did definitely affect our mental health... I was a very anxious adolescent in no small part due to... experiences of being racially bullied... I’m a very self-critical person... I assumed things are always my fault... much more of a people-pleaser attitude...I did my best to...assimilate...I thought the issue was me...You blame yourself, you put so much more on yourself.”

Participants shared how they understood racism as not only worsening their mental health, but also making it harder for them to get support:

“I used to suffer from... social anxiety... it wasn’t recognised at the time by anyone, and I just dealt with it on my own... certain individual’s mental health... aren’t like, prioritised or seen as something to be attentive with, especially if you come from a Black you know, ethnic minority background.” (Queeneth)

Participants shared how experiences including witnessing racism experienced by others and growing up in the context of racist social discourse all contributed to disconnections. Several participants reported being impacted by racism their parents had been exposed to: “seeing them navigate... little microaggressions... growing up, it's made me a little bit more touchy to such microaggressions” (Latifah). Several participants described being “taught from quite early on” (Jamal) about racism, by their parents and fearing it: “The idea of discrimination affects me more, like the thought” (Bilan).

Experiences of discrimination were mainly associated with race. In some ways, even this “lazy discrimination” (Gifty) was a further insult and erasure of participants’ identities: “I don't think the person who's doing that has care to find out what sort of Black person I am...they see black people as one” (Latifah). Some participants detailed facing additional discrimination or othering related to their African background: “Your name is funny, like your food is weird... why does your mum talk like that” (Inori).

Some participants felt their links to Africa also impacted the ways they experienced racism. Participants who had spent time in Black-majority COOs, sometime felt they were less used to experiencing racism, which initially made it harder to identify: “We didn't know that this was like... literal like racism happening in front of us. We just thought...maybe we're too loud” (Nnenna). Others felt that experiencing being a racial majority in their COO made them more aware of racism and othering experienced in the UK. Connections to Africa were also viewed as protective against the effects of racism: “if someone is racist to me, I don't think it would burn as much as if I fully identified with being Black British” (Latifah).

Experiencing racism increased feelings of disconnection not just with perpetrators, but with non-Black peers and parents: “All of my close friends are, at least academically like, 'oh anti-racist'... but then, you know when it comes down to it, like not gonna relate”. (Funmi). Of their parents, participants often reported experiences of invalidation which they understood as being due to their differing experiences of racism: “The way that [Dad] experienced like discrimination here was very much like in your face, the more subtle forms of like racism and, and things like that, he just doesn't really understand or like pick up on” (Inori). Their parents were also

described as not identifying as British, which provided further protection: “They wouldn’t necessarily claim it... but for someone who does claim it as their country’... it would sting a bit more differently” (Latifah).

This disconnection was described as difficult: “You have no one to really talk to who’s an adult about those things that are hard” (Inori). Efua felt it would have been helpful for her parents to have “[intervened]” more when she experienced incidents of racism as a child and wished they been more “aware of the complexity of raising children in a different culture” to facilitate this.

A further difference between participants and their parents was the experience of othering within COOs. Although described as “hurtful” (Funmi), participants did not experience this as discriminatory in the same way that UK-based othering and racism was. Several participants shared stories of being “teased” (Nnenna) or “[rejected]” (Wajih): “I hated being referred to as the British boy” (Wajih). Ability to speak the language was seen to impact othering: “When I go back to Ghana, they call me... ‘Obroni’ which is a white girl and I’m like ‘I’m not’, but it’s, it doesn’t help that I can’t really speak the language” (Efua).

Disconnection occurring in relationships participants expected to feel connected to was particularly difficult. Discussing racism within other racialised minority groups Remi shared:

“Racism still, still occurs in, in other immigrant – like non-white backgrounds. I’ve experienced that... Anti-dark skin... that’s uncomfortable and harder to make sense of, because like, you experience racism too, you, you’re darker than me!... It probably hurts more than like white-on-Black racism... it makes you question the unity that we could all have as immigrants and people just trying... folks that are different, living in this country, impacted by the same, you know, imperialism and nonsense... That’s probably the toughest thing”.

3.3.3. “Feeling less alone”: The Importance of Connection and Disconnection

Connections were discussed as important and both emotionally and “practically” helpful (Soraya) for several reasons. Connections based on COO, race and migrant background helped participants accept their differences and improved self-esteem as Jamal shared: “It can be quite difficult to learn pride in where you’re from without having that I think. And that’s really helped my mental.”.

Several participants talked about connection in “reducing some of the negative impact” (Inori) of racism and discrimination. Nnenna shared the validating effects of connection when facing racial discrimination: “it was nice...to be able to talk through that... ‘It’s not in my head right’, that this is what’s happening”. Inori reflected “It normalized it in a way that was quite positive”.

Connection to other minoritised peers also acted as a “buffer” (Inori) for difficulties with parents:

“That was the shift in me realising like, oh, this isn’t just a ‘my family’ thing, and it’s not just a Ghanaian thing... This is a wider thing to do with, you know, immigration, and, yeah, the effects that that has on, on families... I think the impact that had on my mental health is probably quite a positive one... having like other people that I could talk to about some of the pressures... peers that, yeah, could get where I was coming from without necessarily having the exact same background, felt...really powerful”. (Gifty)

For Remi connections’ importance in addressing racism did not fall exclusively within racial lines: “If something like racist happened... my white friends anyway would like fight as much as the like Asian friends or Black friends. And that was really cool”.

Benefits of connection did not have to come from in-person relationships: “social media has helped... you see people embracing their culture more... It’s more accepting and it has helped a lot of people like me be more comfortable with themselves” (Teta). This was understood as another potential difference between participants and their parents “I wish that like; the older generation had had that. Because they could have felt less alone in their discrimination.” (Bilan).

Participants shared how experiences of disconnection were lonely and isolating.

“It has been difficult for me. I think you can feel like quite lonely or isolated, even though you're around a lot of people. What I found is that, in a way, you feel that you have to present a certain person or a certain part of yourself that is not like your entirety...I've seen more of a dip in my mood”. (Inori).

As expected, disconnection was reported to lower self-esteem, both in general and specifically in relation to racial, cultural, and national identification. Some described

not fitting in making them feel they had to “change and mould who I was... like there’s something wrong with me” (Queeneth).

As discussed, participants faced disconnection within both UK and COO societies and indeed within their families. The negative effects of disconnection made it harder to seek or trust connection in the future. Detailing how her family’s experiences of discrimination made it difficult to trust, Queeneth shared: “We didn’t interact with people. We just kept to ourselves. And I think that’s very common with like migrant families”. Experiencing disconnection as children could have long-lasting consequences: “Only in recent years, I’ve started to really... connect my, my own sense of loneliness with childhood experiences which continued as I got older. Probably because of that whole like ‘I’m not quite Nigerian’.” (Remi).

3.3.4. “The complexity of trying to understand yourself”: Connection and Disconnection to the Self

Several participants talked about “struggling” (Latifah) with their identity. They explicitly understood their 1.25+ generation status as “[adding] a layer of complexity to trying to understand yourself” (Vimbo), another difference between participants and their non-immigrant background peers or parents: “I don’t think they are in limbo. So, I don’t think they would have that anxiety ... I don’t think they really understand... they know exactly where they come from...they don’t have this confusion” (Latifah).

Participants difficulty defining themselves could be related to the flexible and context-dependant way they had to use identity markers, often reporting other’s perspectives shaped how they felt able to identify. Some participants had experienced acquiring new identity markers through migration: “I didn’t know I was Black until I got to the UK, cause in Nigeria everyone was like me” (Nnenna).

Participants largely expressed positive identification with COOs, claiming it as an important part of their identity. Many were encouraged to identify with their COO: “Growing up... I’d be like... ‘I’m English’ and my parents are like ‘No, you’re Ghanaian’” (Efua). Participants from East Africa (Sudan and Somalia) also espoused particular ties to a generic Black African identity, which seemed to be in opposition to social/familial tendencies to identify as Arab.

Nonetheless, many participants reported feeling more “detached” (Teta) than they would like to from their African identities. Some reported their parents rarely talked about their COO which negatively impacted participants’ connection to their African cultures. Disconnect with African sides of their identity was also partly due to othering or lack of acceptance within COO relationships – although in some cases this made people want to “overcompensate” (Funmi) and identify with it even more strongly:

“When they would like reject me, yeah, I’d do everything in my power to make myself as Sudanese as possible... Up until the point, where I’d have to leave and then I’d come back, and it’s almost like the cycle starts again, where I’d have to like earn their, earn the right to be Sudanese.” (Wajih).

Language was again highlighted as a key factor in how comfortable participants felt to make identity claims. While people who could speak their COO language were still othered, those who could not often felt especially disconnected:

“When I was younger, I felt like ‘ohh I’m less Nigerian because I can’t speak the language’, which I, I still think is true. I feel like if you can’t speak it, how can you really like, say that you are Nigerian?” (Inori).

Aside from feeling less able to claim their African heritage, reactions to participants’ language skills could cause further disconnection “I would not speak Hausa... I’ll just be teased... It would push me away from trying to be more Nigerian” (Latifah).

In some cases, participants’ “internalised racism” and “wanting to be basically English” (Funmi) was felt to contribute to participants distancing themselves from African identities, especially when younger, often becoming more aware of the “downsides of that assimilation” (Gifty) when older.

A reluctance to identifying as English or British was noted across the interviews. Again, feeling that others questioned their claims to British identity led many to not want, or feel able to claim one. Unlike with African identity, doubling down on claims of being British in response to othering was not reported. It was clear that, in participants’ understanding and experiences, conceptualisations of Englishness and, to a lesser extent, Britishness were very tied to being white and were therefore not something they could fully resonate with: “Sometimes British and Blackness it does

feel like juxtaposed and very much contradictory, when it shouldn't be, perhaps. But sometimes saying I'm British and Black... I would find it difficult to, to define myself that way" (Jamal).

Experiences of discrimination made them feel disconnected not only from others, but also from a British identity: "Obviously I shouldn't let like, people determine, like, how I feel about like my home... but I don't feel, I don't feel connected to this country" (Teta). Parental encouragement of participants adopting African identities was also often interpreted as discouragement from adopting British identities. Some participants understood this as a protective measure taken by their parents: "I guess she was aware that, you know, there's an element of me not being fully accepted by people she just didn't want me to feel like I was displaced" (Efua). Others understood this as a reflection of their parent's unfavourable view of British culture.

When reflecting on connections and disconnections within identity, Latifah shared "I don't feel like I belong in any particular society... I don't think it's been a good effect on my mental health ... I'm in limbo". Queeneth named feeling "lost... I didn't know who I was at some points".

3.3.5. "I have more to consider": Navigating Multiple Connections

Participants also reflected on the experience of navigating multiple concurrent connections. Several participants identified "code-switching" (Latifah & Soraya) as a necessary part of this navigation. Some discussed this as a skill they could use to their advantage:

"There's times where I know that having my accent benefits me in like certain situations or like at work or, or there's times where you almost want to dial up like, being palatable... I might sort of... lean into like, being a Brit". (Funmi).

While the uses were clear, several talked about how code-switching affected them negatively:

"It's affecting my mental health 'cause I feel like it's just so tiring. It's so much, and it's so unfair and you're like upset because you're not understood, and then you're upset because you're, it's unfair, and then you're upset because, like, you're basically lying all the time and now lying is a habit.... I would

rather now, I think, deal with the like rejection or the like people not understanding me more than... how bad I feel about changing". (Soraya).

Discussing the experience of code-switching with Ghanaian relatives, Efua said:

"I have to suppress myself if I interact with certain people from family and I guess that can make me feel terrible.... That's the effect on my health, my mental health... I can't be my authentic self because you don't care".

Sometimes code-switching was needed for familial as well as personal situations. Several participants talked about how having stronger connections with the UK than their parents often placed them in the role of cultural and linguistic interpreters, a useful, although potentially uncomfortable position to be in. When this happened from a young age, adultification and an early awareness of racism and discrimination faced by their immigrant parents resulted:

"I'm the oldest, so I spoke English first. Even my parents, like, would rely on me for English... I'm the one that does all the calls to the Council... my dad or my mum talking, they treat them very badly... if I get on the phone with my voice and my accent, it's very different how they treat you. So, yeah, just noticing those differences kind of was upsetting". (Soraya).

As evidenced in their use of code-switching, participants described being very aware of the differing expectations within their various communities about how they "should" be, which could make participants "anxious" (Inori). A sense of being observed and pressured was conveyed when some participants discussed this.

Soraya elaborated:

"My friends... there's like a general understanding. But with my family or other Sudanese people, there's a different general understanding. So, I'm constantly, like, battling both worlds of like what is expected of you. And then what you're OK with doing even in those expectations. Like knowing you're gonna like disappoint someone...I'm constantly overthinking about those kind of things"

Academic expectation was an area of increased pressure particularly associated with African/immigrant connections. Participants felt that their African parents' "expectations are a lot higher than like, if they grew up in the UK" (Wajih). While they

did not think they shared this experience with their white British peers, they often felt their peers from immigrant background could relate. There were many ways that participants were grateful for the support, “work ethic and drive to succeed” (Osei) this instilled in them, but participants felt this pressure came at the detriment of other areas of their wellbeing:

“I don't think that my parents necessarily like cared for mine...Maybe that's an overstatement, but I don't think that like my happiness, my mental health was their priority. Like I could be miserable as anything, but so long as I'm academically successful. And I've reached my potential. That's box ticked, you know, job done, and that makes them happy.”(Gifty).

Pressure did not only come from direct parental expectations but was also internal, which some linked to their knowledge of the “sacrifice” and “risk” (Wajih) their parents had taken in coming to the UK. For Inori these effects were long-lasting:

“It also makes me like kind of in a way hypervigilant when I enter like the workplace or when I have to do exams or whatever cause like, if I don't do well, then it's like “ohh my whole family lineage is a failure or something” ...It's a lot of pressure.”

Daaood's awareness of these expectations made him less likely to speak about difficulties he was having with others as he “wanted them to see me in a good way”. Some noted the interaction between the work ethic immigrant parents encouraged and the realities of growing up as a minoritised member of British society could be unhelpful, contributing to the individualisation of systemic issues: “I didn't realise there's somethings that would happen due to sort of like race... It was just a ‘oh, I didn't work hard enough’ if that makes sense, which is quote-unquote, ‘the Nigerian spirit’” (Nenna). Gifty similarly shared how she felt unhelpful narratives commonly shared in Ghanaian/West African households including “needing to work twice as hard to be considered half as good” “put a lot of pressure” on her.

Connections to African COOs, although valued sources of pride, enjoyment and increased perspective, came with additional pressures. As inhabitants of Western countries, participants were often perceived as privileged by COO-based connections which came with practical and financial responsibilities. These perspectives often did not fit with participants' lived realities:

“I look at...my dad, I just think like that's hard, it's not easy because like the language barrier... I don't think they had it easy when they came to the UK.... Everyone assumes that, once you leave it's like glitz and glamour, everything. So, it's just like, it's the pressure I think.” (Wajih).

This not only increased demands on participants and their families, it could also negatively impact relationships with COO family member and peers:

“It can be hard to like, really share any struggles... because it's like, well, you, you live in England, everything's great, you're rich... you don't have to worry about anything... I think that has been a bit of a barrier to... having like, really deep connections.” (Abena).

For many with personal and familial ties to African countries, socio-political unrest and suffering were a source of concern:

“The stuff that's happening in Sudan... obviously, it's not the best to hear about when you have, like, people, like, in your family that are going through, like, Civil War and all this stuff and I'm kind of just, I feel like I'm here with like a silver spoon.” (Wajih).

As seen in this excerpt, feelings of privilege were also associated with feelings of guilt when participants considered their connections to African COO from their UK context.

For some, having multiple connections made them feel responsible for trying to understand multiple perspectives. Trying to reconcile sometimes contradictory views could feel “quite conflicting” (Inori). Navigating multiple connections also complicated “long-term planning” (Latifah). Participants described feeling they had “more to consider” (Funmi) than others, as they had to make choice that aligned with multiple, sometimes conflicting, connections. Several participants discussed the impact of this on life choices including romantic relationships.

Despite issues raised, participants seemed grateful for the skills navigating various connections had given them. Some reflected growing up this way was an opportunity to combine “good things of British culture and the good things of Sudanese culture” (Soraya) to create the “best of both world” (Daaood), however, this felt unrealistic to

others: “In an ideal world I would like to be both...I don’t think that there can be a balance. I always feel like I have to choose a side.” (Queeneth).

3.4 Theme 2: Loss and Shame

The disconnections COBA faced often resulted in them not being or having things they felt they should. Simultaneously, the various connections in their lives exposed them to different reference groups for comparison. This could contribute to feelings of loss and/or shame, explored in this theme.

3.4.1. “I wish I had that”: Loss

Discussion of disconnections were often framed as losses. Examples of identity losses included participants not feeling able to use their given African names or using “anglicised” (Funmi) versions despite their importance to them: “My name is literally my ancestry” (Efua). Experiences of discrimination were related to other losses of self and identity:

“I used to be quite like energetic. Like, talk to people and stuff like that. Now, I feel like I'm quite to myself a lot... I recognise it's still not like the best way... it's not a good thing to do.” (Teta).

Inability to speak their COO’s language was experienced as a loss for participants and for future generations: “If I have like children...I can't like pass down like the language and culture it's a bit like, what do they have?” (Teta). Incidents of extra-familial influences discouraging learning languages seemed particularly aggrieving. Gifty’s teacher had intimated learning Twi would jeopardize her education: “I think my parents really regret that decision... I do feel a loss and maybe a sense of like resentment... knowing that that wasn’t something that my parents chose feels quite frustrating”. She sensed anti-African discrimination within this anecdote: “Other people were learning...French... never discouraged ... there’s an idea of ‘What, what use is this African language?’”.

A sense of mounting losses was often described. Despite wanting to, some were unable to visit their COO for various reasons (i.e. finances, immigration issues, war/insecurity). Queeneth shared: “I feel like I'm losing a sense of that identity because I haven't been back since I came here at the age of eight.” For others,

death or relocation meant COO connections were dwindling: “God forbid my parents die... how would we then connect with Nigeria if not through them” (Inori).

Sometimes experiences of connection only highlighted losses further:

“I had a really positive experience moving to London where it was more diverse. I think that that also brought up challenges... it's not the experience that I had growing up and almost... I kind of was then able to see the experience that I hadn't had, and you know, to feel maybe a loss of what could have been in a way that if I'd never lived there, I would have never known”. (Gifty).

Observing connections in their various reference group also resulted in mixed feelings: “it's just a bit of, like, not jealousy but like... I wish I had that”. (Teta).

Some participants shared their sometimes-complex migration histories resulted in the loss of “a sense of security or stability” (Queeneth). Some participants had moved several times in their youth, nationally and internationally and so often lost opportunities to make connection with far-flung family members, and had the experience of “[loosing] all contact” (Vimbo) with connections they had made prior to relocation. For Jamal; relocation due to gentrification was leading to the loss of his community:

“[Where I live] used to be really, really, really multicultural and it still is to a degree but... I had lots of friends that lived [here] and they no longer live [here]. I feel like a lot of people were kind of pushed out... There are a lot of white people moving into the area that didn't live there before”.

Several participants raised what Remi dubbed “the back-home conundrum”. Many participants shared their parents had moved or planned to move back to their African COO. While participants were understanding of this, Abena worried about the loss of a UK family base: “It's very possible that I could have like nowhere to go back to, that sense of like stability isn't really there... when my mum moves back to Ghana... it's a bit unsettling”. There were also elements of “grief” (Vimbo) and guilt at contributing to parental losses when parents decided against moving:

“It feels like I've taken something from them... it was painful to think that they could not live in the same country, but then also now it makes me kind of sad

that they feel... not nothing there for them, but there's more here. And I'm contributing to that". (Funmi).

Parental connections to their African COOs could relate to other losses. Nnenna and Wajih discussed how "sending money home" could lead to pressure or clashes within households. Abena discussed the emotional impact of growing up in these circumstances:

"It's been hard to kind of have a place and kind of think it, think of it as home because for them, they will spend like a lot of their salary kind of building the house in Ghana and making it really beautiful... because that's kind of been their lifelong dream and maybe less of money or less attention was actually spent to building a life here and us actually integrating to British life... That might be part of why I don't really feel as British."

Soraya's reflection she was "constantly comparing, like even between the immigrants" hints at COBA awareness of loss. The additional considerations of COBA, discussed above, made them feel that certain things were "harder" (Funmi) for them than their peers – a loss of ease. Participants reported being very aware of "disadvantage" (Bilan), particularly within education systems:

"I didn't have certain opportunities or certain support that maybe someone... whose parents are like from here...my parents went to school in Ghana so they didn't always understand the education system here... maybe like my white British peers could have spoken to their parents about, like, university options and things like that." (Abena).

For Remi, disadvantage was related to both race and immigration status: "If you're a non-white immigrant in this country, you are absolutely on the back foot of like trying to figure out how this country works". He and several others related this to having less social and material resources: "when most immigrants come into the country, they're typically poorer, they're poorer socially... they just don't know as many people. And...typically poor as they've just got less money". Queeneth shared in her experience lack of socioeconomic resources was "what made things really tricky".

This could be experienced as a double loss. Firstly, participants could feel disadvantaged in comparison to non-immigrant UK families/peers referencing

“jealousy because you're like, ‘How come you just get to like, you know, have that” (Bilan). Secondly, in comparison to their COO lifestyles, the loss of status and lower levels of communal support in the UK could be particularly impactful: “Back in Nigeria... there's a huge sense of community and everyone will support one another, whereas here, everyone just does their own thing, you don't really interact with your neighbour, so we just felt really isolated.” (Queeneth)

These circumstances could lead to difficult family dynamics and further losses. Half of participants shared their parents had divorced following relocating to the UK. Several of these participants also reported limited parental contact or parental re-migration. Remi linked this directly to immigrant experiences:

“That had a big impact on their marriage. I think my mum... mourns a little bit that they even came to this country... she's more from a middle-class background in Nigeria and then came here and then became much poorer than that... there are times where she, I know, she found that, couldn't really believe that this was kind of the life that she was now living... that has massively impacted their marriage... a lot of sadness and strain into their marriage probably has a big part of why they're separate... Even that distance in [my] relationship with my dad, in part”.

The adultification outlined previously was a further example of loss of childhood. Participants described how increased responsibilities altered their parent-child relationships: “It's very different dynamic... when your children are much better... understanding the language and you have to take them with you to bank appointments.” (Vimbo).

Disconnections between participants, peers and parents were described as social and emotional losses. Participants often reported they were not “allowed to do” or “get away with” (Jamal) what others were, feeling they had missed out:

“There was a lot of pressure put on us, or put on me, to like do well and to perform well. And sometimes that would be at the detriment of like relationships or having fun or doing what kids do. It was kind of like you study like every weekend, but some of my friends, they'll be going cinema.” (Inori).

For Soraya, discussing socialising with her parents felt like “constantly battling... constantly like giving up in situations...just going with whatever someone else wanted. And that was like, very hard mentally”. Nenna shared that such losses were “little things...but they mattered at the time”.

The resource pressures immigrant families were under could mean “necessity things were like the top priority” (Abena) and there were fewer parental resources for emotional connections. Combined with parenting and discipline style previously outlined as leading to “distance” (Gifty), some felt they had lost out on the parental relationship they could/should have had:

“When I was younger, I used to think like, OK, did my parents like, not like me... What's the reason for why I'm not able to do things that I see my other friends doing?... It was very much... impacting on, on mental health.” (Inori).

Several participants described the loss of not feeling “comfortable speaking” (Latifah) to their parents about difficulties:

“I wish I had someone, like an older person to talk to more, because that was something like, that was never really offered to me... Basically taking like the place of like parent in the situation because I feel like, like I said, like my mum didn't really want to talk about things like that.” (Bilan).

Participants' various disconnections could contribute to a loss of support available to them: “I'm not always gonna get a helping hand... I'm not always going to like be able to go talk to this person about something because they're not necessarily going to understand where I'm coming from” (Wajih).

3.4.2 “For a long time in my life I wasn't proud”: Shame

Although participants expressed positive feelings about their African/COO connections and migrant backgrounds, narratives of loss and disconnection sometimes hinted at feelings of shame. Feelings of pride and “self-confidence” (Teta) had sometimes been hard-won in contexts of disconnection: “For a long time in my life I wasn't proud to be Nigerian or Black or different because ... everyone else was white”. (Funmi).

Participants were aware of many stigmatising attitudes towards their Black identities within British society. Growing up around these attitudes was linked to feelings of

shame: “Anytime they would attack or say something negative about Black, a Black person, even if I didn’t know them, or it had nothing to do with me... I took it as a personal attack.” (Inori).

For several participants experiences of discrimination led to feelings of “embarrassment” (Efua), “low-self-esteem” (Efua & Gifty) and “[inferiority]” (Inori).

“That did have an effect on my mental health and just kind of feeling like quite worthless... Like everybody kind of looked down on Black people and kind of had negative connotations of us... It made me kind of feel like there was something wrong with being Black.” (Abena).

The impact of negative African stereotypes was evident in interviews. Several participants associated growing up in the UK with “[privilege]” (Wajih & Daaood), while their African COOs were discussed as “somewhere that’s not as like good” (Umma). In some cases, these framings appeared to be linked to participant’s awareness of COO “troubles” (Vimbo) including war, insecurity, economic instability, and corruption. In some cases, conceptualisations seemed due to exposure to negative stereotypes of Africa. Discussing her first memory of a trip to Nigeria Funmi said: “I don’t want to go... oh God... is it dusty?’ Like just having no concept of what Africa was because it had only been portrayed to me, I only saw it as like, like destitution”.

This could cause feeling of shame about African identities: “If my mum sent me to school with like Nigerian food as a packed lunch, I would rather throw it in the bin than like bring out.” (Funmi). Efua’s reflections indicate how attempts to navigate these early experiences of shame via avoidance or conformity could have long-term counterproductive impacts for developing a positive sense of self: “This white kid... said ‘Your parents are African’ and then started doing gorilla noises... I never talked about being African again”. Giving the example of always being quick to say she was present during the school register so teachers wouldn’t have the chance to “mess... up” the pronunciation of her name and “people wouldn’t laugh at me” she said: “It’s always feeling like I have to be one step ahead in order to contain the embarrassment I feel inside, then also trying not to be ridiculed around other people. It’s taken so long to kind of not do that”.

Parental attempts to protect participants from shame or stigma could also inadvertently reinforce them or contribute to disconnections in other areas of life. Umma shared finding her mother's warnings about how Black people had to act in white-majority spaces "annoying": "We'll be like watching TV... and she'll just mention... 'She's a Black girl, she shouldn't be acting like this. They're going to say this kind of stuff about her.'" Nnenna felt her parent's perception of "the Black areas" as "deprived" had contributed to minimal opportunities to form the increased connections with Black peers she had wished for following her move from Nigeria: "My parents... They didn't want us to be in that area... The schools... were not very good".

The association of their African peers, family member and parents with traditional/conservative attitude could be seen as further potential sources of shame. Participants distanced themselves from conservative attitudes (i.e. traditional gender roles) likely to attract judgment from UK-based connections. Vimbo shared how she "[tended] to espouse more European values" and at times had "been discrediting kind of the value of my own sort of culture and seeing one culture as superior to another".

Conversely, not adhering to traditional practices or expressing more liberal attitudes could also result in experiences of shaming from African connections. Queeneth detailed that, due to the emphasis placed on traditional family structures in her African-majority church, she often worried that people would "judge me or people are gonna think I am weird" after her parent's divorce, contributing to social anxiety and "constantly living in fear" she experienced as a child. Efua shared that socialising as she did in the UK (i.e. in bars or clubs) was "not looked at the best" in Ghana. This made it hard for her to form new COO connections, but also weakened existing connections with COO peers due to differences in experiences and values, and feelings of judgment.

Again, participant's navigation of conflicting values and viewpoints could lead to further shame. Daaood shared he had purposefully lost communication with some relatives after visiting Somalia, partly because of differing views on women's rights, but struggled with this decision due to conflicting pull to fulfil Somali familial obligations, a value which was also important to him: "My parents would hate me

saying this... that's bad on my part. I'm not saying it's a good thing. I regret it if I'm being honest... It's family at the end of the day... Their tradition is very much family oriented... It's important for you to keep in touch with those people as well”.

Latifah shared her parents didn't "rate British culture at all... I would say they look down and disapprove". In such circumstances participants who grew up in the UK may feel aspects of their identity attract shame from their COO families. Experiences of racism within the UK could also increase feelings of shame about being British: "I've seen what I'd say is the truth. And it's just, you realise where you love is not as amazing as you thought it was." (Umma).

Participants shared examples of being teased, rejected or othered in their COO for their British connections, particularly in relation to language skills:

“It was a really sore spot... it sort of got me to the point where I sort of realised, hang on, it's not my fault that I'm British. It's not my fault that I grew up a certain way. So why are you holding that against me... why am I being reprimanded for being who I am?” (Latifah).

While some, like Latifah riled against shaming in relation to their COO language skills, others appeared to have internalised or agree with these sentiments: "I feel like it's embarrassing... That is most of the emotion that comes to mind... It kind of makes me feel like kind of like shameful... like your culture... why don't you know it sort of thing." (Bilan).

Experiences of adultification and disconnection between participants and COO families and cultures were potential sources of parental shame, which could go on to affect COBA's self-image and relationships with their parents: "I think there's a lot of disappointment from my mum's standpoint... kids who have accents like mine and can't speak the language and doesn't really know the wider family very well" (Remi). Remi also shared his parents struggled with "not meeting" their pre-migration expectations. He linked this to the high expectations placed on him, which could sometimes contribute to feelings of shame:

“So much ambition, so much intention they placed on me and my sister... sometimes it's felt like too much, and I felt very close to failure in lots of ways and very worried about feelings of failure because of that”.

3.5. Theme 3: Control

The final theme considers how circumstances in COBA's lives contribute to feelings of disempowerment and lack of agency and how they describe reclaiming control.

3.5.1. "Less by choice": Lack of Control

Abena considered herself a migrant but was aware of distinctions between her parents who "made that kind of decision to come here" and herself, "who migrated here, like, through my parents... I was a child". This reflection highlights a fundamental lack of control experienced by COBA. Reflecting on her UK arrival, Nnenna said:

"For a whole year, I didn't speak to anyone at school, so they felt like I couldn't speak English or like I couldn't talk at all...because I thought if I did that, my mum would send me back to Nigeria and it didn't work... it was tough".

Those born in the UK also shared examples of feeling their living circumstances were outside of their control. Bilan shared how her mother's forced migration from Somalia had been "less by choice, more by circumstance...trauma". This experience had long-lasting effect for Bilan's mother and their relationship. Bilan herself spoke about her living conditions also being affected by factors outside of her family's control, sharing her experience of being rehoused by the council:

"Moving away from London had a impact because I was quite young... Here, like I said, it's like less, there's less of a Somali community... It upset me ... You could have had like more of your own people. Like you could have been more connected, but that was kind of like taken... My family... I could have seen them more often... I would have had a better life, like I would have been more happy staying there."

Outside of where they lived, participants shared further examples of external control affecting their lives, including how they were able to identify. Identification was often shaped by "filling in paperwork...fitting myself to the box... what options are available to me" (Gifty). Often options did not hold much personal meaning. Considering why, Abena shared "I guess the term Black is kind of a Western term... how other people view me. But I guess at home, we just kind of all see ourselves as Ghanaian". Often more specific, personally meaningful options were unavailable "I do identify as Black

now... when you have to tick the box, you have to tick Black, Igbo is not an option for me to tick there, or Nigerian.” (Nnenna).

Participants commonly described feeling their parents had encouraged their identification with African COOs and discouraged British identification. This was understood as an attempt to encourage cultural pride and protect them from rejection or racism in the UK. Latifah felt this tactic was “both helpful and not. Like it's given me sort of a sense of self... pride in who I am, but it also hasn't helped because I don't necessarily, think I'm part of Nigerian culture fully as well”.

Participants also associated African parenting styles with high expectations and feelings of lacking control in their lives. As Funmi shared “There's no force, 'cause there's no choice”. Soraya commented “It's like, 'do what Uni course you want, but there's no way you're not going to Uni””. Although several commented that doing things their parent's way “worked out” (Funmi), Osei shared “[feeling] like you've been following instructions for your whole life” could lead to “resentment” and thoughts about “what could have been”, taking a personal toll:

“It took me a long time to, like, stand up for myself... I was constantly unsure about my own decisions... there was like this certain like level of control that they had to have. And I don't even think my parents are the most controlling compared to other, you know, even Sudanese people... But even that level of control... took a lot like in me to break out.” (Soraya).

Kemi shared that her parents' expectations of her could make her feel “terrible” and “[kept her] up at night a lot... in anger” but she felt her attempts to share this with them had not been received.

As previously outlined participants were very aware of other's expectations and perceptions. In various situations participants reported adapting how they presented and identified themselves or risking othering and rejection. Participants described being assigned identities and expectations that did not resonate with them. Remi explained this as feeling there were “two camps”:

“...One camp that says, “Oh yeah, you're definitely [British or Nigerian] ... The other camp that will say 'Ehh, not really'... And so, I guess when I'm announcing myself ... it's hard for me to do that and satisfy both camps... Part

of owning it is trusting that... the other camps will accept you as that thing... it's hard for me to say it with full confidence, which is a shame.”

Difficult experiences of disconnection and loss were also often things that participants had no control over. The disadvantages they experienced resulted in participants not feeling they had access to knowledge and resources, limiting their agency. Participants felt within racist systems, things that should have been in their control were not: “If you work hard, then you get it, which tends to be what it is in Nigeria... but here you don’t realise that there are things that... actually stop you” (Nnenna). For Abena, a key part of racism was the lack of control she had about people’s perception of her: “Even if you're not someone that's done something bad, people are just seeing you, your Blackness and kind of attributing those negative traits to you”.

3.5.2. “Falling in love with the journey of figuring out who I am”: Reclaiming Control

Participants had taken various steps to address challenges they faced and reclaim control. Asserting control over how they identified was frequently named. Reflecting about the intersections of their identities had given some the opportunity to consider the personal meaning of labels and reject those that did not suit them. Inori shared that identifying as British was not meaningful for her: “The connotations of being British are not always things that I like, per se, or I resonate with...not really something I connect to”. Participants described their active consideration of which identifiers fit them. For some, it was their COO nationality: “The one that kind of resonates with me most is being Ghanaian” (Abena). For Nenna, it was her ethnic group currently, although she was aware this was changeable: “Igbo at the moment is trumping the Nigerian”. For Jamal, religious identification gave him stability:

“As a Muslim, I’ve always has a clear set of guiding principles... whatever environment I’ve put myself in, I’ve always had something to refer back to... I would have started to form a bit of an identity crisis if I hadn’t... regardless of who anybody says I am, whether it’s Black or Tanzanian or Somali... how you define yourself with regards to where you’re from, race, ethnicity, it can differ”.

Remi expressed a preference for a blended, localised identifiers “Black-Nigerian-Londoner feels closer, easier for me to hold on to than British or English”, while Daaood identified as “Black African” for a “sense of belonging” and strategic

“resistance”. For many, like Daaood, identification was expressly political, with participants referencing Britain’s colonial history, immigration policy and Pan-African and Black Consciousness movements as important influences.

Some participants looked outside of traditional identifiers. Vimbo preferred “a transient immigrant identity” or “third-culture kid... you’re two parts, but then you’re also kind of a third part where those parts collide” over nationality or race-based identity, adding: “I’m not an identity person... I describe myself very much more in terms of personality. Who am I as a person?”

Others, exposed to the subjective and transient nature of identifiers, had found a sense of freedom from holding them “loosely” (Remi):

“In Sudan...no one really spoke about labels, but it's so important here. And just questioning like, why is it so important?... Why does it hold so much weight sometimes for some people? And I think it's just a choice not for it, for it not to hold weight with me”. (Soraya).

She described the freeing effects of this choice: “I’m not trying to be what I think the box is... just trying to be”.

Having discussed the effects of being perceived and made aware of expectations from various angles, several participants also made efforts to control who got access to information about their identity:

“I get annoyed when people ask questions in a way that makes it feel as though they feel entitled to find out exactly what my heritage is... I’m quite protective about it...I’m purposely quite evasive...I’m very proud... but you don’t get to just go and ask me about it”. (Vimbo).

Participants described proactively addressing difficulties associated with their 1.25+ generation status: “I am all and I’m neither... I’m trying to get to the point where... I tell myself that... It’s OK to not be either... just sort of be... that’s what I’m trying to work on” (Latifah). Different ways of working on these issues were shared. For Gifty, this involved resisting various expectations and making active choices about which traditional Ghanaian values she would accept:

“With my family, there were things that I've taken aboard that I either accept it and find value in myself, but then also things ... I don't want to do that, you know, and I think I've been able to push back against certain things”.

She noted that this was not possible in all areas: “academic success... that was something I could not challenge... gender roles or the cooking... there's more scope for movement”.

Latifah discussed developing a “tougher skin” in dealing with expectations from her Nigeria-based family: “Instead of me sort of going away and feeling bad about it, I would say well actually, you know, ‘that's just the way I am. So, you're going to have to deal with it’”. Depersonalising the reactions of others was an important part of this process for Vimbo: “As a child, I took it personally... As an adult, I recognise that that someone else's thing and actually... it puts me off”.

Remi described how the reality of being exposed to others judgement “forces me... to reject criticism of anything outside of my beliefs and values and my interests”. It was important for him to contextualise gaps in his cultural knowledge, “prioritising” cultural aspects that matter to him, while “[making peace]” that some didn't, even if it was “upsetting for some”: “I kind of made my peace with not understanding language... one day I might like to...I've made my peace with this Nigerian-British person hybrid that I am”.

Several participants described taking an active role in combatting racism or discrimination they had been affected by. This included calling out racism, tactical use of codeswitching and using their knowledge of British systems to support themselves and others, with Nnenna helping several recently arrived Nigerians to navigate British school systems, having learned through experiencing her own difficulties.

Acting with “intentionality” (Abena & Remi) was another way participants reclaimed control. Several participants described choosing where they live with diversity as a “main consideration” (Abena): “I'm looking at Universities, I want to find places that are like, diverse. I don't want to find somewhere where I'm gonna find it hard to fit in” (Wajih). Participants also shared becoming increasingly discerning about who they spent time with as they got older: “When I was younger... I was a lot more trying to make things work... willing to compromise or to not talk about certain things” (Inori).

In some cases, this was driven by changing social climates: “The Ferguson riots... all kind of unconscious biases came out... I don’t really want to make these people my close circle” (Inori). Whilst decisions could result in less diverse friendship groups, priorities for making connections as adults included: “shared interests” (Osei & Remi), being “welcoming and accepting” (Vimbo) and “having... a social conscious” (Funmi):

“People that I choose to be in friendship with are people who are understanding of when I bring up something about discrimination and race, are people that get it. I have friendships that I've actually moved away from... if people don't understand and don't see where I'm coming from and don't see kind of like, you know, don't understand what a microaggression is and aren't willing to learn”. (Vimbo).

Sometimes exercising control and acting with intentionality could be seen as a further unfair burden or loss for participants. Describing prioritising moving to a diverse University town and potentially having to rule out preferred courses, Umma said: “I'd make the same decision but... it's a shame I have to do this because of that”.

Several participants also talked about how reframing difficulties could be empowering. The resilience they attributed to their parents and COO spirit was cited as motivational:

“Sometimes I think to myself, what would it take for me to just, like, pack up everything and leave, my family, friends and start a whole new life hoping for something more... the level of self-determination and bravery and grit that it takes, to not just make the move, but to stick it out ... it's easy to criticise... But man, like you, you did something that was hard and actually... you're doing something that's hard... so not only do they have my respect, but also it gives me, I, I kind of use it sometimes as a boost, if I'm doubting myself... ‘Look what your parents did man, you, you can do this!’” (Remi).

Quoting a common Nigerian saying used to remind people they have the same abilities as everyone else, Nnenna shared that what was sometimes experienced as sources of pressure or expectation could also be framed in a way that led to feelings

of encouragement and self-belief. “They [other people] don’t have two heads’... there’s nothing that I cannot do... I think being Nigerian kind of helps”.

Participants valued skills and independence cultivated navigating their complex contexts. Some also felt experiencing being misunderstood and othered had given them a more “realistic” (Soraya) perspective of society and helped them be more “compassionate” (Gifty).

Although at times difficult to navigate, multiple identities could be seen as opportunities:

“Even though I said I feel, like, disconnected from it, like my culture, you know, it's good because... it's nice to know that there's something, like a side of you that you haven't like fully explored yet, that's like something to look forward to.” (Bilan).

Soraya talked about cherry-picking the best aspects of her cultures, as she was not “stuck by one view of like the world”. For Kemi, options were more practical “If I decided... I want to leave here...I have a place back home to go”, which Efua felt gave a “sense of freedom”.

Participants’ felt reclaiming control felt easier with age. Increased understandings of their cultures and social processes affecting them were also beneficial. Vimbo felt increased knowledge of concepts related to racism had helped her:

“Without...those things understood, named, and labelled in a language, without like clear definitions, it's hard to fully express how that experience makes you feel”.

Participants did not feel they had enough access to this information when growing up so shared step taken to improve their understanding: “reading and research” (Vimbo), speaking with friends and family and engaging with social media.

Participants described seeking increased understanding of their COO’s histories, Pan-Africanism, British involvement in Africa and “Black British history specifically” (Inori).

Inori discussed the importance of this: “If you know your history, then you know that this, some of the things you go through is not necessarily your fault, but it's just

continuation of the fallout of like things out of your control". Participants described how increased understanding gave them confidence in navigating COO communities and combating the negative or one-dimensional stereotypes of Africa they were exposed to:

"When you live in a world which may be likely to put the African experience or the African identity as second-class.... I think it's nice to replace... some of the negativity, to offset that with a lot of the positivity.... Knowledge is power, right?... We've always been there in the history and we may not always be covered in the mainstream. I just I find that quite empowering and inspiring to be honest because there's just this whole other side of history that you just you didn't grow up with." (Vimbo).

Other creative ways of increasing cultural understanding and connection included engaging with art and music:

"There's actually some Ghanaian songs... from maybe like the 70s or something ... about the kind of plight of Black people that migrate to Europe... Some of those messages are really like validating to listen to, so I love that and just there's so many kind of stories of overcoming, like hardship and those kind of things as a Black person." (Abena).

Some focused on increasing understanding of the self and used journaling or accessing therapy. Vimbo described taking "active bias and active choice" in the support professional she sought, and Efua similarly had a prerequisite that her therapist had to be "racialised Black... needed to deal with identity and the impacts of racialised identity on mental health".

For Remi, the process of reclaiming control of his identities in these ways was important in its own right and not only because it limited some of the difficulties he had faced.: "I've been given a lot... I fit and sometimes I don't fit... I've become a lot more in love with the journey of figuring out who I am and owning that... that gives me a resilience in itself."

4. DISCUSSION

The final chapter starts with a summary of the analysis and a detailed discussion of the finding in relation to the research questions. Implications are discussed, before a critical review of the research, final reflective comment and concluding remarks are shared.

4.1 Summary of Analysis

This qualitative research aimed to increase understanding of the mental health and wellbeing of 1.25+ generation COBA, by eliciting their perspective on factors that are commonly cited as affecting their mental health. The analysis highlighted the complex social positioning of COBA, whose lives traversed racial, cultural, and class boundaries. Their multiple connections, while sources of support and pride, could contribute to a sense of being overly scrutinised and judged by often conflicting standards, sometimes result in feelings of shame or disempowerment. Their transnational connections marked them out as “other” within their various communities, resulting in concurrent feelings of disconnection, loss, and isolation. Expression of these feelings or seeking support were often complicated by COBA feeling others were not able to understand their specific circumstances. Limited access to spaces in which they could explore these topics, as well as lacking the appropriate language (both literally and figuratively) were also discussed. Participants were able to relate these experiences to various mental health and wellbeing challenges including anxiety, low mood, BDD and identity struggles. They shared various steps they had taken to reclaim control and address these issues which included resisting other’s expectations or judgments, finding avenues for connection, and acknowledging the strengths within their positioning.

4.2. What are COBA’s experiences of factors that are commonly reported in research to affect their mental health and wellbeing?

Many of the factors discussed by COBA aligned with areas of current research, however their accounts highlighted important nuances in these experiences.

4.2.1. Racism, Discrimination, and Othering

Participants discussed how racism and discrimination experienced in the UK contributed to anxiety, low self-esteem, feelings of shame and cultural rejection or disconnection. Anti-Black racism was the main type of discrimination reported, but several participants also detailed experiences of anti-African discrimination.

Participants often described exposure to racism in much more broad terms than included in research. For example, while Astell-Burt et al.'s (2012, p.74) measure of racism was the direct experience of being made to “feel bad or hassled” due to race, participants described that vicarious or indirect racism and fears of racism also had an important impact on their mental health. The use of narrow definitions based on direct experience may therefore underestimate the impact of racism on COBA mental health. This is in line with previous findings that hostile policies and political rhetoric, perceived discrimination and fear of racism can contribute to poorer mental health in migrant populations (Dykhhoorn et al., 2020; Held et al., 2022).

Participants also detailed differences in the ways racism could be experienced. COBA's experiences of racism as dependant on the source (i.e. worse from other racialised minority populations) and different from their parent's experiences of racism, caution against portraying racism as a singular experience and underlines the importance of acknowledging generation status in research (Dekeyser et al., 2011).

Previous psychological research often exclusively looked at COM's experiences as racialised minorities within the UK, failing to take account of their wider transcultural/transnational context (Cook & Waite, 2016; Hoechner, 2020). Although racism and discrimination experienced in the UK is an important area for research and further attention, with participants describing it as the main type of discrimination they faced, this did not capture a holistic view of the othering they reported in Black British and COO settings. COBA's multi-faceted disconnection difficulties can only be understood when also considering the broader experiences of othering that occur alongside experiences of anti-Black racism. Bouakaz's (2007, p.19) concept of “double-loneliness” addresses the multiple experience of disconnection experienced by COM. Lorick-Wilmot (2014, p.82) similarly highlighted the “in-between-ness” of

Caribbean COM resulted in a lack of comfort in either setting, a constant sense of otherness and conflicting expectations.

4.2.2. Ethnic Density, Diversity, and Multiculturalism

While ethnic density is a commonly cited factor in migrant mental health research, the conflicting findings highlighted in the literature review called its utility into question. This study took measures to address some of the critiques of ethnic density research offered in the literature review, focusing exclusively on COM migrant generations based in the UK. Despite addressing some of the potentially confounding factors, the results of this research still appear to offer minimal support for ethnic density's conceptual value regarding COBA mental health. Results from this study aligned more with arguments that ethnic density enhances rather than diminishes psychological wellbeing, however, while proposed mechanisms of ethnic density's protective effects (connection, social support and buffering against racism (Dykxhoorn et al., 2020)) were found to be important, they were reported to be less ethnically determined than the ethnic density hypothesis suggests.

In some cases, participants reported low levels of connection within racial/ethnic boundaries for reasons of intra-ethnic tensions. The disconnection reported within COO communities and families provided potential explanation about why ethnic density may not always provide the hypothesised protective factors. Further stratification of ethnic density by community could be helpful, due to variations in the levels of community cohesion reported within African communities. Additionally, while Yan et al. (2019) presented stratified results for ethnic density, finding that it was protective for the first-generation but associated with poorer mental health in COBA, disconnections reported with parents and COO peers indicate it would be helpful to also include generation-specific measures of ethnic density. High-density first-generation Black African populations may not provide the same protective factors for COBA as high-density COBA populations.

Participants also reported high levels of connection across ethnic boundaries. COBA reported valuing connection to multiple groups and frequently seemed to position themselves between Black and other migrant communities. This was sometimes based on other identity markers i.e. religion or language. This seemed especially evident for participants from Muslim or East African backgrounds, who reported

strong inter-ethnic ties with Muslim or Arab communities. These findings could explain high levels of interethnic mixing reported amongst Black African Muslims (Heath & Demireva, 2016). Such connections may operate similarly to the hypothesised role of ethnic density (i.e. increase social support) however, would be obscured in research focused on ethnicity. Research definitions of 'own-group' may not reflect the groups individuals feel they belong to. Measures of ethnic density failing to accurately capture the groups people feel connected and protected within could further explain the conflicting results observed in the literature review.

Intra-ethnic connections were valued and protective, however participants described less reliance on neighbourhood ethnic density to make these connections due to travelling and social media. Regarding their home neighbourhoods, participants emphasised ethnic diversity as most important for wellbeing, with a notable preference for diverse neighbourhoods over proximity to high density Black African populations. These findings somewhat contradict Knies et al.'s (2016) reports life satisfaction in Black African populations was positively associated with ethnic density and not associated with diversity, however this could be related to the use of a less specific measurement of diversity than density in Knies et al.'s study.

Participants reported finding the normalising of cultural differences in diverse settings particularly helpful and prioritised this over the normalising of their COO culture. This could be explained by transcultural upbringings and differences/disconnections within COO communities, reducing the protective effects of ethnic density. Several participants also discussed the impacts of diversity on white populations, suggesting increased understanding and cultural sensitivity from the white majority as another factor through which diversity proved beneficial. Differences in majority-group behaviour due to changes in ethnic demographics was also suggested as a potential mechanism behind ethnic density effects by Baker et al. (2021).

Participants' narratives of reclaiming control indicated that certain choices made to improve their wellbeing could be seen as counter-integration (i.e., avoiding less diverse university towns), however participant's explanation of these choices did not indicate they were motivated by desires for segregation. Overall, COBA expressed positive attitudes towards multiculturalism and reported high levels of inter-ethnic

interaction. These results supported Heath and Demireva's (2016) conclusion that COBA valued both bonding and bridging social capital.

While many participants had connections with white populations, these links were not reported as consistently strongly as links with other racialised minority groups. Measures of multiculturalism that focus exclusively on relationships with white populations may therefore underestimate attitudes towards multiculturalism in COBA populations. Given the social and political scrutiny faced by migrant populations in relation to integration, particularly by COM, analysis of ethnic density or multiculturalism which fails to look at the full scope of inter-ethnic connections occurring, or which fail to account for reasons behind the lack of integration, (i.e., discrimination or inequality), could unfairly problematise COM and encourage focus on 'successful' multiculturalism at the expense of their wellbeing (Finney & Simpson, 2009; Knies et al., 2016; Bécares et al., 2018).

None of the research in the literature review included COBA's perspectives relating to ethnic density. In this study, COBAs detailing of experiences of positive connections and painful disconnections occurring both intra- and inter-ethnically helped provide possible explanations for the conflicting results observed in the literature and highlighted potentially problematic political and social implications of current conceptualisations of ethnic density in migrant health research.

4.2.3. Urbanicity and Socioeconomic Deprivation

Urbanicity featured very little in participants' understanding of their mental health. Where mentioned, its co-occurrence with diversity often meant that living in areas described as urban or deprived was recounted as supportive of wellbeing, indicating potentially beneficial aspects of diversity outweighed potentially harmful aspects of urbanicity for participants, in line with other research (Das-Munshi et al., 2010; Stafford et al., 2010).

Socioeconomic deprivation was consistently portrayed as harmful to participant wellbeing. Increased parental disconnection (due to stress/poor mental health) was a pathway through which socioeconomic deprivation could negatively affected COBA. The link between poverty and poor mental health via parental mental health mirrors previous research (Wickham et al. 2017). Socioeconomic deprivation was also discussed in relation to lacking control, for example Bilan recounted being rehomed

by the council was detrimental to her wellbeing, disrupting connection and increasing feelings of uncertainty/instability.

The concept of relative deprivation was also raised. Daaood described growing up in a “deprived” (p.53) area, however detailed a sense of community and belonging linked to the fact that “no one... was well off”. This contrasted with accounts from other participants in which deprivation in relation to often non-migrant background peers was linked feelings of loss or shame. Relative poverty has been suggested to be more detrimental to childhood mental health than absolute poverty (Lee & Zhang, 2020). For COBA understanding of relative poverty may be complicated by their multiple reference groups.

4.2.4 Intergenerational Relationships

Supporting existing literature, (Hutchinson & Haasen, 2004; Ceri et al., 2017; Allport et al., 2019), examples of intergenerational acculturative dissonance and family fragmentation impacting COBA wellbeing were found. Common conflict topics shared (i.e. gender roles) also aligned with existing literature (Cook & Waite, 2016; Pham, 2016; Okpokiri, 2021), with challenges experienced as particularly difficult, relative to the experiences of immediate reference groups, who were perceived as having different parental relationships, potentially resulting in feelings of loss or shame.

Participants highlighted the importance of contextualising findings of COM mental health difficulties within findings of first-generation migrant mental health issues, similarly suggested by Allport et al. (2019). Several participants discussed how traumatic pre-migration experiences impacted intergenerational relationships and their own wellbeing. Parental avoidance of discussing pre-migration experiences was reported to have a negative effect on COBA, cutting off an important link to better understand themselves and their culture. This was reported by participants from forced migration backgrounds, complimenting Pham’s (2016) research, but was also shared by participants from economic/educational migrant backgrounds. This may be explained by widespread volatility in several African countries represented in this study in the latter half of the 21st century (Mamdani, 2007) resulting in higher chances that parents had been exposed to traumatic social or political experiences.

Difficulty discussing post-migration experiences (i.e. racism) was also shared by some participants. Unlike pre-migration traumas, this was understood more related to different intergenerational understandings of racism than avoidance. Participants similarly described intergenerational misunderstanding about mental health. These intergenerational differences may provide an explanation of the apparent attenuation of the HME in COM, as participants reported themselves to be more sensitive to experiences of racism, and more likely to use mental health framing than their migrant parents. COM may therefore experience more adverse mental health effects due to racism, and be more likely to seek mental health support, resulting in higher rates of diagnoses.

Not being able to discuss these difficulties with parents was highlighted as problematic and linked to feelings of isolation. This mirrors Abdulhamed et al.'s (2022) findings that COM were less likely to feel they could talk to their parents about personal matters, and this, alongside experiences of discrimination, was associated with poorer mental health outcomes. As highlighted by Cook and Waite (2016) participants understood intergenerational relationships to be dynamic and felt disconnection could be improved by participants learning more about their COO cultures and histories and their parents' acknowledgement of their different upbringings.

4.3. How may these Factors Affect their Mental Health?

Alongside the potential mechanisms just discussed, two additional mechanisms proposed from these findings included shame and micro-losses.

4.3.1. Shame

Participants narratives included many examples of shame and judgment which some linked explicitly to mental health or wellbeing challenges. Shame has been implicated in the development of poor mental health and wellbeing (Stuewig & McCloskey, 2005; Kim et al., 2009; Velotti et al., 2018; Yakeley, 2018).

COBA described being aware of many different standards of behaviour within their various connections and communities. The often-impossible task of meeting these conflicting expectations left them particularly vulnerable to feelings of estrangement, failure, and shame. Although much research focuses on the important impact of anti-Black or anti-migrant discrimination, the multi-directionality of experiences of shame

appeared key to understanding its potentially negative effects in COBA's lives, as their transnational contexts could compound experiences of shame. Participants detailed experiences of shameful or negative associations with Black and specifically African, parts of their identity, but also with not being Black or African enough. Similarly, participants could experience shame and judgment for being both too British and not British enough. The resulting experience of feeling that they couldn't fit in, not just in white British contexts but anywhere, reported by some participants seemed to be particularly linked to feelings of loss, rejection or failure and damaging to developing a sense of self and self-esteem.

Attempts to navigate this complicated context or protect themselves were often reported to inadvertently further contribute to feelings of shame. Efua reported being teased for speaking Twi resulting in her refusing to speak it as a child, however she now experienced embarrassment at not being able to speak Twi. Here, shame was seen to contribute to feelings of disconnection from both cultures, increasing chances of marginalisation, an acculturation-style commonly associated with poor mental health (Lo, 2010; Berry & Sabatier, 2010).

Shame could potentially contribute towards the worse mental health outcomes observed in COM, compared to first-generation migrants, as the latter have more secure COO identities and language skills and so may be less likely to experience shame from COO connections (Pumariega et al., 2005; Dekeyser et al., 2011). They may also be less likely to experience shame during childhood/adolescent developmental stages.

Several participants viewed their parents as discouraging them from British identification or assimilation, encouraging identification with COO cultures. Cook & Waite's (2016) interviews with parents portrayed this as more ambivalence than discouragement, wanting children to reap the benefits of integration without losing their cultural identity. The experience of this ambivalence, coupled with the high parental expectations participants also reported, could create a context in which COBA feel unable to meet the conflicting demands, increasing chances of shame.

Further, shame has been identified as a mediator between experiences of invalidation and poor mental health (Boring et al. 2021). Participants' experiences of

disconnection and feelings of being misunderstood within many of their relationships may increase experiences of invalidation and shame.

While shame has been explored as a factor in Black African migrant mental health, this seems to be mainly in relation to stigma regarding mental illness and barriers to help-seeking (Schofield et al., 2019; McCann et al., 2018). Findings of increased rates of schizophrenia diagnoses in migrant populations, particularly COM, Black individuals, and those from countries in the Global South, have led to the suggestion of the social defeat hypothesis as a mechanism through which experiences of discrimination could lead to poor mental health (Selten & Cantor-Graae, 2005; Selten et al., 2008). Social defeat is understood as prolonged experience of a subordinate position and therefore may feed into feelings of shame.

4.3.2. Micro-Losses

Participants' narratives featured many experiences of loss in relation to their various disconnections and comparisons to reference groups. While losses could be significant disadvantages with clear impacts on psychosocial wellbeing, participants also reported the impact of losses described as "little things" (Nnenna, pg.69). Common examples of "little" losses included participants not being able to get Afro hair products in local stores, (loss of ease), or differences in parental discipline meaning participants had been unable to socialise as their friends had (losses of 'normal' relationship with parents and of 'normal' social experiences). The interviews indicated that losses felt frequent and cumulative. Additionally, participants accounts indicated losses being "little" made their positions harder to articulate, resulting in further feelings of being misunderstood or disconnected from various relationships.

Racial microaggressions are "brief and commonplace... indignities", which, while often subtle, hard to describe and easily ignored, could have detrimental effects on the mental health and wellbeing of minoritised individuals by contributing to an environment of inequality and invalidation (Sue et al., 2007, p.271; Nadal et al., 2014). Participants description of small, routine experiences accumulating to have a negative effect on their wellbeing led to the supposition that, similarly to microaggressions, 'micro-losses' could be a further mechanism through which COBA's mental health and wellbeing are impacted.

4.4 What Additional Factors do COBA feel Affect their Mental Health and Wellbeing?

Participants identified many factors already present in existing literature, indicating agreement these were important. One novel factor, highlighted in both the FGs and interviews, was the importance of siblings. Having siblings, particularly older siblings, was repeatedly suggested to be a protective factor. Siblings were described as an important source of normalisation, validation, connection and understanding.

Participants also shared that they could help mediate disconnections in other areas of their lives (i.e. ease intergenerational tensions with parents or support participants following experiences of discrimination). The protective effects of siblings may therefore parallel those suggested within the ethnic density hypothesis.

While COM identification was touched on in existing literature (particularly sociological literature; Imoagene, 2017), these current findings emphasised control over identification as a factor impacting COBA wellbeing. Participants recounted experiencing high levels of scrutiny, judgment, and policing regarding how they identified from multiple sources (i.e., parents, COO connections, the government, society). This contributed to feelings of disconnection, confusion, misrepresentation, and othering. These experiences do not seem to be commonly discussed in wider psychological COM literature. Relatedly, within the sub-theme 'reclaiming control', exercising agency over identification was detailed as having a positive impact on mental health. Although not something found in current literature on COBA, studies in other populations (i.e. sexual minorities), have indicated exercising control over identification by resisting or reclaiming identity labels can be experienced as emancipatory and empowering (Galinsky et al., 2013; Coleman-Fountain, 2014).

4.5. Implications and Recommendations

These findings indicate several avenues for development within clinical, policy and research areas.

4.5.1. Clinical

A criticism of existing research offered in the literature review was that it rarely offered practical recommendations. Despite the complexities of COM identity formation being the subject of much academic research, participants did not feel they or their families had been given appropriate support. This was related to feelings of

shame, as participants struggled to contextualise the complexities of their identity, internalising difficulties with things they assumed others found “effortless” (Latifah), like defining their identity.

When participants had sought professional psychological support, it had been important for them to feel their clinician understood their racialised/migrant identities. Clinicians familiarising themselves with issues discussed within this research could increase confidence in professional support, addressing an access barrier.

These findings suggest helpful therapeutic approaches could address feelings of shame, loss of control and identity formation. As findings indicate taking steps to reclaim control (i.e. over identity) are helpful, approaches that explicitly focus on empowering, validating, combating shame and/or focusing on the many aspects of pride or strength that participants found meaningful may be especially effective (i.e. narrative therapy, compassion-focused therapy). Literature on micro-aggression indicates that validating, normalising, naming and psychoeducation can be particularly useful techniques to challenge the potentially harmful effects of often-overlooked, everyday experiences (Nadal et al., 2014; Pham 2016). Regardless of approach, these factors should be considered within therapeutic relationships, for example, by clinicians supporting the exploration of COBA's identities and being attentive of labels meaningful to them.

Disconnections between COBA and their parents was reported as a common and difficult experience (Abdulhamed et al. 2022). Participants reported increased parental awareness of the complexities of parenting in transcultural contexts would have been helpful. The relationship between migrant parents and statutory services can be fraught due to founded fears of shaming or punitive actions (Okpokiri, 2021), however renewed efforts to co-produce non-stigmatising, culturally appropriate interventions for transcultural parenting could improve COBA mental health by supporting parenting strategies indicated to be beneficial to COM. Examples of helpful interventions could include evidence-based psychoeducation to address issues commonly reported as compromising COBA wellbeing (i.e. parental misconception about multilingualism, or fears that discussing COO pasts with children may damaging their wellbeing, (Lin et al., 2009; Pham, 2016)). Crucially, given the inherent links between first-generation parents' mental health and COBA

wellbeing, efforts to improve the mental health of first-generation migrants would also prove helpful for COBA.

4.5.2. Wider Systems

Several factors implicated in COBA mental health in this study fell outside of the range of traditional therapy, highlighting a role for mental health professionals in advocacy and policy interventions for mental health harm reduction. Participants reported stigmatising political and societal discourse regarding race and immigration were linked to feelings of disconnection, shame, and scrutiny, even when these did not seem to directly impact COBA. COBA described a lack of space to discuss the social process' or identity issues that affected them growing up, in the settings they felt it would have been useful (i.e. school, church). Lacking or stigmatising representations of Africa within education and wider society, were also reported to be harmful. The negative impact of these factors on psychological wellbeing, alongside findings that awareness of sociological constructs related to class, race, and culture, and developing ethnic identity and pride can bolster self-esteem and wellbeing in COM (Lorick-Wilmot, 2014; Ikram et al., 2016; Abdulhamed et al., 2022,), highlights a role for psychology in advocating for the development of such spaces as preventative wellbeing interventions. Additionally, psychologists also have a duty to speak out against practices which are likely to have detrimental impacts on COBA mental health, including hostile immigration policies which, while claiming to target new or 'illegal' migration, also contribute to hostile political and social contexts for British COBA, affecting their wellbeing and identification (Imoagene, 2017; Held et al., 2022).

Measures to address the losses and disadvantages shared by COBA should also be considered. Given the risk of adultification, policies that better address the needs of migrant families should be encouraged, such as the standard use of interpreters and translated materials in wider settings. While this is already guidance in place within the NHS (GOV.UK, 2021), participants shared examples of having to translate for their parents in statutory and non-statutory settings including GPs, schools, and banks.

Additionally, several participants shared their parents lack of familiarity with the British school system had negatively affected their wellbeing. This was even the case

for second-generation COBA whose families had been in the UK for many years. Offering ongoing support for migrant families at key educational stages could therefore be beneficial.

4.5.3. Research

These findings highlighted several potentially interesting areas, worthy of further research, including the role of shame and micro-losses in COM mental health. While there is an extensive body of research looking at the relationship between shame and mental health, micro-losses are a relatively recently proposed concept (McLaughlin, 2021).

Secondly, this research indicates the importance of acknowledging the specificities of COM and migrant experiences and argues that failing to do so contributes to the lack of clarity evident in the migrant mental health field. During this research, participants and FG members suggested several facets linked to variations in the COBA experiences, not adequately considered in current literature, including sexuality, and family language background. While this research was limited in the extent it was able to explore these suggested factors, some important aspects related to gender, migration pathways, African region and generation status noted in the research which could be worthy of further exploration are now discussed.

Firstly, both male and female participants discussed gender differences when relating different cultural expectations faced by siblings, as well as different types of discrimination experienced by different genders. Secondly, regarding migration pathways, despite expectations that parental trauma and poor mental health would be more apparent in participants whose parents had arrived as refugees, perhaps surprisingly, these narratives were also present in participants with an economic/educational migrant family background. Regarding regional differences, Non-West African COBA often seemed to predict that West Africans had greater feelings of connection, despite similar narratives of loss and disconnect being reported. Additionally, some East African participants reported their identification was further complicated by additional links with Arab communities/identities. Finally, similar experiences were shared across all COM generations included, with the exception that 1.25-1.5 generation COBA seemed to find it more difficult to connect with other non-African Black communities in the UK.

These observations are offered tentatively and further research to explore the effect they may have on COBA mental health would likely enhance understanding. A suggestion for ongoing research to continue to include the perspective of COBA and account for the variety in the COBA experience is highlighted.

This research benefited from the inclusion of literature from other fields to analyse COBA's experiences. Here, the research was influenced by sociological findings which were found to be more inclusive of COBA perspectives than psychological literature. Ongoing inter-disciplinary collaboration is therefore recommended. The inclusion of research from other fields (i.e. social philosophy, Honneth's (1996) Theory of Recognition, which has been applied to immigrant populations (Cox, 2010)) could similarly inform psychological research on COBA.

Despite being prominently featured in the migrant mental health field, ethnic density did not seem to fully capture participants experiences for a variety of reasons. The conflicting results found in the literature review undermine ethnic density's utility as a construct and while findings from this research suggest ethnic density was more helpful for COBA than harmful, ultimately the current data did not confirm either side of the ethnic density debate. In future, it may be useful to focus more on potential underlying mechanisms which lead to the results observed when studying ethnic density (e.g. connection, as discussed here, social support, racist attitudes within majority populations), which these results indicate do not occur only along ethnic lines. This is especially important to consider as narratives of ethnic density or multiculturalism can be used against migrant communities (Finney & Simpson, 2009).

4.6. Critical Review

Yardley's (2017) guidance on evaluating and demonstrating quality in qualitative research was used to assess the research. This is presented alongside additional reflections on strengths and weaknesses.

4.6.1. Sensitivity to Context

This research was inspired by reflections that current literature displayed insufficient sensitivity to context, limiting conclusions that could be drawn about COBA mental health. Various attempts were made to increase sensitivity to context within this

study, to amplify COBA's perspectives in research regarding them and better attend to socio-cultural factors affecting them.

The research development was shaped by both a knowledge of the underlying research context, and the use of participatory focus groups, with the intention of re-distributing power in the research and best ensuring the research procedure and material was appropriate. Reflections regarding the limitations of power-distribution possible here have been discussed above. Sensitivity to the research context was enhanced by the broad inter-disciplinary literature review and inclusion of non-psychological concepts in analysis, however limited expertise in fields such as sociology may have resulted in the overlooking of relevant literature.

4.6.2. Commitment and Rigour

Commitment to the research was enhanced by in-depth engagement with the data encouraged in RTA approaches. My COBA insider-researcher position provided a further opportunity for engagement and immersion in the topic (Yardley, 2000).

Attempts to ensure rigour in the research process included the diverse search strategy which resulted a healthy participant group (n=19) and long, rich interviews, providing sufficient data for RTA (Braun & Clarke, 2022). Limitations in the representation within the participants group (detailed below) may have constrained rigour.

4.6.3. Transparency and Coherence

Efforts to encourage transparency were made through the inclusion of reflective commentary within the report, including a researcher position statement (Braun & Clarke, 2019). The use of verbatim transcription, inclusion of direct quotes in the write-up and further supplementary material in the appendices were all attempts to improve transparency. The CR epistemology, qualitative methods and RTA were considered collectively alongside the research goals to amplify the perspectives of COBA, enhancing coherence (Braun & Clarke, 2021b).

4.6.4. Impact and Importance

This report highlights COBA are a growing and potentially vulnerable segment of society. Factors important to their wellbeing are currently poorly understood, limiting the utility of available support. Tailored research is therefore warranted. This exploration of COBA's perspectives led to proposals to clarify existing theory and the

suggestion of new theoretical links. Recommendations for clinical practise and wider systems change indicate the practical impact possible from this research.

Recommendations regarding the social, political, and educational contexts within which COBA are exposed to portrayals of culture and social process could lead to socio-cultural impact (Yardley, 2000).

4.6.5. Strengths and Limitations

Few studies to date have considered the perspective of migrant populations as a tool to clarify the current inconsistencies in the migrant mental health literature (Schofield et al., 2019). The three studies that have, have focused on heterogenous racialised minority populations, potentially confounding results due to variations in generation status and ethnic origin (Whitley et al., 2006, Bécares et al. 2015). Such research has also been conducted as focus-groups, secondary data analysis or analysis on very limited numbers of interviews. None have focused on COM. To my knowledge this research is the largest primary data, interview-based qualitative study to elicit perspectives of people from migrant backgrounds about factors that are thought to affect their mental health, and the only one to do so with COBA.

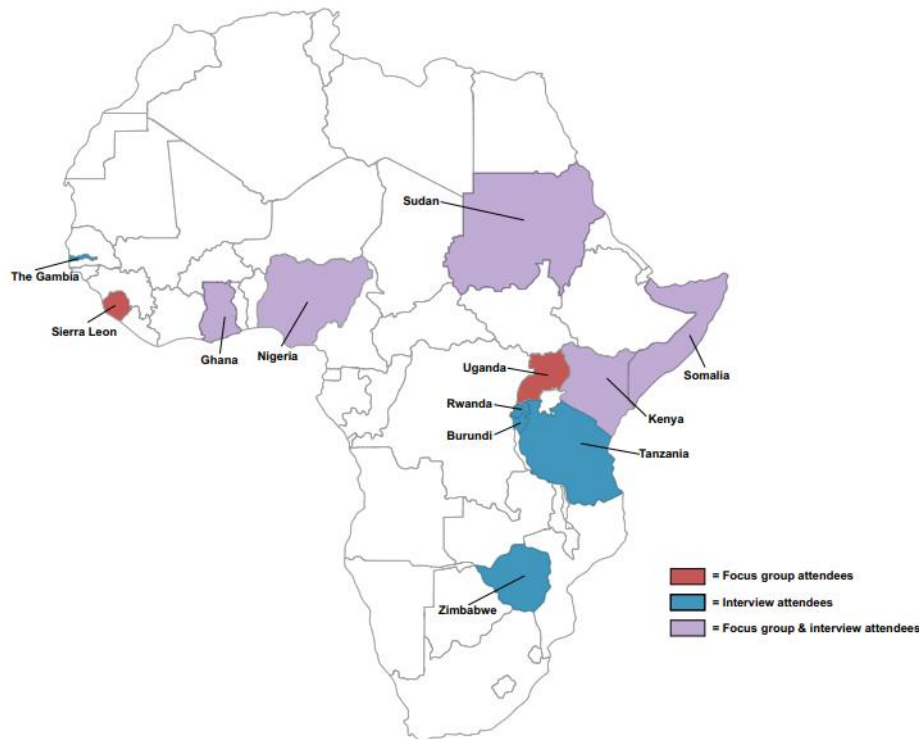
Participatory aspects of this research are considered a key strength. This included my insider-researcher status (Rose, 2018; Dowding, 2020). Despite this, I was aware of biases inherent to my subjective positioning. The additional involvement of my non-COBA supervisor helped address these concerns, as did the use of participatory FGs, a particular strength of this research, although as earlier noted the participatory nature was limited to co-design, with no FG input during the analysis and write-up stages, which could have further strengthened the research.

Further, it was hoped representation issues noted in the FGs would be addressed during interviews through the use of a comprehensive recruitment strategy, however the research participants were also largely female and West African. Some of this may be reflective of demographic trends, however it is also possible, this reflects the influence of my positionality and recruitment pathways available to me. Further, there was very little representation from Central and South African regions (Figure 5), from COBA who identified as male (5/19) 1.25/1.5/1.75 generation (5/19) and whose family had not migrated for economic/educational reasons (3/19). While some

exploration was possible, this limited the ability to draw comparisons about the effect of these differences on COBA, as originally intended.

Figure 5

Map of African COO of FG Members and Interview Participants



Finally, the breadth of this research was considered both a strength and a weakness. The intention for an inclusive, exploratory piece of research allowed for a more holistic portrayal of COBA experiences. Much of the psychological literature regarding COBA has a much narrower focus on psychoses, however. No participants in this research identified themselves as having this label, which may limit the application of this research in the existing field. Despite this, the research has important implications for the mental health and wellbeing of the general COBA population and provides suggestions which could be beneficial for future research conducted with a narrower focus on COBA with psychosis diagnoses.

4.7. Reflective Statement

My undertaking of this research was informed by my personal and familial experiences as a COBA in the UK. While I considered this a strength and believed it to have a particularly positive impact on recruitment and building rapport with participants, I experienced more concerns about my insider-researcher status than I had expected. These concerns related to fairly representing the data and not overemphasising experiences that aligned more with my own in the research.

One aspect of this concern was trying to ensure that I did not conduct research focused on the experiences of all COBA in a Nigeria-centric way, due to my own background and biases. This concern was particularly present when non-Nigerian COBA contrasted their experiences to Nigerian or West African COBA, a relatively large African population in the UK (i.e. Jamal, p.52). When reflecting on the experience of being a majority group within a minority population, I found maintaining a conscious awareness of the nuances of this position and my outsider status to be helpful, as well as considering other aspects of my identity in which I am more minoritised.

When trying to manage this during the research I made the decision to identify myself as the child of a Black African on the recruitment poster (Appendix G), partly because my photograph and name already likely conveyed information about my background, and partly in the hopes of creating an open, trusting, and transparent research environment. I did not disclose my nationality unless asked by participants. This happened on only two occasions, both occurring after the interview had been conducted (although it is possible that some participants recruited through personal networks were already aware of my nationality).

I was struck by how much I enjoyed both the FGs and interviews. Following every FG, comments were made about how group members enjoyed having a dedicated space to discuss these issues, and post-FG debrief conversations lasted up to an hour. Several interview participants similarly commented it had been “really nice to have a chance to reflect on so much stuff” (Funmi). These feelings and exchanges prompted reflection about how infrequently the issues of navigating migrant family backgrounds were highlighted as important in COBA’s lives, and how few

opportunities to discuss these topics are available, influencing the final recommendations.

As well as the in-person interviews being shorter, as discussed above, I noticed feeling particularly at ease during them and wondered about the effect the different interview modalities had on the data. This was difficult to ascertain as in-person interviews were also conducted with the youngest participants and at a later stage of the research, so could have been affected by my increased interviewing confidence.

There were many aspects of the research that, despite being important in my own personal experience, I had not envisioned featuring as prominently in the FGs or interview as they did. Using the example of shame related to my poor COO language skills, prior to this research, I had generally thought about these experiences in individual or family specific framings. It was striking to reflect on why I felt surprised when such factors came up in the research process, despite them being key experiences in my own life as a COBA. For me, this highlighted the importance of seeing your own experiences reflected in shared narratives (including in research) for legitimising knowledge and experience. I found discussing and writing about these topics very moving. It allowed me to experience firsthand the wellbeing benefits of contextualising and normalising potential shameful experiences, that I hope this research will also do for others.

Finally, during the writing of this report I often reflected that, while psychological research often focuses on difficulties people face with the aim of influencing improvements, a large part of this research involved FG members and interviewees sharing narratives of pride, joy, and strength. Such narratives may often be overlooked in literature about immigrant experiences or in the stigmatising or unidimensional portrayals of African cultures participants described, but I have hoped to convey a sense of them here.

4.8 Conclusion

The title of this thesis (Appendix Z), “Having Two Heads” is a nod to the common Nigerian saying, “Do they have two heads?”, which was mentioned by several participant’s during the interviews. The original saying is generally used to indicate that everyone has the same abilities and opportunity to do well. Despite apprehension about over-emphasising aspects of the research that aligned with my

own Nigerian COBA experience, I selected this title because I felt it conveyed three key aspects of COBA's broader experiences discussed in the research. Firstly, the sense of expectation and (often academic) pressure the phrase is traditionally associated with. Secondly, the sense of scrutiny, peculiarity or difficulty fitting in that someone with two (metaphorical) heads may experience. Finally, the ability to understand things from multiple perspectives.

This research sought to draw attention to the varied experiences and perspectives of COBA which have so far been underacknowledged in the migrant mental health field. These perspectives are important and have the potential to help clarify ongoing inconsistencies within migrant mental health research, potentially increasing knowledge about mental health risk and protective factors more generally. Failures to include these perspectives, or to account for important variation in COM experiences contribute to current difficulties in the field.

As this study indicated, COBA experience complex social pressures, distinct from other Black and migrant populations, including first-generation Black Africans. Growing up in the context of multiple, co-occurring disconnections from their various communities creates vulnerabilities to experiences of shame, loss, and judgement. These experiences can create challenges developing a cohesive identity and impede psychosocial wellbeing. This research highlights the importance of understanding, normalising, and validating COBA's experiences. It is hoped this thesis will be a helpful contribution to these ends.

5. REFERENCES

- Abdulhamed, R., Lonka, K., Hietajärvi, L., Ikonen, R., & Klemetti, R. (2022). Anxiety and depression symptoms and their association with discrimination and a lack of social support among first-and second-generation immigrant adolescents. *International Journal of Intercultural Relations*, *87*, 193-205.
- African Union. (n.d.). *Member States*. Retrieved May 01, 2024 from https://au.int/en/member_states/countryprofiles2 .
- Alba, R. D., & Nee, V. (1997). Rethinking assimilation theory for a new era of immigration. *International Migration Review*, *31*(4), 826–74.
- Aldridge, J. (2015). Advancing participatory research. In *Participatory research* (pp. 149-160). Policy Press.
- Alegría M, Canino G, Shrout PE, Woo M, Duan N, Vila D, Meng XL. Prevalence of mental illness in immigrant and non-immigrant US Latino groups. *The American Journal of Psychiatry*. 2008;165:359–369. doi: 10.1176/appi.ajp.2007.07040704.
- Allport, T., Ambrose, A., & Collin, S. M. (2023). Developmental referrals of pre-school children in a diverse community in England: The importance of parental migration for referral rates. *Child: Care, Health and Development*, *49*(2), 240-247.
- Allport, T., Mace, J., Farah, F., Yusuf, F., Mahdjoubi, L., & Redwood, S. (2019). 'Like a life in a cage': Understanding child play and social interaction in Somali refugee families in the UK. *Health & Place*, *56*, 191-201.
- Amer, M. M., & Hovey, J. D. (2007). Socio-demographic differences in acculturation and mental health for a sample of 2nd generation/early immigrant Arab Americans. *Journal of Immigrant and Minority Health*, *9*(4), 335-347.
- Arai, L., & Harding, S. (2004). A review of the epidemiological literature on the health of UK-born Black Caribbeans. *Critical Public Health*, *14*(2), 81-116.
- Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, *8*(1), 19-32.

- Arnstein, S. (1969). 'A ladder of citizen participation'. *Journal of the American Institute of Planners*, 35: 216-24.
- Astell-Burt, T., Maynard, M. J., Lenguerrand, E., & Harding, S. (2012). Racism, ethnic density and psychological well-being through adolescence: evidence from the determinants of adolescent social well-being and health longitudinal study. *Ethnicity & Health*, 17(1-2), 71-87.
- Bagnoli, A., & Clark, A. (2010). Focus groups with young people: a participatory approach to research planning. *Journal of Youth Studies*, 13(1), 101-119.
- Bailey, J. (2008). First steps in qualitative data analysis: transcribing. *Family practice*, 25(2), 127-131.
- Baker, S. J., Jackson, M., Jongsma, H., & Saville, C. W. (2021). The ethnic density effect in psychosis: a systematic review and multilevel meta-analysis. *The British Journal of Psychiatry*, 219(6), 632-643.
- Barnett-Page, E., & Thomas, J. (2009). Methods for the synthesis of qualitative research: a critical review. *BMC Medical Research Methodology*, 9(1), 1-11.
- BBC. (n.d.). *BAME: We're not the Same: Black African*. Retrieved May 01, 2024 from <https://www.bbc.com/creativity/nuance-in-bame/black-african>.
- Bécares, L., & Nazroo, J. (2015). Social capital, ethnic density and mental health among ethnic minority people in England: a mixed-methods study. In Y., Li (Eds.), *Handbook of Research Methods and Applications in Social Capital* (pp. 242-261). Edward Elgar Publishing.
- Bécares, L., Dewey, M. E., & Das-Munshi, J. (2018). Ethnic density effects for adult mental health: systematic review and meta-analysis of international studies. *Psychological medicine*, 48(12), 2054-2072.
- Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative research*, 15(2), 219-234.

- Berrington, A. (2020). Expectations for family transitions in young adulthood among the UK second generation. *Journal of Ethnic and Migration Studies*, 46(5), 913-935.
- Berry, J. W. (1992). Acculturation and adaptation in a new society. *International migration*, 30, 69-69.
- Berry, J. W., & Sabatier, C. (2010). Acculturation, discrimination, and adaptation among second generation immigrant youth in Montreal and Paris. *International Journal of Intercultural Relations*, 34(3), 191-207.
- Bhaskar, R. (1975). Forms of realism. *Philosophica*, 15.
- Bhugra, D. (2004). Migration and mental health. *Acta psychiatrica scandinavica*, 109(4), 243-258.
- Bhugra, D., Gupta, S., Schouler-Ocak, M., Graeff-Calliess, I., Deakin, N. A., Qureshi, A., ... & Carta, M. (2014). EPA guidance mental health care of migrants. *European Psychiatry*, 29(2), 107-115.
- Boring, B. L., Walsh, K. T., Nanavaty, N., & Mathur, V. A. (2021). Shame mediates the relationship between pain invalidation and depression. *Frontiers in Psychology*, 12, 743584.
- Bouakaz, L. (2007). *Parental involvement in school: What promotes and what hinders parental involvement in an urban school*. [Doctoral dissertation, Malmö högskola, Lärarutbildningen]. <https://www.diva-portal.org/smash/record.jsf?pid=diva2%3A1404438&dswid=9602> .
- Bowe, A. G. (2017). The immigrant paradox on internalizing symptoms among immigrant adolescents. *Journal of Adolescence*, 55, 72-76.
- Bragin, M., Akesson, B., Ahmady, M., Akbari, S., Ayubi, B., Faqiri, R., ... & Sediqi, S. (2022). Peace, love, and justice: A participatory phenomenological study of psychosocial well-being in Afghanistan. *International Social Work*, 65(3), 457-479.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.

<https://doi.org/10.1080/2159676X.2019.1628806>

Braun, V., & Clarke, V. (2021a). One size fits all? What counts as quality practice in (reflexive) thematic analysis?. *Qualitative research in psychology*, 18(3), 328-352.

Braun, V., & Clarke, V. (2021b). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and psychotherapy research*, 21(1), 37-47.

Braun, V., & Clarke, V. (2021c). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*, 13(2), 201-216.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>

Bresnahan, M., Begg, M. D., Brown, A., Schaefer, C., Sohler, N., Insel, B., ... & Susser, E. (2007). Race and risk of schizophrenia in a US birth cohort: another example of health disparity?. *International Journal of Epidemiology*, 36(4), 751-758.

Brown, K., & Bean, F. (2006, October 1). *Assimilation models, old and new: Explaining a long-term process*. Migration Policy Institute.

<https://www.migrationpolicy.org/article/assimilation-models-old-and-new-explaining-long-term-process>.

Burke, A. (2015). The extent of conflict between being black and being British. *Criminal Justice Matters*, 101(1), 6-9.

Campbell, K., Orr, E., Durepos, P., Nguyen, L., Li, L., Whitmore, C., Gehrke, P., Graham, L., & Jack, S. (2021). Reflexive Thematic Analysis for Applied Qualitative Health Research. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2021.5010>.

Cantor-Graae, E., & Selten, J. P. (2005). Schizophrenia and migration: a meta-analysis and review. *American Journal of Psychiatry*, 162(1), 12-24.

- Cantor-Graae, E., Zolkowska, K., & McNEIL, T. F. (2005). Increased risk of psychotic disorder among immigrants in Malmö: a 3-year first-contact study. *Psychological Medicine*, 35(8), 1155-1163.
- Ceri, V., Özlü-Erkilic, Z., Özer, Ü., Kadak, T., Winkler, D., Dogangün, B., & Akkaya-Kalayci, T. (2017). Mental health problems of second generation children and adolescents with migration background. *International Journal of Psychiatry in Clinical Practice*, 21(2), 142-147.
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The journal of positive psychology*, 12(3), 297-298.
- Coid, J. W., Kirkbride, J. B., Barker, D., Cowden, F., Stamps, R., Yang, M., & Jones, P. B. (2008). Raised incidence rates of all psychoses among migrant groups: findings from the East London first episode psychosis study. *Archives of General Psychiatry*, 65(11), 1250-1258.
- Coleman-Fountain, E. (2014). Lesbian and gay youth and the question of labels. *Sexualities*, 17(7), 802-817.
- Cook, J., & Waite, L. (2016). 'I think I'm more free with them'—Conflict, Negotiation and Change in Intergenerational Relations in African Families Living in Britain. *Journal of Ethnic and Migration Studies*, 42(8), 1388-1402.
- Cox, R. E. (2010). *The theory of recognition and the ethics of immigration*. [Doctoral dissertation, Macquarie University].
- Crawley, H. (2009). *The situation of children in immigrant families in the United Kingdom*. UNICEF. <https://www.unicef-irc.org/files/documents/d-3283-The-situation-of-children.pdf>.
- Cullen, A. E., de Montgomery, C. J., Norredam, M., Bergström, J., Krasnik, A., Taipale, H., & Mittendorfer-Rutz, E. (2023). Comparison of Hospitalization for Nonaffective Psychotic Disorders Among Refugee, Migrant, and Native-Born Adults in Sweden and Denmark. *JAMA Network Open*, 6(10), e2336848-e2336848.
- Daley, P. O. (1998). Black Africans in Great Britain: spatial concentration and segregation. *Urban Studies*, 35(10), 1703-1724.

- Das-Munshi, J., Bécarea, L., Dewey, M. E., Stansfeld, S. A., & Prince, M. J. (2010). Understanding the effect of ethnic density on mental health: multi-level investigation of survey data from England. *BMJ*, *341*.
- Das-Munshi, J., Leavey, G., Stansfeld, S. A., & Prince, M. J. (2012). Migration, social mobility and common mental disorders: critical review of the literature and meta-analysis. *Ethnicity & Health*, *17*(1-2), 17-53.
- Dekeyser, L., Svedin, C. G., Agnafors, S., & Sydsjö, G. (2011). Self-reported mental health in 12-year-old second-generation immigrant children in Sweden. *Nordic Journal of Psychiatry*, *65*(6), 389-395.
- Dorsett, R., Rienzo, C., & Weale, M. (2019). Intergenerational and interethnic mental health: An analysis for the United Kingdom. *Population, Space and Place*, *25*(2), e2195.
- Dowding, K. (2021). *Co-producing research with people who have experienced severe and multiple disadvantages*. <https://www.bht.org.uk/wp-content/uploads/2021/02/SRA-journal-Coproducing-research-with-people-who-have-experienced-severe-multiple-disadvantage-2020.pdf>
- Drouhot, L. G., & Nee, V. (2019). Assimilation and the second generation in Europe and America: Blending and segregating social dynamics between immigrants and natives. *Annual Review of Sociology*, *45*, 177-199.
- Dumas, M. J. (2016). Against the dark: Antiracism in education policy and discourse. *Theory into Practice*, *55*(1), 11-19.
- Dustmann, C., Frattini, T., & Theodoropoulos, N. (2011). Ethnicity and second-generation immigrants. *The Labour Market in Winter: the state of working Britain*, 220-239.
- Dykxhoorn, J., Lewis, G., Hollander, A. C., Kirkbride, J. B., & Dalman, C. (2020). Association of neighbourhood migrant density and risk of non-affective psychosis: a national, longitudinal cohort study. *The Lancet Psychiatry*, *7*(4), 327-336.
- Ekeberg, K. A., & Abebe, D. S. (2021). Mental disorders among young adults of immigrant background: a nationwide register study in Norway. *Social Psychiatry and Psychiatric Epidemiology*, *56*(6), 953-962.

Ellis, B. H., MacDonald, H. Z., Klunk-Gillis, J., Lincoln, A., Strunin, L., & Cabral, H. J. (2010). Discrimination and mental health among Somali refugee adolescents: the role of acculturation and gender. *American Journal of Orthopsychiatry*, 80(4), 564.

Elshahat, S., Moffat, T., & Newbold, K. B. (2022). Understanding the healthy immigrant effect in the context of mental health challenges: A systematic critical review. *Journal of Immigrant and Minority Health*, 24(6), 1564-1579.

Fanon, F. (1967). *Black Skin, White Masks* (C.L. Markham, Trans.). New York: Grove Press (Original work published in 1952).

Fearon, P., & Morgan, C. (2006). Environmental factors in schizophrenia: the role of migrant studies. *Schizophrenia bulletin*, 32(3), 405-408.

Fearon, P., Kirkbride, J. B., Morgan, C., Dazzan, P., Morgan, K., Lloyd, T., ... & Murray, R. M. (2006). Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC AESOP Study. *Psychological Medicine*, 36(11), 1541-1550.

Finney, N., & Simpson, L. (2009). *'Sleepwalking to segregation'?: challenging myths about race and migration*. Policy Press.

Foner, N. (1997). The Immigrant Family: Cultural Legacies and Cultural Changes¹. In *The New Immigrant and the American Family* (pp. 111-124). Routledge.

Fryer, T. (2020). *A short guide to ontology and epistemology: Why everyone should be a critical realist*. Retrieved January 14, 2024 from Tfryer.com/ontology-guide

Galinsky, A. D., Wang, C. S., Whitson, J. A., Anicich, E. M., Hugenberg, K., & Bodenhausen, G. V. (2013). The reappropriation of stigmatizing labels: The reciprocal relationship between power and self-labeling. *Psychological Science*, 24(10), 2020-2029.

Georgiades, K., Paksarian, D., Rudolph, K. E., & Merikangas, K. R. (2018). Prevalence of mental disorder and service use by immigrant generation and

race/ethnicity among US adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(4), 280-287.

Gorski, P. S. (2013). What is critical realism? And why should you care?.

Contemporary Sociology: A Journal of Reviews.

<http://csx.sagepub.com/content/42/5/658>.

GOV.UK. (2021, March 21). *Language interpreting and translation: migrant health guide*. Retrieved May 01, 2024, from <https://www.gov.uk/guidance/language-interpretation-migrant-health-guide>

GOV.UK. (2022, December 22). *Population of England and Wales*. Retrieved May 01, 2023 [https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/#:~:text=2.4%20million%20people%20\(4.0%25\),Caribbean%20ethnic%20group%20\(1.0%25\)](https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest/#:~:text=2.4%20million%20people%20(4.0%25),Caribbean%20ethnic%20group%20(1.0%25))

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health information & libraries journal*, 26(2), 91-108.

Green, J., & Thorogood, N. (2018). The role of theory. *Qualitative methods for health research*, 29-48. In Green J (2018), *Qualitative Methods for Health Research*. SAGE

Harris, M. (2015). "Three in the room" embodiment, disclosure, and vulnerability in qualitative research. *Qualitative Health Research*, 25(12), 1689-1699.

Heath, A. F., & Di Stasio, V. (2019). Racial discrimination in Britain, 1969–2017: a meta-analysis of field experiments on racial discrimination in the British labour market. *The British Journal of Sociology*, 70(5), 1774-1798.

Heath, A., & Demireva, N. (2016). Has multiculturalism failed in Britain?. In A. Heath (Ed), *Migrants and Their Children in Britain* (pp. 161-180). Routledge.

Held, M. L., Rai, A., Huslage, M., & Ayalew, Y. D. (2022). An Examination of Risk and Protective Factors on the Mental Health of First-and Second-generation Immigrant Adults during an Exclusionary Policy Context in the United States. *Journal of Evidence-Based Social Work*, 19(3), 331-355.

- Hickling, F. W., McKenzie, K., Mullen, R., & Murray, R. (1999). A Jamaican psychiatrist evaluates diagnoses at a London psychiatric hospital. *The British Journal of Psychiatry*, 175(3), 283-285.
- Hoechner, H. (2020). Mobility, social reproduction and triple minority status: young Senegalese-Americans' experiences of growing up transnationally. *Children's Geographies*, 18(6), 629-641.
- Honneth, A. (1996). *The struggle for recognition: The moral grammar of social conflicts*. MIT press.
- Huang, C. Y., & Lamb, M. E. (2015). Acculturation and parenting in first-generation Chinese immigrants in the United Kingdom. *Journal of Cross-Cultural Psychology*, 46(1), 150-167.
- Hutchinson, G., & Haasen, C. (2004). Migration and schizophrenia. *Social Psychiatry and Psychiatric Epidemiology*, 39(5), 350-357.
- Hyland, K., & Jiang, F. K. (2017). Is academic writing becoming more informal?. *English for Specific Purposes*, 45, 40-51.
- Ikram, U. Z., Snijder, M. B., de Wit, M. A., Schene, A. H., Stronks, K., & Kunst, A. E. (2016). Perceived ethnic discrimination and depressive symptoms: the buffering effects of ethnic identity, religion and ethnic social network. *Social psychiatry and psychiatric epidemiology*, 51, 679-688.
- Imoagene, O. (2012). Being British vs Being American: identification among second-generation adults of Nigerian descent in the US and UK. *Ethnic and Racial Studies*, 35(12), 2153-2173.
- Imoagene, O. (2017). *Beyond Expectations: Second-Generation Nigerians in the United States and Britain*. Univ of California Press.
- Jackson, J. S., Neighbors, H. W., Torres, M., Martin, L. A., Williams, D. R., & Baser, R. (2007). Use of mental health services and subjective satisfaction with treatment among Black Caribbean immigrants: results from the National Survey of American Life. *American journal of public health*, 97(1), 60-67.

- Kacen, L., & Chaitin, J. (2006). 'The times they are a changing': Undertaking qualitative research in ambiguous, conflictual, and changing contexts. *The Qualitative Report*, 11(2), 209-228.
- Karlsen, S., & Nazroo, J. Y. (2014). Ethnic and religious variations in the reporting of racist victimization in Britain: 2000 and 2008/2009. *Patterns of Prejudice*, 48(4), 370-397.
- Keval, H. C. (2009). Negotiating constructions of 'insider'/'outsider' status and exploring the significance of dis/connections. *Independent Research Consultant*, 4(2), 51-72.
- Kierans, D. (2021, March 23). *Integration in the UK: Understanding the Data*. The Migrant Observatory. Retrieved January 14, 2024 from <https://migrationobservatory.ox.ac.uk/resources/reports/integration-in-the-uk-understanding-the-data/>
- Kim, J., Talbot, N. L., & Cicchetti, D. (2009). Childhood abuse and current interpersonal conflict: The role of shame. *Child Abuse & Neglect*, 33(6), 362-371.
- Knies, G., Nandi, A., & Platt, L. (2016). Life satisfaction, ethnicity and neighbourhoods: Is there an effect of neighbourhood ethnic composition on life satisfaction?. *Social Science Research*, 60, 110-124.
- Laghi, F., Bianchi, D., Lonigro, A., Pompili, S., & Baiocco, R. (2021). Emotion regulation and alcohol abuse in second-generation immigrant adolescents: the protective role of cognitive reappraisal. *Journal of health psychology*, 26(4), 513-524.
- Lee, K., & Zhang, L. (2022). Cumulative effects of poverty on children's social-emotional development: Absolute poverty and relative poverty. *Community Mental Health Journal*, 58(5), 930-943.
- Lo, Y. (2010). The impact of the acculturation process on Asian American youth's psychological well-being. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 84-91.
- Lorick-Wilmot, Y. S. (2014). Between two worlds: stories of the second-generation Black Caribbean immigrant. *Trotter Review*, 22(1), 5.

- Lorick-Wilmot, Y. S. (2015). Narrating negotiations of racial-ethnic identity and belonging among second-generation Black Caribbean immigrants in the United States. In *Representations of internarrative identity* (pp. 93-114). Palgrave Macmillan, London.
- Lupton, R., Power, A. (2004) *Minority Ethnic Groups in Britain. Centre for Analysis of Social Exclusion*. https://sticerd.lse.ac.uk/dps/case/CBCB/census2_part1.pdf
- Mamdani, M. (2007). *Political violence and state formation in post-colonial Africa*. London, UK: International Development Centre, Open University.
- McAndrew, S., & Voas, D. (2016). Immigrant generation, religiosity and civic engagement in Britain. In A. Heath (Ed) *Migrants and Their Children in Britain* (pp. 99-119). Routledge.
- McCann, T. V., Renzaho, A., Mugavin, J., & Lubman, D. I. (2018). Stigma of mental illness and substance misuse in sub-Saharan African migrants: A qualitative study. *International Journal of Mental Health Nursing*, 27(3), 956-965.
- McLaughlin, D. (2021). Micro-Loss; Expanding Our Vocabulary to Describe Grief during the Time of Covid. *Journal of Social Work in End-of-Life & Palliative Care*, 17(2-3), 124-126.
- Mindlis, I., & Boffetta, P. (2017). Mood disorders in first-and second-generation immigrants: systematic review and meta-analysis. *The British Journal of Psychiatry*, 210(3), 182-189.
- Morgan, C., & Hutchinson, G. (2010). The social determinants of psychosis in migrant and ethnic minority populations: a public health tragedy. *Psychological Medicine*, 40(5), 705-709.
- Morgan, C., Charalambides, M., Hutchinson, G., & Murray, R. M. (2010). Migration, ethnicity, and psychosis: toward a sociodevelopmental model. *Schizophrenia Bulletin*, 36(4), 655-664.
- Mugadza, H. T., Mujeyi, B., Stout, B., Wali, N., & Renzaho, A. M. (2019). Childrearing practices among Sub-Saharan African migrants in Australia: A systematic review. *Journal of Child and Family Studies*, 28, 2927-2941.

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, 92(1), 57-66.

National Co-Production Advisory Group. (2021). *The Ladder of Co-production*. Retrieved January 14, 2024, from <https://www.thinklocalactpersonal.org.uk/assets/TLAP-Ladder-of-Coproduction-Landscape-Poster-A3.pdf>

National Co-Production Advisory Group. (2023). *Using the Ladder of Co-production in the New Models for Learning Disability Day Supports Collaborative*. Retrieved January 14, 2024, from <https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/new-models-for-learning-disability-day-support-collaborative/tools-and-resources/ladder-of-co-production/>

Nkrumah, K.(1963). *Africa Must Unite*. London: Heinemann.

Ødegaard, O. (1932), Emigration and insanity: a study of mental disease among Norwegian born population in Minnesota. *Acta Psychiatr et Neurol*, 7(4),1–206.

Okpokiri, C. (2021). Parenting in fear: Child welfare micro strategies of Nigerian parents in Britain. *The British Journal of Social Work*, 51(2), 427-444.

Onambele, L., Ortega-Leon, W., Guillen-Aguinaga, S., Forjaz, M. J., Yoseph, A., Guillen-Aguinaga, L., ... & Guillen-Grima, F. (2022). Maternal Mortality in Africa: Regional Trends (2000–2017). *International Journal of Environmental Research and Public Health*, 19(20), 13146.

Ormston, R., Spencer, L., Barnard, M., & Snape, D. (2014). The foundations of qualitative research. In Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). *Qualitative research practice: A guide for social science students and researchers*. (pp. 52-55). Sage.

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan—a web and mobile app for systematic reviews. *Systematic reviews*, 5, 1-10.

- Owusu-Kwarteng, L. (2017). We all Black innit??: Analysing relations between African and African-Caribbean groups in Britain. *Sociological Research Online*, 22(2), 6-19.
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *Bmj*, 372.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Sage.
- Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *JB I Evidence Implementation*, 13(3), 141-146.
- Pham, B. H. (2016). *A phenomenological study of East African refugee mothers' experiences of trauma and how it affects parenting*. Antioch University.
- Portes, A., & Zhou, M. (1993). The new second generation: Segmented assimilation and its variants. *The Annals of the American Academy of Political and Social Science*, 530(1), 74-96.
- Potter, R. B., & Phillips, J. (2006). Both black and symbolically white: the 'Bajan-Brit' return migrant as post-colonial hybrid. *Ethnic and Racial Studies*, 29(5), 901-927.
- Price, L., & Martin, L. (2018). Introduction to the special issue: applied critical realism in the social sciences. *Journal of critical realism*, 17(2), 89-96.
- Pumariega, A. J., Rothe, E., & Pumariega, J. B. (2005). Mental health of immigrants and refugees. *Community mental health journal*, 41, 581-597.
- QSR International Pty Ltd. (2020). NVivo Qualitative Data Analysis Software.
- Riessman, C. K. (1993). *Narrative Analysis*. Newbury Park, CA: Sage.
- Rose, D. (2018). Participatory research: real or imagined. *Social Psychiatry and Psychiatric Epidemiology*, 53, 765-771.

Rumbaut, R. G. (2004). Ages, life stages, and generational cohorts: decomposing the immigrant first and second generations in the United States 1. *International migration review*, 38(3), 1160-1205.

Rutten, R. (2019, October 31). Critical Realism and Complex Causality On the assumptions you buy into when you are making causal claims. [Lecture Presentation]. 25 Jubilee at Tilburg University.

Salas-Wright, C. P., Kagotho, N., & Vaughn, M. G. (2014). Mood, anxiety, and personality disorders among first and second-generation immigrants to the United States. *Psychiatry Research*, 220(3), 1028-1036.

Sall, D. (2019). Convergent identifications, divergent meanings: the racial and ethnic identities of second-generation West African youth. *African and Black Diaspora: An International Journal*, 12(2), 137-155.

Saxena, A., & Dodell-Feder, D. (2022). Explaining the association between urbanicity and psychotic-like experiences in pre-adolescence: The indirect effect of urban exposures. *Frontiers in Psychiatry*, 13, 831089.

Schensul, J. (1999) Focused Group Interviews. In LeCompte, M. D., Schensul, J. J., Nastasi, B. K., & Borgatti, S. P. (Eds). *Enhanced ethnographic methods: Audiovisual techniques, focused group interviews, and elicitation*. (pp.51-115) Rowman Altamira.

Schofield, P., Kordowicz, M., Pennycooke, E., & Armstrong, D. (2019). Ethnic differences in psychosis—Lay epidemiology explanations. *Health Expectations*, 22(5), 965-973.

Schofield, P., Thygesen, M., Das-Munshi, J., Bécares, L., Cantor-Graae, E., Agerbo, E., & Pedersen, C. (2018). Neighbourhood ethnic density and psychosis—Is there a difference according to generation?. *Schizophrenia Research*, 195, 501-505.

Selten, J. P., & Cantor-Graae, E. (2005). Social defeat: risk factor for schizophrenia?. *The British Journal of Psychiatry*, 187(2), 101-102.

Selten, J. P., Blom, J. D., van der Tweel, I., Veling, W., Leliefeld, B., & Hoek, H. W. (2008). Psychosis risk for parents and siblings of Dutch and Moroccan-Dutch

patients with non-affective psychotic disorder. *Schizophrenia Research*, 104(1-3), 274-278..

Selten, J. P., Slaets, J. P. J., & Kahn, R. S. (1997). Schizophrenia in Surinamese and Dutch Antillean immigrants to The Netherlands: evidence of an increased incidence. *Psychological medicine*, 27(4), 807-811.

Selten, J. P., Van Der Ven, E., & Termorshuizen, F. (2020). Migration and psychosis: a meta-analysis of incidence studies. *Psychological medicine*, 50(2), 303-313.

Sims-Schouten, W., Riley, S. C., & Willig, C. (2007). Critical realism in discourse analysis: A presentation of a systematic method of analysis using women's talk of motherhood, childcare and female employment as an example. *Theory & Psychology*, 17(1), 101-124.

Sirin, S. R., Ryce, P., Gupta, T., & Rogers-Sirin, L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: a longitudinal investigation. *Developmental Psychology*, 49(4), 736.

Sironi, A. C. Bauloz and M. Emmanuel (eds.), 2019. Glossary on Migration. International Migration Law, No. 34. International Organization for Migration (IOM), Geneva.

Stafford, M., Bécares, L., & Nazroo, J. (2010). Racial discrimination and health: exploring the possible protective effects of ethnic density. *Ethnicity and Integration: Understanding Population Trends and Processes: volume 3*, 225-250.

Stuewig, J., & McCloskey, L. A. (2005). The relation of child maltreatment to shame and guilt among adolescents: Psychological routes to depression and delinquency. *Child maltreatment*, 10(4), 324-336.

Sturaro, S., Suitner, C., & Fasoli, F. (2023). When is Self-Labeling Seen as Reclaiming? The Role of User and Observer's Sexual Orientation in Processing Homophobic and Category Labels' use. *Journal of Language and Social Psychology*, 42(4), 464-475.

Stutchbury, K. (2022). Critical realism: an explanatory framework for small-scale qualitative studies or an 'unhelpful edifice'?. *International Journal of Research & Method in Education*, 45(2), 113-128.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American psychologist*, 62(4), 271.

Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative research journal*, 11(2), 63-75.

Terhune, J., Dykxhoorn, J., Mackay, E., Hollander, A. C., Kirkbride, J. B., & Dalman, C. (2022). Migrant status and risk of compulsory admission at first diagnosis of psychotic disorder: a population-based cohort study in Sweden. *Psychological medicine*, 52(2), 362-371.

The Migrant Observatory. (2020a, January 20). *Migrants and Discrimination in the UK*. Retrieved January 14, 2024 from <https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-and-discrimination-in-the-uk/>

The Migrant Observatory. (2020b, August 21). *The Health of Migrants in the UK*. Retrieved January 14, 2024 from <https://migrationobservatory.ox.ac.uk/resources/briefings/the-health-of-migrants-in-the-uk/>

The Migrant Observatory. (2022a, July, 22). *Children of Migrants in the UK*. Retrieved January 14, 2024 from <https://migrationobservatory.ox.ac.uk/resources/briefings/children-of-migrants-in-the-uk/>

The Migrant Observatory. (2022b, August 02). *Migrants in the UK: An Overview*. Retrieved January 14, 2024 from <https://migrationobservatory.ox.ac.uk/resources/briefings/migrants-in-the-uk-an-overview/>

Thornton, M. C., Taylor, R. J., Chatters, L. M., & Forsythe-Brown, I. (2017). African American and Black Caribbean feelings of closeness to Africans. *Identities*, 24(4), 493-512.

United Nations Children's Fund (UNICEF). (1997). *Cape Town Principles and Best Practices on the Prevention of Recruitment of Children into Armed Forces and on the*

Demobilization and Social Reintegration of Child Soldiers in Africa. Retrieved on May 01, 2024 from <https://openasia.org/en/wp-content/uploads/2013/06/Cape-Town-Principles.pdf>

Valentine, J. (1998). Naming the other: Power, politeness, and the inflation of euphemisms. *Sociological Research Online*, 3(4), 37-53.

Veling W, Susser E, van Os J, Mackenbach JP, Selten J-P, Hoek HW (2008). Ethnic density of neighbourhoods and incidence of psychotic disorders among immigrants. *American Journal of Psychiatry*. 165, 66–73.

Velotti, P., Garofalo, C., Bottazzi, F., & Caretti, V. (2018). Faces of shame: Implications for self-esteem, emotion regulation, aggression, and well-being. *The Journal of Psychology*, 151 (2), 171-184.
<https://doi.org/10.1080/00223980.2016.1248809>.

Vickerman, M. (2024). Exploring the culture trap. *Ethnic and Racial Studies*, 47(3), 552-561.

Vil, C. J. S. (2009). *Training up the child: Youth participation and cultural pride in Black majority churches in Britain*. [Doctoral dissertation, Howard University.]

Vincent, S., & O'Mahoney, J. (2018). Critical realism and qualitative research: An introductory overview. *The Sage handbook of qualitative business and management research methods*.

Wallace, D. (2023). *The culture trap: Ethnic expectations and unequal schooling for black youth*. Oxford University Press.

Wallace, M. (2016). Adult mortality among the descendants of immigrants in England and Wales: does a migrant mortality advantage persist beyond the first generation?. *Journal of Ethnic and Migration Studies*, 42(9), 1558-1577.

Wallace, M., Wilson, B., & Darlington-Pollock, F. (2022). Social inequalities experienced by children of immigrants across multiple domains of life: a case study of the Windrush in England and Wales. *Comparative Migration Studies*, 10(1), 1-21.

Wang, S., & Li, S. (2019). Exploring generational differences of British ethnic minorities in smoking behaviour, frequency of alcohol consumption, and dietary

style. *International Journal of Environmental Research and Public Health*, 16(12), 2241.

Waters, M. C. (1994). Ethnic and racial identities of second-generation black immigrants in New York City. In *The New Immigrants and American Schools* (pp. 227-252). Routledge.

Webb, R. T., Antonsen, S., Pedersen, C. B., Mok, P. L., Cantor-Graae, E., & Agerbo, E. (2016). Attempted suicide and violent criminality among Danish second-generation immigrants according to parental place of origin. *International Journal of Social Psychiatry*, 62(2), 186-197.

Whitley, R., Prince, M., McKenzie, K., & Stewart, R. (2006). Exploring the ethnic density effect: a qualitative study of a London electoral ward. *International Journal of Social Psychiatry*, 52(4), 376-391.

Wickham, S., Whitehead, M., Taylor-Robinson, D., & Barr, B. (2017). The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study. *The Lancet Public Health*, 2(3), e141-e148.

Wiley, S., Deaux, K., & Hagelskamp, C. (2012). Born in the USA: How immigrant generation shapes meritocracy and its relation to ethnic identity and collective action. *Cultural Diversity and Ethnic Minority Psychology*, 18(2), 171.

Williams, D. R., Haile, R., Gonzalez, H. M., Neighbors, H., Baser, R., & Jackson, J. S. (2007). The mental health of Black Caribbean immigrants: results from the National Survey of American Life. *American Journal of Public Health*, 97(1), 52-59.

Willig, C. (2021). *Introducing qualitative research in psychology* (4th ed.). Open University Press.

Wu, Q., Ge, T., Emond, A., Foster, K., Gatt, J. M., Hadfield, K., ... & Wouldes, T. A. (2018). Acculturation, resilience, and the mental health of migrant youth: a cross-country comparative study. *Public health*, 162, 63-70.

Yan, Y., Wang, S., Zhou, W., Wang, S., & Gong, S. (2019). Does immigrant generation matter? Re-examining the ethnic density effects on mental health of ethnic minorities in Britain. *American Journal of Health Behavior*, 43(5), 924-936.

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15*(2), 215-228.

Yardley, L. (2017). Demonstrating the validity of qualitative research. *The journal of positive psychology, 12*(3), 295-296.

Zachariadis, M., Scott, S., & Barrett, M. (2013). Methodological implications of critical realism for mixed-methods research. *MIS quarterly, 855-879*.

Zhang, L., Bo, A., & Lu, W. (2021). To unfold the immigrant paradox: Maltreatment risk and mental health of racial-ethnic minority children. *Frontiers in public health, 9*, 619164.

6. APPENDICES

6.1 Appendix A: Scoping Review Search Strategy

(Black Afric* OR Black OR Afric* OR Sub-Sahar*) AND (Second generation OR 2nd generation OR 1.75 OR 1.5 OR 1.25 OR child* OR descent) AND (immigrant OR refugee OR asylum seeker OR migrant) AND (UK OR United Kingdom OR England OR Northern Ireland OR Scotland OR Wales)

6.2 Appendix B: Scoping Review Inclusion and Exclusion Criteria

Results were included if they:

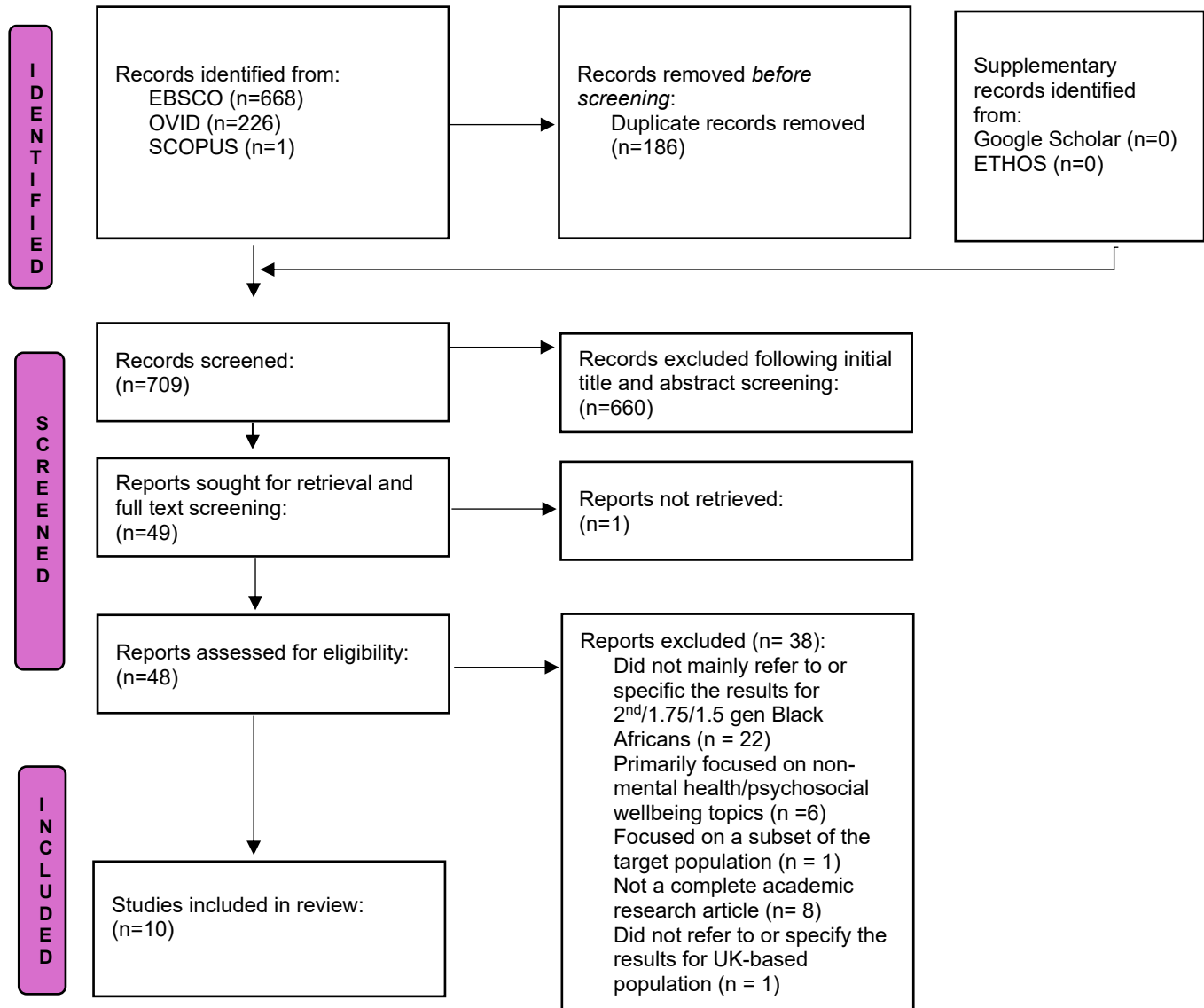
- Described research conducted using any methodology.
- Explicitly explored the mental health and psychosocial wellbeing experiences of Black African 2nd/1.75/1.5/1.25 generation individuals living in the United Kingdom.

Results were excluded if they:

- Did not refer to a majority (50%+) Black African 2nd/1.75/1.5/1.25 generation OR did not explicitly refer to the results of this population as separate from the results of other populations included in the research. Research that referred to participants from an “African background” but did not provide sufficient information to infer generation status was excluded on the basis of this criterion.
- Did not focus on the mental health and psychosocial wellbeing experiences of the Black African 2nd/1.75/1.5/1.25 generation population. Research that focused on the parenting experiences of 1st generation Black Africans was excluded on the basis of this criterion.
- Primarily focused on specific non-mental health or psychosocial wellbeing topics within the target population. This exclusion criterion included research on distinct topics including non-mental health diagnoses, physical health/health behaviours (i.e. birthweight, contraception use) and educational/occupational outcomes, although it is accepted that such topics may be related to or impact mental health/psychosocial wellbeing.
- Focused exclusively on a specific subset within the target population (i.e. care leavers, people who had experienced female circumcision, HIV+ individuals)
- Were not complete academic articles detailing novel research. This criterion referred to conference proceedings, posters, reviews which provided no additional research information, editorials, etc.
- Did not refer exclusively to OR specify the results of UK-based populations as separate from other populations included in the research.
- Were not accessible in English.

6.3 Appendix C: PRISMA Flow Diagram

PRISMA Flow Diagram, adapted from Page et al. 2021.



6.4. Appendix D: Summary of Scoping Review Papers

Authors and Title	Design and aims	Sample	Conclusion	Strengths (+) and weaknesses (-)
Allport et al., (2019). "Like a life in a cage": Understanding child play and social interaction in Somali refugee families in the UK.	A qualitative study which used semi-structured joint and individual interviews with first-generation Somali migrant mothers. Interviews focused on the mothers' views of their UK-born pre-school children's experiences of play, with the aim of understanding how opportunities for play in second-generation Somali children could affect cognitive, social, developmental, and educational outcomes.	Six first generation Somali migrant women living in Bristol.	Mothers highlighted many differences in play and interaction between Somalia and the UK. Mothers described the UK as having less opportunities for supportive, safe environments and community facilitated learning, which was hypothesised to negatively impact early child development for second generation Somali children. Recommendations were made for families to prioritise "finding their own village" and to engage with social services/local campaigns alongside recommendations for culturally appropriate early interventions to foster safe spaces for interaction, and communal child rearing.	<p>+: Highlights potential mechanism behind existing links between migrant experiences and developmental delay.</p> <p>+: Specific focus of study – Somalis who have experienced forced migration – and awareness of the issues of over-generalising findings.</p> <p>-: Small sample from a single community, all of whom were already engaging with community organisations so may not be representative</p> <p>-: Only included the perspective of mothers, not COM or fathers</p>

	Interviews were analysed using interpretive phenomenological approaches.			
Astell-Burt et al., (2012). Racism, ethnic density, and psychological well-being through adolescence: evidence from the determinants of adolescent social well-being and health longitudinal study.	A quantitative longitudinal observational study in which data from the Determinants of Adolescent Social Well-Being and Health Study (DASH) (collected using self-completed surveys including Goodman's Strength and Difficulties Questionnaire) was investigated for a relationship between racism, ethnic density, diversity, deprivation and psychological wellbeing in adolescents.	Data was collected from 4782 11–16-year-olds in 51 London schools. Various ethnicities were included: White UK, Indian, Pakistani/ Bangladeshi, Black Caribbean, Nigerian/ Ghanaian and other African.	Racism, but not ethnic density or deprivation, was found to be an important factor in adolescents' psychological wellbeing, particularly in early adolescence. Despite being more likely to report racism, ethnic minorities appeared to have a psychological wellbeing advantage, with Nigerian/ Ghanaian boy reporting the lowest levels of psychological difficulties amongst groups included, even though they experienced increasing racism as they got older. The reason for the psychological wellbeing advantage among minority groups was unclear. Ethnic minorities also appeared more resilient than white adolescents to neighbourhood deprivation.	+ : Longitudinal study with stratified ethnically diverse cohort + : Acknowledges the difference between ethnic density and ethnic diversity. Also acknowledges different ethnic density standard in the US. - : Generation status of COM not clearly portrayed - : Temporal difference between when ethnic density data and experimental data were collected, which could have affected results.

<p>Coid, et al., (2008). Raised incidence rates of all psychoses among migrant groups: findings from the East London first episode psychosis study.</p>	<p>A quantitative population-based epidemiological observation study which included all first-onset psychosis diagnoses in three inner-city East London boroughs. Data was collected between 1996-2000. The study aimed to establish if the increase psychosis risk observed in Black and minority ethnic groups varies based on factors including generation status, ethnicity, sex, and psychosis diagnosis.</p>	<p>People with a first-episode psychosis label (n= 484), aged 18-24 from a variety of ethnic backgrounds including white British, white other, Black Caribbean, Asian, and Black African. First and second generations of all non-white British ethnicities were included.</p>	<p>An increased risk of psychosis was seen for all Black/minority ethnic groups. Variations in generation and sex were seen in some groups, but for Black Africans no such differences in increased risks were observed. The authors concluded ethnicity, but not generation status affects socioenvironmental factors related to psychosis and any generational differences observed (i.e. with Black Caribbeans) were better explained by different age profiles.</p>	<p>+ : Stratified results by generation status and sex -: Data collected from 1996-1998 -: Collapsed Black African category, did not speak to large amount of cultural variation -: Unfounded assumptions about the experiences of those from migrant populations – i.e. “persons originating from the Indian subcontinent... might be expected to have experienced migration-related societal pressures similar to those experienced by the black Caribbean and black African groups.</p>
<p>Cook & Waite, (2016). ‘I think I’m more free</p>	<p>A qualitative study using focus-groups and intergenerational pair interviews</p>	<p>African families (n=20) from Zimbabwe, Kenya,</p>	<p>Both parents and children navigate and integrate the values of home and host societies in Black African immigrant families to the UK,</p>	<p>+ : Inclusion of a number of African backgrounds while specifying and acknowledging their differences</p>

<p>with them' - conflict, negotiation and change in intergenerational relations in African families living in Britain.</p>	<p>with child/parent pairs. This study aimed to contribute to the emergent field of migration and intergenerational familial relationships by increasing understanding of how these relationships are navigated by both parents and children in African families in Britain. Data was taken from a wider study which also included families from France and South Africa, collected in 2010. Thematic analysis was used.</p>	<p>Somalia and Sudan living in the UK (Yorkshire Humber region) were used for this study. Families had lived in the UK between 5-40 years. All children were aged 16-30s and born in the UK or moved in early childhood. Parents were aged 40-68 and generally migrated as young adults.</p>	<p>although the motivations and strategies may differ across the generations. Adaptations to parents/parenting are often overlooked and the process of integration is not as linear as some literature suggest. Female parents appear to navigate two cultures with more ease. Gender roles are highlighted as a particular site of renegotiation across migrant generations.</p>	<p>-: Little information about the data collection process- analysis of secondary data -: Minimal information about the interviewers apart for that they were female, lack of acknowledgment about how this could have affected data collection or interpretation</p>
<p>Heath & Demirev, (2016). Has multiculturalis</p>	<p>A quantitative cross-sectional study using EMBES (2010) data to compare</p>	<p>EMBES data including 2787 respondents. Respondents were</p>	<p>All ethnic groups studied displayed an increasingly British identity over generations, including those thought to have increased cultural recognition</p>	<p>+: Stratified Black African population more than other papers, acknowledging effects of some religious variation.</p>

<p>m failed in Britain?</p>	<p>different ethno-religious groups who have been given more or less cultural recognition in line with multicultural policies. This study aimed to empirically examine claims that certain ethnic groups in the UK live parallel lives and see if intergenerational trends in migrant groups are more integrationist or separatist.</p>	<p>categorised as Bangladeshi, Pakistani, Indian Sikh, Indian Hindu, Indian Muslim, Black African Muslim, Other Black African, and Black Caribbean.</p>	<p>through multicultural policies and often labelled as living parallel lives (Muslims and Sikhs). High levels of cultural 'bonding' (maintaining co-ethnic social spaces) were found in immigrant groups, but this existed alongside positive view towards integration and British identity and low levels of hostility to white people. Black African non-Muslims showed the slowest rate of intergenerational change. The authors concluded some criticism of multiculturalism appear unfounded. Perceived discrimination has a strong effect on lack of integration and could be a more important factor in separationist outcomes than multiculturalism.</p>	<p>-: Despite some acknowledgment of variation continued to combine large amounts of disparate ethnic and nationality groups, no other acknowledgement of diversity -: Often unable to get results for Black Muslim population due to small sample sizes</p>
<p>Imoagene, (2012). Being British vs. being American: Identification among second generation adults of</p>	<p>A qualitative study which involved in-person and telephone interviews with people from 1.5, 1.75 and 2nd generation Nigerian</p>	<p>One hundred and fifty 1.5, 1.75 and 2nd generation Nigerians were recruited for this study (75 from the UK and 75 from the US).</p>	<p>Britain's current national identity does not successfully facilitate immigrant integration. Despite an official policy of multiculturalism, second generation Nigerians in the UK appear to identify with a shared 'British' national identity less than their counterparts in the US. The author suggests this is</p>	<p>+: Large sample, methodology allows for additional information to be gleaned via comparison of two populations. -: Data collection differed across sites; largely based on Nigerian embassy sample and churches- likely to give an unrepresentative of British</p>

Nigerian descent in the US and UK.	background. The data was thematically analysed.		due to the social and political attitude towards immigration, discrimination and multiculturalism and a reluctance to address colonial/slavery histories.	Nigerian population which was not acknowledged -: Erasure of Nigerian Muslim population -: Minimal information about the researcher/interviewer
Knies et al., (2016). Life satisfaction, ethnicity, and neighbourhoods: Is there an effect of neighbourhood ethnic composition on life satisfaction?	A quantitative study using UKHLS (United Kingdom Household Longitudinal Study, 2010) data to test if first and second generation ethnic minorities have lower levels of life satisfaction, as found in previous data. This paper also aims to isolate the linked effects of neighbourhood deprivation and ethnic density, to see if either of these factors affect life satisfaction ratings in different	UKHLS (2010) data was used. This data oversamples ethnic minority groups. The sample includes responses from adults aged 16+. UKHLS data includes data from over 30,000 households but only data from England was used here. Participants were categorised as Indian, Pakistani, Bangladeshi,	This study found that life satisfaction is lower for ethnic minorities, especially for those in the 2 nd generation, even when controlling for confounders. The effect of ethnic density on life satisfaction varies by ethnicity. Higher ethnic density is associated with higher life satisfaction in Black Africans, alongside second-generation Indians, and Pakistanis. The effect for Black Africans may be dependent on selection into the area. Neighbourhood diversity was not associated with reduced life satisfaction.	+: Separately considers the effect of diversity and own-group ethnic density. +: Included robustness checks. -: Black Africans combined as a group.

	ethnic groups. A smaller geographical measure was used- Lower Super Output Areas (LSOAs) – for neighbourhood measures.	Caribbean, African and White Irish/ Other.		
McAndrew & Voas, (2016). Immigrant generation, religiosity, and civic engagement in Britain.	This quantitative observational study used data from the Ethnic Minority British Election Study (EMBES) (2010) to examine how religious affiliation, religiosity, social trust, and civic engagement differed by generational status and ethnicity. Data was explored using descriptive statistics, multiple and probit regression	Data for 2665 people from the EMBES data who provided sufficient immigrant generation status was analysed. Participants were categorised as Black Caribbean, Black African, Indian, Pakistan or Bangladeshi.	Successive immigrant (1.5, 2 nd) generations of all ethnicities tend to be more secular and civically involved, although less trusting than the first generation. The pace of intergenerational change varies between ethnicities. For Black Africans specifically intergenerational changes were faster than Asians and slower than Black Caribbeans, however the communal practise of religion remained relatively consistent across the generations.	-: Limited detail about the sample/data within the paper. -: Black Africans combined as a group. -: Did not consider religious differences in Black African group, obscured religiosity differences likely to exist in Black African Muslim and Christian groups

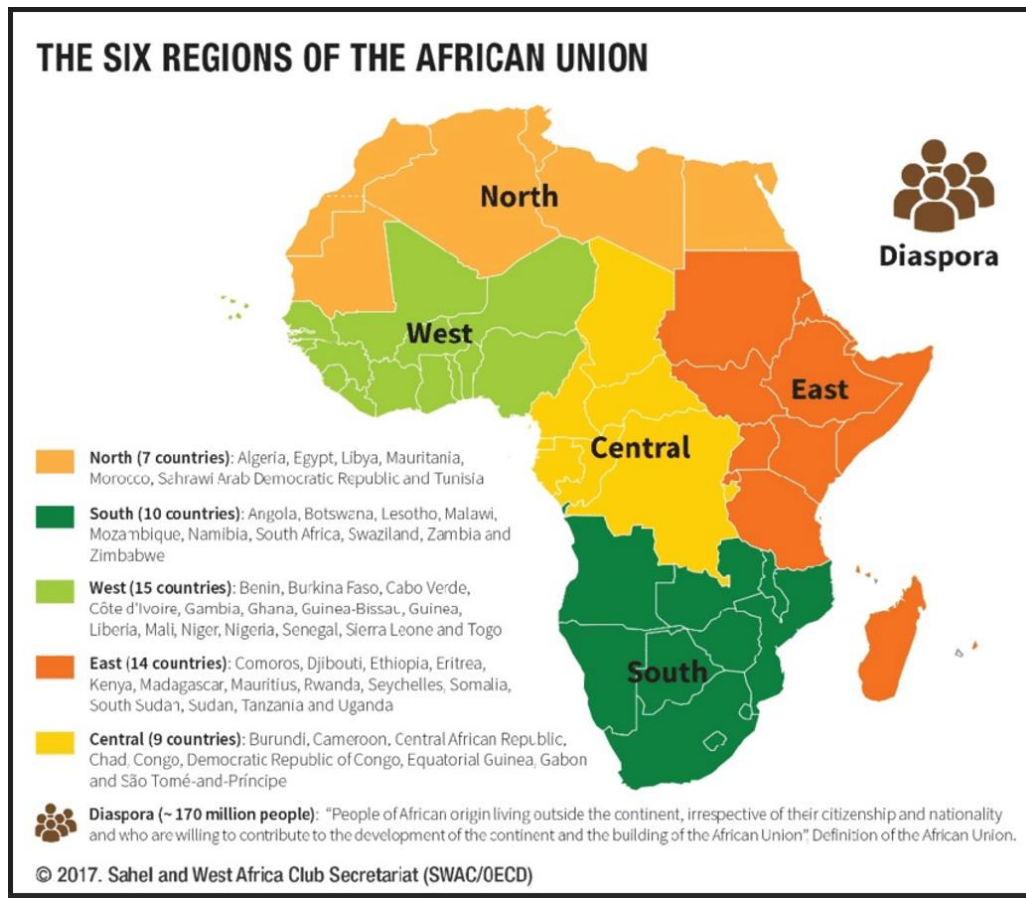
	analysis with the aim of analysing if immigrant integration is generational and facilitated by religious involvement, as found in the US.			
Vil, C. J. S., (2009). Doctoral Thesis: Training up the child: youth participation and cultural pride in Black majority churches in Britain.	A qualitative study using surveys, focus groups and interviews with West African-British youth who attend Black/Nigerian Churches in the UK, aiming to understand the impact of accessing culturally reflective community and relationships on identity development in second generation Black	Seventeen youth from the church were involved in focus groups and eight of these youth went on to have further individual interviews. Participants were aged 14-20, mainly from a Nigerian background (two were Ghanaian), 15/17 had been born in the UK and	Having access to culturally connected relationships and environments were significant for development in Black British second-generation youth. The stigmatisation of Black groups in the UK via media, statutory service etc. affected the youth and was thought to lead to a distancing/ disconnection with Black British identity in favour of adopting African/Nigerian identity. The author recommended engaging first generation parents, providing opportunities for peer support mentorship and leadership.	+ : Varied data collection-observation, interviews, focus groups. - : Unsubstantiated claims or claims supported by non-academic or out of date references - : Examples of gender and racially/culturally stereotyped analysis/assertions. - : Unpublished doctoral thesis. Included with caveats as paper met the inclusion criteria and was found to have interesting contributions. Additionally, no quality assessment was required for the scoping review.

	youth from African backgrounds.	they all had been living in London for at least six years.		
Yan et al., (2019). Does immigrant generation matter? Re-examining the ethnic density effects on mental health of ethnic minorities in Britain.	A quantitative observational study using UKHLS data which involved self-completion questionnaires including the General Health Questionnaire (GHQ-12). Given inconsistent literature on the effects of ethnic density on mental health, this study accounted for different ethnic group and migrant generation as well as controlling for confounders (neighbourhood deprivation, socio-economic characteristics, and	Data from 3806 adult respondents was included. Participants were categorised as Pakistani, Bangladeshi, Indian, Black Caribbean and Black African.	Increased ethnic density has a detrimental effect on mental health in a variety of ethnic groups including Black Africans when controlling for confounders, although the detrimental effect was less pronounced than in first-generation Asian migrants. The failure to consider migrant generation on previous literature could have contributed to inconsistent results by concealing important differences.	+ : Highlights difference in definition of ethnic density between US and UK studies as a factor in complex results - : Grouping of Black African group, but impact of this acknowledged - : Combination of migrant generations (i.e. 2 nd and 1.75 gen)

	neighbourhood selectivity). LSOAs were used.			
--	--	--	--	--

6.5. Appendix E : Regions of the African Union

Regions according to the African Unions classification (Onambele et al. 2022)



6.6. Appendix F: Focus Group Powerpoint

12/05/2024

Factors Affecting Mental Health among Children of Black African Migrants: Assumptions and Experiences

A Pre-Research Focus Group

START

1

Thank you for joining me!

Agenda

- Aim of the focus group
- Background information
- Review of the research materials

2

Background information

- Children of immigrants (COI): someone who has at least one foreign born parent, who was born in the host country (2nd generation), arrived before they were five years old (1.75 generation), or arrived between the ages of six and thirteen (1.5 generation).
- Very researched area but confusing results partly due to two main issues:
 - Lumping all immigrants and especially Black immigrants in the same category without accounting for historical and cultural difference
 - Not including the perspectives of immigrants/ children of immigrant
- This research aims to clarify links between immigration, assimilation, discrimination and mental health/wellbeing. Better knowledge of the complex patterns of vulnerabilities and strengths observed between migration and mental health and the potential mechanisms behind these could improve the development of appropriate interventions for children of immigrants.

3

Research indicating increased rates of psychological issues (especially depression and anxiety) in migrants in a variety of studies (US, Australia and various European countries) and various regions since the 1950s.

"Health migrant effect" found that immigrants have better MH than host country natives but this advantage declines over time.

4

Research indicates that children of immigrants have similar, if not worse, MH outcomes than non-migrant, immigrant, or mixed-race children. This is often attributed to migration, migration stressors, trauma, traditional assimilation theories.

COI exhibiting higher rates of a variety of mental health issues than the decreased rates seen in first-generation immigrants due to the 'healthy migrant' effect.

COI therefore appear to be affected by similar mental health vulnerabilities as their parents, without the same protective factors.

5

Why focus on Black African COI?

- In the UK, the elevated rates of schizophrenia observed in the immigrant population are consistently highest in the Black community (Faron & Morgan, 2006; Jackson et al., 2007; Morgan & Hutchinson, 2010; Morgan et al., 2010).
- Finding about COI mental health highlight post-migration factors and Black people experience amongst the highest levels of discrimination, inequality and alienation (Migrant Observatory, 2020; Williams et al, 2007; Heath & Demireva, 2014).
- Black Africans are currently the fastest growing, largest and most recent Black group in the UK. While Caribbean immigration to the UK started earlier, and they have historically been the largest Black population (and the population most research on "Black immigrants" is based on) today, first or second-generation immigrants are more likely to be Black Africans. (Crowley, 2009; Lupton & Power, 2004; Dustmann, 2011; Imoagene, 2017).

6

Planned Research Questions

- 1) What are Black African COI's understandings of factors that are commonly reported to affect their mental health and wellbeing?
- 2) Do they feel these factors impact their mental health and wellbeing? If so, how?
- 3) What additional factors do Black African COI feel affect their mental health and wellbeing?

7

Current Research Plan

- Semi-structured interviews (online or in person) with approx. 30 people who identify as children of Black African immigrants aged 16-30 (are range selected for importance in identity formation, development of MH issues and to reduce cohort effects). Thematic analysis will be used to highlight themes/ patterns within/ between participants.
- Exploratory so information about mental health and families' migration experiences (i.e., country of origin, reason for migration, etc.) will be collected and used to explore within-group patterns
- Recruitment plan: snowball sampling, social media, school, 2 community organisation, local mosque, The Africa centre.

8

- Any general thoughts?
- What questions would be important to ask
- Any thoughts on research plan/ recruitment?
- Any thoughts on dissemination?
- Any thoughts on reimbursement for time?

9

Proposed interview schedule

Introduction
Introduce myself and the focus of the research. Go through information sheet and consent form to ensure participants have time to ask any questions they may need to.

Pre-interview Information Collection

- The participants current and historic mental health and wellbeing
- Participant family's migration history (i.e., parental status, immigrant generation identification (1.5, 1.75 or 2nd generation), year of/ years since migration, age at migration, reason for migration, country of origin of both parents).
- Relationship with African country of parental origin (i.e., have they visited? Do they speak a language? Do they have relatives there?
- Relationship with UK (i.e., location they live in the UK, socio-economic information, language spoken at home)
- Highest level of education and employment history of participant and parents
- Religion of participant and parent

10

Factors highlighted in the research

Interview question topics
These potential areas of exploration of areas that may affect participants mental health and wellbeing positively or negatively may not all be used and are subject to change following the participatory focus group

- Acculturation
- Ethnic density
- Discrimination
- Urbanicity
- Intergenerational conflict
- Identity formation

11

Proposed interview schedule

Acculturation and identity formation
What does being the child of someone from Africa mean to you? How important is it to your identity? How has this affected your life? Mental health and wellbeing?
How 'British' do you feel and what effect do you think this has had on your mental health and wellbeing? What is your understanding of being Black British? How important is this to your identity? How do you feel this has affected your mental health and wellbeing?
Intergenerational conflict
What is your relationship like with your parents? How do you feel that you differ from your immigrant parents in ways that may positively or negatively affect your mental health and wellbeing? How do you think growing up in different countries affected this relationship?
Ethnic density and urbanicity
Could you tell me a bit about the area that you grew up in? Follow up questions: was it densely populated? Have you lived in areas with many other ethnic minorities before? Where, what age? What effect do you think this had on your mental health and wellbeing, either positive or negative?
Discrimination
Further specifying questions: What about Black people, what about African Black people?
Would you say you have experienced much discrimination in your life? How much of that do you attribute to being Black? How much to being African?
What effect has that had on your mental health and wellbeing?
Other
How do you feel that you are similar or differ from your native peers/ immigrant backgrounds in ways that may positively or negatively affect their mental health and wellbeing (specific questions re. understandings/misunderstandings)?
How do you feel that you are similar or differ from your immigrant peers who are not Black African in ways that may positively or negatively affect their mental health and wellbeing?
How do you feel to you are similar or differ from peers from X African country in ways that may positively or negatively affect their mental health and wellbeing?
Any other comments or additional factors that participants feel affect their identity formation, wellbeing and mental health.

12

Proposed interview schedule

Debriefing
Participant will be asked how they feel following the interview and given a chance to add anything, discuss anything they may have found distressing or any questions they have. Contact details for the researcher and support organisations will be shared with the participant.

13

Proposed recruitment leaflet

14

Proposed information sheet and consent form

15

Any other thoughts?

16

THANK YOU SO MUCH!

17

6.7 Appendix G: Research Recruitment Leaflet

PSYCHOLOGY RESEARCH PARTICIPANTS WANTED **DO YOU IDENTIFY AS THE "CHILD OF A BLACK AFRICAN"?**

*Participants and/or their parents may identify as immigrants, migrants, refugees, asylum seekers, expatriates etc.

Are one or more of your parents Black African (born in an Africa country) who arrived in the UK after age 14?

Are you aged above 16 and living in the UK?

Were you born in the UK or did you arrive prior to the age of 14?

If so, we would like to hear from you!



WHY PARTICIPATE?

Contribute to our understanding of migration, mental health, the experiences of people from Black African backgrounds and the support that may be helpful for them.

Participants will also receive a **£10 Amazon Voucher** for contributing to research interviews.



ABOUT THE RESEARCH

This research focuses on how Children of Black Africans view factors that are commonly thought to affect immigrant* mental health and wellbeing, and their experience of these factors. It will involve a **brief questionnaire**, followed by a **1:1 interview** lasting **approximately 60 minutes**. Research participation can be remote or in-person.



ABOUT THE RESEARCHER



My name is Asma'u Mustapha. I am a trainee Clinical Psychologist and the child of a Black African Immigrant. I am carrying out this research as part of my Professional Doctorate in Clinical Psychology at the University of East London.



CONTACT ME TO FIND OUT MORE



u2195623@uel.ac.uk



This study has been approved by the **University of East London Research Ethics Committee**



University of
East London

6.8 Appendix H: Interview Schedule

Introduction

Introduce myself and the focus of the research. Go through the information sheet and consent form to ensure participants have time to ask any questions they may need to.

Pre-interview information sheet

Go through information on pre-interview information sheet identifying any issues/ gaps/ things to go back through.

Interview

Focus area	Example of questions and probes
Acculturation and identity formation	<p>How do you and your family identify (immigrants, refugees, migrants, etc.)?</p> <p>How would you describe your/ your family's identity in relation to ethnicity/ nationality?</p> <ul style="list-style-type: none"> - What does being from an African background* mean to you? - How important is it to your identity/ family's identity (parental view of African country)? <p>What is your relationship like with your African country/countries of parental origin?</p> <ul style="list-style-type: none"> - Have you ever visited? <ul style="list-style-type: none"> o Experience in X African country. o <i>Further questions:</i> How many times, age at first visit, time since last visit, nature of visits, anyone accompanying? - Do you or your family keep in touch with relatives/friends in this country? - Do you have much contact with this side of your identity (i.e. a family, friends, family friend or community around you, access to the culture)/ access to a community from your African country of origin in the UK? <ul style="list-style-type: none"> o <i>Questions about the nature, origin, and strengths of these relationships</i> o <i>Effect on sense of identity, belonging, security, mental health and wellbeing.</i> - Are there ways you would like these experiences/this relationship to change? <p>To what extent would you describe yourself as "British"</p> <ul style="list-style-type: none"> - What does being "British" mean to you? - Does the term "British" resonate with you?

	<p>What is your understanding of being “Black British”?</p> <ul style="list-style-type: none"> - How “Black British” do you feel and how important is this to your identity? <p>How “British”/ “Black British” do you feel and what effect do you think this has had on your mental health and wellbeing?</p> <ul style="list-style-type: none"> o <i>Effect on sense of identity, belonging, security, mental health and wellbeing.</i> <p>Are there ways that you would like you “African “/“British”/ “Black British” identity of change?</p> <ul style="list-style-type: none"> o <i>% Question</i>
<p>Mental health check in *Check pre-interview questionnaire</p>	<p>What does mental health mean to you?</p> <ul style="list-style-type: none"> - <i>Understanding of mental health and wellbeing?</i> <p>How would you describe your current level of emotional wellbeing?</p>
<p>Ethnic density and urbanicity *Check pre-interview questionnaire</p>	<p>Could you tell me a bit about the area that you grew up in?</p> <ul style="list-style-type: none"> • What was your experience? • Changes in the area over time? • Was it densely populated/crowded? (Town, neighborhood, home) <p>Have you lived in areas with many other ethnic minorities before?</p> <ul style="list-style-type: none"> • When/what age? • What effect do you think this had on your mental health/wellbeing, either positive or negative? • <i>Additional specifying questions about Black/ Black African ethnic density if not covered.</i> <p>What about the area you live in now?</p> <ul style="list-style-type: none"> • Difference from hometown or changes noted if the same town. • Has race or ethnicity affected your choices regarding where you have lived?
<p>Peer relationships</p>	<p>Do you have many native British peers/connections?</p> <ul style="list-style-type: none"> • How do you feel that you are similar or differ from your native peers/ non-immigrant backgrounds in ways that may positively or negatively affect your mental health and wellbeing • <i>Common understandings/misunderstandings?</i> <p>Do you have many peers/ connections from immigrant backgrounds that are not Black African?</p>

	<ul style="list-style-type: none"> • How do you feel that you are similar or differ from your peers from immigrant backgrounds who are not Black African in ways that may positively or negatively affect your mental health and wellbeing • <i>Common understandings/misunderstandings?</i> • <i>Consider both non-Black and Black non-African peers.</i> • <i>Sense of community with Black British/ Caribbean peers?</i> • <i>Knowledge of Black British history?</i> • <i>Feelings of Black British identity?</i> <p>Do you have many peers/ connections in the UK from Black African backgrounds?</p> <ul style="list-style-type: none"> • How do you feel that you are similar or differ from your Black African background peers in ways that may positively or negatively affect your mental health and wellbeing • <i>Specific questions re. understandings/misunderstandings?</i> <p>Do you have many peers/ connections based in X country?</p> <ul style="list-style-type: none"> • How do you feel to you are similar or differ from peers/ family from X African country in ways that may positively or negatively affect your mental health and wellbeing? • <i>Specific questions re. understandings/misunderstandings?</i>
<p>Family relationships and intergenerational conflict</p>	<p>What is your relationship like with your parents?</p> <ul style="list-style-type: none"> - How do you feel that you differ from your African/ *immigrant parents in ways that may positively or negatively affect your mental health and wellbeing? - How do you think growing up in different countries affected this relationship? - What does being the child of an *immigrant mean to you? - What does being the child of an African *immigrant mean to you? - <i>Follow up question about parental view of mental health.</i> - <i>Parental view of the UK and African country</i> <p>How would you describe your/ your family's identity in relation to ethnicity/ nationality?</p> <ul style="list-style-type: none"> - What does being from an African background* mean to you? - How important is it to your identity/ family's identity (parental

	<p>view of African country)?</p> <p>Do you have any siblings? If yes, how many of these siblings share your Black African Parent and immigration status (2nd, 1.75 or 1.5 gen)</p> <ul style="list-style-type: none"> - <i>Relationship with siblings and how this related to immigrant status similarities/ differences and affects mental health.</i> <p>Main language spoken at home?</p> <ul style="list-style-type: none"> - Do you speak an African language/ language related to your African country of origin? - How would you rate your fluency? - How does this command/fluency affect your sense of mental health/ wellbeing?
Discrimination	<p>Would you say you have experienced much discrimination in your life?</p> <ul style="list-style-type: none"> • In the UK? • How much of that do you attribute to being black? • How much to being African? • Details on type of discrimination <p>Experiences of discrimination in African country of origin?</p> <p>What effect has that had on your mental health and wellbeing?</p>
Strengths	<p>Are there aspects of your Black African/ immigrant* identity that you feel have improved your wellbeing?</p> <p>What have you found helpful/ have helped you overcome difficulties you have described/faced?</p>
Other	<p>Any other comments or additional factors that participants feel affect their identity formation, wellbeing, and mental health?</p> <ul style="list-style-type: none"> • <i>i.e., sexuality, gender, religion; do these factors have a relationship to your Black African identity?</i> <p>Any other comments/questions?</p> <ul style="list-style-type: none"> • <i>From participants</i> • <i>Based on pre-interview information</i> • <i>Specific life areas to check in on (family, education, employment, socializing?)</i> • <i>Has this changed for you at any age?</i>

Debriefing

Participants will be asked how they feel following the interview and given a chance to add anything, discuss anything they may have found distressing or any questions they have. A debrief sheet and contact details for the researcher and support organizations will be shared with the participants.

6.9. Appendix I: Pre-Interview Questionnaire

Pre-Interview Information

Participant information

Age:

Sex:

Race:

Country of birth:

If country of birth is not UK, please indicate your:

Year of arrival to the UK

Age at arrival

Location currently living in the UK (town):

Previous locations lived in the UK (please include town names and aged lived there):

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Religious
identification:

Highest level of education:

Employment status:

Mental health

Currently, how would you rate your mental health (please circle):

Excellent	Good	Average	Somewhat poor	Poor	Would rather not answer
-----------	------	---------	---------------	------	-------------------------

Historically, how would you rate your mental health (please circle):

Excellent	Good	Average	Somewhat poor	Poor	Would rather not answer
-----------	------	---------	---------------	------	-------------------------

Would you like to share any further information about your mental health and wellbeing (i.e. any mental health and wellbeing challenges of diagnoses you are/ have faced or any treatment you have accessed).

Family information

Parent 1 (please circle): Mother Father

Race:

Country of birth:

If country of birth is not UK, please indicate your parents:

Year of arrival to the UK

Age at arrival

Religious
identification:

Highest level of
education:

Employment status:

Reason for migration to the UK (if applicable):

Relationship Status (if partnered please indicate if partnered to parent 2):

Parent 2 (please circle): Mother Father

Race:

Country of birth:

If country of birth is not UK, please indicate your parents:

Year of arrival to the UK

Age at arrival

Religious
identification:

Highest level of
education:

Employment status:

Reason for migration to the UK (if applicable):

Relationship Status (if partnered please indicate if partnered to parent 2):

Do you currently live with:

Both Parent
1&2

Parent 1

Parent 2

Neither Parent 1 nor
2

For Interviewer use, please do not fill in

2nd Gen (born in
UK)

1.75 Gen (arrived in the UK
<5)

1.5 Gen (arrived in UK
>5<13)

6.10. Appendix J: Participant Information Sheet



PARTICIPANT INFORMATION SHEET

Research Project Title: Factors Affecting Mental Health among Children of Black African Migrants

Contact person: Asma'u Mustapha

Email: u2195623@uel.ac.uk

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me using the above email.

Who am I?

My name is Asma'u Mustapha. I am a Postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Clinical Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

What is the purpose of the research?

I am conducting research into the experiences of Children of Immigrants who come from Black African Backgrounds, and what they think about factors which may affect their mental health and wellbeing. The study results will be written up into my doctoral thesis. I hope that the results will be helpful to increase understanding about

migration, mental health, and the experiences of Children of immigrants and people from Black African backgrounds. Better knowledge of the strengths and vulnerabilities related to migration and mental health for Black African Children of Immigrants and the potential mechanisms behind these could improve the development of support and strategies to improve wellbeing.

Why have I been invited to take part?

To address the study aims, I am inviting anyone that identifies as a Child of Black African Immigrants – that is, has at least one parent that is a foreign-born Black African –, is aged 16+, and arrived in the UK prior to the age of 13 to take part in my research.

It is entirely up to you whether you take part or not, participation is voluntary. If you do not want to take part, that's OK. No one will be informed whether you are to take part or not. You can also decide that you want to stop taking part, even if you have already said yes, or have already started the interview.

What will I be asked to do if I agree to take part?

If you agree to take part in the study, you and I will go over the information sheet together and then also look at a consent form. We will then have a conversation about your experiences as Child of a Black African immigrant, and if/ how you feel these experiences affected your health and wellbeing. Any example of a question I may ask could be what your experience was of differences between you and your parents and how this may have positively or negatively affected your mental health and wellbeing. I will record our conversations and later transcribe it. I predict that this conversation will take about an hour but may last longer. We can do this in-person at your school/ community centre or at my university, or online (on Microsoft Teams), depending on what is most convenient for you. After your conversation I will reimburse you with a £10 Amazon voucher for your time.

Can I change my mind?

Yes, you can change your mind at any time and withdraw without explanation, disadvantage, or consequence. If you would like to withdraw during the interview, you can do so by letting me know. I will stop the interview and delete our recording. If you withdraw, your data will not be used as part of the research.

Separately, you can also request to withdraw your data from being used even after you have taken part in the study, provided that this request is made within one month of the data being collected (after which point the data analysis will begin, and withdrawal will not be possible).

Are there any disadvantages to taking part?

We cannot promise the study will help you but we hope that you will find it interesting and that the information we get from the study will help our knowledge and understanding of the experiences of people from immigrant backgrounds and any potential problems or things that could be helpful for them in the future. We do not think that there will be any risks or disadvantages associated with taking part in this research, but some of the questions we ask may be related to sensitive topics (i.e., your mental health and wellbeing, your family's migration history and issues related to race and ethnicity), but you will not have to share or discuss anything that you do not want to. We have time at the end to discuss if you are feeling upset, and a list of potential sources of support that you can access following our interview.

How will the information I provide be kept secure and confidential?

We will use information from you as part of this research project. The report written at the end of the project will not include any information that could identify you. All information collected about you will be kept private on a password protected computer file and OneDrive. Only the study staff (myself and my supervisor Dr Paula Corredor Lopez) and authorities who check the study is being conducted properly will be allowed to look at the information collected from you. Any information that is shared will be transferred via secure UEL emails and OneDrive. We will keep information about you safely and confidentially.

Your data will be pseudonymised before anyone else is able to see it. This means that any information about you will have your important details, like your name and contact details removed, and your data will have a pseudonym instead, so that you can't be recognised.

Your personal details (like your name and other identifiable information), will be kept in a safe place, separate from the other study information, so these cannot be matched up. This data will be stored securely and destroyed at the end of this research project.

Anonymised transcripts and analysis data will be kept securely by my supervisor for up to three years before deletion, in case any details have to be checked following the end of the project. The data will not be shared with anyone else. Consent forms may also be preserved for one year to ensure that participants' consent can be explicitly checked at further stages of dissemination and review i.e., examination, publication. They will then be deleted.

The only time that information about you will not be kept private as described above would be if I had concerns about your safety or the safety of someone else. In that case I would need to tell someone, but I would do my best to let you know if I felt I would have to do that.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection

What will happen to the results of the research?

The research will be written up as a doctoral thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. We also hope that we can share the findings to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, presentations, online posts (blogs, social media). In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally as any personally identifying material will be removed or replaced.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by my supervisor for a maximum of 3 years, following which all data will be deleted.

Who has reviewed the research?

My research has been approved by the UEL School of Psychology Ethics Committee. This means that the Committee's evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me:

Asma'u Mustapha

Email: u2195623@uel.ac.uk

If you have any questions or concerns about how the research has been conducted,
please contact my research supervisor:

Dr Paula Corredor Lopez, School of Psychology, University of East London, Water
Lane, London E15 4LZ,

Email: p.corredor-lopez@uel.ac.uk

or

Chair of School Ethics Committee:

Dr Trishna Patel, School of Psychology, University of East London, Water Lane,
London E15 4LZ.

Email: t.patel@uel.ac.uk

Thank you for taking the time to read this information sheet

Thank you for taking time to read this information sheet. If you would like any further
information, please let me know.

6.11. Appendix K: Example Introductory Email to Participant

Hello X

I hope you are well. Thanks so much for getting in touch about my research. I have attached the information sheet for the study to this email, if it sounds like something you would still be happy to take part in, please let me know when would work best for you and if you would prefer to take part online or in-person (interviews would be held at the University of East London Stratford Campus).

I am generally running the interviews on X, X, and X. At the moment, I have the following availability confirmed:

- X
- X
- X

However, if none of these times work for you please let me know when may be better for your schedule.

Please let me know if you have any questions regarding the study. If you are still happy to take part, I will send through the additional materials once we have set a time.

Thanks and all the best,

Asma'u

6.12. Appendix L: Interview Consent Form



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Research Project Title: Factors Affecting Mental Health among Children of Black African Migrants

Contact person: Asma'u Mustapha

Email: u2195623@uel.ac.uk

	Please initial
I confirm that I have read the participant information sheet dated 10/02/2023 (Version 1) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 4 weeks from the date of the interview to withdraw my data from the study.	
I understand that the interview will be audio recorded using Microsoft Teams (if online) or a mobile recording device (if in person).	
I understand that my personal information and data, including audio/video recordings from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	

It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my interview may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	
I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date.....
.....

6.13. Appendix M: Participant Voucher Claim Form

UNIVERSITY OF EAST LONDON
SCHOOL OF PSYCHOLOGY

PARTICIPANT VOUCHER CLAIM FORM 2023-24

Recipient Name:

Recipient Title:

Home Address:

Term-time Address:

(if applicable)

National Insurance No: _ _ _ _ _

UEL Student No: _____

Date of Birth:

_____/_____/_____

(if applicable)

Amount Received: £ __10__ . __00__ p

Voucher Serial No(s):

Date received:

I declare that this is the first such claim I have made in the current tax year. I receive no other earnings from the University of East London.

N.B. – If either of the above statements does not apply, please let the University Project Manager know as you will not be entitled to this one-off cash payment

Recipient Signature:

Issuer Name:

Issuer Signature:

Issue Date:

**Project Manager
Authorisation:**

Project Code:

6.14. Appendix N: Example Pre-Research Email to Participant

Hi X

Of course, I will send you a Teams link shortly.

I have attached the additional materials you will need prior to the interview to this email with some information about each sheet below:

- **Pre-research questionnaire:** Part of the data I will be collecting for my research. Please fill in and send back to me prior to the interview. We will also have time at the start of the interview to go over the sheet if you have any questions or concerns about the questionnaire
- **The voucher claim sheet:** I am giving participants a £10 voucher following the interview, however in order to mitigate potential liability to the university in noncompliance of HMRC regulations, participants will need to share their NI number, contact details and date of birth prior to the receipt of the voucher. This form contains the information I will submit this form to my university who will the release the voucher to you. Please only fill in the yellow highlighted sections . Please let me know if you have any questions or concerns about sharing this information. It is still possible to take part in the research without sharing this information, but the university would not be able to re-imburse you with a voucher.
- **Consent sheet:** If all of the above information is OK and you are still happy to take part in the interview, I would ask that you sign this sheet and sent it back to me. We will have time to go through this during the interview slot and collect verbal consent in addition to the sheet on the day.

Please do let me know about any questions regarding the information sheet or any of the other sheets when you have been able to have a look.

Looking forward to speaking with you,

Best wishes,

Asma'u

6.15. Appendix O: Interview Debrief Sheet



PARTICIPANT DEBRIEF SHEET

Research Project Title: Factors Affecting Mental Health among Children of Black African Migrants

Thank you for participating in my research study on the experiences of Children of Immigrants who come from Black African Backgrounds, and what they think about factors which may affect their mental health and wellbeing. This document offers information that may be relevant following your participation in the research.

How will my data be managed?

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

What will happen to the results of the research?

The research will be written up as a doctoral thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository (<https://repository.uel.ac.uk/>). We also hope that we can share the findings to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, presentations, online posts (blogs, social media). In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally as any personally identifying material will be removed or replaced.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided.

Anonymised research data will be securely stored by Dr Paula Corredor Lopez for a maximum of 3 years, following which all data will be deleted.

What if I been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. We will now have a brief period (around 10 minutes) to discuss your experience of the interview and if any of these issues did come up for you. This conversation will not be recorded. If you have been affected in any of those ways, you may find contact details for support resources given to you alongside the information sheet helpful in relation to obtaining information and support:

Who can I contact if I have any questions/concerns?

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me:

Asma'u Mustapha

Email: u2195623@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor:

Dr Paula Corredor Lopez School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: p.corredor-lopez@uel.ac.uk

or

Chair of School Ethics Committee:

Dr Trishna Patel, School of Psychology, University of East London, Water Lane,
London E15 4LZ.

Email: t.patel@uel.ac.uk

Thank you for taking part in my study

6.16. Appendix P: Support Resource

SOURCES OF SUPPORT

Black Minds Matter UK

- The aim of Black Minds Matter is to ensure that black people in the UK can access mental health support. The organisation does this by helping black people and families across the nation to find professional mental health services, in addition to raising money to help cover the cost of such services.
- Online enquiry form: www.blackmindsmatteruk.com/connect
- Website: www.blackmindsmatteruk.com

The Empowerment Group

- Is a charity that understands the cultural importance of Black therapists supporting their communities. They offer heavily subsidised online one to one counselling sessions for Black individuals in the UK aged 18+. Also, they offer training services for groups and individuals of all backgrounds.
- Online contact form: www.theempowermentgroup.co.uk/contactus
- Website: www.theempowermentgroup.co.uk

BAATN The Black, African and Asian Therapy Network

- Home of the largest community of Counsellors and Psychotherapists of Black, African, Asian and Caribbean Heritage in the UK.
- Email: administrator@baatn.org.uk
- Website: www.baatn.org.uk

Bayo

- Bayo is a space to find collectives, organisations, and services from across the UK. Bayo is created by and for the Black community to support mental health and wellbeing.
- Email: yansie.rolston@ubele.org
- Website: www.bayo.ubele.org/

Mind: Young Black Men

- This is a programme through which works specifically with young black men aged between 11 and 30 years old.
- Telephone: 0300 123 3393
- Email: equality@mind.org.uk

- Website: www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/young-black-men

Warrior Reminder

- Warrior Reminder is a community space for black and brown people to embrace their vulnerabilities, decompress and reclaim authorship over their lives. They offer a range of empowerment workshops and other workshops on a regular basis. Their website also includes a range of information resources.
- Email: warriorreminder@gmail.com
- Website: www.warriorreminder.com
- Instagram: @warriorreminder
- Twitter: @warriorreminder

General Mental Health Services

- IAPT: <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/>
- Kooth <https://www.kooth.com/>
- Mind: <https://www.mind.org.uk/for-young-people/how-to-get-help-and-support/useful-contacts/>



6.17. Appendix Q: UEL Ethics Application

UNIVERSITY OF EAST LONDON

School of Psychology

**APPLICATION FOR RESEARCH ETHICS APPROVAL
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS
(Updated October 2021)**

FOR BSc RESEARCH;

MSc/MA RESEARCH;

PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL
PSYCHOLOGY

**Section 1 – Guidance on Completing the Application Form
(please read carefully)**

1.1	Before completing this application, please familiarise yourself with: British Psychological Society’s Code of Ethics and Conduct UEL’s Code of Practice for Research Ethics UEL’s Research Data Management Policy UEL’s Data Backup Policy
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must NOT commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: If your research involves patients or service users of the NHS, their relatives or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA

	<p>approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance.</p> <p>Useful websites:</p> <p>https://www.myresearchproject.org.uk/Signin.aspx</p> <p>https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/</p> <p>If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&D approval. This is in addition to separate approval via the R&D department of the NHS Trust involved in the research. UEL ethical approval will also be required. HRA/R&D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example. The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.</p>
1.6	<p>If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to applicantchecks@uel.ac.uk. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website:</p> <p>https://fadv.onlinedisclosures.co.uk/Authentication/Login</p> <p>You may also find the following website to be a useful resource:</p> <p>https://www.gov.uk/government/organisations/disclosure-and-barring-service</p>
1.7	<p>Checklist, the following attachments should be included if appropriate:</p> <ul style="list-style-type: none"> Study advertisement Participant Information Sheet (PIS) Participant Consent Form Participant Debrief Sheet Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5) Permission from an external organisation (see section 7) Original and/or pre-existing questionnaire(s) and test(s) you intend to use Interview guide for qualitative studies Visual material(s) you intend showing participants

Section 2 – Your Details

2.1	Your name:	Asma’u Mustapha
2.2	Your supervisor’s name:	Dr Paula Corredor Lopez
2.3	Name(s) of additional UEL supervisors:	Prof Nimisha Patel
		3rd supervisor (if applicable)
2.4	Title of your programme:	Professional Doctorate in Clinical Psychology
2.5	UEL assignment submission date:	20/05/2024
		Re-sit date (if applicable)

Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	<p>Study title: <u>Please note</u> - If your study requires registration, the title inserted here must be <u>the same</u> as that on PhD Manager</p>	<p>Factors Affecting Mental Health among Children of Black African Migrants</p>
3.2	<p>Summary of study background and aims (using lay language):</p>	<p>The relationship between migration and mental health is complex and children of immigrants (COI), especially from Black African background have been identified as a particularly vulnerable and understudied community. Despite not sharing many of the challenges of their first-generation parents, research indicates that the psychological and social functioning of COI is often as poor, if not worse, at odds with many existing theories on migration. Increased rates of psychosis originally observed in first-generation immigrants have been repeatedly found in COIs (Hutchinson & Haasen, 2004). Some research also indicates that COIs have higher rates of other psychiatric diagnoses (Ekeberg et al., 2021). There is also evidence that the “healthy immigrant effect” declines over time and generation, with COI exhibiting higher rates of a variety of mental health issues than the decreased rates seen in first-generation immigrants (Gadermann et al., 2022). COI therefore appear to be affected by similar mental health vulnerabilities as their parents, without the same protective factors, highlighting them as a particularly vulnerable population. A contributing factor to the inconclusive results observed have been the varied experiences of different migrant groups and host populations (Zhang et al., 2021). Immigrants are a heterogeneous group and therefore this work will focus explicitly on the experiences of Black African COIs. This population has been selected for a number of reasons. Firstly, research indicates that, in the UK, the elevated rates of schizophrenia observed in the immigrant population are consistently highest in the Black community (Fearon & Morgan, 2006; Jackson et al., 2007; Morgan & Hutchinson, 2010, Morgan et al., 2010,). Black people also experience amongst the highest levels of discrimination, inequality, and alienation (Migrant Observatory, 2020). Secondly, shifting demographic patterns of migration have resulted in Black Africans currently being the fastest growing, largest and most recent Black group in the UK. Despite majority of the Black population now identifying as Black African (“Population estimates”, 2021), research into Black immigrants’ mental health in the UK has generally been conducted within the</p>

		Caribbean community. More research on the specific experience of Black Africans is therefore needed. Factors to explain these patterns have largely been develop without including the perspective of COI. The research proposed here aims to address this gap by exploring how Black African COI understand and relate to factors that are commonly reported in the literature as affecting their mental health, and identifying additional factors that they feel are missing from current research
3.3	Research question(s):	1)What are Black African COI’s understandings of factors that are commonly reported to affect their mental health and wellbeing? 2)Do they feel these factors impact their mental health and wellbeing? If so, how?3)What additional factors do Black African COI feel affect their mental health and wellbeing?
3.4	Research design:	This cross-sectional qualitative research will involve online or in-person semi-structured individual interviews
3.5	Participants: Include all relevant information including inclusion and exclusion criteria	Up to 35 (depending on feasibility and recruitment). Black African COI, aged between 16-30. This number has been selected to allow enough data to ascertain patterns between participants, while still being feasible to collect, transcribe and thematically analyse in the allotted time.
3.6	Recruitment strategy: Provide as much detail as possible and include a backup plan if relevant	For feasibility, up to 35 participants will be recruited and a flexible recruitment approach will be adopted. A variety of sampling methods will be used including connecting with schools, Black youth focused charities and community organisations, online recruitment, and snowball sampling
3.7	Measures, materials or equipment: Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	The exact areas to be covered and included in the interview will be developed further in the participatory focus-groups and are therefore subject to change. Topic likely to be focused on include the participants familial migration history, health and wellbeing and factors they feel have influenced this, interpretation of acculturation/ ethnic density/ urbanicity/ intergenerational conflict/ identity formation and if/ how they feel this has affected their mental health and wellbeing. Socio-demographic information collected will include participants age, parental immigration status, immigrant generation identification (1.5, 1.75 or 2nd generation), year of/ years since migration, age at migration, reason for migration, country of origin of both parents, location they live in the UK, socio-economic information, language spoken at home. A mock interview schedule is provided in the appendices (Appendix A)
3.8	Data collection:	Semi-structured/structured interviews will be conducted in person or online via Microsoft Teams

	Provide information on how data will be collected from the point of consent to debrief	depending on participant preference/ convenience. The information sheet and consent form will be sent to the participants prior to the interview. The interviews will take place only if the participants give consent. I will conduct the semi-structured/structured interview following the interview guide. At the end of the interview, I will revisit consent to use the interview data, debrief the participants verbally and also give them the debrief sheet. Mock Information Sheets, Resources for Support sheets, Consent forms and Debrief Sheets are provided in Appendix B-E. These may be subject to slight changes following the Participatory Research Focus Groups.	
3.9	Will you be engaging in deception?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?	NA	
3.10	Will participants be reimbursed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If yes, please detail why it is necessary.	The interview will take up to an hour, reimbursement will be offered as an acknowledgment, appreciation, and compensation for participant's time.	
	How much will you offer? <u>Please note</u> - This must be in the form of vouchers, <u>not cash</u> .	£10 vouchers	
3.11	Data analysis:	Interview recordings will be transcribed by the researcher and thematic analysis will be used to highlight various themes and patterns within and between participants. The procedure for this will involve reading the transcripts of participants interviews and coding for various themes and patterns.	

Section 4 – Confidentiality, Security and Data Retention

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	Will the participants be anonymised at source?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, please provide details of how the data will be anonymised.	Please detail how data will be anonymised	
4.2	Are participants' responses anonymised or are an anonymised sample?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

	If yes, please provide details of how data will be anonymised (e.g., all identifying information will be removed during transcription, pseudonyms used, etc.).	During transcription, each participant's name will be replaced by a pseudonym or participant number. All identifying information (e.g., name of organisation) will be replaced or removed.	
4.3	How will you ensure participant details will be kept confidential?	Any personal data that is collected will be held securely and processed in accordance with the UKGDPR and the Data Protection Act 2018. Participants will not be identified by the data collected, on any material resulting from the data collected, or in any write-up of the research. This will be achieved through giving each participant a unique pseudonym (and removing all identifying information during transcription). Consent forms and interview transcripts will be stored in different folders.	
4.4	How will data be securely stored and backed up during the research? Please include details of how you will manage access, sharing and security	The data will be stored on my UEL's password protected OneDrive account in a folder that is not synchronised on any devices. Data will be sent to the supervisor as a backup during the study and stored on the supervisor's OneDrive account. Consent forms will be stored as password-protected files in a separate folder to other research data on UEL OneDrive.	
4.5	Who will have access to the data and in what form? (e.g., raw data, anonymised data)	I will have access to the raw data. My supervisor will have access to the anonymised data. Examiners may also have access to the anonymised data if requested.	
4.6	Which data are of long-term value and will be retained? (e.g., anonymised interview transcripts, anonymised databases)	The anonymised transcripts are of long-term value.	
4.7	What is the long-term retention plan for this data?	Anonymised research data will be securely stored on my supervisor's UEL's password-protected OneDrive account for a maximum of 3 years, following which all data will be deleted. All identifiable information will be destroyed as soon as the allowed withdrawal period is over and transcripts have been created unless there has been an agreement with the participants to receive an update from the researcher on the outcomes of the study.	
4.8	Will anonymised data be made available for use in future research by other researchers?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, have participants been informed of this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.9	Will personal contact details be retained to contact participants in the future for other research studies?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, have participants been informed of this?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section 5 – Risk Assessment


If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	<p>Are there any potential physical or psychological risks to participants related to taking part? (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)</p>	<p>YES <input checked="" type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
	<p>If yes, what are these, and how will they be minimised?</p>	<p>We do not think that there will be any risks or disadvantages associated with taking part in this research, but as some of the questions asked may be related to sensitive topics (i.e., mental health and wellbeing, family’s migration history and issues related to race and ethnicity), but participants will be informed prior to starting the interview that they do not have to share or discuss anything that they do not want to. There will be time to debrief participants at the end, providing an opportunity to discuss anything they may have found emotionally distressing. They will be given a debrief sheet and a list of potential sources of support that you can access following our interview.</p>	
5.2	<p>Are there any potential physical or psychological risks to you as a researcher?</p>	<p>YES <input checked="" type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
	<p>If yes, what are these, and how will they be minimised?</p>	<p>The researcher could suffer illness or injury while conducting the interview. The researcher could become emotionally distressed during the interviews. These risks will be minimised by only conducting research online or in official settings (i.e. on UEL campus, at partner schools or organisations involved in research) with clear communication with partnered organisations and supervisor when research is taking place. The researcher is familiar with interviewing and discussing sensitive information in clinical and research contexts and relevant de-escalation techniques. The researcher will have academic and personal support from her supervisor and personal therapy, should anything prove distressing.</p>	
5.3	<p>If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:</p>	<p>YES <input checked="" type="checkbox"/></p>	


5.4	If necessary, have appropriate support services been identified in material provided to participants?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
5.5	Does the research take place outside the UEL campus? If yes, where?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Research may occur online or in schools/ community centres/ organisations, as well as in UEL campus
5.6	Does the research take place outside the UK? If yes, where? If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard). Please confirm a Country-Specific Risk Assessment form has been attached as an appendix. Please note - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Please state the country and other relevant details YES <input type="checkbox"/>
5.7	<p>Additional guidance:</p> <p>For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance.</p> <p>For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor).</p> <p>For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).</p> <p>Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.</p>			

Section 6 – Disclosure and Barring Service (DBS) Clearance

6.1	Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
-----	---	---------------------------------	---

	If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project		
	<p>* You are required to have DBS or equivalent clearance if your participant group involves:</p> <p>(1) Children and young people who are 16 years of age or under, or</p> <p>(2) ‘Vulnerable’ people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.</p>		
6.2	Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
6.3	Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
6.4	If you have current DBS clearance, please provide your DBS certificate number:		
	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	Please provide details of the type of clearance, including any identification information such as a certificate number	
6.5	<p>Additional guidance:</p> <p>If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian). For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.</p>		

Section 7 – Other Permissions

7.1	Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If yes, please provide their details.		
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have	YES <input checked="" type="checkbox"/>	

	attached written permission as an appendix.	
7.2	<p><u>Additional guidance:</u> Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as ‘my’ or ‘I’ with ‘our organisation’ or with the title of the organisation. This organisational consent form must be signed before the research can commence.</p> <p>If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.</p>	

Section 8 – Declarations		
8.1	Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:	YES <input checked="" type="checkbox"/>
8.2	Student's name: (Typed name acts as a signature)	Asma'u Mustapha
8.3	Student's number:	u2195623
8.4	Date:	10/04/2023
<i>Supervisor's declaration of support is given upon their electronic submission of the application</i>		

Student checklist for appendices – *for student use only*

Documents attached to ethics application	YES	N/A
Study advertisement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant Information Sheet (PIS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consent Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant Debrief Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk Assessment Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Country-Specific Risk Assessment Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Permission(s) from an external organisation(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-existing questionnaires that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Researcher developed questionnaires/questions that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-existing tests that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Researcher developed tests that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interview guide for qualitative studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other visual material(s) that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All suggested text in RED has been removed from the appendices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All guidance boxes have been removed from the appendices	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6.18. Appendix R: UEL Ethics Approval



University of
East London

School of Psychology

Ethics Committee

NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

Reviewer: Please complete sections in **blue** | Student: Please complete/read sections in **orange**

Details	
Reviewer:	Sonja Falck/Matthew Jones Chesters
Supervisor:	Paula Corredor Lopez
Student:	Asma'u Mustapha
Course:	Professional Doctorate in Clinical Psychology
Title of proposed study:	Factors Affecting Mental Health among Children of Black African Migrants

Checklist (Optional)			
	YES	NO	N/A
Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding participants/target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content of study advertisement is appropriate (e.g., researcher's personal contact details are not shared, appropriate language/visual material used, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision options	
APPROVED	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES	In this circumstance, the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student's confirmation to the School for its records.

	Minor amendments guidance: typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.
NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED	<p>In this circumstance, a revised ethics application <u>must</u> be submitted and approved <u>before</u> any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.</p> <p>Major amendments guidance: typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate's ability to ethically, safely and sensitively execute the study.</p>

Decision on the above-named proposed research study	
Please indicate the decision:	APPROVED - MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments
Please clearly detail the amendments the student is required to make
<p>The upper age limit should be removed, so that all potentially appropriate volunteers can participate; and the lower limit may have to be increased to age 18 years, for issues in consent/assent. If you have a reason for working specifically with younger people, this should be set out explicitly in the rationale section of the thesis.</p> <p>As you say, COI are a diverse group. You should consider whether the category you have chosen also concerns groups too disparate for them to be usefully considered together. For example, what important differences might there be for children of Somali refugees versus children of economic migrants from Ghana?</p>

Major amendments
Please clearly detail the amendments the student is required to make

Assessment of risk to researcher		
Has an adequate risk assessment been offered in the application form?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	If no, please request resubmission with an <u>adequate risk assessment</u> .	
If the proposed research could expose the <u>researcher</u> to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:		
HIGH	Please do not approve a high-risk application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	<input type="checkbox"/>
MEDIUM	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>
LOW	Approve and if necessary, include any recommendations in the below box.	<input type="checkbox"/>
Reviewer recommendations in relation to risk (if any):	Please insert any recommendations	

Reviewer's signature	
Reviewer: (Typed name to act as signature)	Matthew Jones Chesters
Date:	24/07/2023
<i>This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee</i>	

RESEARCHER PLEASE NOTE

For the researcher and participants involved in the above-named study to be covered by UEL’s Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL’s Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.

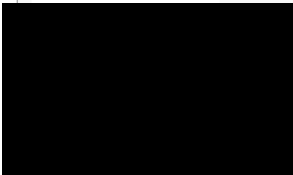
**Confirmation of minor amendments
(Student to complete)**

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data

Student name: (Typed name to act as signature)	Asma’u Mustapha
Student number:	2195623
Date:	14/09/2023


Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required:

Signature of Director of Studies for this Project: (signed to confirm Minor Amendments made to study ahead of Data collection):



*Dr Paula Corredor Lopez
Programme Director (Clinical) Doctorate in Clinical Psychology Programme. 01/10/2023*

6.19. Appendix S: Risk Assessment

 University of East London <small>Pioneering Futures Since 1898</small>		UEL Risk Assessment Form	
Name of Assessor:	Asma'u Mustapha	Date of Assessment:	05/02/2023
Activity title:	Factors Affecting Mental Health among Children of Black African Migrants	Location of activity:	UEL Campus Stratford, Schools, Community Organisations, Online
Signed off by Manager: (Print Name)	Dr Paula Corredor Lopez	Date and time: (if applicable)	
<p>Please describe the activity/event in as much detail as possible (include nature of activity, estimated number of participants, etc.). If the activity to be assessed is part of a fieldtrip or event please add an overview of this below:</p>			
<p>A participatory focus group with Black African Children of Immigrants (COI) will be conducted prior to research commencing to explore relevant themes in the existing literature and develop appropriate research materials, methods of dissemination and methods of appropriate reimbursement.</p> <p>This qualitative research will involve online or in-person semi-structured individual interviews with an estimate of 12-18 Black African COI, aged between 16-30.</p>			
<p>Overview of FIELD TRIP or EVENT:</p>			

NA

Guide to risk ratings:

a) Likelihood of Risk	b) Hazard Severity	c) Risk Rating (a x b = c)
1 = Low (Unlikely)	1 = Slight (Minor / less than 3 days off work)	1-2 = Minor (No further action required)
2 = Moderate (Quite likely)	2= Serious (Over 3 days off work)	3-4 = Medium (May require further control measures)
3 = High (Very likely or certain)	3 = Major (Over 7 days off work, specified injury or death)	6/9 = High (Further control measures essential)

Hazards attached to the activity

Hazards identified	Who is at risk?	Existing Controls	Likelihood	Severity	Residual Risk Rating (Likelihood x Severity)	Additional control measures required (if any)	Final risk rating
--------------------	-----------------	-------------------	------------	----------	---	---	-------------------

<p>Researcher could suffer illness/ injury while alone on activity</p>	<p>Researcher</p>	<p>Research will only take place online or in official settings (i.e. on UEL campus, at partner schools or organisations involved in research). Clear communication with partnered organisations and supervisor when research is taking place. Familiarisation of health and safety measures at any involved locations. The Interviewer is familiar with interviewing and discussing sensitive information in clinical and research contexts and relevant de-escalation techniques</p>	<p>1</p>	<p>1</p>	<p>1</p>		<p>1</p>
--	-------------------	--	----------	----------	----------	--	----------

Psychological distress/ discomfort raised during the interviews	Research participants	<p>Participants will be made aware of the aims of the research and topics to be discussed prior to the interview. They will be informed that engagement is voluntary and of their right to withdraw prior to engagement and during the interviews if any signs of distress are noted. The interview will be semi-structured with open ended questions and participants will not be forced to discuss anything they don't feel comfortable discussing.</p> <p>The Interviewer is familiar with interviewing and discussing sensitive information in clinical and research contexts.</p> <p>Following the research participants will be provided with debrief and given an opportunity to discuss anything they find distressing. Relevant resources and signposting material will also be provided.</p>	1	1	1		1
---	-----------------------	--	---	---	---	--	---

Review Date

6.20 Appendix T: Data Management Plan

UEL Data Management Plan

Completed plans **must** be sent to researchdata@uel.ac.uk for review

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Asma'u Mustapha
PI/Researcher ID (e.g. ORCID)	https://orcid.org/0009-0004-1451-3373
PI/Researcher email	u2195623@uel.ac.uk
Research Title	Factors Affecting Mental Health among Children of Black African Migrants: Assumptions and Experiences
Project ID	NA
Research start date and duration	February 2023- September 2024

Research Description	The relationship between migration and mental health is complex and children of immigrants (COI), especially from Black background have been identified as a particularly vulnerable community. Despite not sharing many of the challenges of their first-generation parents, research indicates that the psychological and social functioning of COI is often as poor, if not worse, at odds with many existing theories on migration. Factors to explain these patterns have largely been develop without including the perspective of COI and in the UK are especially understudied in Black African COI, as most of the research has focused on the Black Caribbean population. The research proposed here aims to address this gap by exploring how Black African COI understand and relate to factors that are commonly reported in the literature as affecting their mental health, and identifying additional factors that they feel are missing from current research.
Funder	N/A, completed as part of a professional doctorate
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	28/03/2023
Date of last update (of DMP)	
Related Policies	Research Data Management Policy UEL Data Protection Policy UEL Code of Practice for Research UEL Code of Practice for Research Ethics UEL Data Backup Policy UEL Statement on Research Integrity UEL Statement on Research Ethics The Data Protection Act
Does this research follow on from previous research? If so, provide details	No
Data Collection	

What data will you collect or create?

- Excel Spreadsheet (.xlsx) used during recruitment process including the names and contact information (i.e., email addresses and phone numbers) of potential participants. Password protected. Approximate file size: 20KB
- Excel Spreadsheet (.xlsx) of information for participants and their assigned participant numbers including contact information (i.e., number, email address) Approximate file size: 20KB
- Excel Spreadsheet (.xlsx) of participants demographic information (i.e. country of family origin, migration/parental migration information) alongside their participant number. Approximate file size: 40KB
- Consent forms and demographic forms completed online or hand written by participants and the scanned on to a computer to be saved in a password protected file, with the hard copies shredded (pdf.) Approximate file size: 500KB
- Verbal interview recordings (.mp3) and pseudonymised written transcripts of interviews (with personally identifiable information removed/ altered) (.docx) containing information related to both personal data and special category data related to family history, race, migration and mental health/ wellbeing saved as Microsoft Word Files and exported to NVIVO for analysis. In person interviews will be recorded on a password protected recorder. Online interviews will be recorded on Microsoft Teams. Recordings will be deleted following transcription. Approximate file size: 5GB for recordings, 2MG for transcripts
- The list of identifiers (pseudonyms) will be passport protected and stored separately Approximate file size: 10KB
- Word documents (docx.) relating to the analysis and write up of the data, as well as reflexive log kept by the researcher. These documents will not contain identifiable participant information Approximate file size: 10MB

<p>How will the data be collected or created?</p>	<p>Data will be collected in-person, or remotely via Microsoft Teams, using individual interviews of approximately 45-90 minutes duration. Demographic information including age range, ethnicity and immigration history will be collected from participants prior to the interviews.</p> <p>For in-person interviews paper consent forms will be used and signed manual by clients. Verbal consent will be gained at the start of the interview. These will then be scanned and stored as pdf files, and stored in a password protected file with the original paper copies shredded. In-person interviews will be audio-recorded using a password protected audio recording device. This data will be transferred from the recording device to the researcher’s password-protected computer via USB connection at the earliest opportunity (i.e. on the researcher’s return from the interview) and stored on the researcher’s UEL OneDrive until transcription, following which it will be deleted.</p> <p>For online interviews, consent forms will by signed electronically (word or pdf files) and stored in a password protected file. Verbal consent will be gained at the start of the interview. Interview data will be collected from participants via Microsoft teams, recorded and stored in video format. The interviews will be transcribed and then deleted</p> <p>The recordings will be transcribed with all personally identifiable information removed before the recordings are deleted. All files will be stored using the following naming convention [ProjectCode]-[InterviewerInitials]-[ParticipantNumber]-[Type of File]-[Date] i.e. 0123-AM-5678-ConsentForm-27032023</p> <p>Participant email addresses and any information needed for the reimbursement of the Amazon voucher will be collected via the researchers UEL email. Contact information (phone number/ email) will also be collected to arrange the interview</p>
<p>Documentation and Metadata</p>	
<p>What documentation and metadata will accompany the data?</p>	<ul style="list-style-type: none"> - Participant information sheets - Consent forms - Debrief sheets - Study advertising materials (e.g., flyer/leaflet, created on Canva) - Researcher’s reflexive log/ note - Interview schedule - File naming convention sheet

	<ul style="list-style-type: none"> - Demographic information about the ppt stored separately from the interview data - NVIVO codes and themes stored in NVIVO - Pseudonym key document (password protected) <p>All files will be Word documents or pdf files unless stated otherwise</p>
Ethics and Intellectual Property	
Identify any ethical issues and how these will be managed	<ul style="list-style-type: none"> - Informed consent: Participants will be informed verbally and via the information sheet about the study aims, data collection, management and analysis plans, and the possible dissemination including publication prior to engaging in the research. They will also be informed that the anonymised data may be retained for up to 3 years by the supervisor should the researcher wish to publish the research. Written and verbal consent will be sought from all participants - Right to Withdraw: Participants will be informed of their right to withdraw (have the recording and transcripts deleted and not included in the analysis) and the limit of this (e.g., approximately one month after the interview has taken place, after which point analysis will have begun, the data will be anonymised, and it will not be possible to remove their individual data). They will be given the researcher's contact details should they wish to withdraw their consent. - Confidentiality: Transcriptions will be carried out by the research and transcripts will be pseudonymised firstly. The pseudonymised logbook will be stored separately and all data linked back to the participant will be deleted. The minimal amount of necessary data will be collected and stored on UEL OneDrive. No directly identifiable information will be collected, for example demographic information will be kept general i.e. age will be obtained as opposed to DOB and participants will not be asked to provide their address/ location etc. Transcripts will only be accessed by the researcher and the supervisor.
Identify any copyright and Intellectual Property Rights issues and how these will be managed	N/A – I do not plan to use any copyrighted materials and so do not expect any IP rights issues
Storage and Backup	

<p>How will the data be stored and backed up during the research?</p>	<p>All files will only be stored and accessed on UEL OneDrive, a secure and encrypted university data cloud, and on the researchers personal, secure and password protected laptop hard drive. Recordings of interviews will be saved under participants pseudonyms. Recordings will be transferred from the audio recorder or from teams to the UEL OneDrive and then deleted from the audio recorder or teams. The recordings of the interviews will be deleted once anonymised transcripts have been saved. Data will also be backed up by saving it to a password protected external hard drive. The research supervisor will be provided with a copy of the anonymised interview transcripts (to be stored using their own secure UEL OneDrive account), providing a further backup of this data. The demographic information collected during the interview will also be stored in password protected files in a separate folder.</p> <p>The list of identifiers (pseudonyms) will be stored separately until after the one-month period has passed. The consent forms will be sent and returned via a secure email address. The scanned completed consent form documents (pdf) will be stored in a separate place away from the data, in a separate password protected file on the laptop, accessible only to the researcher.</p> <p>Spreadsheet of participant information i.e., participant email addresses and any information needed for the reimbursement of the Amazon voucher will also all be stored separately.</p>
<p>How will you manage access and security?</p>	<p>Security will also be ensured by password protecting all documents and storing the data and meta data on UEL's OneDrive for Business which is secure and encrypted. The researcher will collect and be the only person with access to data which can identify participants (i.e., contact details for participant). All data will be saved on the secure UEL OneDrive and will only be accessible to the main researcher. Physical data e.g., physical consent forms will be transferred to digital data, with the original copies shredded and confidentially disposed. The electronic copies will be saved securely (on the laptop and on the UEL OneDrive).</p> <p>Anonymised data such as interview transcripts will be shared with the research supervisor (and examiner if necessary) by sharing the file securely through the UEL OneDrive for business or UEL email. No one else will have access to the research data. Any data shared with the research supervisor or examiners will be done so through the faculty of the OneDrive for Business.</p> <p>Files containing identifiable information (e.g., participant names and contact details) will be accessible only to the researcher, using the researcher's UEL OneDrive and</p>

	password-protected laptop, as will consent forms which will contain participant names.
Data Sharing	
How will you share the data?	<p>Raw data (recordings) will not be shared. Anonymised data such as interview transcripts will be shared with the research supervisor (and examiner if necessary) by sharing the file securely through the UEL OneDrive for business or UEL email. No one else will have access to the research data. None else will have access to this data.</p> <p>The data will be analysed and included in a thesis which will be shared via the UEL data repository. Participants will be made aware of this prior to their involvement in the study. All data excerpts included in the thesis will be pseudonymised and will not include any identifiable material. Quotations, and any feedback from participants, included in the research thesis (or any subsequent publications, presentations etc.) will be carefully monitored for anonymity and any potentially identifiable information will be removed or altered prior to inclusion</p>
Are any restrictions on data sharing required?	There is no intention or need to share the identifiable data with anyone. Only anonymised data will be shared with the supervisor and included in the thesis and subsequent publications/ presentations
Selection and Preservation	

<p>Which data are of long-term value and should be retained, shared, and/or preserved?</p>	<p>A thesis will be written up using extracts of transcripts and this thesis will be stored in the open access UEL Research Repository. (as outlined in the UEL Research Data Management Policy).</p> <p>All data not considered of long-term value will be deleted off the UEL OneDrive once the project has been completed and passed.</p> <p>The MS Teams recordings and audio recordings will be destroyed once they are no longer needed for data analysis (i.e., after transcription). Anonymised transcripts and analysis data will be retained for up to 3 years, stored by the supervisor on the UEL OneDrive. The data will not be shared with anyone else. Consent forms may also be preserved for one year to ensure that participants consent can be explicitly checked at further stages of dissemination and review i.e., examination, publication. They will then be deleted.</p> <p>Electronic copies of consent forms will be retained by the researcher until the thesis has been examined and passed and will then be deleted. Research data stored on the researcher's UEL OneDrive will be deleted once the thesis has been successfully examined and passed.</p>
<p>What is the long-term preservation plan for the data?</p>	<p>Anonymised data (e.g. transcripts) and metadata (e.g. consent forms) will be stored in separate files. They will be moved and deleted from the researcher's UEL OneDrive for Business by Oct 2024 since the researcher will no longer have access to these UEL storage facilities as their course will have finished. They will be sent to the research supervisor who will store them on her UEL OneDrive for business for up to 3 years post project completion (Approx 2027). These are kept securely within UEL servers but may be needed for further publication following the thesis examination. Participants will be informed of this prior to taking part in the research.</p> <p>The thesis will be stored and deposited in the research open access repository (as outlined in the UEL Research Data Management Policy).</p>
<p>Responsibilities and Resources</p>	
<p>Who will be responsible for data management?</p>	<p>Asma'u Mustapha (researcher) Paula Corredor-Lopez (Director of Studies)</p> <p>The researcher will collect, store and organise the research data.</p>

	The research supervisor(s) will be responsible for retaining anonymised data once the researcher has left UEL and deleting this data once the retention period has elapsed.
What resources will you require to deliver your plan?	A Laptop, MS Teams access, UEL email account, Access to UEL Microsoft 365 suite including OneDrive for Business, Microsoft Office software (e.g. Word, Excel), access to MS Teams, access to a telephone, access to a suitable password-protected audio-recording device
Review	
	<p>Please send your plan to researchdata@uel.ac.uk</p> <p>We will review within 5 working days and request further information or amendments as required before signing</p>
Date: 28/03/2023	Reviewer name: Joshua Fallon Assistant Librarian RDM

Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: researchdata@uel.ac.uk

Administrative Data

Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

Ethics and Intellectual Property

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

Storage and Backup

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

Data Sharing

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

Selection and Preservation

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (<https://repository.uel.ac.uk>) or a subject repository. How long should data be retained?

6.21. Appendix U: Transcript Excerpt

... So, I was just wondering a bit about what, yeah, the term Ghanaian means for you?

P: I guess, so, growing up my, my parents, I'd be like, oh, you know, I'm English and my parents are like, 'No, you're Ghanaian' and I'm like, 'OK, what is that? What is, what does that mean?'. And I've, and it was really confusing to try and make sense of that as a kid. And I think I brought up that example because maybe when I was younger, it was easier to assimilate and easier to go back to Ghana and be like, I'm like everyone else because we're all children, we don't really think about those external social identities, whereas getting older, it was quite obvious my cousins would be like, 'Oh, you're, you're English. You can't speak Twi properly' or 'When you speak Twi, you sound like you're singing'. I'm like, 'why would you say that to me? You put me off.' But then thinking about my Ghanaian identity here, I found other people who also have that shared identity of being a child of a Ghanaian immigrant, but also knowing that when they go home, they're kind of, not ostracised but treated differently. And you're not treated like everyone else. And so, I've kind of found a kinship with them. And so having that kinship, I feel like I'm more able to kind of claim that and be like, yeah, I am Ghanaian. But I guess I'm a, I'm a diasporan Ghanaian person and that's OK. But I'm still going to claim it because that's, that's my herit... It's an important – It's important to me because that's part of my identity. So.

I: Yeah. And these connections that you had, these other kind of Ghanaian diaspora connections were, they sound like kind of later in life developments. How did they kind of come up into your, your life?

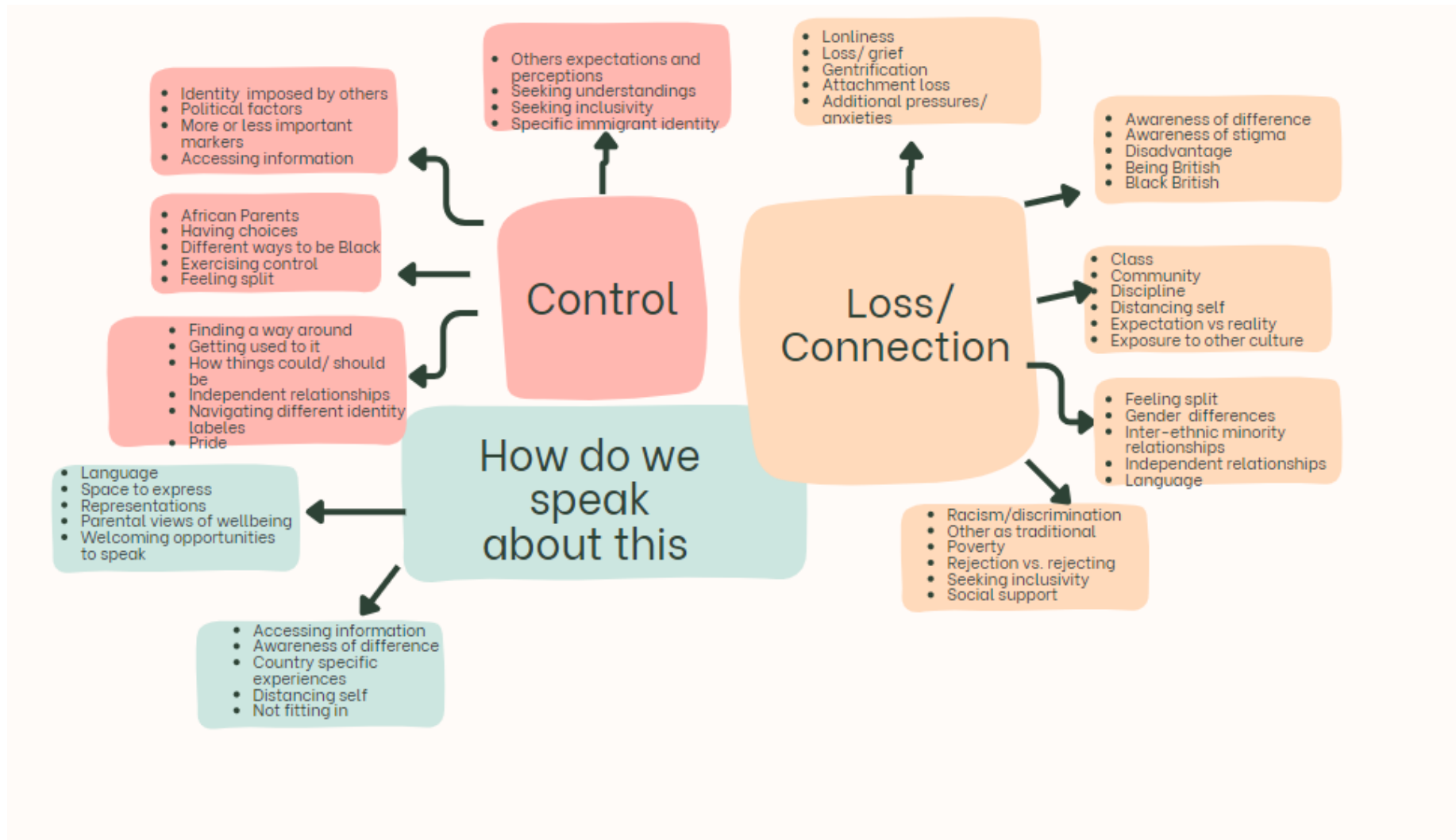
P: Yeah, they're later life developments, I met them at Uni as well. And it was funny because we didn't know we were, well, we're not from the same tribe, so I didn't know she was Ghanaian. She didn't know I was Ghanaian, so we were just speaking English. And then someone said one time she was like, 'you know, she's Ghanaian'. And I was like, 'what?'. And it was nice because we were both like, 'oh yeah, we're not going to try and speak our language and embarrass ourselves' because we've been made to feel like that, which sounds really sad. But then there wasn't any pressure on that. So, it was a later life connection, I guess I have other Ghanaian connections in [REDACTED], because of course my mum goes to church and there's other Ghanaians there and there's the Ghanaian union and stuff like that. But I don't think I really, because they have different views from me which are quite, I'm not going to say conservative, but they're quite, I don't know what it is. Ghanaian culture is really spiritual. Well, Christian and spiritual. And there's certain, I don't know there is certain things that they don't, they don't agree with and I'm, I'm just sat there like, 'why, why are we doing this? Why are we ostracising other groups of people, when you know what it feels like to be ostracised?' So yeah. I appreciate meeting my friends at Uni.

6.22. Appendix V: Initial Code List

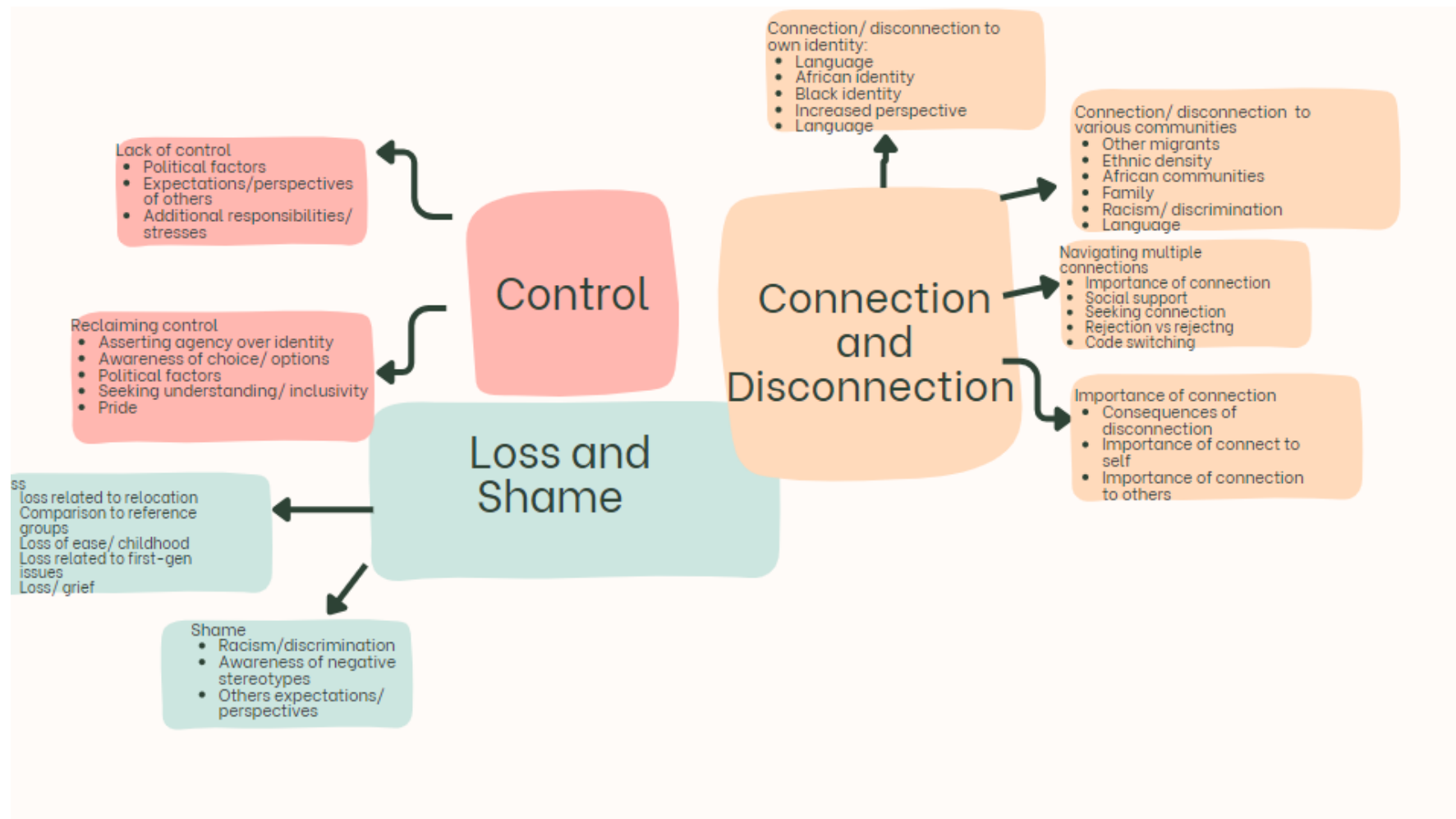
Accessing information
Additional pressures and anxieties
African Parents
Awareness of Difference
Awareness of stigma about being Black or African
Being able to talk about these experiences
Being at a disadvantage
Being British
Black British
Choice and Control
Class
Community
Comparisons
Country Specific experience
Differences from parents
Different ways to be Black
Difficulty accessing part of culture
Discipline
Distancing self
Exercising control
Expectation vs Reality
Experiences associated with being Black
Exposure to other cultures
Exposure to violence
Familial relationships
Feeling split
Finding a way around it
Gender differences
Gentrification
Getting used to it
Having a foundation
Having multiple perspectives
Having options
How things could have been
How things should be
Identity changing over time
Identity outside of ethnicity and race
Independent relationship with African country
Inter-ethnic minority relationships

Language
Local diversity
Loneliness and isolation
Loss and grief
Mental health impact
More or less important markers
Navigating different identity labels
Negative connotations about African country
Non-racist discrimination
Not fitting in
Not relating to identity label
Others as traditional
Others' expectations or perceptions
Parental ambivalence about the UK
Political factors
Positive feeling about African country
Poverty
Pride
Privilege
Racism
Rejecting vs rejected
Religion
Relocation
Satisfaction with identity
Seeking inclusivity
Seeking understanding
Sexuality and relationships
Siblings
Social support
Specific immigrant identity
Understanding of race
Vicarious racism

6.23. Appendix W: Initial Thematic Map



6.24. Appendix X: Final Thematic Map



6.25. Appendix Y: Participant Pseudonyms

Participant Pseudonyms, presented in alphabetical order.

Participant pseudonyms
Abena
Bilan
Daaood
Efua
Funmi
Gifty
Inori
Jamal
Kemi
Latifah
Nnenna
Osei
Queeneth
Remi
Soraya
Teta
Umma
Vimbo
Wajih

6.26. Appendix Z: Signed Change of Title Request Form



School of Psychology Ethics Committee

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr J�r�my Lemoine (School Ethics Committee Member): j.lemoine@uel.ac.uk
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

Required documents

A copy of the approval of your initial ethics application.	YES <input type="checkbox"/>
--	---------------------------------

Details

Name of applicant:	Asma'u Mustapha
Programme of study:	Professional Doctorate in Clinical Psychology
Title of research:	Factors Affecting Mental Health among Children of Black African Migrants
Name of supervisor:	Dr Paula Corredor Lopez

Proposed title change

Briefly outline the nature of your proposed title change in the boxes below

Old title:	Factors Affecting Mental Health among Children of Black African Migrants
New title:	'Having Two Heads': An Exploration of Experiences Relating to the Mental Health of Children of Black Africans
Rationale:	This change was requested by my examiners during my viva to reflect a change in language used in the project since the proposal

Confirmation

Is your supervisor aware of your proposed change of title and in agreement with it?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Does your change of title impact the process of how you collected your data/conducted your research?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Student's signature

Student: (Typed name to act as signature)	Asma'u Mustapha
Date:	11/08/2024

Reviewer's decision

Title change approved:	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Comments:	Please enter any further comments here	

Reviewer: (Typed name to act as signature)	Miles Thomas
Date:	12/08/2024