“I’m not scared to be vulnerable anymore”: The impact of Community Psychology interventions on young people affected by serious youth violence

Mekeda X Logan

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Thesis Declaration Form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signature:

Name: Mekeda X Logan

Date: 13/10/2025

Overview

Community Psychology (CP) is an approach which aims to address the social, cultural, economic, and political factors affecting the well-being of individuals. An important aspect of implementing CP initiatives is learning from the successful practices of established CP based projects and services. Projects within this approach are often associated with marginalised, disenfranchised and disempowered communities who experience inequalities, disparity and oppression in society. An example of such projects are those that work directly with young people connected to the Criminal Justice System (CJS), specifically those exposed to youth violence.

Serious youth violence (SYV) has been increasing worldwide, leading to significant negative economic, social, and psychological consequences. SYV refers to forms of interpersonal violence committed by, or against, young people that result in, or carry a high risk of causing, significant physical injury, psychological trauma, or death. It typically encompasses offences such as homicide, grievous bodily harm, weapon-enabled assaults (including knife crime and firearm use), sexual violence, and gang-related violence. SYV is distinguished by its severity, potential lethality, and enduring social impact. For the purpose of this thesis, the term SYV will specifically denote physical violence, including knife crime, gang-related violence, and incidents involving firearms, involving young people as perpetrators, victims, or witnesses.

Research indicates that young people involved with the CJS due to youth violence often face multiple risk factors, including poor mental health. Despite this, young people rarely receive adequate mental health support or social care. When they do, such interventions are often characterised by short-term engagement, limited continuity, and a lack of culturally sensitive or trauma- informed approaches. Support is frequently framed through a criminalising lens and tends to pathologise young people’s behaviour rather than address the underlying social determinants (Fazel et al., 2008; Muncie, 2009). These factors contribute to further disengagement from services, reinforcing cycles of marginalisation and reoffending (Jacobson et al., 2010).

There is a lack of research in this area, especially involving the voices of young people (YP) who have used CP provision. This study aims to explore the experiences of young people affected by SYV accessing support from community psychology projects. It seeks to understand their perceptions of the support received and its impact, of barriers and facilitators to access, and their suggestions for improving how such projects are delivered to promote their psychological well-being.

Part one is a conceptual introduction that provides an overview of CP, particularly emphasising its effectiveness in Black adult and youth populations. The introduction concentrates on the efficacy of CP interventions for Black adults and Black youth, supported by research indicating that social action is an effective mental health intervention for Black individuals.

Part two is an empirical paper presenting the findings from a qualitative study that used Reflexive Thematic Analysis. This research examined young people's experiences of CP projects, with a particular focus on those affected by SYV. Semi-structured interviews were conducted with 10 YP recruited from three CP projects. The discussion addresses the perceived impact and distinctive experiences of disenfranchised YP affected by SYV. Additionally, implications and directions for future research are outlined.

Part three provides a critical appraisal and reflection on the research process, exploring how my personal and professional experiences may have influenced the thesis and detailing the measures taken to maintain reflexivity throughout the research. Additionally, I discuss challenges faced during the recruitment and data collection phase, how I experienced and managed the challenges that arose, and describe new insights gained. These insights have contributed to shaping my career as a clinical psychologist and deepening my interest in CP.

Impact statement

Community Psychology (CP) approaches seek to understand and address how broader systems, which are implicated in oppression and social exclusion, contribute to adverse outcomes such as poor mental health, criminal behaviour, and involvement with the CJS. Several CP initiatives focus specifically on young people affected by youth violence.

These projects not only offer interventions at the micro level but also engage young people at the exo level, working with both formal and informal social structures that do not directly include the young person (such as their neighbourhood, parents' workplaces, or social media), but still influence young people indirectly by affecting the systems they are part of.

Given the barriers many young people face in accessing services, such as lack of trust, racial discrimination, stigma, complex presentations, and unmet multifaceted needs, it is crucial to understand how CP interventions are experienced by this cohort. This insight can help inform the design and delivery of other CP projects targeting disenfranchised youth affected by serious violence. Therefore, the current thesis set out to explore the experiences of young people affected by SYV of community psychology interventions.

The research literature presented in the conceptual introduction has identified challenges faced amongst the Black community, including discrimination, racial trauma, structural inequalities, stigma surrounding mental health problems and how help is sought. Theory and evidence presented in the conceptual introduction underscore the efficacy of CP interventions with these communities, such as social action as a form to support Black individuals and Black communities to better their mental well-being.

The empirical paper aimed to explore the experiences of community psychology interventions for young people affected by SYV. This appeared to be a relatively understudied area as there is a gap in the literature focusing on the experiences of CP interventions from the voices of the YP accessing these services. The findings revealed that disenfranchised YP affected by SYV have had positive experiences when receiving support from CP projects, including relational development and a physical and psychological place of safety. These positive experiences are facilitated by a sense of trust and cultural humility between the YP and professionals with the CP service, for example, participants reported feeling seen and understood by the staff working in the CP projects, enabling them to restore a lack of trust with structures set up to help them. The findings also revealed that a significant barrier to accessing support from CP interventions was due to geographical limitations, for example, some participants reported not being able to go to certain areas due to a risk of danger. The findings led to a number of recommendations for enhancing young people's experience of CP interventions, such as increasing funding to enable young people to engage in more therapeutic activities and enhancing awareness at a community and societal level through training and workshops for other services involved in young people's care.

This research is valuable as it sheds light on the personal and diverse experiences of YP affected by SYV who have engaged with CP interventions. It also highlights the ways YP would like CP services to evolve, particularly to strengthen multi-level approaches that better meet their needs. The study offers key insights into how violence impacts young people across multiple levels of their lives, and explores the barriers, enablers, perceptions, and effects of CP interventions. These findings may be especially relevant for charities and NHS services exploring a shift towards CP frameworks. Additionally, the research has implications for service commissioners, offering guidance on initiatives that support disenfranchised YPs' well-being, potentially improving outcomes for young people. Clinical psychology training programs the British Psychological Society (BPS), and community-based psychologists may also find the study valuable, as it provides practical insights into working with broader systems and highlights the support and competencies required for psychologists in this field.

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Acknowledgements

"God is within her, she will not fall" Psalm 46:5

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Part 1:

Conceptual Introduction

Exploring the impact of community psychology on Black individuals’ mental well-being

Abstract

The literature in the field of clinical psychology highlights a significant lack of research into interventions designed to address mental health challenges within Black communities and among Black individuals. In the UK, mental health systems predominantly follow Eurocentric practices, despite the availability of culturally adapted interventions. However, there remains a gap in understanding the facilitators, barriers, and effectiveness of culturally competent psychological interventions targeting Black communities and individuals.

Research has shown that community psychology interventions can effectively address psychological challenges faced by members of marginalised communities. Nonetheless, there is still limited empirical literature examining the outcomes of such interventions concerning Black individuals' lived experiences. This conceptual introduction reviews key concepts and summarises the evidence on community psychology interventions and their impact on the psychological well-being of Black individuals.

1. Introduction

Community psychology (CP) is a psychological modality which is concerned with how social, cultural and environmental influences implement positive change within systems that have been disempowered and oppressed (Orford, 1992). CP is a field dedicated to addressing the mental health needs of individuals by taking into account their distinct life circumstances and environmental contexts (Trickett, 2009). CP interventions examine a comprehensive range of factors influencing mental health, recognising that these factors extend beyond individual circumstances to include social, political, cultural, economic, and environmental dimensions. This approach asserts that individuals' psychological distress is not purely a consequence of personal issues but is also deeply intertwined with societal and systemic structures that shape their lived experiences.

Key societal and systemic structures that CP identifies include access to essential services, such as healthcare, housing and employment, which can determine one’s ability to receive timely mental health support. Financial resources play a crucial role in mental well-being as economic stability can reduce stress and provide opportunities for a better quality of life. Educational access is another vital component, as it not only enables personal development but also affects employment opportunities and social mobility. Housing security is equally important; inadequate living conditions can exacerbate mental health issues and contribute to feelings of instability and insecurity (Carrere et al, 2022). Additionally, experiences of systemic issues such as sexism, racism, violence, and discrimination significantly impact individuals' mental health, often leading to compounded distress and a sense of marginalisation and stigmatisation (Carter 2021; Mezzina et al, 2022).

CP interventions are particularly focused on working with individuals and communities who are marginalised or disempowered (Kagan et al, 2002). These interventions recognise that alleviating psychological distress requires a dual approach: addressing individual needs while simultaneously advocating for systemic change and social equity (Castillo et al, 2019) . By understanding that personal difficulties are often rooted in broader social contexts and inequality, community psychologists seek to implement strategies that not only target individual symptoms but also promote social justice and equity.

Research in the field of CP helps psychologists understand the unique needs, strengths, and challenges faced by marginalised communities. This understanding enables the design of interventions that align with individuals' cultural values, lived experiences, and community dynamics. Culturally relevant interventions tend to be more effective because they incorporate the language, values, and practices that resonate with the community (Griner & Smith, 2006; Castillo , 2019). One client group that experiences significant marginalisation and faces challenges in accessing mental health services are Black individuals and those from the global majority ethnic backgrounds (Memon et al., 2016). Research indicates that Black men, in particular, often receive mental health support within forensic settings, typically through incarceration or during acute mental health crises that may lead to detention under Section 3 of the Mental Health Act (1983) (Meechan, John & Hanna, 2021); In the United Kingdom, Black individuals are disproportionately detained as psychiatric inpatients under the Mental Health Act and often receive harsher treatment methods (Solanki, Wood & McPherson, 2023). This includes higher doses of antipsychotic medications, being prescribed medications with greater side effects and facing a greater likelihood of physical restraint while in mental health care (Gajwani et al., 2016). Additionally, Black women are less likely to be diagnosed with anxiety and depression compared to White women but are more frequently diagnosed with more complex and enduring mental health disorders, such as post-traumatic stress disorder (PTSD), which can lead to inadequate care and inappropriate treatment methods (Erving, Thomas & Frazier, 2019). Moreover, the literature indicates that Black communities encounter longstanding disparities in mental health care access, quality of care, and outcomes, largely due to systemic inequities, including racial discrimination, socioeconomic inequality, and barriers to healthcare access (Waldron, 2024).

Despite the potential promise of community psychology for marginalised groups, to date research into the experiences of Black individuals and Black communities accessing community psychology interventions is very limited. This conceptual introduction aims to provide a comprehensive understanding of how CP interventions align with the lived experiences of Black individuals and Black communities, with a particular focus on the barriers, facilitators and effectiveness of CP interventions for the Black community and Black individuals.

1.1 Community psychology theory and practice

Psychological interventions have been significantly influenced by the principle of individualism, which often leads to a neglect of the importance of social context in understanding human behaviour and mental processes. In response to this limitation, CP offers a more holistic approach that emphasises the significance of individuals within their broader social contexts. This psychological perspective focuses on promoting individuals' overall well-being by looking beyond mental health in isolation. It emphasises the importance of understanding how people's interactions within their communities and broader social systems shape their experiences and outcomes. As Orford (1992) explained, community psychology is committed to fostering supportive environments that empower individuals, rather than simply reacting to problems after they emerge.

Community psychology was developed in the 1960s in the United States as a response to the various socio-political challenges of that era. These challenges included the Civil Rights Movement, which advocated for racial equality and justice; the Feminist Movement, which sought to address and dismantle gender-based oppression; and the antipoverty movement, which aimed to alleviate the economic disparities affecting marginalised populations. The confluence of these social movements highlighted the urgent need for a psychological approach that recognises the interplay between individual behaviour and societal factors.

A central tenet of CP is the belief that the field should extend beyond the mere treatment of individuals after problems have surfaced. Instead, it must actively participate in addressing the broader social conditions that contribute to psychological distress. Issues such as poverty, racism, and systemic inequality are seen as crucial factors that exacerbate mental health challenges; therefore, community psychologists advocate for interventions and policies that target these underlying social issues, promoting a more proactive and preventative stance in mental health care (Jason & Aase, 2016). CP interventions work by getting involved with disadvantaged communities to aid them in creating solutions to their own problems, building supportive structures to help people in need (Nelson et al, 2014).

CP is rooted in the idea that it can serve as a mechanism for social, emotional, and mental liberation, especially for those individuals and communities who have been historically disenfranchised and oppressed by dominant societal structures. By focusing on empowerment and social justice, community psychology endeavours to create a more equitable society where everyone has the opportunity to thrive (Christens, 2012). The primary aim of a CP approach is to address systemic inequalities in mental health services by improving both accessibility and the suitability of care for individuals and communities who experience disempowerment, marginalisation, and oppression (Orford, 2008). Traditional mental health models often operate within rigid institutional frameworks that may inadvertently exclude or inadequately serve those in vulnerable positions. In contrast, a CP approach emphasises flexibility, cultural responsiveness, and community-based engagement, ensuring that mental health support is delivered in ways that are accessible, relevant, and empowering. A key principle of CP is meeting people where they are at, both physically and psychologically, to foster trust, collaboration, and empowerment. This means designing interventions that do not solely rely on individuals seeking formal mental health support but instead bring resources and support directly to underrepresented groups within their own communities. By doing so, CP initiatives work to build on the existing strengths, resilience, and collective capacities of these groups rather than focusing only on deficits or pathologies.

Research consistently indicates the effectiveness CP interventions can have across various crucial areas. Notably, CP interventions have been instrumental in fostering not just collective well-being among groups, but also personal and relational benefits for individuals engaged in this form of psychological intervention (Montiel, Radziszewski, Prilleltensky & Houle, 2021). Studies, including those by Prilleltensky (2001) and more recent findings by Albright, Hurd and Hussain (2017), have highlighted the positive outcomes associated with such projects, suggesting that a holistic focus on multiple dimensions of wellness can lead to more resilient and healthier communities. CP theories are grounded in essential values and principles, emphasising a dedication to social justice for marginalised groups, promoting fair resource distribution among different groups, valuing diverse perspectives, collaborating with communities, and following a strengths-based approach in interactions with others (Jimenez, Hoffman & Grant, 2019). The ecological theory developed by James Kelly (1966) provides the underpinning of CP; the purpose of this theory was to provide a framework for understanding the structure and function of a community. This theory helps us understand how community environmental factors significantly influence interpersonal interactions. It allows us to examine the relationships among groups, organisations, and entire communities in specific contexts, guiding our considerations for developing community interventions (Kelly, 1968).

Kelly’s ecological theory (1966) describes four essential principles for grasping the latent dynamics within social systems. These principles can guide the assessment, development, and evaluation of community preventive interventions used within CP practices; these essential principles include interdependence, adaptation, cycling of resources, and succession (Kelly, 1968). The principle of interdependence highlights how a change in one part of a system can influence other parts, often triggering a chain reaction in the system. This concept is fundamental to both the theory and practice of CP, as it encourages individuals to understand that all elements within a system are interconnected.

Adaptation refers to the process of change and how what might be adaptive in one environment might not be in another. It highlights how certain behaviours an individual displays may not be beneficial in one environment, such as their workplace, but may be beneficial in other settings, such as their familial home. ‘Cycling of resources’ describes how communities recognise, integrate, and utilise the various resources available to them. These resources can include skills and knowledge, information, social support networks, access to equipment or supplies, and social processes that either reduce biases, such as those based on gender or race, or foster social and cultural unity. The final element of Kelly’s ecological theory is ‘succession’, which emphasises that communities are continuously evolving, and that this ongoing change leads to shifting demands that require adaptation. Change and development within a community over time are inevitable, and it is both necessary and the community’s responsibility to support its members in adapting to evolving circumstances. For example, as the demographic composition of a community shifts with the increasing presence of families from diverse ethnic backgrounds, it becomes imperative for traditional institutions such as educational systems to undergo adaptive transformations. Such adaptations are essential for addressing the shifting needs and expectations of an increasingly culturally diverse population. When this fails to occur, shortcomings may arise, potentially resulting in adverse psychological outcomes for marginalised communities (Saaida & Saaidah, 2023).

The psychological literature also underscores that CP practices are grounded in Bronfenbrenner's (1979) ecological systems theory. This theory purports that individuals exist within different systems at multiple levels, and different systems or environments impact an individual's development. According to the ecological systems theory, the five core systems in which an individual exists are: the microsystem, which includes an individual's immediate environment, and the mesosystem, which involves connections within the microsystem. For example, within the mesosystem, there may be a connection between an individual's place of employment and the close friendships that they have formed at work. The literature further proposes that an individual's development will be enhanced if the two settings in which the individual is developing are closely linked rather than weakly connected (Orford, 1992). The exosystem comprises an individual's indirect environment, such as social media or their parents' places of work. The macrosystem involves an individual's cultural context, which includes laws, values, customs and cultural practices. The chronosystem refers to changes over time which take place in a person's life, including life transitions such as leaving the family home and getting married. Ecological systems theory highlights the idea that the various environments in which individuals develop play a crucial role in shaping their functioning, behaviour, and psychological well-being. This theory posits that human development does not occur in isolation but rather through complex, dynamic interactions between individuals and their surrounding systems, such as family, school, peer groups, and society at large (Huston & Bentley, 2010). These systems often work together to influence an individual's cognitions, emotional responses, and perceptions about social interactions.

Furthermore, Bronfenbrenner's model emphasises that these influences are reciprocal, meaning that just as the environment shapes the individual, the individual also plays a role in shaping their environment through their actions, decisions, and interactions with others.

Building on this perspective, the behaviour setting theory (Barker, 1968) further explores how individuals interact with their environments and how those environments, in turn, respond to and shape individual behaviour. This theory asserts that human behaviour is not solely an internal psychological process but is significantly influenced by the settings in which people find themselves. Barker (1979) argues that traditional psychological approaches often focus on understanding individuals in isolation, separate from their real-world contexts, such as their workplaces, schools, or communities. However, behaviour setting theory suggests that these settings act as structured environments with particular social norms, expectations, and affordances that guide human behaviour. Essentially, individuals and their environments exist in a state of mutual influence. While people adapt to their surroundings, they also contribute to the shaping and maintenance of those environments over time.

1.2 Community psychology in the Black community

The psychological literature investigating Black individuals' mental health is relatively novel, with there being little historical interest in the psychological well-being of this demographic. One particularly troubling belief is the longstanding prejudice that Black individuals have a reduced capacity to experience physical or psychological pain, a notion that undermines their lived experiences and further stigmatises their mental health challenges (Ellis, 2021). This harmful and systemically racialised stereotype contributes to a broader landscape of racial disparities faced by the Black community, manifesting in significant challenges such as unequal access to mental health care, lower socio-economic status, substandard housing conditions, and a pervasive lack of social support and community resources (Nazroo, Bhui & Rhodes 2020).

These systemic issues not only affect the immediate well-being of individuals but also create vicious cycles of disadvantage; the aforementioned behaviour setting theory highlights the importance of environmental and contextual influences on individuals’ actions and experiences (Heft, 2024). This framework can be applied to understanding how social determinants like housing insecurity, financial instability, and limited social networks can profoundly impact the mental health of Black individuals, exacerbating existing disparities and creating further barriers to receiving adequate care and support (Grey et al, 2013). Advocacy for systemic changes and increased awareness of these issues within the psychological healthcare framework is crucial for addressing the multifaceted challenges faced by the Black community, ultimately leading to improved mental health outcomes and societal equity (Williams & Cooper, 2019).

On that point, the beliefs and perceptions about mental health and mental health challenges that are held within the Black community are deeply influenced by a variety of historical, cultural, religious and social factors (Bademosi, 2020). Black individuals and communities face unique stressors that contribute significantly to mental health challenges. These stressors include higher rates of racial discrimination, racial trauma, police violence, and economic inequality, all of which lead to negative mental health outcomes that are often overlooked by Western mental health services (Louie, Upenieks, Erving & Courtney, 2022). It is essential to understand that mental health stigma varies across communities, with Black communities experiencing a particularly profound impact of such stigma. In these communities, stigma is often exacerbated by a historical mistrust of healthcare systems, rooted in past discrimination and unethical treatment practices like the Tuskegee Study (Suite, La Bril, Primm, & Harrison-Ross, 2007). The Tuskegee Study of Untreated Syphilis was an unethical medical experiment conducted by the U.S. Public Health Service. It involved 600 Black men, who were misled into believing they were receiving treatment for “bad blood,” while researchers secretly studied the effects of untreated syphilis. The men were never informed of their diagnosis or offered proper treatment, resulting in avoidable suffering and deaths. Its legacy endures today in the form of deep medical mistrust and ongoing public health disparities in Black communities. Consequently, addressing mental health in Black communities requires a nuanced approach that acknowledges these historical contexts and the ongoing effects of systemic inequities. Community-centred approaches are typically employed to address stigma and build trust within these communities (Garrido, Garcia-Ramirez & Balcazar, 2019).

The experience of mental illness symptoms among Black individuals can often differ significantly from those of their White counterparts (Harris, Edlund & Larson, 2005) and lead to an underdiagnosis of mental disorders within the Black community (Williams & Williams- Morris, 2000). As a result, many Black individuals may not receive the appropriate support and treatment they need to manage their mental health effectively. Factors such as cultural differences in the expression of symptoms, stigma surrounding mental health, and disparities in healthcare access contribute to these challenges, making it essential to address these issues to ensure that all individuals receive equitable mental health care (Alang, 2016).

Research has highlighted significant differences, for example, in the ways depression symptoms are expressed among African Americans in contrast to their White counterparts (Walton & Payne, 2016); such disparities can lead to inaccurate mental health assessments and misdiagnosis. A literature review conducted by Walton and & Payne (2016) found that African Americans may display somatic symptoms, such as fatigue or unexplained pain, instead of the more commonly recognised emotional symptoms of depression, such as persistent sadness or hopelessness. Furthermore, cultural influences, stigma surrounding mental health, and diverse sociocultural backgrounds add to the complexity of how depression presents. As a result, mental health professionals who are not attuned to these differences may fail to provide appropriate care, leading to inadequate treatment outcomes for Black individuals experiencing depression. Thus, understanding these cultural nuances is essential for improving diagnostic accuracy and enhancing the effectiveness of interventions in mental health care.

Furthermore, the misdiagnoses and overdiagnoses of more severe, complex and enduring mental health challenges have been a common problem for Black individuals (Faber et al, 2023). Research indicates that Black men often receive mental health support within forensic settings, typically through incarceration or during acute mental health crises that may lead to detention under Section 3 of the Mental Health Act (Meechan, John & Hanna, 2021). In the United Kingdom, Black individuals are disproportionately detained as psychiatric inpatients under the Mental Health Act and often receive harsher treatment methods (Solanki, Wood & McPherson, 2023). This includes higher doses of antipsychotic medications, being prescribed medications with more side effects and a greater likelihood of physical restraint while in mental health care (Gajwani et al., 2016). Additionally, Black women are less likely to be diagnosed with anxiety or depression compared to White women and are more frequently diagnosed with more complex and enduring mental health disorders, such as post-traumatic stress disorder (PTSD), which can lead to inadequate care (Erving, Thomas, & Frazier, 2019).

The evidence strongly suggests that Black individuals may derive significant benefits from non-traditional psychological interventions tailored to align with their cultural beliefs and attitudes towards mental health disorders (Ball et al, 2024). This need is heightened by a lack of trust in medical professionals within the Black community, as highlighted by the literature. Thus, psychological interventions that meet Black individuals where they are, both physically and psychologically, hold the potential to dramatically enhance the likelihood of achieving positive mental health outcomes.

CP interventions fit this remit and offer resources for Black individuals, adeptly addressing their psychological needs with cultural sensitivity and adaptability. These approaches emphasise the critical importance of progressing at the client's own pace, an essential element in cultivating a comfortable and supportive therapeutic environment. Indeed, nurturing and fostering meaningful relationships is central to the philosophy of community psychology; this relational aspect fosters a sense of trust and safety that can be pivotal in the therapeutic journey for Black individuals.

Furthermore, this approach transcends mere relationship-building; it empowers individuals by enabling them to actively participate in the co-production of the care and treatment they receive. This model differs significantly from traditional approaches, where clients typically feel disempowered or simply guided by providers on what to pursue, rather than co-producing their intervention, which can cause feelings of inferiority and inadequacy in one's care. Such an empowering orientation is particularly beneficial for Black individuals and communities that frequently contend with systemic power imbalances and oppression. Therefore, creating a supportive, equitable, and responsive therapeutic context is not just beneficial but essential for improving the mental health outcomes of Black individuals.

Another key value and practice in CP, the co-production of care, not only strengthens the therapeutic alliance but also helps to confront and address broader issues of equity and representation within mental health services. The literature reveals that Black individuals face specific barriers when attempting to access care from traditional mental health services, including issues of cultural ignorance, power imbalances, and a lack of awareness regarding diverse service options among both providers and clients (Memon et al., 2016). This highlights the compelling notion that by integrating cultural competence and fostering client empowerment, mental health practitioners can significantly contribute to improved health outcomes. This approach creates a more inclusive mental health care framework that acknowledges, respects, and honours the distinct experiences and challenges faced by Black individuals and their communities, ultimately fostering a more equitable mental health landscape.

1.3 Community psychology and Black youth

Childhood experiences have long been recognised as critical determinants of developmental trajectories, shaping emotional, cognitive, and social well-being throughout the course of life (Mosley-Johnson et al, 2019). Black youth, in particular, face a unique set of challenges to their mental health rooted in systemic inequalities, cultural stigma, and disparities in access to adequate care (Matrinez-Vega et al, 2024). Research has shown that Black youth are disproportionately exposed to adverse childhood experiences (ACEs), including abuse, neglect, and various forms of victimisation (Hick et al, 2020). The increased incidence of ACEs within Black communities is linked to a higher likelihood of behavioural difficulties, socialisation challenges, emotional dysregulation, substance use, and long-term mental health struggles.

Serious youth violence (SYV) represents a substantial ACE that significantly impacts the psychological well-being of Black youth. Studies highlight the complex interplay between systemic oppression and violence in the Black community. This systemic oppression can manifest through various societal structures, including economic disparities, discriminatory policies, and lack of access to resources, which collectively contribute to an environment where violence becomes more prevalent. Furthermore, the psychological ramifications of serious youth violence extend beyond immediate trauma, influencing long-term mental health outcomes, including anxiety, depression, and post-traumatic stress disorder (PTSD) (Smith & Patton, 2016). Understanding the broader socio-political context of SYV is essential in addressing these critical issues and developing effective interventions to support Black youth in overcoming the effects of violence and systemic marginalisation.

Cultural perceptions of mental health and perceived discrimination, compounded by stigma, often discourage open discussions and professional help-seeking amongst Black youth, leading to untreated or underdiagnosed mental health conditions (Boyd et al, 2024). In addition, research has indicated a lack of trust between Black youth and mental health professionals, which can act as a deterrent to accessing psychological well-being support (Fante-Coleman & Jackson-Best, 2020). The adultification and criminalisation of young Black boys and girls also impacts perceptions mental health professionals have of their psychological pain, thus acting as a barrier to receiving sensitive and appropriate psychological interventions (Jackson, 2024). Adultification refers to the biased perception of Black children as more mature, less innocent, and more culpable than their white peers. When combined with criminalisation, the tendency to view Black youth as threatening or delinquent, this bias can lead mental health professionals to underestimate or misinterpret the emotional distress and psychological needs of Black children. This can result in reduced empathy, fewer referrals for support, and less effective or inappropriate treatment, thereby limiting access to culturally sensitive and trauma-informed care. Research highlights that racial bias in clinical settings can result in underdiagnosis or misdiagnosis of psychological conditions in Black youth, stemming from stereotypes about emotional resilience or aggression (Bailey & Fields, 2021). Addressing these disparities requires a multifaceted approach, including culturally responsive mental health care, community-based interventions, and policies aimed at dismantling systemic barriers to well-being.

The challenges outlined earlier emphasise a significant and urgent need for psychological interventions that are specifically tailored to meet the unique needs of Black youth. These interventions should not only address the psychological concerns faced by these young individuals but also create an environment where they can feel a sense of trust. Professionals must foster an atmosphere devoid of judgment, allowing Black youth to express themselves freely and seek the help they need without fear of being misunderstood or marginalised. Focusing on the mental health needs of Black youth is imperative, as research literature highlights that mental health challenges are the leading cause of morbidity and mortality amongst young Black men in the US (Joseph et al., 2024). Research conducted by Bauer et al (2022) has highlighted the need for multi-level, community-based mental health interventions for young Black men impacted by trauma. This analysis utilised secondary data from a broader mixed-methods study conducted in two phases with an exploratory sequential design. In Phase 1, participants included 55 Black men between the ages of 18 and 30 who had encountered one or more lifetime traumatic events. Participants engaged in focus groups to identify community needs and suggest strategies for enhancing mental health. The social-ecological model, encompassing individual, interpersonal, organisational, community, and public policy dimensions, was used to interpret the qualitative insights. The results revealed that the focus groups proposed intervention strategies targeting individual and interpersonal levels, such as providing educational resources and encouraging social support, as well as organisational and community initiatives like resource fairs, and tools tailored for schools, churches, and other community settings, along with policy changes aimed at increasing funding to enhance access. The evidence further substantiates the imperative for psychological interventions targeting Black youth to be implemented within a community psychology framework. Such an approach not only acknowledges the sociocultural and systemic contexts that shape mental health experiences but also enhances the potential effectiveness and sustainability of interventions aimed at improving mental health outcomes in the young Black population.

Recent research conducted by Ajayi (2023) has also delved into how young Black individuals in the UK utilise social action arts-based therapies as a means to manage and enhance their mental well-being. The primary aim of this research was to explore how creative self-expression could function as a protective and empowering mechanism that fosters resilience within this demographic. To achieve this, the researcher adopted a reflexive and participatory approach. A total of 11 Black participants, aged 18 to 25, were initially engaged in the study, with 6 participants successfully completing the entire research process. Throughout the study, participants were encouraged to explore various artistic practices, including poetry, collage-making, photography, playlist creation, and drawing. They also maintained diary entries to articulate and reflect on their emotional experiences, providing further insight into their personal journeys. To objectively measure potential changes in mental well-being among participants, the GP-CORE14 scale (Evans et al, 2005) was employed.

The findings from this study revealed significant insights into how arts-based therapies aid participants in processing their emotions and cultivating a renewed sense of freedom and empowerment. Notably, the results post-intervention indicated an improvement in well-being across the board, with all participants expressing a desire to engage in arts-based therapies again in the future. Ajayi's (2023) study posits that arts-based therapies present a promising avenue for supporting and enhancing mental health among young Black individuals. It emphasises the need for future research to focus on the development of inclusive and well-resourced spaces that actively encourage creative expression and promote emotional vulnerability, ultimately fostering a more supportive environment for mental health support for Black youth.

The research conducted by Bauer et al (2022) and Ajayi (2023) emphasises the critical need to address these challenges through a culturally competent framework that is attuned to the unique lived experiences of Black youth. They collectively advocate for the expansion of accessible and responsive mental health resources, alongside the development and implementation of policies that actively promote equity, social justice, and holistic well-being within this population.

1.4 Community psychology, serious youth violence and impact on Black youth

The term ‘serious youth violence’ has emerged in contemporary discourse to describe acts of violence perpetrated by or between young people. However, its usage has often been racialised, with the term becoming stereotypically and disproportionately associated with Black youth, particularly young Black men (Perkins, 2020). This problematic association not only reinforces harmful racial stereotypes but also contributes to the stigmatisation and criminalisation of Black communities, obscuring the broader structural and socio-economic factors that underlie youth violence (Williams, 2015). Youth violence is often conflated with the term ‘gang violence,' a generalisation that oversimplifies a deeply complex issue. This framing implies that all young individuals involved in or affected by youth violence are somehow affiliated with gangs, which not only erases the diverse and nuanced realities of their experiences but also obscures the broader systemic, social, and economic factors that contribute to youth violence (Williams 2015; Williams & Clarke, 2018). This narrative undermines consideration of structural inequalities such as poverty, lack of access to education, systemic racism, and community disinvestment, factors that are frequently at the root of violence involving young people. Moreover, the term ‘gang violence’ is disproportionately associated with young Black men, reinforcing harmful racial stereotypes (ibid). This racialisation and criminalisation of youth violence perpetuates stigma, fuels discriminatory practices within media, law enforcement, healthcare and policy, and contributes to the dehumanisation of Black youth (Cunneen, 2020). The psychological consequences for young Black individuals, particularly young Black men, can be profound, leading to increased feelings of alienation, internalised racism, and mistrust of institutions designed to support them. Research indicates that the prevalence of knife carrying is equal amongst White and Black youth (Coid et al, 2021); however, research also indicates that young Black men in inner city areas are most affected by knife crime (ibid). Families are increasingly worried about their children's psychological well-being as a result of the direct or indirect consequences of these traumatic incidents (Jackson, 2024), further highlighting the psychological impact of violence on Black youth. The stigmatisation and criminalisation of Black youth can significantly contribute to the development of implicit biases among mental health professionals (Merino, Adams & Hall, 2018). These biases may adversely affect the quality of mental health care provided to this demographic, for example, Black youth are at an increased risk of receiving more aggressive mental health treatments than necessary, as well as facing the threat of overdiagnosis of severe and complex mental health disorders due to implicit bias (Hairston, Gibbs, Wong & Gordon, 2018). This cycle not only undermines their well-being but also perpetuates existing disparities in mental health care. It is crucial for mental health professionals to recognise and address these biases to ensure equitable treatment for all individuals, regardless of their racial background.

Youth violence stems from multiple complexities that marginalised young people face; one significant predictor of youth violence is systemic oppression (Sreenivasan, Diciro, Rokop & Weinberger, 2022). Recently, there have been more discussions in the media, policy making and academic literature focusing on youth violence and the systems which predispose and perpetuate this challenge. A Youth Endowment Fund study in England and Wales found that exposure to violent content on platforms like TikTok or X made adolescents less likely to go out, and may contribute to behavioural and violence escalation (Ellison & Cook, 2024). Research literature consistently recognises conditions of social breakdown as significant contributors to the emergence of violence. Within this context, the Youth Violence Commission (YVC) emphasises that poverty not only exacerbates these conditions but also heightens individuals' vulnerability to engaging in violent behaviours and criminal activities (Watkins & Gearon, 2024). This suggests a critical link between socioeconomic factors and the propensity for youth to turn to violence, pointing to the need for targeted interventions that address these root causes.

The behaviours that people display not only reflect their personal choices but also contribute to and define the culture of the more extensive system they are part of (Barker, 1968). This interaction between settings and behaviour highlights the dynamic relationship between individuals and their environments, and how this relationship ultimately impacts cultural norms and practices within a community or organisation. This theory can also be used to explain how the environment in which Black youth develop influences their behaviours and perceptions of themselves, thereby affecting their psychological well-being. While the behaviour setting theory can be used to explain youth violence amongst Black youth, it is important to also acknowledge that CP interventions can be used to help marginalised youth who have been impacted by violence and may find it difficult to access traditional mental health interventions. This approach involves engaging with marginalised young people (YP) in their own environments, which is crucial for building trust and establishing meaningful relationships.

Creative expressions like art and music can serve as powerful outlets for these emotions, as demonstrated in Ajayi’s (2023) study. The research presented in the "Arts-based research methods with underserved communities" toolkit (Ripero-Muniz et al., 2025) highlights significant and multifaceted implications across several domains, resulting from the application of arts-based methodologies with marginalised and vulnerable populations. This research has found that creative approaches, such as storytelling and art-making, significantly contribute to participants' mental well-being and healing. These methods foster environments where individuals feel safe to share and process often difficult and traumatic experiences. Through such interactions, psychologists can support young people in articulating their feelings and developing essential coping mechanisms to manage psychological distress. By meeting marginalised young people where they are at, psychologists not only create a safe space for open dialogue but also equip them with tools to navigate psychological challenges.

1.5 Summary

In summary, the existing literature underscores the need for CP interventions, particularly as these approaches are designed to serve marginalised, disempowered, and oppressed populations who are often excluded from, or underserved by, traditional models of mental health care. Conventional mental health services frequently fail to reach these groups due to a range of structural, cultural, and systemic barriers, including stigma, lack of cultural competence, and institutional mistrust. In contrast, CP adopts a more holistic, context-sensitive, and social justice-focused approach that prioritises empowerment, community engagement, and collective well-being.

While the literature indicates that CP interventions have shown promising outcomes for marginalised populations, particularly among Black communities and young Black men, there remains a notable gap in research concerning young people affected by SYV. This oversight is especially concerning given the disproportionate exposure of marginalised youth, particularly those from racialised and socioeconomically disadvantaged backgrounds, to structural inequalities such as poverty, inadequate housing, limited access to quality education and healthcare, and elevated rates of ACEs, including exposure to violence. These structural challenges not only increase vulnerability to SYV but also contribute to long-term psychological distress and social exclusion.

Despite the well-documented links between community-level disadvantage, youth violence, and poor mental health outcomes, there is a scarcity of CP research specifically focused on addressing the psychological needs of young people impacted by SYV. This includes young people who have experienced violence as victims, witnesses, and/or perpetrators, and who often develop a range of emotional, behavioural, and mental health difficulties as a result. The literature points to a significant unmet need for culturally responsive and contextually grounded mental health interventions that move beyond individual pathology to address the broader ecological and systemic factors contributing to youth violence. It is therefore imperative that future research within the field of community psychology expands its focus to include the development and evaluation of interventions tailored to the needs of young people affected by SYV. Such research should prioritise the lived experiences of marginalised youth, particularly young Black men, whose psychological needs have historically been overlooked or pathologised rather than understood within their social context. As Jackson (2024) highlights, these young people often face profound mental, emotional, and behavioural challenges following exposure to violence, yet remain unsupported within current mental health frameworks. By deepening our understanding of how CP can effectively engage and support these individuals, the field can play a vital role in addressing systemic inequities and promoting psychological wellbeing in communities most affected by violence and marginalisation.

The psychological literature increasingly recognises the importance of CP in bridging the gap for marginalised individuals who are often underserved by traditional mental health services. CP is uniquely positioned to engage with individuals in accessible, context-sensitive ways and thereby reaching those who might not otherwise seek formal psychological support. However, despite this potential, there remains a noticeable lack of research focused on the mental health needs of marginalised youth within the field of community psychology. This gap may, in part, be attributed to the widespread criminalisation of young people from disempowered and oppressed communities, which can obscure their psychological needs and reduce their visibility within mental health discourse.

In the UK, youth violence is an escalating concern (Harris & Edlund,

2005), posing significant challenges for mental health practitioners and communities and society alike. As this issue becomes more prominent, it is imperative that psychologists adopt a more inclusive and socially aware approach. This includes acknowledging and addressing the complex and varied experiences of marginalised young people, whether as victims of violence, witnesses to traumatic events, or involved in violence themselves. A CP lens can offer more culturally responsive, holistic, and preventative interventions, which are crucial in supporting the well-being of these young people and addressing the broader social determinants of mental health. This includes developing trauma-informed, culturally responsive, and social justice-oriented interventions that not only respond to individual mental health needs but also challenge the structural conditions that perpetuate cycles of violence and exclusion. By embracing these principles, CP can potentially play a transformative role in promoting mental health equity, preventing further harm, and fostering resilience within communities most affected by social injustice.

The qualitative evidence base offers valuable insights into the lived experiences of Black youth and the settings in which CP interventions take place, but it is not without limitations. Many studies are based on relatively small and specific samples, which makes it difficult to know how far findings apply beyond the immediate community context. Qualitative research also tends to have limited scope for demonstrating causal relationships or tracking outcomes over the longer term, and researcher positionality can influence how participants' accounts are interpreted.

Even so, these studies bring important strengths. They highlight voices and perspectives that are often overlooked in more conventional research, and they provide rich, culturally grounded understandings of what CP interventions mean in practice. In some cases, participatory approaches have been used, ensuring that the focus of the work is shaped by the priorities of Black youth and their communities. This makes the findings particularly valuable for understanding not only whether interventions are effective, but how and why they matter in specific contexts. On balance, this suggests the need for a broader evidence base that combines the depth of qualitative work with the breadth and generalisability of quantitative approaches, to build a fuller picture of the impact of CP interventions for Black youth.

Going forward, the evaluation of CP interventions with Black youth and Black communities could be strengthened using more systematic and varied research approaches. Mixed-methods designs are likely to be especially useful, as they bring together the detailed insights of qualitative work with the broader generalisability of quantitative data. Approaches that actively involve Black youth and their communities in shaping and assessing outcomes also have the potential to increase cultural relevance and validity. Outcomes worth considering extend beyond conventional indicators such as service use or mental health symptoms, and might also include psychosocial wellbeing, empowerment, identity development, resilience, educational participation, and a stronger sense of community connection. Taking this kind of broader, participatory approach would support a more holistic understanding of intervention impact and ensure that evaluations remain closely aligned with community priorities.References

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Part 2: Empirical paper

The impact of Community Psychology interventions on young people affected by serious youth violence

Abstract

Background: Community Psychology is increasingly recognised for addressing social, cultural, economic, political, and environmental factors influencing mental health. Research shows that young people affected by SYV and involved with the criminal justice system often have unmet mental health needs and face marginalisation. Community psychology projects collaborate with organisations connected to this group to address these needs, including interventions that support psychologically informed practices and direct engagement with young people. However, there is limited research within this area, especially research presenting the voices of young people who have accessed CP provision.

Aims: This study explored the experiences of young people who had accessed community psychology projects in the area of SYV, their perceptions, and the subjective impact of the support they had received, the barriers and facilitators to accessing support, and how CP services differed from other services. Young people were also asked for recommendations on how services could improve in order to enhance their mental well- being.

Method: Ten participants, all of whom had been affected by SYV and had accessed support from community psychology interventions, took part in semi-structured interviews. The data was analysed using reflexive thematic analysis.

Results: Five main themes were identified, which included (1) trust versus mistrust between young people and the system, (2) feeling understood, (3) all-round support, (4) being supported to feel safe, and (5) need for more resources. Thirteen subordinate themes were also found. These themes indicate the positive impact CP projects have on young people affected by SYV, and how services can be improved to aid more young people from similar communities. This study highlights the significance of CP interventions for young people affected by SYV, as it demonstrates how CP interventions aid young people who have been affected by SYV to develop emotional resilience, meaningful relationships and life skills.

Conclusions: While this research demonstrates the value CP services, the findings also indicate a need for more such services and to further develop available provision, as well as the need for multi-level working to help young people affected by SYV within marginalised communities.

1. Introduction

CP interventions consider various factors that can influence mental health, such as social, political, cultural, economic, and environmental aspects (British Psychological Society, 2022; Orford, 2008). They assert that people's distress is not solely caused by individual factors but also by societal structures that shape their lives. These structures include access to healthcare, financial resources, education, housing, and experiences of sexism, racism, gang-related violence, and discrimination. CP recognises that addressing distress also requires system-level interventions, as these issues are rooted in a broader social context (Kagan et al., 2011). In practice, CP interventions usually involve psychologists working collaboratively with a range of services, including youth centres, educational institutions, housing providers, and the criminal justice system, to co-produce support and interventions tailored to young people's needs (Henderson et al., 2024).

The literature has highlighted the mental, emotional, social and physical impact SYV has on young people and young adults. In particular, research has highlighted a higher mortality and morbidity rate for young Black men who have been affected by 'gang- affiliated' violence (Pyrooz, Masters, Tostlebe & Rogers, 2020). The literature also shows the importance of how being affected by SYV and involved with the criminal justice system can lead to poorer mental health outcomes for YP in marginalised communities, such as complex PTSD, behaviour challenges, anxiety and depression (Harrington et al., 2005). In addition, the literature also highlights that Black men are more likely to be diagnosed with a complex and enduring mental health disorder, and four times more likely to be detained under the Mental Health Act 1983 (Solanki, Wood & McPherson, 2023). This points to the need for culturally competent psychological interventions that meet the needs of individuals from marginalised and disempowered communities.

Psychological research indicates that traditional interventions, such as cognitive behavioural therapy (CBT), have proven to bring about positive mental health outcomes amongst Western, Educated, Industrialised, Rich, and Democratic societies (WEIRD) populations faced with psychological distress in response to their trauma. The literature also indicates that individuals from marginalised communities do not typically access traditional psychological interventions to help with their psychological challenges. Systemic barriers for individuals from marginalised communities trying to access psychological interventions include systemic racism, discrimination, lack of trust and trauma inflicted by the system (Pascoe & Richman, 2009). In addition to the challenges faced by marginalised communities, the literature pinpoints the misconceptions about mental health and the stigma within their communities, which plays a role in help-seeking attitudes and mental health interventions (Knifton et al, 2010). This indicates a need for tailored psychological interventions that address the needs of individuals from marginalised communities.

Research indicates that young people who have been in contact with the criminal justice system are at a high risk of experiencing SYV and having unmet mental health needs. These individuals may also face other societal disadvantages and may encounter barriers to accessing support. The CP approach aims to address the inequalities in mental health services and improve their accessibility and suitability, which includes being flexible and meeting groups who may experience marginalisation where they are at with an aim to build on individuals' and communities' resources, strengths, and resilience (SCRA, 2020).

CP projects have been proven effective in bringing together skills and information, achieving continuity of care, and coordinating the planning and delivery of resources to better individuals’ mental well-being. Several CP projects have been commissioned to address inequalities faced by young people connected to the CJS, particularly those exposed to SYV or labelled as ‘gang-affiliated’. These projects, such as Project Future (PF), aim to improve the well-being, access to services, education, employment, and training opportunities of these YP with the goal of reducing marginalisation and offending. The benefits of these projects for YP who access them are significant. For instance, a recent evaluation of a CP project, Project Future, showed that YP who engaged in the project experienced a significant reduction in their mental health needs, particularly those who had been accessing the project for the longest period of time (Durcan & Stubbs, 2017). The evaluation also revealed that two-thirds of YP accessed another service via PF, including the Department for Work and Pensions, housing, Citizens Advice, and sexual health. CP projects aim to help tackle difficulties such as mental health challenges by actively addressing existing inequalities in access to traditional mental health support and ensuring that the evidence base is culturally informed; its ultimate goal is to improve outcomes for those from marginalised communities who are disempowered and disenfranchised.

It has become widely recognised that individual-level interventions have their limitations (Schensul & Trickett, 2009). Bronfenbrenner’s (1979) ecological model of human development provides a comprehensive framework for understanding how various social and structural levels influence an individual’s well-being. This model emphasises the interconnectedness of different systems, including the immediate environment of the individual, such as family and peers, as well as broader societal factors like culture, policies, and economic conditions. By examining these multiple layers, the model elucidates how interactions within these environments can profoundly shape personal development and consequently impact overall mental and physical health. In addition to working with YP on a micro-level, CP approaches also address the broader social context of individuals. This involves collaboration between agencies to tackle multi-level risk factors and create sustainable change for both the individual and society. CP projects work in partnership with community services such as the CJS, mental health services, courts, and other statutory services that play a significant part in the lives of young people and affect their well-being, opportunities, and relationship to help.

Although existing literature and theoretical frameworks emphasise the potential of CP interventions for individuals from marginalised communities, there remains a significant gap in research that specifically examines how these interventions address the unique psychological needs of young people affected by SYV. While CP principles such as collaboration, contextual understanding, and systems-level change are well-suited to engage with the broader social determinants of mental health, few studies have explored how these principles are practically applied in the context of SYV from young people's perspectives.

Young people exposed to SYV often face complex, layered traumas rooted in structural inequality, poverty, racism, and community disinvestment, factors that demand tailored, context-sensitive interventions. The limited literature in this area means that there is still much to learn about the effectiveness, accessibility, and sustainability of CP approaches in mitigating the mental health impacts of SYV, as well as how such services differ from or complement more traditional psychological or statutory responses. This gap calls for further empirical investigation and practice-based evidence to better understand how CP can be mobilised to support this highly vulnerable population.

1.1 Aims and rationale

This research is significant because there is limited literature on how CP can address the mental health needs of young people affected by SYV. The aim was to gain insight into young people's experiences in accessing CP intervention, how it has helped them, barriers to support, and how CP interventions have influenced their mental well-being. The study's findings will support the improvement of outcomes for young people affected by SYV.

2. Methodology

2.1 Design

This study utilised a qualitative design involving semi-structured interviews to explore the experiences and perceptions of young people and young adults receiving support from CP interventions who have been affected by SYV. Little is known about this topic, so an exploratory qualitative approach was deemed the most appropriate given its usefulness in uncovering in-depth, meaningful, and subjective data (Britten, 2006).

2.2 Recruitment and screening process

Purposive and snowballing sampling methods were used to recruit participants for this study. Community psychology projects will be identified via the research teams existing networks. Young people and young adults aged 14-36 who had been affected by SYV and were currently accessing or had previously accessed community psychology interventions in London were invited to take part. Six community psychology service leads within London were contacted directly to promote and share the research with young people and young adults who were accessing support from CP spaces. The places where the young people and young adults received support, such as their youth space, were attended to meet the young people and young adults in order to foster a sense of trust and engagement before recruiting for the study. The identified CP projects were asked if they could identify any other CP projects/services that met the inclusion criteria and might be interested in taking part. Suggested projects were approached to share the study and support recruitment.

Out of the six community psychology services that were contacted, three engaged and promoted the study to the young people and young adults using their services.

Fourteen potential participants expressed their interest in taking part in the study, there was a loss of contact with four potential participants. Out of the 14 potential participants, ten were screened using a Qualtrics questionnaire to assess their eligibility against the inclusion and exclusion criteria and obtain their demographic information. Based on the responses, all ten met the eligibility criteria and were provided with an information sheet and consent form to provide informed consent.

Out of the ten young people who took part in the study, three had previously engaged with a CP project and later remained involved as youth workers. The support provided through CP projects was wide-ranging and included individual sessions, group work, and practical systemic support, such as help with housing, employment opportunities, and navigating court proceedings within the criminal justice system. CP services also used outreach methods to engage young people and, unlike traditional mental health services, did not discharge clients for missed appointments. There were no time limits placed on how long support could be accessed. In this study, participants had received support for periods ranging from one to three years, with the option to return for further help after discharge if needed.

Participant recruitment was carried out in three phases:

Phase 1: Identifying community psychology projects

The researcher undertook a number of activities such as engagement with known networks, Google searches, snowballing techniques and searching professional networks to identify suitable CP projects for this study. Once identified, they were contacted via email and meetings were set up to explain the study and request for support with recruitment such as advertising the study in and around the youth spaces which included putting up posters and sharing the information sheets with interested young people and young adults.

Phase 2: Engaging with young people and gaining expressions of interest

While attending these spaces, the young people and young adults were able to verbally make expressions of interest. Staff working at these youth spaces also helped put the research team in contact with those who expressed interest via email.

Phase 3: Screening and recruitment

Once young people and young adults expressed interest, they were contacted and informed about what the study entails. They were also given another copy of the informationsheet to read over to ensure they understood what the study involved. Before asking for their consent, all potential participants were provided with a questionnaire to assess their eligibility against the inclusion and exclusion criteria. Additional demographic information was also gathered using the questionnaire to assess variability across participants. Once the screening process was complete and the young person or young adult was deemed eligible to participate in the study, they were asked to read and sign a consent form. In line with the UCL ethics, participants under the age of 16 were required to have a parent or legal guardian provide informed consent. After providing informed consent, an agreed-upon time and date were made between the participant and the researcher to do the semi-structured interview.

The participant was provided with the option to have their interview scheduled face-to-face or online via Microsoft Teams.

2.3 Ethical approval

The study received full high-risk ethics approval through the University College London (UCL) research ethics committee.

2.4 Inclusion criteria

Participants were eligible to take part if they:

- Young people (14-36 years old) who had accessed support from community psychology projects, either at the time of recruitment or in the past
- They had been affected by SYV, either through victimisation, perpetration or second hand impact such as a family member or friend being harmed or involved in the CJS due to SYV.
- We are able to obtain informed consent; if under 16, consent must be given by a parent or legal guardian.

2.5 Exclusion criteria

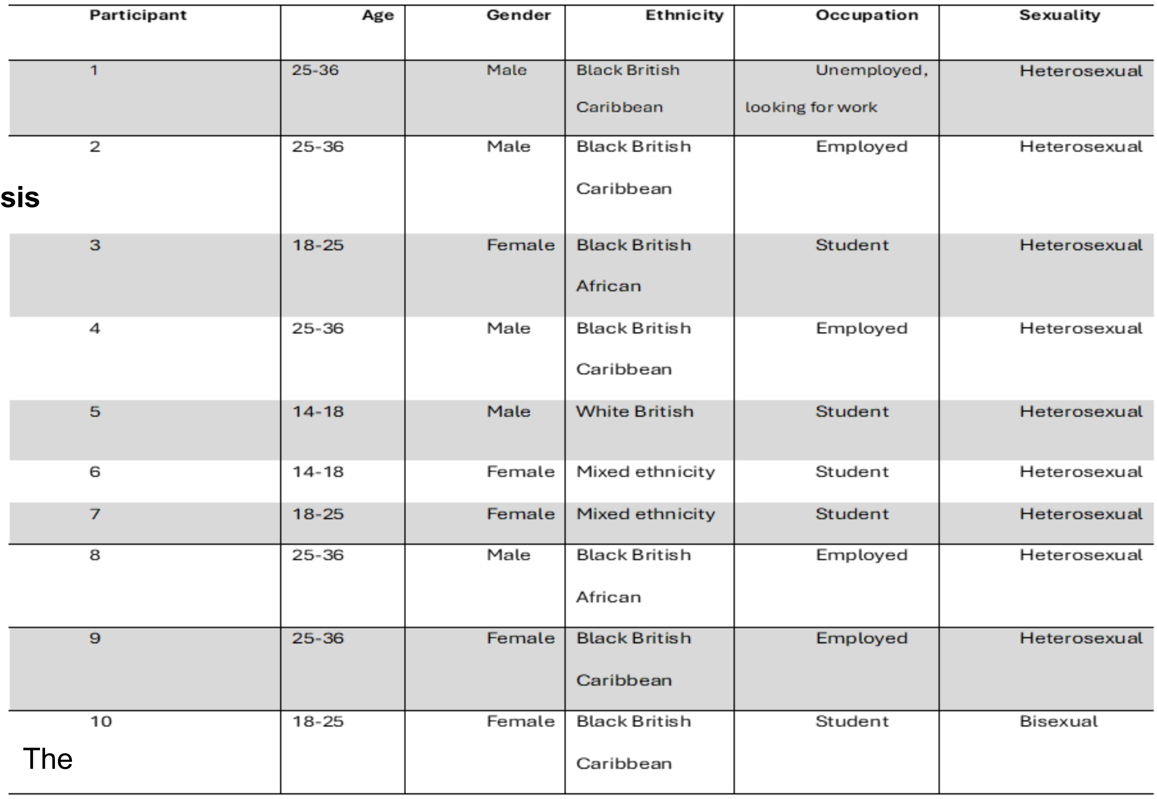
Participants could not take part if they:

- Not accessing or having previously accessed support from a CP project
- Were unable to speak fluent English
- Currently experiencing severe mental health challenges to ensure participants had mental capacity to participate in the study.

2.6 Data collection

Ten participants individually completed semi-structured interviews, lasting between 30-50 minutes. Participants' ages ranged between 17-34 years old (mean age= 20.4 years), four were female, and six were male. One participant identified as White British, two as of Mixed ethnicity, two as Black British African and five as Black British Caribbean. One identified as having a disability, the participant's disability was not disclosed (see figure 1 below for participant demographics). Nine participants identified as being Christian, with one participant identifying as not having a religion. Nine participants completed their interviews face-to-face within their youth space provision, and one participant had their interview conducted online via Microsoft Teams. Six interviews were recorded using Microsoft Teams and four using a Dictaphone.

Table 1. Participant demographics



Participant	Age	Gender	Ethnicity	Occupation	Sexuality
1	25-36	Male	Black British Caribbean	Unemployed, looking for work	Heterosexual
2	25-36	Male	Black British Caribbean	Employed	Heterosexual
3	18-25	Female	Black British African	Student	Heterosexual
4	25-36	Male	Black British Caribbean	Employed	Heterosexual
5	14-18	Male	White British	Student	Heterosexual
6	14-18	Female	Mixed ethnicity	Student	Heterosexual
7	18-25	Female	Mixed ethnicity	Student	Heterosexual
8	25-36	Male	Black British African	Employed	Heterosexual
9	25-36	Female	Black British Caribbean	Employed	Heterosexual
10	18-25	Female	Black British Caribbean	Student	Bisexual

2.7 Data analysis

The interviews that were conducted via Microsoft Teams were transcribed using the Microsoft Teams transcription tool. Interviews that were conducted using a Dictaphone were transcribed using the Microsoft Word transcription tool. All interviews were transcribed verbatim. All transcriptions were read over by the researcher and edited where errors were made by the transcription tool. During the transcription and data analysing process, participant three had sections which were inaudible, meaning the majority of the data from this interview was not included in the data analysis.

2.7.1 Analytical approach

This study utilised reflexive thematic analysis (Braun & Clarke, 2009) to examine patterns of meaning across the qualitative interview data. Thematic analysis was chosen for its theoretical flexibility and its capacity to generate rich, detailed accounts of participants' lived experiences. The analysis followed the six-phase process outlined by Braun and Clarke (2022), with reflexivity and researcher subjectivity acknowledged as integral to the interpretive process.

2.7.2 Ontological and epistemological reflexivity

In research, it's important to reflect on how our beliefs about reality (ontology) and knowledge (epistemology) shape our approach. Ontology concerns what we believe reality is, realism posits a single objective reality, while relativism sees multiple subjective realities. This study adopts a critical realist stance, which accepts one reality but acknowledges that people experience and interpret it differently.

Epistemology, meanwhile, focuses on how we come to know things. Approaches range from positivism, which seeks objective truth, to post-positivism, which admits limitations to objectivity, and constructionism, which sees knowledge as shaped by language and context. This study is guided by a contextualist epistemology, which emphasises the role of social and cultural context in shaping meaning.

Contextualism values participant perspectives while recognising the interpretive role of the researcher. It avoids the extremes of positivist objectivity and full constructionist subjectivity, aligning with critical realism in its belief that interpretations are shaped by context but still aim to reflect an underlying reality. Reflexivity is key, requiring researchers to consider how their own perspectives influence data interpretation.

2.7.3 Reflexive thematic analysis

The current study utilised reflexive thematic analysis, which allows researchers to examine how individuals attribute meaning to their experiences, taking into account the wider contexts that influence their interpretations (Braun & Clarke 2009). This can be approached in two ways: inductive or deductive analysis. An inductive approach was utilised by the researcher, allowing the production of themes from the data without being explicitly influenced by any specific frameworks that pre-existed. while it's impossible to entirely remove subjectivity or personal influences, recognising any perspectives that may have affected the research during the writing process is essential. Both semantic and latent-level coding were employed during data analysis, focusing on the explicit surface-level meanings of the participants' language. The semantic coding was additionally utilised by the researcher to offer a more subjective interpretation of what they believe the participants might mean.

2.7.4 Data analysis process

The most recent recommendations for reflexive thematic analysis were followed with each stage of analysis adhering to the guidance by Braun and Clarke (2022):

Familiarisation with the data

1. The first stage involved immersion in the data through active reading and re-reading of the verbatim transcripts. This included listening to audio recordings to note non-verbal cues (e.g., tone, pauses), and engaging in initial note-taking. The aim was to gain a holistic understanding of each participant’s narrative and begin identifying preliminary patterns of meaning.

2. Generating Initial Codes

Coding was conducted manually and involved a systematic review of the data. Codes captured explicit content and, where relevant, attended to underlying assumptions or meaning structures. The coding was inductive and data-driven, meaning codes were derived from the data itself rather than from pre-existing theoretical frameworks. All data items were coded inclusively, ensuring that multiple codes could be applied to a single segment.

3. Searching for Themes

Following initial coding, the codes were collated into broader candidate themes by identifying shared patterns or central organising concepts. This involved grouping related codes and considering how they might meaningfully cluster.

4. Reviewing Themes

Themes were reviewed for internal coherence and distinctiveness. This included a two-level review: (1) within theme coherence, ensuring that coded data extracts within each theme formed a meaningful pattern and (2) across the dataset, ensuring that themes captured the overarching narrative of the data. Some candidate themes were merged, refined, or discarded based on this process.

5. Defining and Naming Themes

Themes were then clearly defined and named, thematic mapping was conducted to refine themes and match relevant excerpts to the identified themes and subthemes. This involved identifying the essence of what each theme captured and how it contributed to answering the research questions. Definitions were refined to ensure clarity and precision, and concise thematic labels were developed to reflect the scope and focus of each theme. Subthemes were used where applicable to capture nuance.

6. Producing the report

The final phase involved weaving together the themes into a compelling analytic narrative. This narrative was situated within the relevant psychological literature, highlighting how the findings advanced or challenged existing theory. Direct participant quotations were selected to illustrate key aspects of each theme, while ensuring ethical anonymity and contextual sensitivity. The write-up balanced description and interpretation, remaining grounded in participants' accounts while offering analytic insight.

2.7.5 Reflexivity

Given the interpretive nature of thematic analysis, reflexivity was embedded throughout the research process to ensure transparency and analytic integrity. A reflexive journal was maintained during the data analysis phase to systematically document key decisions, underlying assumptions, and emotional responses. This ongoing documentation supported a critical awareness of the interpretative choices made and positioned researcher subjectivity not as a source of bias, but as an essential analytic resource (Braun & Clarke, 2023).

To further enhance reflexivity, bracketing interviews were conducted at two points during the study, prior to data collection and mid-way through the process, with a peer researcher (GS). These conversations provided structured opportunities to examine and reflect on assumptions, positionality, and potential influences on data interpretation.

Throughout this reflexive engagement, I explicitly acknowledged my personal investment in understanding which psychological interventions are best suited for marginalised young people affected by SYV. Having personally witnessed the impact of SYV, including peers being injured and involved in the criminal justice system, I am acutely aware of the psychological, emotional, and social consequences such experiences can have. My lived experience of growing up in a marginalised and disenfranchised community, where stigma around mental health is deeply entrenched, has further shaped my commitment to this area of inquiry. This research, therefore, represents not only an academic pursuit but also an act of advocacy, aimed at amplifying the voices of disenfranchised youth and increasing awareness of their mental health needs.

While there were shared experiential touchpoints between myself and some participants, I was also conscious of how I occupied the role of an ‘outsider’ researcher and trainee clinical psychologist. My awareness of these dynamics was informed by ongoing reflexive consideration of my positionality and its influence on data collection and interpretation (Hayfield & Huxley, 2015). In recognising both the similarities and the differences between myself and the participants, shaped by various intersecting identities and experiences, I aimed to approach the data with openness, rather than allowing personal experiences or assumptions to dominate the analytic process.

3. Results

Reflexive thematic analysis was used to identify five primary themes, with 13 sub-themes (See Table 2). The titles of the sub-themes were carefully selected to give voice to the young people, serving as a way to tell their stories. Theme one describes how the young people accessing support from CP interventions experienced a sense of trust and belonging, as well as also finding it difficult to break emotional barriers. Theme two highlights the impact the power of being seen and understood, and the positive impact this has on young people’s emotional, mental and social well-being. Theme three pinpoints how holistic support was received by young people, theme four depicts the real-life experiences young people face that pose a threat to their safety and the barriers this poses to young people trying to access support from CP projects. This theme also pinpoints the physical safety some young people experience when attending youth spaces. Finally, theme five discusses key recommendations made by participants to help CP projects improve their services to better improve young people's experiences, this theme also highlights how CP projects can help improve awareness of young people's experiences at a community level to improve care at various levels.

Quotes were chosen to evidence the themes, ellipses […] denote omitted sections from the interviews. Please note Reflexive thematic analysis was used to identify five primary themes, with 13 sub-themes (see Table 2).

Table 2. Themes and subthemes

Primary themes	**Sub-themes**
Trust versus mistrust between young people and the system	"Like my house with little siblings" "Not scared to be vulnerable anymore" "At first, I didn't trust anyone"
2. Feeling understood	"They're people like us" "They just knew what I needed" Being seen beyond the stereotypes
3. All round support	"They didn't say it wasn't their job" Supporting our growth and development
4. Supported to feel safe	Dealing with "opps"[1] Place of safety
5. Need for more resources	Reduced funding "Broadening our horizons" Increasing awareness in the system

[1]

1. Trust versus mistrust between young people and the system

One of the most foundational themes to emerge from the data was the complex interplay of trust and mistrust between young people (YP) and the professionals supporting them within community psychology projects. The narratives illustrate that trust was not immediate, but was cautiously earned over time, often in the shadow of prior relationships with statutory services where young people had experienced judgment, rejection, or conditional care. For many participants, trust was described as a fragile yet transformative currency, one that shaped their engagement, emotional openness, and sense of safety within the intervention.

1.1 “Like my house with little siblings”

Participants described a sense of emotional connection and familial belonging within the youth spaces. Participant 8 encapsulated this by stating, *“It was like my house with little siblings.”* This conveys warmth and mutual care, suggesting that the youth space functioned as a secure base for young people affected by violence who require connection to form healthy relationships.

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[1] *Opps* is a slang abbreviation for "opposition" or "opponents," commonly used by young people to refer to rival individuals or groups, often in the context of postcode-based conflict or street-level disputes.

Participant 9 further demonstrated a sense of connection and belonging by stating *"I still come here, and it's been like 15 years".* This statement offers an example of the enduring relational significance of community psychology spaces.

Participant 7 stated, *"You can talk to them and get some support."* This excerpt captures the foundation of relational accessibility, highlighting the idea that staff were approachable, emotionally available, and trustworthy.

1.2 "Not scared to be vulnerable anymore"

Participants described their ability to share personal, often painful experiences in the presence of staff, attributing this openness to the relational safety fostered within the youth space. For many, this was a departure from other institutional encounters, such as with teachers, mental health professionals, or criminal justice staff, where they had often felt judged, misunderstood, or monitored.

Participant 7 encapsulated this shift in relational dynamic, stating, *"You can talk to them and get some support."* This highlights the freedom to speak honestly about one's emotions without fear of retribution or ridicule.

Participant 2 stated, *"At first, I didn't trust anyone, but the way they stuck by me… I knew they weren't like the others."* Here, emotional vulnerability is framed as a process, one that required persistent relational effort on the part of staff.

Participant 1 further highlighted the emotional vulnerability young people were able to show with staff (within the community psychology project), *"It's like accidental therapy… I'm not scared to be vulnerable anymore."* This assertion reflects a transformative process where the participant found solace and acceptance in sharing their feelings. Participant 1 also demonstrated the emotional safety they have with staff at their youth space, and how this helps their mental and emotional well-being:

“Sometimes you just speak about what you're going through, and then 'cause you're comfortable with the person. It's like it's just helping you. It's like if you speak to your friend about a problem, it's like it helps let out the problem.”

Participant 4 also noted how community psychology projects enable young people affected by SYV to share their experiences and create a sense of emotional connection through hearing each other’s experiences:

“… But given some of the things that I'd been through, I weren't able to express none of these things. I went in a space where those emotions were necessary. So being in a space and like hearing other peoples struggles and stories and stuff, it made me feel…Less sorry for myself and more understanding to everyone's individual difficulties”

1.3 “At first, I didn’t trust anyone”

Many young people entered the service with mistrust and emotional withdrawal due to negative past experiences with schools, the criminal justice system and other statutory services. Their responses were not apathy or resistance but survival strategies in environments where engagement with services often led to harm or dismissal.

Some participants initially struggled to trust staff working for the community psychology project they sought support from. Participant 2 noted, *“At first, I didn’t trust anyone….”* This demonstrates the challenges marginalised YP face when interacting with services. Participant 2 further demonstrated their reluctance to engage due to previously having their trust broken with other services *“I just didn't expect nothing because all the other services have let me down*”, indicating that marginalised young people may find it difficult to engage in community psychology projects due to being let down by traditional services.

Participant 8 further highlighted the mistrust that marginalised young people have towards services that aim to help them, *“no one wants to deal with the system all the time… no one wants to deal with anything that has that leads to anything”.*

2. Feeling understood

A central theme was the staff's ability to comprehend the lived experiences of young people with empathy and cultural awareness. Participants noted how meaningful it was to interact with professionals who understood their experiences and communicated this in relatable, nonjudgmental ways.

2.1 “They’re people like us”

The narratives highlighted that YP appreciated staff who shared similar backgrounds. Participant 8 remarked, *“They’re people like us, from around here, who talk to us like we’re normal, not like they’re better*.”

Participant 9 spoke to the relational understanding staff have with the YP accessing support from community psychology projects, “*They’ve been through stuff too, so when they talk, it’s real. You listen different.”*

2.2 “They just knew what I needed”

Participants noted that staff understood their emotional and practical needs, offered non-judgmental responses, and provided immediate and empowering care. Their accounts illustrate how genuine, trauma-informed practices in community settings can enhance both safety in relationships and psychological well-being.

Participant 4 stated, “*When stuff was going down, they didn’t just tell me to calm down, they actually came and sat with me.”* This demonstrates that staff were able to understand the trauma and complexity YP who have been affected by SYV, and also know how to respond effectively to aid them mentally and emotionally.

Participant 9 remarked, *“I didn’t need to explain everything; they just knew what I needed and helped straight away.”* This emphasises the importance of being attuned to young people’s unique needs and circumstances, demonstrating that these environments foster an intuitive understanding and immediate support.

2.3 Being seen beyond their stereotypes

Participants often spoke about the deep relief and validation they felt being seen as whole people, not just as "problems" or "risks." This subtheme highlights the difference between judgmental systems and supportive community spaces, where they were valued for who they are and who they could become.

Participant 6 demonstrated this*, “It was the first place where someone saw me, not just my record*.” This statement captures a deeply transformative experience of being recognised beyond a history of institutional labelling. Participant 10 also highlighted how community psychology projects recognise each young person as an individual despite their involvement with SYV: “*… They said, you know, we're like, we'll let you do, like the programmes.”*

Participant 9 illustrated that staff involved in community psychology projects can cultivate empathy and approach young individuals impacted by SYV, regardless of their role as perpetrator or victim, with a non-judgmental attitude: “*I think it’s very much a non- judgmental zone in terms of especially…*

for, like perpetrators of violence, because if you keep judging them, you're just pushing them back out and you're like, they're pushing them back out... But it was never like a… never come back here it was trying to like help people see the error of their ways…"

3. All round support

Throughout the participant narratives, a core theme that emerged was the way in which YP experienced individualised support provided by their community psychology projects. They described receiving care that was not only attuned to their unique needs and identities but also extended to address the broader systems surrounding them, such as family, education, housing, and employment.

3.1 "They didn't say it wasn't their job"

Participant 2 stated how the community psychology project they were seeking support from were able to offer their family broader support, which they did not expect due to a lack of support from other services: *"They helped with stuff outside too, housing…job stuff, my mum. They didn't say it wasn't their job."* This also emphasised the support they received from their community psychology project regarding the criminal justice system, stating:

"… and they said to me that we actually go to court to court and help people with that.
I've never been in that situation, but I feel like that's a big thing…"

One participant illustrated how staff involved in community psychology projects continue to support families affected by SYV, whether through bereavement or the imprisonment of a loved one:

"*Staff members go and check on young people that have been affected by it, like personally, themselves and their families, like that girl over there. Ummm she was… Yeah* *obviously something has happened to her, but I’ve seen staff members they still go to her funeral site, they still. Check on her family… “ (Participant 8)*

3.2 Supporting young people’s growth and development

Participant 1 noted how accessing support from their youth space enabled them to enhance their self-esteem, social and emotional well-being, *“…Confidence to try things… being more emotionally grounded, it allows me to make better decisions.”*

Participant 9 also illustrated how their youth space was able to support them with completing their degree following the loss of their family member due to SYV:

“ *And then when I was in uni, I think was in second year, so my cousin passed… I didn't want to go uni, I just couldn't be bothered . And then they did more letters and I basically finished my course.”*

Participant 5 stated how community psychology projects enable YP to develop their skills in employment, by allowing them to volunteer and undertake internships to help other young people like themselves:

“I've always had a passion for helping young people and the community. So when I came to [name of youth space] I always wanted to volunteer and then I got the job over the summer here.”

This participant also demonstrated how YP within the youth spaces are able to help other young people who are affected by SYV, thus helping both in their growth and personal development:

“*My friend died last New Year's Eve… because he got stabbed. So I always have a passion for knife crime. And so when I go sometimes into [name of youth space]…. I see a lot of people carrying knives, but if workers don't see, so what I do, I approach them. I told them* *if they want to carry this on, this is where they're going to end up and it's just helping those young people."*

4. Supported to feel safe

The theme of safety emerged as a critical concern across participant narratives. For young people affected by SYV, the experience of safety was not assumed, but constantly negotiated. The community psychology projects described in this study were repeatedly characterised as safe spaces, rare environments where participants could lower their defences, express themselves without judgment, and begin the process of healing.

4.1 Dealing with 'opps'

Participant 7 highlighted the difficulties YP encounter when seeking support from community psychology projects. A significant challenge they face is the potential risk of harm from other young people from different areas. Participant 7 stated, *"Some people can't come here, not because they don't want to, but because it's not safe."*

Participant 8 demonstrates their personal experience of growing up in an area with rivalry, which has a significant impact on where YP can go, restricting disenfranchised YP from accessing provisions that are designed to help their well- being:

"…me being from the area was a problem because obviously. There was a period in the area where kind of… the people started going against each other and I could have got caught in the crossfire whilst I'm trying to do something positive"

Participant 9 also highlighted that simply living in a particular area or postcode can place a young person at risk of being targeted or harmed, regardless of any gang affiliation. This perceived threat often discourages young people from seeking support in certain areas:

" I think that is a barrier sometimes where you're from, it doesn't even matter…*If you were actually involved in it and or not… Yeah, boys or even girls were just good kids, but they just wouldn't come to like here or go to somewhere else just because of their post code, which they had no choice over."*

4.2 Place of safety

Participant 1 emphasized that young people affected by SYV use youth spaces as safe havens, helping them avoid the dangers they face in the outside environment:

"…a young person comes and he's involved in whatever kind of life or something. Every little hour that he's in here keeps him safe…Even myself… me coming here and saving like me from a lot of things basically."

Participant 9's account illustrates how YP affected by SYV turn to youth spaces as crucial sources of support during times of crisis:

"*Like I'll see when anyone injures themselves…Not injured themselves, but gets hurt by youth violence… I've seen times where this has happened out there like their first point… their first place to come to is here. Like they'll run here and ask for help or… See how…yeah, see what their next steps are."*

5. Need for more resources to expand development

A central theme that emerged throughout the narratives was a need for more resources to enhance young people's development. The data highlighted how a lack of resources can hinder young people's growth and development, and thus cause stagnancy, preventing them from developing mentally, emotionally or socially to the best of their ability.

5.1 Reduced funding

Participant 9 highlighted the disparity in the resources available to young people when they sought support from their youth space, pointing out a significant reduction in funding that adversely affects their psychological and social development:

“Because there was like as when I was younger, there was a lot more funding. So at the time there was a lot more activities, a lot more trips, a lot more to do so yeah”

Participant 4 highlights that a lack of funding limits what community psychology projects can provide to young people, thereby restricting the help and support available to them both practically and therapeutically:

“…Like we want to promote things that we'd like to do for young people to young people similar to the things I did when used to come here as a young person… but then we also don't want to make false promises because that's one of the things that kept me out of you spaces when I was young guys, the false promises.”

5.2 “Broadening our horizons”

Participant 8 highlighted the value of exposing young people to environments beyond their immediate communities:

“ Ummm I don't know, maybe they need funding as well. Maybe they can start taking these kids away from these kinds of environments so they know there's more to life…so like broadening their horizons”.

Participant 5 also emphasised the value of inviting external speakers or mentors who share similar lived experiences with the young people to provide a sense of inspiration for YP who may feel they have limited options due to the environment in which they are situated:

"So I think just bringing someone externally…as a transformed worker to show them I've gone to prison and I've actually changed mentally. And that's what young people can do."

5.3 Increasing awareness in the system

Participant 2 highlighted how staff training and awareness around cultural competence would help improve YP's experience when accessing support from community psychology projects:

"Being open and trying to understand everyone has comes from completely different backgrounds. And then there's also that cultural differences, which some people just can't fathom".

This highlights the necessity for professionals who engage with marginalised young people to be not only attuned but also deeply aware of their unique life experiences such as the trauma as a result of SYV.

Participant 9 also highlighted how staff from their youth space could deliver training to other services such as the police and education system, to help improve professionals awareness of marginalised young people's lived experiences: *"I think they need to start attending trainings around youth, justice and criminal like youth violence in terms of stuff like understanding trauma"*.

Participant 6 also highlighted how reverse mentoring between YP and professionals to help professionals in community psychology projects and wider systems can better understand their experiences and their needs, *"They should actually get young people to come in and talk to them, so like they get a bit of like what people are going through…"*

4. Discussion

The current study aimed to explore young people's experiences of CP interventions who have been affected by SYV. While the findings mirror some of the findings in the existing literature which highlights the effectiveness of community psychology projects in disempowered and disenfranchised communities (Palmer, 2019), the current study recognises the voices of young people from these communities, who have been affected by SYV. The data from this study illustrates the lived experiences of marginalised YP, and their unique perspectives and experiences of CP projects.

The first theme explores the complex and often contradictory ways in which YP experience both mistrust and trust within their relationships, particularly with staff at the youth spaces they attend, as well as with the wider institutional systems they have encountered. Participants frequently spoke about the challenges of forming trusting relationships with professionals, especially in the early stages of their engagement with youth services. These difficulties were often rooted in earlier adverse encounters with professionals across various systems, including education, social care, and law enforcement. For many, the notion of opening up or being emotionally vulnerable with another adult carried significant risk, particularly in light of past experiences where they had felt judged, misunderstood, dismissed, or even harmed by those in positions of authority.

Crucially, mistrust was not framed simply as a personal trait or as resistance to support. Rather, it emerged as a protective strategy, one developed in response to navigating environments and systems that have historically failed to provide safety, affirmation, or understanding. In this sense, mistrust was often relational and structural, rather than individual. It reflected young people's adaptive responses to systems that, in many cases, have been experienced as punitive, exclusionary, or discriminatory.

This theme also highlights the broader sociopolitical context in which trust is negotiated. As Hunter (2019) argues, marginalised and disenfranchised young people are often subject to institutional harms, including adultification, criminalisation, and systemic racism. Such dynamics serve not only to undermine trust but to actively retraumatise those already carrying the weight of complex, often unacknowledged trauma. Participants' narratives illustrate how these systemic patterns shape their willingness, or reluctance, to engage with services that purport to offer care and support.

Ultimately, the findings underscore the deeply embedded impact of trauma and marginalisation on young people's relational worlds. Their interactions with professionals are filtered through a history of institutional betrayal, in which support services have not always felt safe, accessible, or genuinely attuned to their needs. As such, cultivating trust within these relationships requires more than just individual rapport, it necessitates a structural and cultural shift in how services engage with and respond to the lived realities of marginalised youth.

Across the data, expressions of mistrust were particularly pronounced among male participants. This observation resonates with a growing body of literature that documents how marginalised young men, especially those affected by trauma, systemic racism, structural disadvantage, and exposure to community violence, often demonstrate lower levels of help-seeking behaviour, even when experiencing high levels of psychological distress (Carter & Forsyth, 2010; Planey et al., 2019). This discrepancy between need and engagement reflects not only structural barriers to accessing support but also deeply embedded social and cultural dynamics that shape how young men navigate emotional vulnerability and psychological support.

Social constructions of masculinity play a critical role in shaping these responses. Social norms that value being tough, independent, and emotional stoicism can discourage young men from seeking help, as showing vulnerability is often seen as a sign of weakness or failure (Creighton et al, 2013). For many of the male participants in this study, opening up to professionals was not only emotionally difficult but also socially risky, given the gendered expectations they faced within their peer groups and wider communities. This reluctance was further compounded by their lived experiences of being excluded, pathologised, or criminalised by institutions such as schools, social services, and the criminal justice system. These encounters often reinforced a sense that services were not only untrustworthy but potentially harmful. This notion of emotional stoicism among young men was also evident during the research process. For instance, one male participant struggled to articulate the emotional impact of losing a friend to SYV, reflecting the internal conflict that can arise when vulnerability is perceived as a threat to masculine identity. This example reinforces the idea that expressing emotional pain may be interpreted as a sign of weakness within certain masculine norms. In contrast, emotional expression related to loss and experiences of SYV was more openly articulated by female participants. This difference points to the influence of gendered socialisation on emotional expression and suggests differing trauma responses between young men and women (Granski et al., 2020). Such variation underscores the importance of recognising how gender shapes both the experience and communication of distress.

Furthermore, mistrust among male participants was often intertwined with a broader sense of hypervigilance and self-protection, shaped by both personal histories of trauma and collective experiences of systemic marginalisation. Rather than viewing this mistrust as a deficit or dysfunction, it is more usefully understood as an adaptive response to navigating hostile or indifferent environments, where trust has often been violated and safety cannot be assumed (Mokhwelepa & Sumbane, 2025).

These findings underscore the importance of culturally responsive and gender-sensitive approaches within psychological services and youth interventions.
Addressing the help-seeking gap among marginalised young men requires more than simply improving service accessibility; it calls for a reimagining of how care is offered, how trust is built, and how young men's resistance to traditional therapeutic models can be understood within the context of their lived realities.

While the current findings signify mistrust amongst marginalised young people affected by SYV, they also highlight the significance of trust between young people and the systems around them. The findings demonstrate that trust functions as a critical catalyst in supporting young people's psychological well-being and development. Drawing on Bowlby's theory of attachment (1969), the trust established between young people and staff within youth spaces underscores the importance of secure, consistent relationships in promoting emotional regulation and adaptive functioning. These secure attachments not only operate within the immediate microsystem of individual relationships but also extend to shape young people's interactions with the broader social systems around them, such as education, mental health, and criminal justice services, ultimately fostering a more integrated and supportive developmental environment.

For YP affected by SYV, being understood was described not only as validating but also as emotionally reparative. Several participants noted that it was the first time someone had "really seen" them, which enabled a different kind of self-reflection and connection. This affirms trauma-informed principles that recognise the power of relational recognition in restoring a sense of worth, safety, and identity (Bloom & Farragher, 2013). Feeling understood and relating to professionals act as significant facilitators in YP's engagement and their willingness to explore and process distressing thoughts and feelings in relation to their trauma. This experience starkly contrasted how they were often treated in other institutional systems, where interactions were transactional, deficit-focused, or shaped by negative assumptions. For many marginalised young people affected by SYV, being genuinely understood was a rare and significant experience. This sense of being seen enabled them to lower their emotional defences, fostering trust, emotional expression, connection, and a sense of healing and vulnerability, experiences that are often uncommon in their lives (Sapiro & Quiroz, 2022). However, contrasting findings by Liu and Zhang (2025) suggest that healing and proactive change can also emerge through structured or spontaneous supportive interactions, even in the absence of profound emotional understanding. This highlights the potential of diverse relational pathways to promote recovery and resilience among marginalised young people.

The narratives within the theme of “feeling understood” also highlight the psychological and emotional impact of being seen as a person, rather than as a “case,” “record,” or “risk.” Participants noted that what helped them feel understood was not formal assessment or intervention, but everyday interactions where staff demonstrated curiosity, respect, and humanity. A key contributor to feeling understood was cultural and experiential proximity between staff and participants. Young people highlighted how staff “talked like us” or were “from here,” which enhanced relatability and fostered mutual respect. This kind of resonance aligns with principles in community psychology and critical youth work, where shared social location enhances practitioner credibility and disrupts traditional power hierarchies (Moncrieffe & Eyben, 2007). These dynamics reinforce the idea that therapeutic impact is not solely about professional expertise, but also about relational authenticity and lived understanding.

The findings highlight the development of positive and constructive relationships between disenfranchised YP affected by SYV and professionals operating within statutory or support services, often referred to as "the system." These relationships serve as crucial bridges, fostering trust and mutual understanding, and can play a transformative role in reshaping how young people perceive services designed to support their social, emotional, mental, and physical well-being.

Importantly, access to CP projects can further influence how marginalised YP view the systems and services intended to support them. Such engagement not only humanises professionals but also challenges prevailing narratives within certain communities where seeking mental health or well-being support is often surrounded by stigma or considered taboo. By fostering safe, inclusive, and affirming spaces, CP projects can help dismantle these barriers and encourage young people to see support-seeking not as a weakness but as a step toward empowerment and resilience. In doing so, these initiatives contribute to shifting cultural attitudes and individual behaviours, ultimately improving both the access to and quality of well-being support available to marginalised youth.

As established in the literature, the systems and environments in which individuals develop play a critical role in shaping their mental, emotional, social, and physical well-being (Antony, 2022; Guy-Evans, 2024). CP interventions, by working both with YP and the systems surrounding them, recognise this interdependence and aim to create change not only at the individual level, but also within the institutional and relational contexts that influence young people's lives. The findings from this study highlight the significant impact CP projects had not only on the YP individually, but also the systems around them. The subtheme *“they didn’t say it wasn’t their job”* illustrates how psychologists can leverage their expertise, knowledge, and positional authority beyond traditional clinical settings to collaborate with external agencies and drive meaningful change for disenfranchised young people and their families. By actively engaging in efforts such as supporting the relocation of young people from environments where they face significant danger, psychologists play a crucial role in reducing both the risk and impact of SYV.

4.1 Implications

The findings from this study illustrate the potential benefits of CP projects in addressing the complex needs of YP affected by SYV. By adopting participatory, community- rooted approaches, CP projects create spaces that are both responsive and adaptable to the social realities of the young people they serve. The evidence gathered in this study suggests that, when effectively implemented, CP projects can facilitate positive change in both the mental health and life trajectories of young people who are frequently underserved or overlooked by mainstream systems of support.

This study further highlights the critical need for safe and empowering spaces tailored to disenfranchised young people affected by SYV, particularly in urban areas across the UK where such violence is more prevalent. Many participants described CP projects as one of the few environments where they felt seen, heard, and supported without judgment. These projects offer an important counterbalance to punitive or deficit-based approaches that dominate in youth justice and statutory mental health services. By acknowledging the structural and systemic injustices these young people face, CP projects can play a transformative role in validating their experiences and providing culturally and contextually relevant forms of support. The presence and accessibility of these spaces appear to be a vital protective factor for YP navigating complex social worlds.

The findings also speak to the potential of CP projects to function as non-traditional mental health interventions that respond more appropriately to the needs of YP affected by SYV. Many of these young people do not engage with conventional mental health services due to stigma, distrust, or a lack of cultural sensitivity. This form of support allows for early intervention and ongoing engagement, both of which are essential in mitigating the development of more acute psychological difficulties. As such, CP projects may represent a crucial strategy in addressing the broader mental health crisis facing young people in the UK, particularly those from marginalised backgrounds. These findings can inform the development of guidelines and legislation within the National Health Service (NHS) and charitable organisations working with YP affected by SYV, particularly to supporting their emotional, mental, and social wellbeing. Furthermore, the study has implications for the training of future clinical psychologists, offering valuable insights to enhance their understanding and practice within CP settings.

4.2 Limitations

One key limitation of this study lies in the geographical restriction of its participant pool. By recruiting exclusively from CP projects based in North London, the findings may not fully represent the experiences of all YP accessing CP support across the UK. Community dynamics, access to resources, levels of youth violence, and the structure of CP initiatives can vary significantly between regions, as well as cultural and structural differences. As such, the perspectives captured in this study may reflect the specific cultural context of North London rather than providing a comprehensive picture of CP engagement nationwide. This geographic limitation may reduce the generalisability of the findings and calls for future research to include a more diverse sample across multiple regions to capture a wider range of experiences and contextual influences.

Another significant limitation is related to the recruitment challenges that emerged during the data collection phase. At the time of recruitment, a recent local incident of youth violence, coupled with an increased police presence, heightened the sense of risk among some young people. As a result, many felt discouraged from attending their CP project spaces or being visibly present in their neighbourhoods. This incident not only limited the pool of potential participants but also affected overall engagement levels, as some young people avoided public spaces due to safety concerns. This reality underscores the lived experiences of YP affected by serious youth violence, who must navigate constant threats to their safety, and illustrates the unpredictable and high-risk environments in which many CP projects operate. While this provides crucial context for understanding barriers to participation, it also inevitably constrains the scope and scale of the sample.

In addition to the previously noted limitations, the broad age range of participants represents a significant factor influencing the variability in their experiences and perspectives. For instance, older participants who accessed support from their CP projects during periods of greater funding reported having more opportunities available to them. Furthermore, those who initially engaged with the CP project as young service users and now work within the service may speak from a position shaped by both personal growth and professional transition, which may differ notably from the perspectives of their younger peers. This generational difference may also influence how participants understand and frame issues related to SYV; for example, one participant reflected that when they were receiving support, more young people were able to engage with the project because the local area was less fragmented and postcode-based conflict was less prevalent than it is for younger participants today.

Furthermore, all participants except one identified as being Christian, which may have influenced their perceptions of SYV, as well as their resilience and help-seeking behaviours. Religious beliefs and practices have been shown to serve as key sources of strength and coping for individuals exposed to trauma and adversity, including youth affected by violence (Jackson et al., 2010; Pargament et al., 1998). For some young people, Christian faith may provide a moral framework through which they interpret experiences of violence, offering hope, meaning, and a sense of divine protection. Moreover, engagement in religious communities can foster social support and offer alternative, nonviolent identities and coping strategies that reduce the likelihood of retaliatory behaviours or further involvement in violence (Regnerus & Elder, 2003). These faith-based resources may also shape young people's willingness to seek help, either through formal services or informal networks rooted in church or spiritual leadership, thereby playing a potentially protective role in the context of SYV.

4.3 Concluding remarks

In conclusion, to the author’s knowledge, this is the first qualitative study exploring YPs’ experiences of CP interventions who have been affected by SYV. These findings offer novel and valuable insights into the influence of CP projects on broader systems, an area that has received limited attention in the existing literature. This includes the following aspects:

- - The development of better psychological knowledge and skills at a multi-agency level to support YP affected by SYV
- Better connections with the wider community and societal structures to create an awareness of YPs' experiences and advocation
- Different ways in which psychologists can work outside of their clinical contexts to support young people affected by SYV

Young people’s perspectives reveal how CP interventions play a crucial role in fostering trust, emotional vulnerability, and a sense of safety. These relational practices not only supported young people in navigating complex challenges, such as postcode-based conflict, but also offered valuable insight into what they require from wider systems of care. The findings underscore the significance of relational change, particularly the development of positive, meaningful relationships with young people affected by SYV. They also emphasise the need for systemic change across multiple ecological levels, demonstrating how coordinated efforts can enhance mental health outcomes for this population. Importantly, this study provides practical recommendations for improving care and support for disenfranchised young people while also promoting greater awareness and responsiveness among key institutions, including educational settings and the criminal justice system. Furthermore, it highlights the need for funders to better acknowledge and invest in the broader systemic impact of CP projects, recognising their potential to create long-term, cross-sector change.

Given the novel nature of this research, several suggestions are made for further expanding the evidence base, including the adoption of holistic, multi-level approaches when working with this cohort. These findings hold particular relevance for service commissioners, traditional NHS mental health services, clinical psychology training programmes, and the British Psychological Society (BPS), all of whom have a role to play in shaping more inclusive and effective support for young people impacted by SYV.

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Part 3: Critical Appraisal

In this section, I provide a critical appraisal of the processes involved in completing this thesis. First, I will explain why I chose to investigate this topic and how I selected it, as well as reflecting on my choice of topic for my conceptual introduction. Then, I will discuss the challenges I had when recruiting, as well as the challenges I encountered throughout the data collection process. I will also emphasise the importance of self-awareness in understanding how my position as an outsider researcher may have influenced data collection, data analysis, and the write-up.

Reasons for choosing this topic

I consciously acknowledged my personal investment in exploring this research topic. This commitment is rooted in my own lived experience; having grown up in a disenfranchised community where exposure to youth violence was a common reality, I have personally witnessed the profound impact of SYV on peers and community members, ranging from physical injury to involvement with the criminal justice system. These experiences have given me a deep, embodied understanding of the psychological, emotional, and social toll that violence and systemic neglect can have on young people. Moreover, the pervasive stigma surrounding mental health within my own community further shaped my awareness of the barriers that exist for marginalised youth in accessing timely, culturally responsive, and trauma-informed support. These factors have not only influenced my academic and professional focus but also fuelled a strong sense of responsibility and purpose in advocating for more equitable and contextually relevant psychological responses to SYV.

Another significant reason I chose to focus on this topic is the notable lack of research in the UK that explores the intersection of SYV and community-based psychological interventions from the perspective of young people themselves. While there is a growing body of literature addressing youth violence and mental health more broadly, there remains a critical gap when it comes to understanding the subjective, lived experiences of marginalised young people who engage with CP projects as a means of supporting their emotional, social, and psychological well-being. Much of the existing research tends to adopt either a clinical, criminological, or risk-focused lens, often overlooking the relational, contextual, and empowering aspects of CP approaches. By centring the voices of young people, this study seeks to contribute to a more nuanced and participatory evidence base, one that recognises young people not merely as recipients of services, but as active agents in shaping and making sense of their support journeys.

Building on this point, I hope that this research contributes to cultivating a deeper sense of compassion and empathy within wider community systems, such as education, healthcare, social services, and the criminal justice system, toward young people affected by SYV. By amplifying the voices and lived experiences of marginalised youth, this study aims to challenge reductive or pathologising narratives and instead promote a more humanising and contextually informed understanding of their realities. Ultimately, I hope these insights encourage professionals and institutions to adopt more responsive, trauma-informed, and relational approaches that prioritise dignity, empowerment, and long-term support for the young people they serve.

I chose to foreground the impact of community psychology interventions on the mental health of Black people in the conceptual introduction, reflecting my long-standing commitment to advocating for the mental well-being of individuals of Black heritage. As a scholar of Afro-Caribbean background, I have witnessed firsthand how structural racism, economic marginalisation, and culturally incongruent services converge to create profound barriers for Black communities when they attempt to access psychological support. These barriers include mistrust of statutory services, stigma attached to help-seeking, and a scarcity of practitioners who share, or even understand, their cultural frames of reference. At a systemic level, the profession itself remains strikingly unrepresentative: recent workforce analyses show that people from Global Majority ethnic backgrounds constitute only about 9.6 % of qualified clinical psychologists in England and Wales (British Psychological Society, 2019). This stark imbalance not only limits culturally responsive care but also perpetuates the invisibility of Black voices in research agendas, training curricula, and policy debates.

By bringing these issues to the forefront, I aim to expand the evidence base on the distinct mental-health challenges, coping strategies, and service experiences of Black individuals, and to amplify calls for more equitable pathways into both care and the profession itself. Ultimately, I hope that this work will catalyse greater awareness within clinical psychology, stimulate targeted reforms in recruitment and training, and help develop interventions that are culturally affirming, trauma-informed, and rooted in the lived realities of the communities they are intended to serve.

Challenges faced during the recruitment and data collection phase

During the recruitment and data collection phase, I encountered several challenges, both on a personal and practical level. One significant difficulty was the way in which recruitment was structured. Rather than being able to engage directly with young people, I was required to go through established community psychology projects. This added an additional layer between myself and potential participants, creating a physical and relational barrier that delayed expressions of interest and subsequently postponed the start of data collection.

Additionally, I sensed a degree of reluctance from some of the community projects to actively support recruitment efforts. In some cases, it appeared that staff did not view outreach to other projects or identifying interested young people as a good use of their time, likely due to a lack of direct incentives or perceived benefits for their involvement.

To mitigate these challenges, I made efforts to attend youth spaces regularly in order to build familiarity and establish trust with the young people involved in these community psychology initiatives. Despite these attempts, I encountered some reticence and hesitation among the young people, which led me to reflect on some of my assumptions. Initially, I believed that perceived similarities between myself and the young participants, such as shared aspects of racial or cultural identity, would facilitate engagement. However, I came to realise that my professional role as a trainee clinical psychologist was more salient in this context than my visible identity as a Black Afro-Caribbean woman.

This was particularly evident with some of the male participants, who may have viewed my presence with suspicion or associated my role with authority figures such as the police. Upon reflection, I recognised that my position as a trainee clinical psychologist inherently carries a degree of power and institutional affiliation, which may be perceived as aligning me with ‘the system.’ This association can symbolise, for some, a history of oppression, pathologisation, and criminalisation, particularly for communities that have experienced systemic marginalisation (Keating & Robertson, 2004).

Another significant challenge I encountered during the recruitment phase was an unexpected and distressing pause in recruitment due to a violent incident that occurred in the local area where I was engaging with young people. This incident evoked a complex mix of emotions in me, including helplessness, sadness, and frustration. These feelings were intensified by the stark reminder that SYV remains a persistent and deeply rooted issue in the very communities I was hoping to collaborate with.

The incident underscored a painful reality: that despite ongoing community and policy efforts, the structural and social conditions that contribute to SYV continue to go largely unaddressed. I felt a profound sense of powerlessness, both as a researcher and as an individual, in the face of such entrenched societal issues. This emotional response also fuelled a growing frustration with the field of clinical psychology in Western contexts, which often appears disconnected from the lived realities, traumas, and sociopolitical contexts affecting marginalised and disempowered young people (McKellar, 2020).

In addition to my frustration, I experienced a deep sense of sadness about the lack of meaningful societal change, especially in areas disproportionately affected by violence and deprivation. The ongoing prevalence of SYV and its disproportionate impact on young Black men serve as a stark indicator of systemic failure and social injustice (Richardson, 2015).

Rather than deterring me, however, this experience reinforced the urgency and importance of my research. It deepened my commitment to amplifying the voices of those directly affected and to challenging the limitations of dominant psychological frameworks that often overlook the social and structural dimensions of youth violence.

Overall, these experiences prompted a deeper reflection on the complexities of positionality, power dynamics, and trust-building in community-based research. They also highlighted the importance of not making assumptions about shared identity and the need to critically engage with how professional roles are perceived by participants, especially those from historically underserved or over-surveilled communities.

Influences as an outsider researcher

As an outsider researcher, my role was shaped by a complex interplay between professional distance and personal proximity. While I did not belong to the youth or community groups participating in the study, I brought with me the lens of a trainee clinical psychologist and academic researcher, roles that carry institutional authority and imply a degree of detachment. This outsider status offered certain advantages, such as the ability to approach the research with critical distance and analytical objectivity. It allowed me to step back and interrogate the systemic structures and power dynamics at play in community psychology interventions, particularly with regard to their implementation and perceived effectiveness in addressing SYV. However, I remained conscious that this external stance might create barriers to trust or inhibit full disclosure from participants, particularly given historical and ongoing tensions between marginalised communities and perceived representatives of formal systems, including mental health and academia.

At the same time, my lived experience of being personally affected by SYV and having grown up accessing youth spaces similar to the community psychology projects involved in this research complicated my status as an outsider and positioned me within what some scholars describe as a space of “partial insiderhood”. This connection allowed me to bring a deeper, embodied understanding of the trauma, fear, and systemic injustice that often surround experiences of youth violence. It inevitably influenced how I interpreted the data, particularly in moments where participants described emotional responses, institutional mistrust, or community disillusionment. Rather than seeing this influence as a bias to be eliminated, I approached it as a form of reflexive engagement. My emotional responses and recognition of shared experiences prompted a more empathetic and socially contextualised analysis. This interpretive lens, while subjective, enriched the depth of the analysis by attending to nuance that may have been overlooked by a researcher with no personal connection to the issue.

Nonetheless, I remained vigilant about the potential risks associated with over-identification or the assumption of shared experience. While I had been affected by SYV, my current position as a doctoral researcher afforded me privileges, such as educational access and institutional backing, that many participants did not share. I therefore adopted a reflexive stance throughout the research process, consistently interrogating how my positionality shaped the questions I asked, the interpretations I drew, and the power dynamics embedded in the research relationship. By maintaining this critical self-awareness, I aimed to balance empathy with analytic rigour, ensuring that my personal history informed, but did not overshadow, the voices and narratives of the young people at the heart of this study.

Ultimately, this dual positioning enriched the research while also demanding a continuous ethical and methodological reflexivity.

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Appendices

Appendix 1 – Participant Interview Schedule

Journey into receiving support from CP

-Can you explain your journey into accessing support from this project?

Prompt: What made you want to seek support?

Prompt: What helped you access this service? What were some of the barriers in getting support from (name of CP project)??

2. What was your experience of accessing other services before for your wellbeing/mental health e.g. NHS or other service??

Prompt: What were are some of barriers or facilitators to accessing these services?

3. When accessing the project (enter name of project) what was initial reaction and what supported your engagement with this service?

E.g. Staff, Peers, Employment support, Environment

The impact of CP projects on the YP's well-being (mental, emotional, physical and social)

4. What was your experience of the (enter name of service and what impact has it had on you?

Prompt: What has support looked like? What has been most useful? Less useful?
Prompt: Can you share any specific moments that were particularly meaningful or impactful for you?

What has kept you involved in this (enter name of service?

6. How this is (enter name of service) different/similar to your view of other services you have received support from?

7. Now I want to ask more generally, how do you think (name of CP project) support YP who are affected by violence or who have contact with CJS?

prompt: what do you think is helpful or less helpful about that? Barriers or facilitators to this group of young people accessing services?

Recommendations

8. What changes, if any, would you like to see at (name of CP project) to help improve care for other young people like yourself?

9. Do you have any recommendations about what other services could learn from (enter service name) about supporting well-being of young people similar to yourself??

10. Now thinking about all types of well-being services, what advice would you give to other young people trying to access support from wellbeing services?

11. How do you think wellbeing services could be improved to better support young people affected by youth violence or who have contact with CJS?
Prompt: When accessing the service? When in the service? What do services need to hold in mind when support young people?

12. Is there anything else about your experience of this (enter name of service) or about improving services for young people, that you think is important that we have not yet covered?

Appendix 2- Email template request and project support for potential community psychology projects

Dear (Lead of Project)

I am emailing you about a research study titled: ‘Exploring the experiences of community psychology intervention for young people affected by serious youth violence (SYV)’.

Staff and students are running this study, as part of work required for the UCL doctoral thesis in clinical psychology. I am emailing, to inform you about what study participation involves and about a request to support recruitment.

We understand that Community Psychology projects often work to address barriers that marginalised groups face when accessing mental health/well-being services. These projects intervene at various levels to understand and improve healthcare. Some Community Psychology projects also aim to help young people with their mental health needs in relation to their experience of serious youth violence. Limited research is available in this area, and therefore the research project focuses on exploring the experience of young people when accessing community psychology projects in the area of serious youth violence. The study aims to explore young people's perceptions, experiences, and the impact of the support they received. It will also examine the barriers and facilitators to accessing support, how this experience differs from other similar services, and young people's recommendations for enhancing their mental well-being.

Request to support recruitment:

As this study is focused on the experience and impact of Community Psychology projects, we are contacting services like yourselves to support with recruitment. This could involve the following:

Displaying study advert information in accessible areas.

Informing potential participants of the study, which include service users, partner agencies you work with(e.g. identifying and sharing study information, forwarding on the study email and advert onto suitable potential participants).
Permitting our research team to join a team meetings or wider meetings to promote the study (e.g. share study intention, information and to answer any questions).
You/team can forward on consenting potential participant information to ourselves, who would like to know more information about the study or one of the research team could join an appointment/meeting to answer questions of the study.
Allowing my research team to follow up with your team/member of staff at specific intervals as reminders about study to support promotion.

Participation within the study:

We are looking to recruit young people who have accessed your service.

Participation in this research study involves an online, one-to-one conversation with a researcher about their experiences of accessing community psychology projects. During the conversation, the participants will be asked about their r experiences, what has worked well for addressing access barriers, impact of community psychology projects and their recommendations for future CP projects. Additionally, participants will be asked to complete a short questionnaire about their socio-demographic information. It is important to note that participation in this study is completely voluntary and participants are free to withdraw at any time. As a token of our appreciation, participants will be provided with a £10 voucher for their time and effort.

I have attached recruitment emails, study advert, and a document highlighting study aims and inclusion criteria for different stakeholder populations.

We are pleased to arrange a meeting with you to discuss the study in more detail, answer any questions you may have and identify any potential recruitment support that your service may offer. If you are interested, please reach out to us via email below and I can provide you with different participant information sheets to consider.

Please feel free to share this information with any other Community Psychology Projects you think would be interested in taking part.

If you have any questions about the research, please do not hesitate to contact us by email.

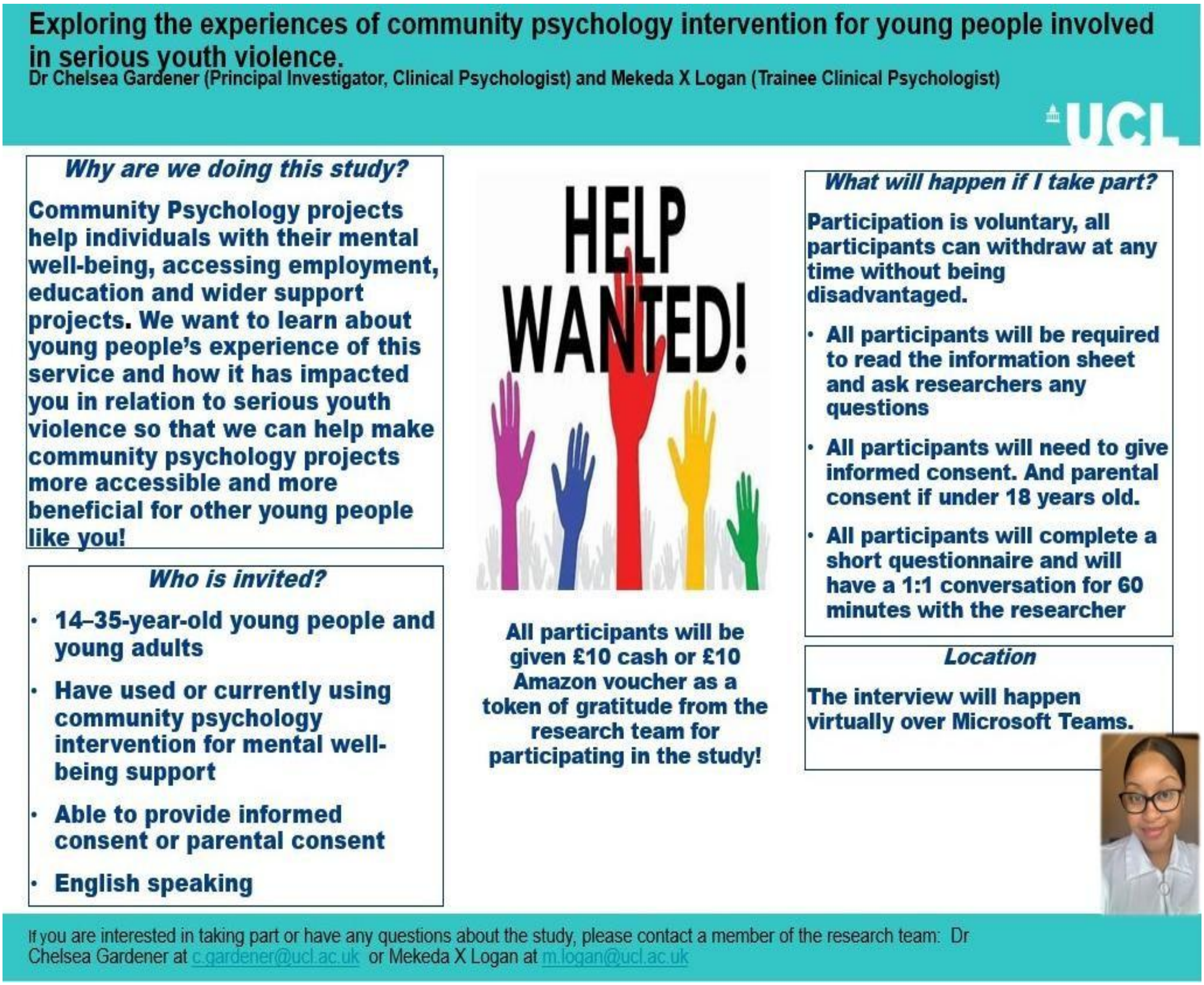
We hope to hear from you.

Kind regards,

Dr Chelsea Gardener, c.gardener@ucl.ac.uk (principal investigator)

Mekeda X Logan, m.logan@ucl.ac.uk (trainee clinical psychologist, lead researcher)

Appendix 3- Study poster



Exploring the experiences of community psychology intervention for young people involved in serious youth violence.

Dr Chelsea Gardener (Principal Investigator, Clinical Psychologist) and Mekeda X Logan (Trainee Clinical Psychologist)

UCL

Why are we doing this study?

Community Psychology projects help individuals with their mental well-being, accessing employment, education and wider support projects. We want to learn about young people's experience of this service and how it has impacted you in relation to serious youth violence so that we can help make community psychology projects more accessible and more beneficial for other young people like you!

Who is invited?

- **14–35-year-old young people and young adults**
- **Have used or currently using community psychology intervention for mental well-being support**
- **Able to provide informed consent or parental consent**
- **English speaking**

All participants will be given £10 cash or £10 Amazon voucher as a token of gratitude from the research team for participating in the study!

What will happen if I take part?

Participation is voluntary, all participants can withdraw at any time without being disadvantaged.

- **All participants will be required to read the information sheet and ask researchers any questions**
- **All participants will need to give informed consent. And parental consent if under 18 years old.**
- **All participants will complete a short questionnaire and will have a 1:1 conversation for 60 minutes with the researcher**

Location

The interview will happen virtually over Microsoft Teams.

If you are interested in taking part or have any questions about the study, please contact a member of the research team: Dr Chelsea Gardener at c.gardener@ucl.ac.uk or Mekeda X Logan at m.logan@ucl.ac.uk

Appendix 4- Email template to potential participants

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Appendix 7 : Study email template to potential participants

Exploring the experiences of community psychology intervention for young people affected by serious youth violence.

ethics project id number: xxx

To whom it may concern,

We would like to invite you to take part in a research study titled: “Exploring the Experiences of Community Psychology Intervention for young people affected in Serious Youth Violence and criminal justice system”.

This study is being run by staff and students, as part of the work required for the UCL doctoral thesis in clinical psychology.

We understand that Community Psychology projects often working to address barriers to access and experience of mental health/wellbeing services for marginalised groups who may experience adversities such as serious youth violence. We believe that those who access projects to support them, have valuable views and understandings important to service delivery and development, but there is limited research in this area. Therefore, this project explores the experiences and impact of accessing Community Psychology interventions for young people affected by serious youth violence.

The study aims to explore young people's perceptions, experiences, and the impact of the support they received. It will also examine the barriers and facilitators to accessing support, how this experience differs from other similar services, and young people's recommendations for enhancing their mental well-being.

Participation within the study:

Participation involves an online, one-to-one conversation or focus group with a researcher about your experiences and perceptions about accessing community psychology projects (e.g. experiences, what works well for addressing access barriers, recommendations and learning). It will also involve a short questionnaire on socio-demographic and project information. Participation is voluntary and individuals are free to withdraw at any time. Participants will be provided with a £10 Amazon voucher or £10 cash for your time and effort.

Please see the attached advert for more information. If you are interested in taking part or would like more information, please contact us: Mekeda X Logan at m.logan@ucl.ac.uk

Requirements for taking part:

Service Users

Aged 14-36 years old
English Speaking
Have accessed or currently accessing a minimum of one activity or an intervention carried out by the CP or partnership projects for support of their general well-being needs.
Must be able to provide informed consent or parental consent if age 16 or under
No current significant mental or physical health stressor in yourself (not acutely unwell)

Please feel free to share this information with anyone else you think might be interested in taking part and meet the inclusion criteria. If you have any questions about the research, please do not hesitate to contact us by email.

Kind regards,

Mekeda X Logan, m.logan@ucl.ac.uk

Principal researcher: Dr Chelsea Gardener, c.gardener@ucl.ac.uk

Appendix 5- Information sheet for participants aged 16-36 years old

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Participant Information Sheet For Participants 16-36 years old

UCL Research Ethics Committee Approval ID Number: 28145/001

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Exploring the experiences of community psychology intervention for young people involved in serious youth violence.

Department: Research Department of Clinical, Educational and Health Psychology, UCL

Name and Contact Details of the Researcher(s): Mekeda X Logan, Trainee Clinical Psychologist Contact:

m.logan@ucl.ac.uk

Name and Contact Details of the Principal Researcher:

Dr Chelsea Gardener

Contact: c.gardener@ucl.ac.uk

Our invitation

Hello! My name is Mekeda, and I am currently pursuing a Doctorate in Clinical Psychology at University College London. I am reaching out to request your participation in a research study. Please take a moment to read this information sheet, and feel free to ask me any questions you may have before deciding whether or not to participate. Thank you for your time.

Why we are doing this study?

Community Psychology projects aim to support young people by providing assistance with mental health issues, job seeking, and addressing problems associated with serious youth violence. We are interested in hearing about your personal experiences with these services so that we can better understand how to improve and make them more helpful for other young individuals like yourself.

Who is invited to take part in this study?

We would like to invite service users between the ages 16-35, who have been using a community psychology project for well-being support. We believe that you can help us by sharing your experiences with the services we want to learn more about. To participate, you must be able to give your consent. You must also be able to speak English.

Do I have to take part?

No! It is entirely your decision whether or not to participate. Your choice will not have any impact on the quality of care you receive. You have the option to withdraw from the study at any time without providing an explanation. Simply state, 'I don't want to do it anymore,' and there will be no issue.

What will happen to me if I take part?

If you are interested in taking part in the study, it is helpful for you to look at the information sheet and we can arrange a time to speak and answer any questions you may have.

If you're still interested in participating, the researcher will ask you to sign a consent form. If you're under 18, your parents or carers will also need to sign a consent form to allow you to participate.
The consent form can be sent to you by post or email and you can send it back via email (or if you have no email you will be sent a link to complete the consent form online).

We will ask for your permission to contact the community project or service you access. This is to notify them of any concerns that may arise during the study, so they can provide potential support if needed.
The researcher will ask you to keep a copy of the signed consent form and this information sheet.

The researcher will arrange a time to meet with you to complete:
We would like to ask you a few questions about yourself, such as your age, gender, and the project you accessed. This information will help us understand more about the people involved in the study. Your data will be kept anonymous and linked to a code so that only the study researchers can identify it.

We want to hear about your experiences with the service you received to support your wellbeing. We'll talk one-on-one on Microsoft Teams and ask you what you liked or didn't like, what was helpful or not helpful, and any ideas you have to improve services for young people. The conversation will last about an hour and be audio- recorded and transcribed. You can take breaks at any time as and when needed.

After we finish the interview, you can choose if you want me to contact you by phone or email to talk about what we found in the study and hear your thoughts. If you want to remove your data from the study, you have two weeks after the interview to let us know.

Will I be recorded and how will the recorded media be used?

We will record our conversation during the interview to make sure we don't miss any important details about your experience. Our researchers will then transcribe the conversation before deleting the recording. We will remove any personal information from the transcription to ensure that your identity remains anonymous. If needed, we may send the recording through a secure data transfer service to a UCL approved transcription service. The recording will not be shared with anyone outside the study and will not be used for any other purpose without your written consent.

We want to make sure that you are comfortable during the interview. To help with this, we will keep the interview to 60 minutes or less. You can take breaks or pause whenever you need to.

We understand that talking about your experiences may be difficult and cause distress. We will make sure to manage any difficult moments and remind you that you can discuss things at your own pace. You can withdraw from the interview if you want to. We will ask for your feedback at the end of the interview.

If you need support, we will provide you with details of local support services. We can also contact the service you attend to let them know you may need their support.

What are the possible benefits of taking part?

Although participating in the project doesn't have immediate benefits, it is hoped that this work will improve services to support young people. As a thank you for participants time and effort, you will receive a £10 Amazon voucher.

What if something goes wrong?

If you have any complaints related to the project, please contact the Principal Researcher, Dr. Chelsea Gardener, at c.gardener@ucl.ac.uk. In case you are not satisfied with the handling of your complaint, you can reach out to the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk. If you experience any problem during or after your participation in the project that you believe may be linked to your involvement, please contact Chelsea or the researcher you were in contact with, Mekeda X Logan at m.logan@ucl.ac.uk.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications about the study.

Limits to confidentiality

Please be aware that I will keep our conversation confidential to the best of my ability. However, if during our conversation, I hear anything that concerns me regarding your safety or someone else's, I may have to inform the relevant authorities. This is because I have a professional obligation to ensure your safety and well-being.

What happen to the results of the research project?

We will write a report (DClinPsy thesis) about the study. We might use quotes of what you say during the conversation, but we will not include your name or any other information that could identify you, so that nobody else will know that you took part in the study. We will send you a copy of this report if you would like one. The study results will also be presented as scientific papers and at conferences. You will not be able to be identified in any reports, publications, talks or media.

What happens to the information you collect about me?

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher’s duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your data will be anonymised, so it is not linked to your personal information. Contact information will be stored separately from you study data, and safely deleted after your complete participation within the study.

Local Data Protection Privacy Notice

Notice:

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This ‘local’ privacy notice sets out the information that applies to this particular study.

Further information on how UCL uses participant information can be found in our ‘general’ privacy notice:

For participants in research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the ‘local’ and ‘general’ privacy notices.

The categories of personal data used will be as follows:

Name, Age, Ethnicity, Gender, Religious/philosophical belief, Sexual Orientation, Profession/Role, Type of service accessed or working within, general support accessed, length of time accessing Community Psychology Project, Time working with a service.

The lawful basis that will be used to process your personal data are: ‘Public task’ for personal data and ‘Research purposes’ for special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

Who is organising and funding the research?

The study is part of the researcher's doctoral clinical psychology studies at University College London.

16. Contact for further information

If you require any further information or have any queries about this study, please contact the:

Researcher: Mekeda X Logan Email: m.logan@ucl.ac.uk

Principal Researcher: Dr Chelsea Gardener Email: c.gardener@ucl.ac.uk

Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB. e-mail: c.gardener@ucl.ac.uk

Tel: 020 7679 1897

Do ask us any question you have or to explain anything that does not make sense to you.

Thank you for reading this information sheet and for considering to take part in this research study.

Appendix 6- Information sheet for participants aged 14-16

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Participant Information Sheet For Young People (age 14-16)

UCL Research Ethics Committee Approval ID Number: ______________________________

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Exploring the experiences of community psychology intervention for young affected by serious youth violence.

Department: Research Department of Clinical, Educational and Health Psychology, UCL

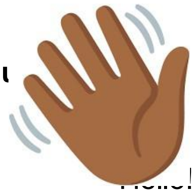
Name and Contact Details of the Researcher(s): Mekeda X Logan, Trainee Clinical Psychologist Contact:

m.logan@ucl.ac.uk

Name and Contact Details of the Principal Researcher:

Dr Chelsea Gardener

Contact: c.gardener@ucl.ac.uk



Ou

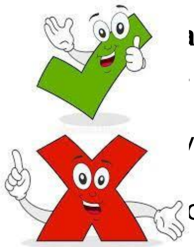
Hello! My name is Mekeda, and I am currently pursuing a Doctorate in Clinical Psychology at University College London. I am reaching out to request your participation in a research study. Please take a moment to read this information sheet, and feel free to ask me any questions you may have before deciding whether or not to participate. Thank you for your time.

Why we are doing this study?

Community Psychology projects aim to support young people by providing assistance with mental health issues, job seeking, and addressing problems associated with serious youth violence. We are interested in hearing about your personal experiences with these services so that we can better understand how to improve and make them more helpful for other young individuals like yourself..

Who is invited to take part in this study?

We would like to invite young people between the ages of 14 and 18, who have been using a community psychology project for well-being support. We believe that you can help us by sharing your experiences with the services we want to learn more about. To participate, you must be able to give your consent and, if you are under 18, your parent's consent. You must also be able to speak English.



I ke part?

entirely your decision whether or not to participate. Your choice will not have any impact on the quality of

ve. You have the option to withdraw from the study at any

oviding an explanation. Simply state, 'I don't want to do it anymore,' and there will be no issue.

What will happen to me if I take part?

If you are interested in taking part in the study, it is helpful for you and your parents/carers to look at the information sheet and we can arrange a time to speak and answer any questions you may have.

If you're still interested in participating, the researcher will ask you to sign a consent form. If you're under 16, your parents or carers will also need to sign a consent form to allow you to participate.
The consent form can be sent to you by post or email and you can send it back via email (or if you have no email you will be sent a link to complete the consent form online).

We will ask for your permission to contact the community project or service you access. This is to notify them of any concerns that may arise during the study, so they can provide potential support if needed.
The researcher will ask you to keep a copy of the signed consent form and this information sheet.

The researcher will arrange a time to meet with you to complete:
We would like to ask you a few questions about yourself, such as your age, gender, and the project you accessed. This information will help us understand more about the people involved in the study. Your data will be kept anonymous and linked to a code so that only the study researchers can identify it.

We want to hear about your experiences with the service you received to support your wellbeing. We'll talk one-on-one on Microsoft Teams or a focus group with other young people within your youth service and ask you what you liked or didn't like, what was helpful or not helpful, and any ideas you have to improve services for young people. The conversation will last about an hour and be audio-recorded and transcribed. You can take breaks at any time as and when needed.

After we finish the interview, you can choose if you want me to contact you by phone or email to talk about what we found in the study and hear your thoughts. If you want to remove your data from the study, you have two weeks after the interview to let us know.

Will I be recorded and how will the recorded media be used?

We will record our conversation during the interview to make sure we don't miss any important details about your experience. Our researchers will then transcribe the conversation before deleting the recording. We will remove any personal information from the transcription to ensure that your identity remains anonymous. If needed, we may send the recording through a secure data transfer service to a UCL approved transcription service. The recording will not be shared with anyone outside the study and will not be used for any other purpose without your written consent.

We want to make sure that you are comfortable during the interview. To help with this, we will keep the interview to 60 minutes or less. You can take breaks or pause whenever you need to.

We understand that talking about your experiences may be difficult and cause distress. We will make sure to manage any difficult moments and remind you that you can discuss things at your own pace. You can withdraw from the interview if you want to. We will ask for your feedback at the end of the interview.

If you need support, we will provide you with details of local support services. We can also contact the service you attend to u may need their support.

W ible benefits of taking part?
gh participating in the project doesn't have immediate benefits, it is hoped that this work will improve services to support young people. As a thank you for participants time and effort, you will receive a £10 Amazon voucher.

What if something goes wrong?

If you have any complaints related to the project, please contact the Principal Researcher, Dr. Chelsea Gardener, at c.gardener@ucl.ac.uk. In case you are not satisfied with the handling of your complaint, you can reach out to the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk. If you experience any problem during or after your participation in the project that you believe may be linked to your involvement, please contact Chelsea or the researcher you were in contact with, Mekeda X Logan at m.logan@ucl.ac.uk.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications about the study.

Limits to confidentiality
Please be aware that I will keep our conversation confidential to the best of my ability. However, if during our conversation, I hear anything that concerns me regarding your safety or someone else's, I may have to inform the relevant authorities. This is because I have a professional obligation to ensure your safety and well-being.

What happen to the results of the research project?

We will write a report (DClinPsy thesis) about the study. We might use quotes of what you say during the conversation, but we will not include your name or any other information that could identify you, so that nobody else will know that you took part in the study. We will send you a copy of this report if you would like one. The study results will also be presented as scientific papers and at conferences. You will not be able to be identified in any reports, publications, talks or media.

What happens to the information you collect about me?

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher's duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your data will be anonymised, so it is not linked to your personal information. Contact information will be stored separately from you study data, and safely deleted after your complete participation within the study.

Local Data Protection Privacy Notice

Notice:

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This 'local' privacy notice sets out the information that applies to this particular study.
Further information on how UCL uses participant information can be found in our 'general' privacy notice:

For participants in research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the ‘local’ and ‘general’ privacy notices.

The categories of personal data used will be as follows:

Name, Age, Ethnicity, Gender, Religious/philosophical belief, Sexual Orientation, Profession/Role, Type of service accessed or working within, general support accessed, length of time accessing Community Psychology Project, Time working with a service.

The lawful basis that will be used to process your personal data are: ‘Public task’ for personal data and ‘Research purposes’ for special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

Who is organising and funding the research?

The study is part of the researcher's doctoral clinical psychology studies at University College London.

16. Contact for further information

If you require any further information or have any queries about this study, please contact the:

Researcher: Mekeda X Logan Email: m.logan@ucl.ac.uk

Principal Researcher: Dr Chelsea Gardener Email: c.gardener@ucl.ac.uk

Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB. e-mail: c.gardener@ucl.ac.uk

Tel: 020 7679 1897

Do ask us any question you have or to explain anything that does not make sense to you.

Thank you for reading this information sheet and for considering to take part in this research study.

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Appendix 7- Consent form for participants aged 16-36

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

CONSENT FORM FOR PARTICIPANTS AGED 16-36 IN RESEARCH STUDIES

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of the Study: Exploring the experiences of community psychology intervention for young people affected by serious youth violence.

Department: Clinical, Educational and Health Psychology, UCL

Name and Contact Details of the Researcher(s): Mekeda X Logan m.logan@ucl.ac.uk

Name and Contact Details of the Principal Researcher: Dr Chelsea Gardener and c.gardener@ucl.ac.uk

Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts and data- protection@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee: Project ID number:

Thank you for considering taking part in this research, the person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Bo
1.	*I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have bee answered to my satisfaction *and would like to take part in* - *an individual interview or focus group via an online platform (MS Teams).*	
2	*I understand that I will be able to withdraw my data up to 2 weeks after the intervi	
3	*I consent to participate in the study. I understand that my personal information su as my name, gender, ethnicity, age and *general information about my service access* will be used for the purposes explained to me. I understand that according data protection legislation, 'public task' will be the lawful basis for processing, and 'research purposes' will be the lawful basis for processing special category data	
4	**Use of the information for this project only** *I understand that all personal information will remain confidential and that all effor will be made to ensure I cannot be identified. I understand that confidentiality will be maintained as far as possible, unless durir our conversation the researcher hears anything which makes them worried that myself or someone might be in danger of harm, and then they might have to inforr relevant agencies of this due to their professional duty of care. I understand that my data gathered in this study will be stored anonymously and securely. My data will be anonymised, so it is not linked to my personal informatio and it will not be possible to identify me in any publications (e.g. from quotes used fron interviews)	
5	*I understand that my information may be subject to review by responsible individuals from the University College London for monitoring and auditing purposes.	
6	*I understand that my participation is voluntary and that I am free to withdraw at ar time without giving a reason, *without the care I receive being affected*. I understand that if I decide to withdraw, any personal data I have provided up to t point will be deleted unless I agree otherwise.	
7	I understand the potential risks of participating and the support that will be availab to me if I become distressed during the research.	
8	I understand the direct/indirect benefits of participating.	
9	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this	

	study.	
10	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
11	I understand that I will get a £10 Amazon voucher or £10 cash for my time and effo in the study.	

12	I agree that my anonymised research data may be used by others for future research. [No one will be able to identify you when this data is shared.]	
13	I understand that the information I have submitted will be published as a report an wish to receive a copy of it. Yes/No	
14	I consent to my interview being audio/video recorded via MS Teams and understa that the recordings will be: - destroyed immediately following transcription and quality checks of the data.	
15	I hereby confirm that I understand the inclusion criteria as detailed in the Informati Sheet and explained to me by the researcher.	
16	I hereby confirm that: I understand the exclusion criteria as detailed in the Information Sheet and explain to me by the researcher; and I do not fall under the exclusion criteria.	
17	I agree that my GP or wellbeing service I access, may be contacted if any concern are highlighted during the interview for them to offer potential support if required.	
18	I have informed the researcher of any other research in which I am currently involv or have been involved in during the past 12 months.	
19	I am aware of who I should contact if I wish to lodge a complaint.	
20	I voluntarily agree to take part in this study.	
21	Use of information for this project and beyond I would be happy for the data I provide to be archived on the UCL One Drive. I understand that other authenticated researchers linked to the study will have access to my anonymised data.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

Name of participant Date Signature

Researcher Date Signature

Appendix 8- Information sheet for YP parents/carers

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Participant Information Sheet For Parents/Carers

UCL Research Ethics Committee Approval ID Number: ______________________________

YOU WILL BE GIVEN A COPY OF THIS INFORMATION SHEET

Title of Study: Exploring the experiences of community psychology intervention for young people affected by serious youth violence

Department: Research Department of Clinical, Educational and Health Psychology,
UCL

Name and Contact Details of the Researcher(s): Mekeda X Logan, Trainee Clinical Psychologist Contact:

m.logan@ucl.ac.uk

Name and Contact Details of the Principal Researcher:

Dr Chelsea Gardener

Contact: c.gardener@ucl.ac.uk

What is this study?
We are inviting your child to take part in a research study that is investigating the experience of young people who access a community psychology project that focuses on support for their mental health, accessing work and employment, and accessing mainstream services.

Before you decide if you agree to your child taking part in the study, it is important that you understand why the research is being done and what it will involve. Please read this leaflet carefully.

Please do ask us if anything is unclear or if you would like more information. Take time to decide whether you wish your child to take part. Whether you decide to take part or not is completely up to you. Choosing not to take part will not disadvantage you or your child in any way.

Why are we doing this study?

We know from previous research that it is important to ask people how they find different services they go to and that this can help us to improve other services in the future. We want to find out about young people's experience of using Community Psychology projects.

Community Psychology projects are often working to address barriers to access and experience of wellbeing services for marginalised groups. We hope that this study will help us to improve our understanding of how these services help people who use them, what works well and what might be important learning for other services for other young people in marginalised groups.

We are inviting young people based on their access of a Community Psychology Project which usually help young people with things like mental health, accessing work and employment and other services and building relationships with other people and professionals. Your child has been invited to take part because they have recently accessed an activity or support from this type of project.

Young people need to be able to speak English, have the capacity to consent and be able to answer questions about their experiences and views of attending a community psychology project. Anyone who is interested in the study can contact us and we will check whether they are able to take part.

Does my child have to take part?

No, taking part is completely voluntary. Your child is free to stop taking part at any time during the study without giving a reason. As their parent/carer, you are also free to decide whether or not they should take part in the study. If you or your child decide not to take part, or to stop taking part, this will not disadvantage you or your child in any way.

What will my child have to do if they decide to take part?

If you and your child decide to take part in the study, we will invite your child to meet with a researcher online via video calling on Microsoft Teams (MS Teams), who will answer any questions they have. You will also be given the opportunity to talk to Mekeda if you would like. If you and your child are still interested, Mekeda will ask you both to sign a consent form and send it back via email. Mekeda will give you copies of yours and your child's signed consent form, this information sheet, and the young person's information sheet, to keep.

The researcher, Mekeda, will then talk with your child about their experiences. The conversation should last about 1 hour. It will take place online and will be in a quiet and private and confidential space.

If you are interested in taking part in the study, it is helpful for you and your child to look at the information sheet and we can arrange a time to speak and answer any questions you may have.
If you are still interested, then the researcher will ask you and your child to sign a consent form to agree to participate if your child is under the age of 16. Young people aged 16 or over can provide their own consent to participate, although parents are informed of the study.
The consent form can be sent to you by post or email and you can you send it back via email (or if you have no email you will be sent a link to complete the consent form online).
We will also obtain your consent to contact the community project or service you access, to highlight any concerns if they come up in the study, so they are aware to offer you potential support if required.
The researcher will ask you to keep a copy of the signed consent form and this information sheet.

The researcher will arrange a time to then meet with your child to complete:
A short questionnaire about some personal information (e.g. age, gender, type of project you accessed) to help us provide some background information about the people who take part. This information will be made anonymous - it will be attached to a code so that nobody except the study researchers will be able to identify you from the data we keep.
A 1:1 conversation online (via MS teams) about their experiences and views of the service you attended to support your wellbeing. We will ask what was helpful, not helpful/what you liked or did not like and ideas you may have to make services better at supporting young people. The

conversation should last about 60 minutes and will be audio-recorded and transcribed. They will be able to take breaks at any time if and when required.

After the interview, you will also have the choice about your child (under the age of 16) being contacted again via phone or email to arrange a time to share the study findings with you and ask for your views. Two weeks after the interview, is the last point at which your data can be completely removed from the study.

Will my child be recorded and how will the recording be used?

We will audio-record the conversation to make sure we get a good understanding of your child's experience and don't miss anything important. The conversation will be transcribed by the researchers and then the recording will be deleted. We will upload audio recordings to a UCL-approved computer service which turns audio files into text. We will remove any personal information from the written conversation so that nobody reading it would be able to know it was your child. Once the audio files have been turned into text, we will delete the audio files. No one outside the study will be allowed access to the recordings/ transcripts at any time. No other use will be made of the recordings without yours and your child's written permission.

Are there any risks in taking part in this study?

There are no major risks to your child in taking part in this study. However, your child might find some of the questions or talking about their experiences a bit difficult. If your child feels uncomfortable, upset or distressed at any time during the study, the researcher will ensure to manage any difficult moments we will stop the conversation, provide general support to your child and remind them that they can discuss things they feel comfortable with at their own pace. Breaks can be taken and they will be reminded that they can withdraw. At the end of the interview, we will ask how they found the experience.

To further support your child if needed, we will also provide details of local support services to you and them and if required contact the service they attend so this service is aware to offer any potential support.

To reduce your child getting tired, we will make sure the interview does not last longer than 60 minutes and your child can pause or take breaks whenever they need to.

Are there any benefits to taking part?

Whilst there are no immediate benefits for those people participating in the project, it is hoped this work will help to improve services to better support young people accessing support from community psychology.

Your child will be offered a £10 Amazon voucher at the end of the study as a thank you for their time and effort in taking part.

What if something goes wrong?

If you wish to raise a complaint, then please contact the Principal Researcher, Dr Chelsea Gardener at c.gardener@ucl.ac.uk. If you feel that your complaint has not been handled to your satisfaction, you can contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk. If something happens to you during or following your participation in the project that you think may be linked to taking part, please contact Chelsea or the researcher you were in contact with Mekeda X Logan at m.logan@ucl.ac.uk.

Will my taking part in this project be kept confidential?

All the information that we collect about you during the research will be kept strictly confidential. You will not be able to be identified in any reports or publications about the study.

Limits to confidentiality

Please note that confidentiality will be maintained as far as it is possible, unless during our conversation I hear anything which makes me worried that you or someone might be in danger of harm, then I might have to inform relevant services of this because I have a professional duty of care.

What happens to the results of the research project?

We will write a report (DClinPsy thesis) about the study. We might use quotes of what you say during the conversation, but we will not include your name or any other information that could identify you, so that nobody else will know that you took part in the study. We will send you a copy of this report if you would like one. The study results will also be presented as scientific papers and at conferences. You will not be able to be identified in any publications, reports, talks or media.

What other information about my child would you collect? And what happens with all the study information?

We will ask you and your child to provide some personal information about your child - their age, gender, and about any mental health diagnoses and/or learning disabilities. This is to help provide some background information about the people who take part. This information will be made anonymous - it will be attached to a code so that nobody except the study researchers will be able to identify your child from the data we keep.

All the information you give will be treated as confidential and stored securely (see Data Protection Privacy Notice below). Confidentiality may be limited by the researcher's duty of care to report to the relevant authorities possible harm/danger to the participant or others. Your data will be anonymised, so it is not linked to your personal information. Contact information will be stored separately from your study data, and safely deleted after your complete participation of the study.

Local Data Protection Privacy Notice

Notice:

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This 'local' privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our 'general' privacy notice:

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the 'local' and 'general' privacy notices.

The categories of personal data used will be as follows:

Name, Age, Ethnicity, Gender, Religious/philosophical belief, Sexual Orientation, Profession/Role, Type of service accessed or working within, general support accessed, length of time accessing Community Psychology Project, Time working with a service.

The lawful basis that will be used to process your personal data are: ‘Public task’ for personal data and ‘Research purposes’ for special category data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this, and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

Who is organising and funding the research?

The study is part of the researcher’s ’s doctoral clinical psychology studies at University College London.

16. Contact for further information

If you require any further information or have any queries about this study, please contact the:

Researcher: Insert researcher name Email: insert researcher email address

Principal Researcher: Dr Chelsea Gardener Email: c.gardener@ucl.ac.uk

Address: Research Dept of Clinical, Educational and Health Psychology, University College London, 1-19 Torrington Place, London WC1E 7HB. e-mail: c.gardener@ucl.ac.uk

Tel: 020 7679 1897

Do ask us any question you have or to explain anything that does not make sense to you.

Thank you for reading this information sheet and for considering to take part in this research study.

--

Appendix 9- Consent form for parents/carers

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

PARTICIPANT CONSENT FORM – PARENT/CARER for child aged 14-16

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of the Study: Exploring the experiences of community psychology intervention for young people involved in serious youth violence.

Department: Clinical, Educational and Health Psychology, UCL

Name and Contact Details of the Researcher(s): Mekeda X Logan at m.logan@ucl.ac.uk

Name and Contact Details of the Principal Researcher: Dr Chelsea Gardener and c.gardener@ucl.ac.uk

Name and Contact Details of the UCL Data Protection Officer: Alexandra Potts and data-protection@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee: Project ID number:

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions about the Information Sheet or explanation already given to you, please ask the researcher before you decide to join in.

You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by initialing each box below I am consenting to my child participating in this study. I understand that it will be assumed that

unticked/initialed boxes means that I DO NOT consent to my child participating in that part of the study. I understand that by my not giving consent for any one element that my child may be deemed ineligible for the study.

		Initial B
1.	I confirm that I have read and understood the Participant Information Sheet for Parents/Carers for the above study. I have had an opportunity to consider the information and what will be expected of my child. I have also had the opportunity to ask questions which have been answered to mine and my child's satisfaction and I consent for them to participate in the study - *an individual interview or focus group via online platform (MS Teams) call.*	
2.	*I understand that I will be able to withdraw consent for my child's data up to 2 weeks after the interview.	
3.	I consent to my child participating in the study. I understand that my child's personal information *(socio-demographics mental health, type of service accessed)* will be usec for the purposes explained to me and my child I understand that according to data protection legislation, 'public task' will be the lawful basis for processing, and 'research purposes' will be the lawful basis for processing special category data.	
4.	I understand that all personal information will remain confidential and that all efforts wil be made to ensure my child cannot be identified. I understand that confidentiality will b maintained as far as possible, but I understand that if something my child or I say mak the researcher worried that someone might be in danger of harm the researcher may have to tell other people about this. I understand that my child's data gathered in this study will be anonymized and stored securely in line with GDPR protocols. It will not be possible to identify my child in any publications.	
5.	I understand that the information my child and I provide may be subject to review by responsible individuals from University College London for monitoring and audit purposes.	
6.	*I understand that my child's participation is voluntary and that I am free to withdraw at any time without giving a reason, and without the care I receive being affected. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	
7.	I understand the potential risks to my child of participating and the support that will be available to my child should they become distressed during the course of the research.	
8.	I understand that my child will be offered a £10 Amazon voucher or £10 cash at the enc the study as a thank you for their time and effort in taking part. I understand that there no other direct benefits, financial or otherwise, to me or my child of my child participating.	
9.	I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study	
	I agree that my child's anonymised research data may be used by others for future research. [No one will be able to identify your child when this data is shared.]	
	I understand that the information my child has submitted will be published as a report I wish to receive a copy of it. **Yes/No**	
	I consent to my child's conversation with a researcher being audio recorded. I understand that the recordings will be destroyed immediately following transcription.	

	I confirm that I understand the inclusion criteria as detailed in the Information Sheet an explained to me by the researcher.	
	I confirm that: (c) I understand the exclusion criteria as detailed in the Information Sheet and explained to me by the researcher; and My child does not fall under the exclusion criteria.	
15.	I agree that my child's GP or wellbeing service they access, may be contacted if any concerns are highlighted during the interview for them to offer potential support if required.	
	I have informed the researcher of any other research in which my child is currently involved or has been involved in during the past 12 months.	
	I am aware of who I should contact if I wish to make a complaint.	
	I understand that my child's personal data will be processed so long as it is required fo the research project. Once names and contact details are no longer required, these wi be deleted, and all data will then become fully anonymised I would be happy for my child's anonymised data to be archived within UCL stores.	

If you would like your contact details to be retained so that you can be contacted in the future by UCL researchers who would like to invite you to participate in follow up studies to this project, or in future studies of a similar nature, please tick the appropriate box below.

	Yes, I would be happy to be contacted in this way	
	No, I would not like to be contacted	

____

Name of young person

___________________________ _________________ _________________

____

Name of parent/carer Relationship to young person Signature Date

______________________________ ___________________ ___________________

____

Name of researcher Signature Date

Appendix 10- Debrief for participants

RESEARCH DEPARTMENT OF CLINICAL, EDUCATIONAL AND HEALTH PSYCHOLOGY

Study Debrief- YP

Thank you very much for giving up your time to take part in our study. We hope that you found it an interesting experience. The information that you have provided will help us to understand better the experiences and perspectives of people accessing community psychology projects.

Reflecting on experiences especially use of services and serious youth violence can bring up some difficult thoughts and feelings. If you are feeling in distress as a result of completing the study, you might find it helpful to complete a relaxation or mindfulness exercise available on this website: https://www.getselfhelp.co.uk/relax.htm

You are also very welcome to contact Dr Chelsea Gardener, Clinical Psychologist (Principle Investigator on the study; c.gardener@ucl.ac.uk), who will be

able to discuss this with you confidentially and signpost you to relevant support.

If you feel that you might benefit from some ongoing support, you might find it helpful to contact one of the following services:

The Samaritans (Phone: 116 123/ Website: https://www.samaritans.org/how- we-can-help/contact-samaritan/). Support service for people experiencing distress.

Young Minds, text “SHOUT” to 85258. Support service for young people experiencing distress

The Mix (support for under 25s experiencing distress), available from 3pm- midnight every day. They can be contacted via telephone on 08088084994 or can be contacted via their text message crisis line using the following link: https://www.themix.org.uk/get-support/speak-to-our-team/crisis-messenger

Kooth is a free online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop. They are available up to 10 pm every day. https://www.kooth.com/

Improving Access to Psychological Therapies (IAPT; https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008). Provide evidence based psychological therapies to people with anxiety and depression (generally age16 and above).

Contact your GP for local Child and adolescent mental health services in your area.

If you would like any further information or if you have any questions regarding the study, then please feel free to contact the Researchers: Dr Chelsea Gardener, Clinical Psychologist (Principle Investigator on the study; c.gardener@ucl.ac.uk), or Mekeda X Logan, Trainee Clinical Psychologist (lead researcher on the study; m.logan@ucl.ac.uk)

Many thanks again for giving your time to participate in our research.

Study Debrief- Service Users (Participants aged 16-36)

Thank you very much for giving up your time to take part in our study. We hope that you found it an interesting experience. The information that you have provided will help us to understand better the experiences and perspectives of people accessing and working in community mental health projects.

Reflecting on experiences accessing support from community psychology and your experiences of serious youth violence can bring about difficult thoughts and feelings. If you are feeling in distress as a result of completing the study, you might find it helpful to complete a relaxation or mindfulness exercise available on this website: https://www.getselfhelp.co.uk/relax.htm

You are also very welcome to contact Dr Chelsea Gardener, Clinical Psychologist (Principle Investigator on the study; c.gardener@ucl.ac.uk), who will be able to discuss this with you confidentially and signpost you to relevant support.

If you feel that you might benefit from some on going support, you might find it helpful to contact one of the following services:

The Samaritans (Phone: 116 123/ Website: https://www.samaritans.org/how- we-can-help/contact-samaritan/). Support service for people experiencing distress.
Papyrus Hopeline (Phone: 08000684141 Website: https://www.papyrus- uk.org/). Support service for young adults under the age of 35 experiencing distress, available 24 hours 7 days a week.
Improving Access to Psychological Therapies (IAPT; https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008). Provide evidence based psychological therapies to people with anxiety and depression.

If you would like any further information or if you have any questions regarding the study, then please feel free to contact the Researchers: Dr Chelsea Gardener, Clinical Psychologist (Principle Investigator on the study; c.gardener@ucl.ac.uk), or Mekeda X Logan, Trainee Clinical Psychologist (lead researcher on the study; m.logan@ucl.ac.uk)

Appendix 11: Bracketing interview questions

Bracketing Interview

What brought you to this topic?

Any thoughts on what you might find? What do you think you might find that might be negative, difficult, or clash with your ideas?

How do you think you (not) sharing participants' experiences/background will influence recruitment… interviews…. analysis?

What assumptions might your participants make about you? How may these influence recruitment… interviews?

Appendix 12: Qualtrics participant screening and demographic questionnaire

Age

○ 14-18

○ 18-25

○ 25-36

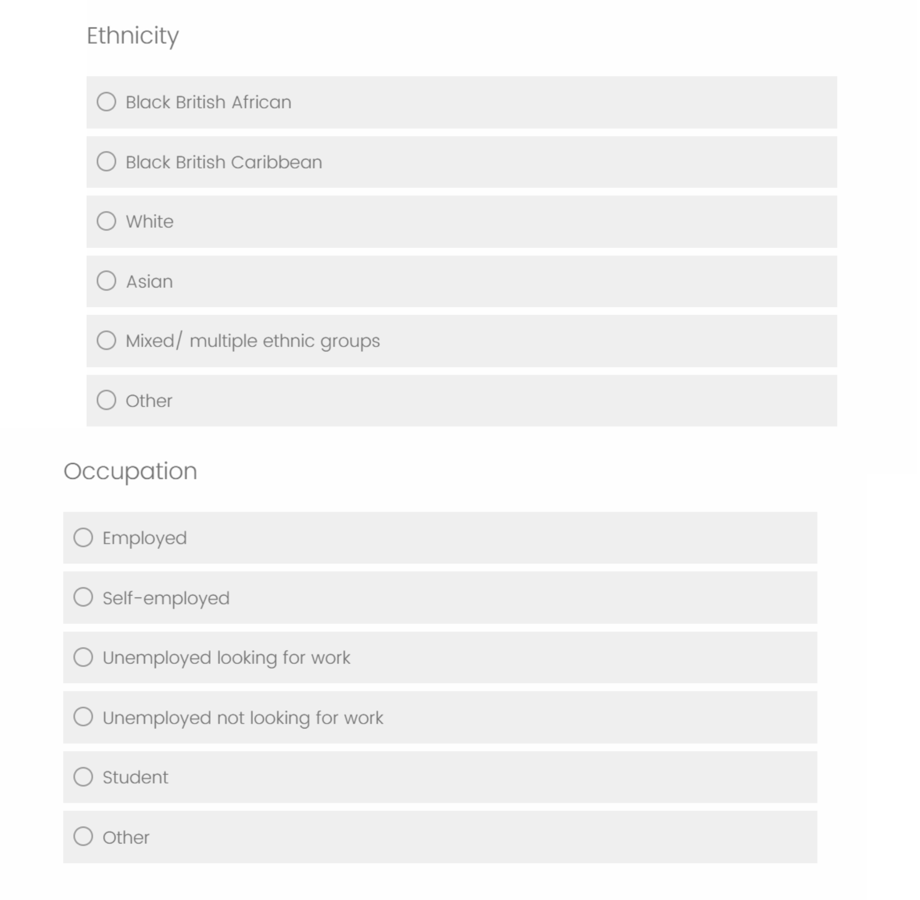
Gender

○ Male

○ Female

○ Non-binary

○ Prefer not to say



Ethnicity

○ Black British African

○ Black British Caribbean

○ White

○ Asian

○ Mixed/ multiple ethnic groups

○ Other

Occupation

○ Employed

○ Self-employed

○ Unemployed looking for work

○ Unemployed not looking for work

○ Student

○ Other

Religion

- ○ Christianity
- ○ Islam
- ○ Judaism
- ○ Hinduism
- ○ Not religious
- ○ Prefer not to say

Living situation

- ○ Live alone
- ○ Live with partner
- ○ Live with parents/family
- ○ Live with extended family
- ○ Live in a sheltered housing facility
- ○ Other

Age

○ 14-18

○ 18-25

○ 25-36

Gender

○ Male

○ Female

○ Non-binary

○ Prefer not to say

Ethnicity

○ Black British African

○ Black British Caribbean

○ White

○ Asian

○ Mixed/ multiple ethnic groups

○ Other

Occupation

○ Employed

○ Self-employed

○ Unemployed looking for work

○ Unemployed not looking for work

○ Student

○ Other

Age

○ 14-18

○ 18-25

○ 25-36

Gender

○ Male

○ Female

○ Non-binary

○ Prefer not to say

Ethnicity

○ Black British African

○ Black British Caribbean

○ White

○ Asian

○ Mixed/ multiple ethnic groups

○ Other

Occupation

○ Employed

○ Self-employed

○ Unemployed looking for work

○ Unemployed not looking for work

○ Student

○ Other

Religion

- ○ Christianity
- ○ Islam
- ○ Judaism
- ○ Hinduism
- ○ Not religious
- ○ Prefer not to say

Living situation

○ Live alone

○ Live with partner

○ Live with parents/family

○ Live with extended family

○ Live in a sheltered housing facility

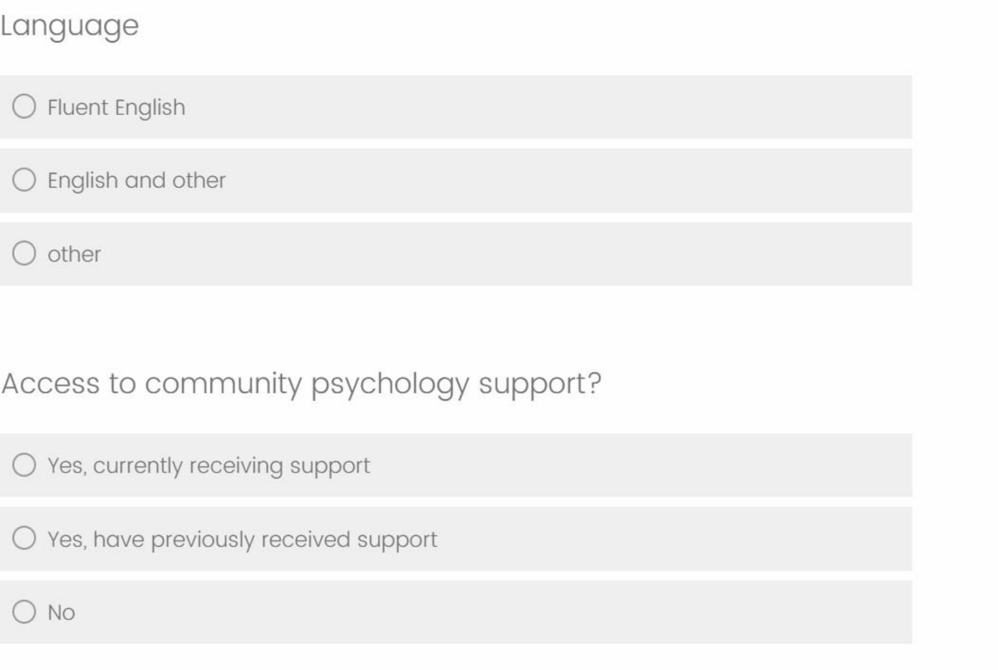
○ Other

Disability status

○ Yes, I have a disability

○ No, I do not have a disability

○ Prefer not to say



Language

○ Fluent English

○ English and other

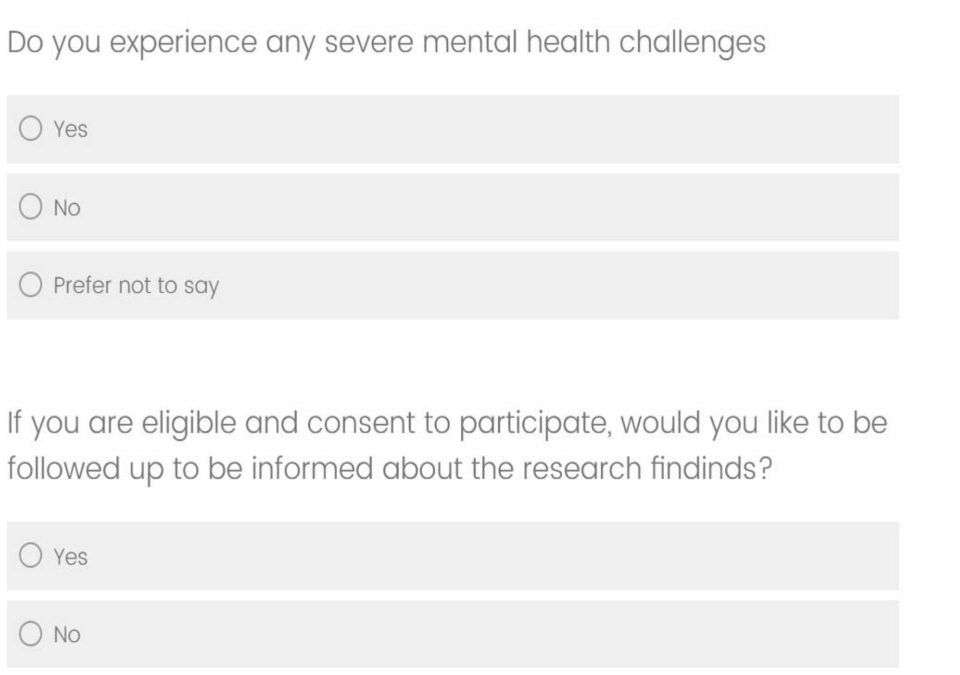
○ other

Access to community psychology support?

○ Yes, currently receiving support

○ Yes, have previously received support

○ No



Do you experience any severe mental health challenges

○ Yes

○ No

○ Prefer not to say

If you are eligible and consent to participate, would you like to be followed up to be informed about the research findinds?

○ Yes

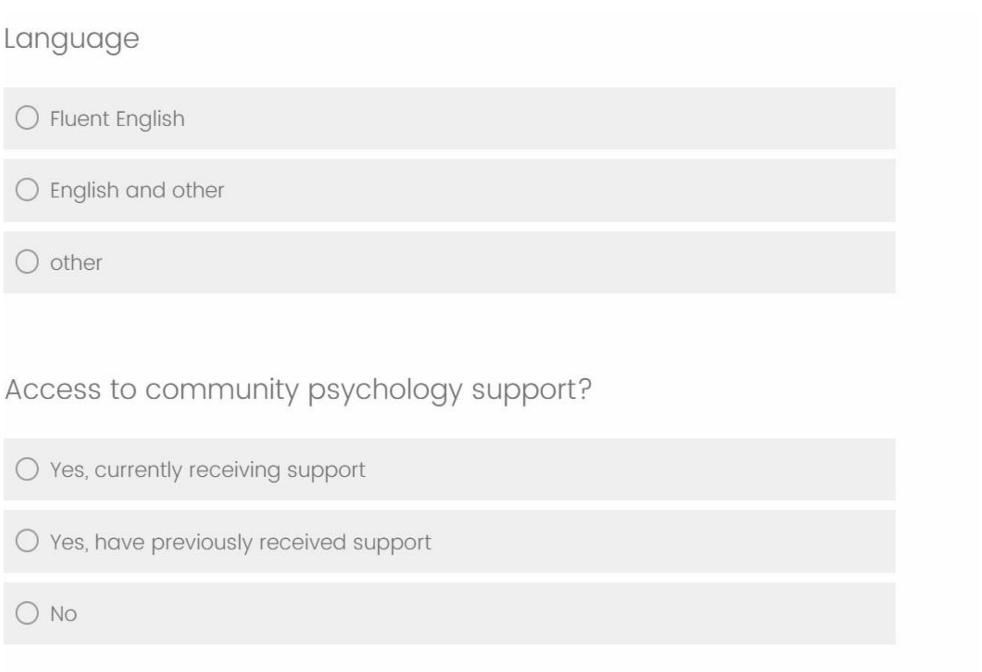
○ No

Disability status

○ Yes, I have a disability

○ No, I do not have a disability

○ Prefer not to say



Language

○ Fluent English

○ English and other

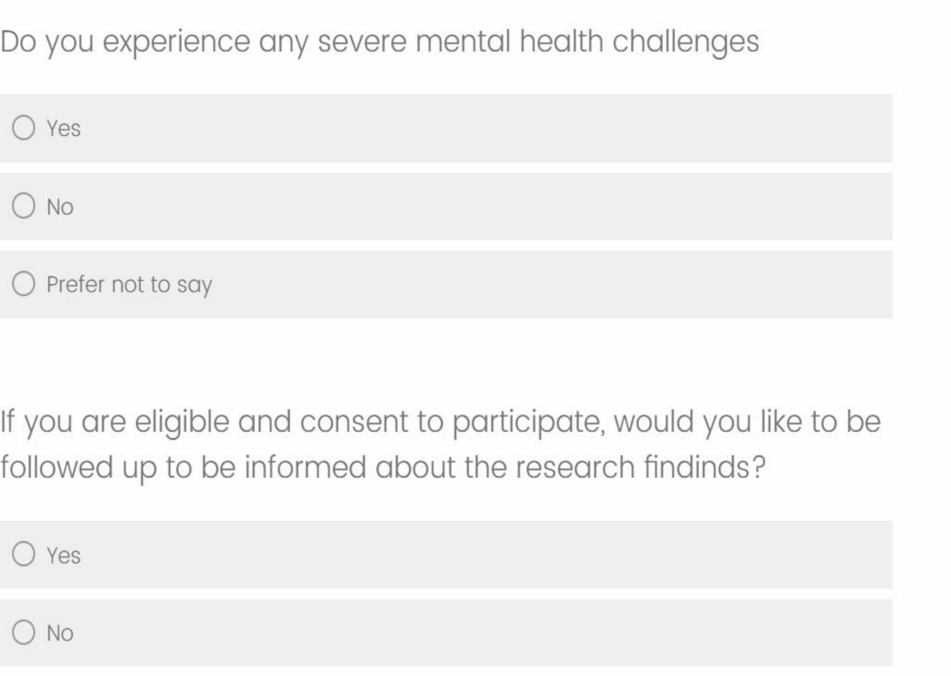
○ other

Access to community psychology support?

○ Yes, currently receiving support

○ Yes, have previously received support

○ No


Do you experience any severe mental health challenges

○ Yes

○ No

○ Prefer not to say

If you are eligible and consent to participate, would you like to be followed up to be informed about the research findinds?

○ Yes

○ No

Appendix 12: Exemplar theme and coding table with extracted excerpts

Thematic Coding: Participant 1

Theme	Code(s)	Quote(s) from Transcript
Motivation to Engage	Peer influence, Observable benefits	“A couple of my friends…were getting good benefits from here init”
Trust and Relationship Building	Initial hesitation, Trust issues, Relationship with staf	“I struggled to trust people… I just didn’t really know the people here.”
Supporting in negotiating criminal justice system	Court support, Practical hel	“I remember I had a court case… they helped me sometimes with transport to get to court.”
Unexpected Positive Experience	Low initial expectations, Positive surprise	“I didn’t have expectations… they surprised me with how they actually genuinely care.”

Emotional vulnerability	Vulnerability, Emotional expression, Accidental thera	“Sometimes I’ll come in… there’s that accidental therapy…” “I'm not scared to be vulnerable anymore.”
Safe Space C Positive Environment	Safe haven, Protective environment	“Every little hour he’s in here keeps him safe…” “Me coming here saved me from a lot of things.”
Non-judgmental Approach	Individualised care, Empathy	“Each individual is different.. don’t see what more they can do.”
Community Violence Perception	Environmental influence, Misjudgment of youth	“People look at things black and white… environment is a big thing.”
Recommendations C Representation	Community voice, Lived experience, Local leadersh	“Put more people who are par of that youth society… they can speak to people and relate.”
Long-Term Benefits	Confidence, Social skills, Emotional regulation	“Confidence to try things… being more emotionally grounded, make better decisions.”

Appendix 13: Thematic map