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## The impact of the Covid-19 pandemic on young people from black and mixed-ethnic groups' mental health: A qualitative study.

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12 The impact of the Covid-19 pandemic on young people from black and mixed-ethnic groups'  
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15 mental health: A qualitative study.  
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21 Author: Romane Lenoir, BSc Psychology with Education Alumni, Department of Psychology  
22 and Human Development, University College London, London, United-Kingdom  
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25  
26 Co-author: Dr. Keri Ka-Yee Wong, Assistant Professor in Psychology, Department of  
27 Psychology and Human Development, University College London, London, United-Kingdom  
28  
29

30  
31 Corresponding author: Dr. Keri Ka-Yee Wong, Department of Psychology and Human  
32 Development, 25 Woburn Square, London WC1H 0AA, keri.wong@ucl.ac.uk, Tel: (+44)  
33 78997-98350  
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## Abstract

### Objectives

The Covid-19 pandemic has disproportionately impacted vulnerable groups' physical and mental health, especially young people and minority ethnic groups, yet little is known about how this is taking place and what support they would like. To address this gap, this qualitative study aims to uncover the effect of the Covid-19 outbreak on young people with ethnic minority backgrounds' mental health, how this changed since the end of lockdown and what support they need to cope with these issues.

### Setting and Participants

Ten 20-minute in-person semi-structured interviews were conducted with young people aged 12 to 17 years old from black and mixed-ethnic groups who regularly attend a community centre in West London.

### Results

Through Interpretative Phenomenological Analysis, results indicated that the participants' mental health was negatively impacted by the Covid-19 pandemic, with feelings of loneliness being the most common experience. However, positive effects were concurrently observed including improved well-being and better coping strategies post-lockdown, which is a testament to the young people's resilience. That said, it is clear that young people from minority ethnic backgrounds lacked support during the Covid-19 pandemic and would now need psychological, practical and relational assistance to cope with these challenges.

### Conclusions

Whilst future studies would benefit from a larger ethnically-diverse sample, this is a start. Study findings have the potential to inform future government policies around mental health support

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3 and access for young people from ethnic minorities, notably prioritising support for grassroots  
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5 initiatives during times of crisis.  
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### 10 Strengths and limitations

- 12 • This qualitative interview study during Covid-19 gives voice to the experiences of  
13 young people from black and mixed-ethnic backgrounds in the UK
- 14 • The in-person quality of the interviews helped build rapport between the researcher and  
15 the young people and sharing of sensitive issues around mental health access and  
16 support, increasing the results' validity
- 17 • This is a convenient sample, with girls and those aged 15 years and above being  
18 disproportionately represented in our data as they provided most of the answers.
- 19 • The small sample size and lack of ethnic diversity limits the generalisability of the study  
20 to individuals from other ethnic minority groups.  
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4 The severe acute respiratory syndrome SARS-CoV-2 (Covid-19) coronavirus, infecting  
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7 over 600 million people and claiming more than six million lives and counting, has triggered  
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10 unprecedented economic and social disruptions worldwide [1, 2]. Whilst everyone has been  
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13 impacted, certain groups have been disproportionately affected [3], including individuals from  
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16 ethnic minority groups [4]. Mortality rates in the United Kingdom (UK) between March and  
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19 April 2020 for instance, were two and three times higher for individuals from minority ethnic  
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22 groups than for ethnically white groups [5]. In April 2021, the UK Intensive Care National  
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25 Audit and Research Centre reported that ethnic minorities represented 34% of the patients in  
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28 intensive care units despite only constituting 11% of the UK population [6]. These alarming  
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31 trends of physical vulnerability for individuals from ethnic minorities during Covid-19 begs  
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34 the question of why this is the case, and what support might look like for this group.  
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40 Various explanations for the disproportionate impact of Covid-19 on ethnic minority  
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43 groups have been raised. A biological explanation would suggest that ethnic minority groups  
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46 have a higher risk of developing stress-related physiological responses and comorbidities [7,  
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49 8]. An ecological explanation of the dynamic interplay between an individual and their  
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52 environment [9, 10] alternatively suggests that situational risk factors such as multi-  
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55 generational living conditions and environmental adversity - most notably associated with  
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4 individuals from minority ethnic groups' living conditions - may increase ethnic minority  
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7 groups' vulnerability to Covid-19 [11]. Ethnic minority groups are overrepresented in socially  
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10 disadvantaged neighbourhoods, with white individuals only representing 8,7% of the  
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13 population in the 10% most income-deprived neighbourhoods in the UK in 2016 [12]. These  
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16 are characterised by a limited capacity to socially distance, resulting in higher Covid-19  
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19 infection and death rates [13]. Ethnic minority individuals also occupy more key-worker  
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22 positions, as they constituted over 20% of the NHS workforce whilst representing under 15%  
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25 of the working-age population in the UK in 2019 [14]. This overall disadvantage in the labour  
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28 market exposes them to greater risk during the Covid-19 pandemic [15]. Finally, it may also  
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31 be the case that social networks being racially differentiated increases intra-community  
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34 transmission for ethnic minority groups [16]. The Covid-19 pandemic thus not only  
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37 exacerbated pre-existing health inequalities for ethnic minority groups in the UK, but deepened  
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40 socio-economic ones, the impact of which must be investigated [17].  
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47 Studies of the effect of the Covid-19 pandemic on ethnic minority groups' day-to-day  
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49 life stressors have been particularly informative. The Mind charity surveyed UK adults'  
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52 experiences during the pandemic and found that individuals from minority ethnic groups  
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55 experienced higher levels of everyday distress [18]. 30% of adults from ethnic minorities  
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58 reported that their mental health was affected by housing issues, compared to 23% of whites.  
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4 Similar rates were reported for troubles with employment (61% against 51% for white  
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6 individuals), finances (52% against 45%) and physical health support (39% versus 29%) [18].  
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10 However, ethnic minorities notably represented less than 5% of the study's sample.  
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13 Additionally, minority ethnic individuals in the UK were more exposed to food insecurity  
14  
15 during Covid, and had a higher reliance on food banks than their white counterparts [19].  
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19 Finally, long-term inequalities in socioeconomic opportunities and a history of mistrust  
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21 towards governing entities have cultivated feelings of alienation amongst minority ethnic  
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23 groups [20, 21]. The Covid-19 pandemic deepened this rift, reinforcing feelings of social  
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25 isolation [16, 22].  
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33 Young people from ethnic minorities have also suffered during Covid-19, being deprived  
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35 of structures essential to their socio-emotional development, which caused increased  
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37 psychological distress [23-25]. Yet, young people have also demonstrated considerable  
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39 resilience [26, 27]. Documenting these experiences is crucial as young peoples' voices are too  
40  
41 often missing from academic research on Covid-19 and mental health due to difficulties in  
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43 recruitment and access. Their scarcity makes developing support mechanisms for young people  
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45 rather difficult. Also, as a majority of studies are quantitative in nature [28, 29] which, albeit  
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47 informative, does not create a space for young people to voice their needs and allow them to  
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4 feel heard. Not least, young people from minority ethnic groups are at heightened risk of  
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7 experiencing distress during the Covid-19 pandemic and therefore deserving to be actively  
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10 involved in and listened to in this research.  
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14 Existing quantitative studies on the mental health of individuals from minority ethnic  
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17 backgrounds are limited in that they very rarely examine the underlying nature of the  
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20 relationships. To date, only one qualitative study has focused on the impact of Covid-19 on  
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23 minority ethnic individuals to elucidate 'why' certain relationships exist. Mahmood et al. [30]  
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25  
26 interviewed 19 ethnic minority community leaders between October and November 2020 about  
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29 the Covid-19 pandemic's impact on their communities. Participants spoke about the financial,  
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32 social and physical consequences of the pandemic, the latter being subjectively justified by  
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35 historical and structural disparities. Results indicated that mental health was a fundamental  
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38 concern, as the participants invoked their group's usual tight-knit nature to illustrate the extent  
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41 of lockdown's impact on their well-being [30]. Other qualitative studies on young people's  
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44 mental health during the pandemic, although not specifically focusing on ethnic minorities,  
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47 nonetheless also note worrying patterns [31, 32]. The scarcity of literature concentrating on  
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50 first-hand experiences of minority ethnic groups throughout the Covid-19 pandemic highlights  
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4 the need for more qualitative studies to truly understand how this pandemic has impacted this  
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7 group.  
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10 With the pandemic still largely unfolding, we must identify what the barriers to mental  
11 health support might be and how can we best support young people now rather than later. First,  
12 recognising that young people's struggles are legitimate and encouraging them to seek support  
13 is essential [18]. Second, the structural and interpersonal obstacles young people from ethnic  
14 minorities face when seeking mental health support are a key factor driving low incidences of  
15 access to support [33]. Within the Mind survey, half of the young people revealed that  
16 difficulties in accessing support made their mental health worse [18]. Lower English  
17 proficiency has also been associated with reduced use of mental health resources, with a  
18 significantly steeper effect within minority ethnic groups [34]. The low intelligibility of online  
19 information surrounding Covid-19 in the UK revealed a striking lack of appropriate education  
20 materials available to these groups [35]. Further isolating young people, these obstacles  
21 exacerbate their distrust, and create a reluctance and stigma to seeking mental health support  
22 [30]. The reality is that ethnic minority young people's mental health has not only been  
23 worsening since the start of the Covid-19 pandemic but is also poorly assisted [36, 37].  
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49 The current qualitative interview study aims to identify the impact of the Covid-19  
50 pandemic on young people from minority ethnic groups and the types of support they might  
51 need. The Covid-19 pandemic is hypothesised to have negatively impacted the mental health  
52 of young people from black and mixed-ethnic groups, which has continued to decline after  
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3 lockdown measures eased and finally, that support is needed, the nature of which will be  
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7 uncovered through the study. By giving voice to communities less heard from, we hope to  
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10 inspire larger-scale research and develop tailored mental health support for black and mixed  
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13 ethnic minority communities.  
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## 15 16 17 **Methods**

### 18 19 20 **Participants and Ethics**

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23 The ten participants were recruited via convenience sampling from a community centre  
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26 in West London. The current pre-registered CopeWell Study (<https://osf.io/jcak7/>), funded by  
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29 UKRI Research England , aimed to understand the impact of the Covid-19 pandemic on young  
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32 people's mental and physical health and to co-create appropriate life-skill workshops to enable  
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35 young people from black and mixed-ethnic backgrounds to better cope with the pandemic [38].  
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40 The present study focuses on the initial interviews on the impact and challenges of Covid-19  
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43 on young people's lives. Ethical approval was granted by the UCL Institute of Education Ethics  
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46 Committee (REC 1558) on 29 October 2021. A pilot study was conducted for the interview  
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49 schedule, confirming that the questions' content and order were cohesive (Appendix A). The  
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52 prods' usefulness in allowing the participants to elaborate was assessed, familiarising the  
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55 researcher with their navigation. Parental informed consent was received before the study  
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4 commenced and participant consent was obtained at the time of the interview. Prior to this,  
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7 participants were reminded of their right to withdraw or omit to answer at any point.  
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10 Confidentiality was ensured and potential questions were answered. Next, participants took  
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13 part in a 15-minute one-on-one semi-structured interview ( $M= 14:06$  min) with 14 open-ended  
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16 questions. They were thanked and debriefed post-interview and received a £30 gift voucher as  
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19 an honorarium. We built rapport with the youth workers and young people before conducting  
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22 the interviews at the community centre (a familiar and safe environment). Covid-19 safety  
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25 measures (e.g. masking, distancing, well-ventilated space) were applied where necessary. The  
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28 participants' answers were recorded via audio software to maximise accuracy and were  
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31 subsequently transcribed by R.L..  
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### 35 36 37 **Materials**

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40 The initial pilot interview schedule contained 14 open-ended questions, with prods  
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43 guiding the discussion according to the participants' reactivity and answers, and was designed  
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46 by K.W.. It was subsequently amended in consultation with R.L. to form the final version  
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49 (Appendix B). Questions progressed from items about the Covid-19 pandemic and its impact  
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52 on the participants' mental health, to potential changes in these experiences. This was followed  
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57 by the kind of support they received and needed to cope with these struggles.  
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## Data analysis

The analysis was conducted following Smith's Interpretative Phenomenological Analysis (IPA) [39]. IPA is relevant for this study as it draws focus on the young people's points of view and the meanings they ascribe to their situation. The explicitly idiographic nature of this analytical method allowed for the participants' lived experiences to be thoroughly probed into [40]. Smith and Shinebourne's six steps analysis for IPA was followed [41], resulting in the delineation of three *superordinate themes*, each containing *themes* and *subthemes*. Through an iterative process of reading and re-reading the transcripts, the researcher (R.L.) made initial annotations and colour-coded quotes according to the study aims they pertained to. The most frequent and significant patterns were then clustered together (Appendix C) and agreed with K.W. through discussions. The thematic relationship was summarised in an initial table with subthemes and sample quotes (Appendix D). IPA, as an iterative process, allowed the researcher to continuously revise themes and quotes, concomitantly ensuring the integrity of the participants' accounts was preserved [41]. Applying this not only preserved the interpretative role of the researcher in IPA, but buffered researcher bias risks [42, 43]. The final thematic relationship is presented in a table (Appendix E).

## Patient and public involvement

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4 Patients or the public were not involved in the design, or conduct, or reporting or dissemination  
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7 plans of our research.  
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## 10 Results

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13 A total of ten young people aged 12 to 17 participated in the study ( $M = 14.3$ ,  $SD = 1.3$  years,  
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16 female = 70%). They self-identified as black or black African ( $n = 4$ ), black or black  
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19 Caribbean ( $n = 1$ ), any other black background ( $n = 1$ ), white and black African ( $n = 2$ ) and  
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22 white and black Caribbean ( $n = 1$ ). One participant preferred not to say. Three superordinate  
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25 themes emerged, namely overall declining patterns of mental health during the Covid-19  
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28 pandemic, improvements post-lockdown, and needs moving forward.  
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### 37 Superordinate theme one: Impact of the Covid-19 pandemic on mental health (table 1)

#### 38 *Individual*

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44 As a result of being required to stay indoors, 30% of the young people described  
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47 suffering from decreased self-esteem during the Covid-19 pandemic. Underlying insecurities  
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50 manifested themselves through self-doubt and low confidence. Additionally, 20% of the young  
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53 people spoke about the monotony of life during lockdown causing them to lose their motivation  
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57 and ambition.  
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### *Symptoms of mental illness*

Participants' previous apprehensions about life and patterns of low mood were intensified by the Covid-19 pandemic, as 60% of them recounted symptoms of anxiety, depression and disordered eating. Lockdown freed up time for overthinking and the development of unhealthy habits of thoughts and behaviour. These were heightened by anxieties surrounding the illness itself for 20% of the participants, through exposure to a number of traumatic events such as suicides and climbing death rates.

### *Relational*

The isolation provoked by lockdown shifted the participants' rapport to others, negatively impacting 90% of the young people's mental health. Loneliness and fears arising from the speed and risk of virus transmission fuelled tensions and individualisation trends amongst ethnic minority groups. However, solitude was also perceived as restorative, as 30% of the young people utilised this time to reflect and enjoy time on their own as a break from an otherwise hectic life. Interestingly, 50% of the participants also reported that the Covid-19 pandemic not only allowed them to reinforce current connections and friendships but to develop new ones.

### **Table 1: Impact of the Covid-19 pandemic on mental health**



Theme	Subtheme	Illustrative quotes
Individual impact	Self-esteem	<p>P103: “There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don’t but like, I never believed in myself like at all, like at all/ (...) I just like feel like I was never going to be good enough” (age 15)</p> <p>P104: “I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure” (age 16)</p>
	Lack of motivation	<p>P107: “I feel like because I haven't been doing a lot I've lost the motivation to actually do things.” (age 15)</p> <p>P107: “Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do.” (age 15)</p> <p>P110: “A lot, uh yeah like laziness, um can't get out of bed as much.” (age 15)</p>
Symptoms of mental illness	Anxiety, Depression and Disordered Eating	<p>P100: “Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety” (age 15)</p> <p>P103: “I lost a lot of weight after the pandemic not in the best way. I didn’t really eat (...)I never really used to give myself like the attention I deserve and you know with COVID it made it very very bad like my mental health was very bad, (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and COVID made it all worse (...) so I was losing it, I was losing it.” (age 15)</p> <p>P104: “I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I would just staying in my room the whole time, I wouldn't leave it” (age 16)</p>
	Trauma	<p>P104: “nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people couldn't handle COVID they took their lives like it was..it was absolutely devastating.” (age 16)</p>
Relational	Isolation and individualisation	<p>P103: “(lockdown had a) big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn’t go outside obviously. (...) I also felt isolated and also felt like alone and unable to be myself in my own space.” (age 15)</p>

		P104: “cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted (...) But I feel like everybody was more out for themselves and not really trying to really help each other (...). I feel like the community was kind of broken.” (age 16)
	Positive solitude	P100: “(I enjoyed) having me time. Like being able to do like stuff on my own.” (age 15) P107: “Um, things I enjoyed the most I’d probably say I got a lot of time to myself.” (age 15) P104: “I used to go for like walks around my neighbourhood (...) like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no **** nothing.” (age 16)
	New connections	P101: “I met lots of new people and got to interact with some people during lockdown” (age 12) P104: “(People could) talk to each other, sit down and really think like what is going on in the world.” (age 16) P104: “I definitely lost friendships and gained friendships. Like I found true friends and I also lost people that I thought were good friends to me” (age 16)

## Superordinate theme two: Changes in mental health since the end of lockdown (table 2)

### *Autonomous adaptive coping skills*

Being left alone with their thoughts led the young people to demonstrate great levels of resilience in the face of adversity. Indeed, 30% of them reported introspective self-evaluations and the development of adaptive self-regulating mechanisms. 50% of the participants observed growth in themselves, transpiring into their relationships with others. This demonstrates great resilience and resourcefulness amongst the young people.

### *Lifted restrictions*

Lockdown ending meant newfound freedom, which 50% of the participants experienced as positively impacting their mental health. Restrictions being lifted allowed them to enjoy normal life again by being outside and regaining individual freedoms. Additionally, social bonds were reinstated, further benefitting their mental health.

**Table 2:** Changes in mental health experienced since the end of lockdown

Theme	Subtheme	Quotes and illustrations
Self-driven coping	Overthinking	P102: "I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life." (age 15) P103: "overthinking like I started to like really, evaluate my personality and like who I am as a person" (age 15)
	Better coping	P103: "those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better." (age 15) P103: "when I realised it's like there so many different things that I can do to help myself and I just want to find all the right um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence." (age 15)
	Personal growth	P102: "I've been depressed I know I've been all down and whatever, but I think if I didn't have that stage in my life I would not be what who I am right now" (age 15) P103: "And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important one" (age 15) P109: "Back then I wasn't as social (...) Cause I found a really good series of books and I just kept reading it.(...) It's not that I couldn't be social it's just that I wasn't bothered to, but now I'm like talking a bit more, still reading though." (age 14)

Lifted restrictions	Freedom	<p>P103: “At the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.” (age 15)</p> <p>P106: “going out in groups without having to get COVID tested themselves before they left the house” (age 13)</p> <p>P107: “I took things for granted because obviously something as simple as being outside and going to the shops it’s all changed.” (age 15)</p>
	Social bonds	<p>P104: “Seeing my friends for the first time. Like I can’t fake that that was like the best feeling cause it’s like all these months I haven’t seen you and it’s like oh my god.” (age 16)</p> <p>P107: “when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.” (age 15)</p>
	New connections	<p>P101: “I met lots of new people and got to interact with some people during lockdown” (age 12)</p> <p>P104: “(People could) talk to each other, sit down and really think like what is going on in the world.” (age 16)</p> <p>P104: “I definitely lost friendships and gained friendships. Like I found true friends and I also lost people that I thought were good friends to me” (age 16)</p>

### Superordinate theme three: Support obtained during the Covid-19 pandemic and current needs

(table 3)

#### *Support*

70% of the young people deplored a lack of support during the Covid-19 pandemic. In terms of structural support, 50% of the participants were critical of the academic help they were provided with. Additionally, 30% of them shared feeling neglected by society and governing bodies, evidenced by a deep mistrust in national institutions and strong feelings about being

overlooked, ignored and misunderstood as young people from black and mixed-ethnic minority backgrounds.

### *Needs*

The young people requested various forms of support moving forward, the largest being psychological support (50%). In response to social bonds being challenged during the Covid-19 pandemic, 40% of the participants also requested relational support. With socialising being key to their wellbeing, support in this area would benefit them greatly. Finally, practical support with professional opportunities and maintaining a healthy routine, habits which were abruptly perturbed by the Covid-19 pandemic, was considered useful by 50% of the young people.

**Table 3:** Support obtained during the Covid-19 pandemic and current needs

Theme	Subtheme	Quotes and illustrations
Support	Lack of support	P100: “Honestly little to none, support yeah” (age 15) P110: “I wouldn't say there was support, it was just really independent.” (age 15)
	Neglect	P102: “I would actually listen to people because clearly the government doesn't listen to no one he just he does everything what he thinks and I don't I don't trust that” (age 15) P102: “I know I have issues (...) It's just like, I need more support with that. (...) No one is listening. So I have to shout it out loud so everyone can listen” (age 15) P104: “in this generation and age there are so many misconceptions about teenagers, especially me as a black female

		teenager, there's many misconceptions about...being...you know who you are or what you look like" (age 16)
	Structural	P100: "in school, it's very much like,...once in a blue moon ask us if we're alright and that's it." (age 15) P106: "they don't help they only sit in my class and do nothing when I ask for help then sometimes they listen." (age 13)
Needs	Psychological	P104: "sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would've helped I think back then if I'd had that I think it would have been way easier to talk about." (age 16) P104: "and (the therapist) just said what you described does sound like (depression), and I was like, in that moment like a tear fell on my face" (age 16) P106: " (I would need) Like people speaking to me." (age 13)
	Relational	P105: "I would have like hugs from my friends. I feel like it's a way of comforting myself and comforting other people when it's like hardships and stuff, it just like helps a lot because even the simplest thing, like love can do a lot." (age 13)
	Practical	P107: "I would say maybe more opportunities available. So stuff like sports. Even something like work experience. Sort of that yeah I feel like that would help a lot cause it would help like ease back into things (...) making new friendships, relationships, has become a lot harder." (age 15) P100: "About how to maintain a healthy lifestyle even though...circumstances can change like this (snaps fingers)." (age 15)

## Discussion

This study investigated the impact of the Covid-19 pandemic on the mental health of young people from black and mixed-ethnic groups, how this has changed since the end of lockdown and the support that they may need to cope with these issues. Results indicated that

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4 young people's mental health was both negatively and positively impacted by the Covid-19  
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7 pandemic. However, their mental wellbeing seemingly improved after the peak of the Covid-  
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10 19 pandemic, due to adaptive coping mechanisms being developed and lockdown ending.  
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13 Finally, the young people deplored a lack of support during the Covid-19 outbreak and were  
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16 critical of the structural support they did receive. They asked for psychological, relational and  
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19 practical support moving forward.  
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24 Firstly, participants reported experiencing the negative consequences of the Covid-19  
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27 pandemic on a personal level, in their relationships and on their mental health. This reinforces  
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30 past research evidencing deteriorating mental health in young people from minority ethnic  
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33 groups, both quantitatively [25, 28, 44] and qualitatively [26]. The present study nonetheless  
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36 also demonstrated an improvement in the participants' mental health post-pandemic (Nov-Dec  
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39 2021), echoing wider studies reflecting this [26, 27]. McKinlay et al.'s results were not ethnic-  
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42 specific [26], increasing the present study's relevance in focusing on the experiences of young  
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45 people from black and mixed-ethnic minority groups. Additionally, the measures utilised in  
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48 Penner et al.'s research were taken before the studied area's Covid-19 peak [27], limiting their  
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51 validity. The present study however interviewed young people who have experienced multiple  
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54 lockdowns, strengthening the results' validity. However, reports of past experiences are subject  
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4 to recall bias and individuals may overestimate positive affect retrospectively as a coping  
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7 strategy, which potentially reduces the internal validity of the present study's results [45, 46].  
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10 The improvements in mental health post-lockdown found in our study, however, contrast  
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13 with literature suggesting that, although observing a general amelioration in mental health  
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16 symptoms after lockdown ended, scores remained higher than pre-pandemic [47]. This implies  
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19 a long-lasting detrimental impact which was not observed in the present group of young people.  
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22 This is potentially due to measurement differences as most quantitative studies measure  
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25 changes in scores whilst qualitative ones focus on the most salient experience for the individual.  
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28 Additionally, research suggests that although improvements in mental health after lockdown  
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31 were observed amongst most young people, they did not manifest in at-risk youth [48]. The  
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34 latter study's selection criteria for at-risk youth was household income, which although  
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37 partially overlapping with ethnic minority, remains a distinctive non-interchangeable  
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40 demographic [49]. This is not a criteria we used for our young people.  
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47 Finally, the young people deplored a lack of support during the Covid-19 outbreak and  
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50 were critical of the structural support they received, echoing previous studies deploring poorly  
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53 adapted mental health resources for individuals from ethnic minorities [18, 35]. Additionally,  
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56 participants expressed feeling neglected by society and governing entities, mirroring previous  
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3 reports of alienation amongst individuals from minority ethnic groups [16, 22]. The present  
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7 study's qualitative methodology thus effectively contributed to solidifying the existing body of  
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10 literature around this theme. Study participants did not mention English proficiency as a barrier  
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13 to them accessing mental health support, as was suggested by Sentell et al.'s research [34].  
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16 However, the participants are native English speakers, suggesting this obstacle may not apply  
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19 to individuals from all ethnic minority groups. Similarly, stigma around mental health was not  
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22 explicitly identified as an obstacle to mental health access contrary to Mahmood et al.'s  
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25 findings [30]. In fact, study participants advocated for mental health awareness and its  
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28 importance for public health discussion. One reason for this discrepancy in findings could be  
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31 because participants in Mahmood et al.'s study were adult community leaders [30], a  
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34 significantly older generation compared to the young people in our study, potentially reflecting  
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37 a generational difference in perceptions of mental health, stigma, and willingness to discuss  
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40 health issues. Fortunately, this might indicate that young people from black and mixed ethnic  
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43 groups simply need more exposure to mental health knowledge overall and opportunities for  
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46 open, non-judgmental discussions.  
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## 52 53 54 **Strengths and limitations** 55 56 57 58 59 60

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4 A key strength this study possesses is its qualitative nature and in-person data collection  
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7 method. By allowing young people to elaborate on their personal experiences, this study  
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10 captured subtleties that wide-ranging mental health scales may have overlooked [50].  
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13 Additionally, as Covid-19 studies were mostly run mid-pandemic, sanitary restrictions  
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16 compelled them to be conducted remotely. Although online and anonymised methods for  
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19 interviewing have been associated with lower social desirability, they increase the risk of  
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22 measurement error and misclassification [28, 51]. Virtual environments curb the effectiveness  
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25 of non-verbal cues, affecting rapport which is vital when conducting sensitive research with  
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28 vulnerable populations [52, 53]. The present study's in-person collection method of qualitative  
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31 data enabled the researcher to invest time and effort in building rapport with the participants,  
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34 increasing the results' validity and providing the participants with a valuable space to feel heard.  
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41 However, the wide range and variation in the study participants' age represents a key  
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44 limitation. Indeed, participants ranged from 12-to-17 years-old. The convenience sampling  
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47 method utilised gave the researcher no control over the specific ages of the young people  
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50 included in the study. This is relevant as young people's experiences from late childhood to  
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53 late adolescence vary widely [54]. During this period, they go through a time of significant  
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56 personal development, within which age is a highly influential factor [23]. Their age, and  
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3 associated experiences, thereby inevitably introduce bias in the stories they told and the needs  
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6 they voiced. That said, we recognise that our results do not reflect answers from the full age  
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10 sample, containing mostly quotes from participants aged 15 and above, and encourage future  
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13 research to further this endeavour with a larger representative sample. The results'  
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16 generalisability to young people from minority ethnic groups overall is low, nonetheless  
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19 capturing relevant perspectives from young people of ethnic minority groups.  
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### 23 **Implications for practice and research**

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27 Young people's needs - psychological, relational and practical- encapsulated in this  
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30 study resonate with current initiatives and policies being put into place by organisations, but  
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33 should be sustained post-pandemic. Initiatives such as telehealth for young people from ethnic  
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36 minority backgrounds [55] and the youth Covid-19 Support Fund [56] allowed for the  
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39 continued provision of support and safe spaces for young people during the Covid-19 pandemic.  
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43 Unfortunately, schemes supporting ethnic minority groups were highly hindered by lockdown  
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46 and social distancing, limiting their scope for action [57]. Importantly, young people's  
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49 involvement in the creation of frameworks that will impact them was identified by the United  
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52 Nations Convention on the Rights of the Child as a fundamental human right [58]. Young  
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60 people's voices and needs for support identified in the present study already had wide ranging

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4 albeit short-term impact across stakeholders involved. Basing the workshops on young  
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7 people's voices allowed previously unnoticed needs to be addressed, such as relational support,  
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10 mental health, and practical help to enter the professional world. The charity – who engages  
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13 with the young people on a weekly basis – gained a deeper understanding of the young peoples'  
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16 needs and expanded the scope of possible initiatives beyond psychological support [18].  
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19 Student researchers involved also gained first-hand experience with a full timeline of the  
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22 research process and insight into the widely differing experiences of individuals throughout the  
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25 Covid-19 pandemic, which adds to the existing literature [3]. By bringing previously unnoticed  
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28 voices into focus, in cooperation with the CopeWell project [38], this study exemplifies how  
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31 community-based research can be a means to advocate for greater policy developments  
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34 promoting racial justice in response to the Covid-19 outbreak [59]. Crucially, this study  
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37 highlights the importance of developing grassroots support that is sustained through policy and  
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40 practice for young people from black and mixed-ethnic groups in the aftermath of the Covid-  
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19 pandemic and beyond.

Future research should proactively identify those unanswered needs and provide support, particularly for black and mixed ethnic young people through local co-produced solutions. Specifically, prior research solely focuses on assessing attitudes towards available

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3 support or lack thereof, which may be less adaptable to future changes and needs. Conversely,  
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7 our qualitative interviews provided the young people with a platform to share the assistance  
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10 they would want. Through the process of giving voice to young people, they reported feeling  
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13 heard and seen [60], giving strength to qualitative methods of inquiry considering long-term  
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16 perspectives. However, this study is not without limitation. Participants' ethnicities were  
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19 limited to black and mixed-ethnic groups and a wide age range, offering an incomplete picture  
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22 of young people from ethnic minority groups' mental health in the Covid-19 context [61]. This  
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25 highlights the need for future research to include varied samples of young people from minority  
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28 ethnic groups in their qualitative investigations, yielding results with higher validity.  
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31 Alternatively, age groups may be considered individually to tailor results and subsequent  
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34 interventions to potential corresponding variations in needs. Studies may also extend to wider  
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37 geographical areas, investigating cultural variations in the impact of the Covid-19 pandemic  
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40 on young people from minority ethnic backgrounds, raising awareness towards this hitherto  
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43 neglected issue on a larger scale. Finally, this study evidenced that the Covid-19 outbreak was  
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46 cruelly reflective of social disparities in the UK, warranting the need to probe into other  
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49 vulnerable groups' mental health in this context, namely individuals with disabilities or lower  
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52 socio-economic statuses.  
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## Conclusion

This qualitative interview study of young people from black and mixed-ethnic backgrounds during the Covid-19 pandemic has highlighted important challenges and barriers to mental health access and young people's need for support with mental health during Covid, as assessed in January to February 2021. Unexpectedly, study findings also highlighted young people's resilience and lessons learned when faced with global world challenges, such as coping mechanisms and the establishment of new relational connections. The co-production yielded an in-depth qualitative understanding of black and mixed minority ethnic young people's needs and support together with input from charity workers, student co-researchers, and academics. Future research studies with larger, more representative samples can enhance our understanding of the hardships vulnerable groups face in such unprecedented times, the strength and resilience they have, and can inform the development of support specific to the unjust burden they carry.

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6  
7 interpretation of data, drafting, writing, reviewing, and final approval of the article. K.W. was  
8  
9  
10 involved with the conception of the research question, data collection, drafting, writing,  
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13 reviewing, management of the project, supervision of the work, and final approval of the  
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16 article. R.L. and K.W. agree to be accountable for all aspects of the work in ensuring that  
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32  
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46  
47  
48 Committee (REC 1558). Informed consent was received from all participant and their parents.  
49  
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52 **Provenance and peer review** Not commissioned; externally peer-reviewed  
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54

55 **Data availability statement** All data relevant to the study are included either in the article or the  
56  
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58 supplementary information.  
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48 **ORCID iD** R.L.: 0000-0001-6277-8203. K.W.: 0000-0002-2962-8438  
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## Appendix A

### Initial Interview Schedule

Introduce the research team and build rapport. Present the consent form and information sheet, go over ethics and take questions. Finally, explain rationale of the study, why we are here, aim to build trust.

#### *Part 1- Broad questions about impact of Covid-19*

1. How has your experience of the pandemic been?
  - 1.1. If mention education, how did it feel not going to school anymore?
  - 1.2. If mention home environment, how did it feel spending more time at home?
2. How were your relationships with your friends and family?
3. What were some of your favourite or least favourite things about covid?
4. How did covid impact your physical health?
  - 4.1. If mention close experience with covid, how did that made them feel?
5. How did Covid-19 impact your mental health?
  - 5.1. If mention of worry or such feelings, how did that feel like? what made it worse or better for you? If you opened up, who did you feel comfortable talking to?
6. Has your perception of the media, governments and institutions during the pandemic affected your trust in them?

#### *Part 2- Changes throughout the pandemic*

7. What about now, how have things changed since then?
  - 7.1. If no direction, what are the biggest challenges now? What were the biggest changes in your life?
8. How have your physical and mental health changed since lockdown?
  - 8.1. If need guidance, are they better or worse now?



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3 9. How is your perception of the media, governments and institutions now, after the peak of  
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5 the pandemic has passed and how has your trust in them changed?  
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8 **Part 3- Support needed to deal with these issues**  
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- 10 10. Did you receive any mental support during the pandemic?  
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12 10.1. If so, how did you access it? What form did the support take and how did it  
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14 make you feel?  
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16 10.2.If not, did you feel like you would have needed some? what kind?  
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19 11. What aspects of your life do you feel you would need more support in?  
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- 21 12. What kind of support would you need now and how would you like to access it?  
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24 Debrief, thank you and share next steps of the research project.  
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## Appendix B

### Final Interview Schedule

Introductions - Researchers will introduce themselves, along with JED CEO and social worker and any student researchers present. Thank young people for taking part and joining the focus group. Build rapport. Walk through participant information sheet with young people, read verbatim each item on the consent form to ensure participants understand.

Take questions.

Lay groundwork for why we're conducting this project, project aims, what we hope to learn and project outputs.

Express ethical considerations (right to withdraw at any time, don't have to share information they don't want to, don't have to answer all questions, confidentiality, trust, safe space to share, no right or wrong answers). Again, emphasize that researchers are here to learn from young people, in order to help other young people in the future as we navigate out of the COVID pandemic. Remind young people the session will be split into 2 parts and last between 30-40 minutes.

#### QUESTIONS

##### **Part 1 – barriers to health access, impact of covid on health and changes**

1. Thinking over this past year, how has it been for you?
  - a. Prod: What are some things you are grateful for, or challenges that you faced?
2. Did you learn anything about yourself or others around you? How were you close relationships?
3. Thinking about this past year, has the pandemic affected the way you trust in others? Institutions, governments, community, people?
4. What were some highlights?
5. How has covid impacted your health – mentally and physically?

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- 3 6. Thinking about pre-pandemic and now, what were some things that has changed for
- 4 the better? Or for the worse?
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- 8 7. Thinking about pre-pandemic and now, how has your health changed for the better?
- 9 Or for the worse?
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- 12 8. Thinking about some of your challenges, what are some examples of your
- 13 struggles/challenges?
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- 17 9. What did you enjoy or least enjoy during the pandemic?
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## 19 **Part 2 – Support that young people would like or need**

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- 21 1. What support did you receive during the pandemic, if any?
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- 23 2. How was the support that you received, if any?
- 24 a. How did you come across this support?
- 25 b. What were the barriers to the support? If any?
- 26 c. If no barriers, what made it accessible?
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- 31 3. If you could get more support during the pandemic – and now – what might you
- 32 want/need?
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- 34 4. Thinking specifically about your health (physical/mental), what do you wish you had
- 35 known? What support would you want?
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- 38 5. What do you think are the key areas that you need most support on? Where might you
- 39 go to get support?
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47 Debrief and thank young people for their time. Inform next steps in project on co-creating  
48 workshops together  
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## Appendix C

### Patterns clusters

... : aim 1: mental health

Patterns of negative mental health

ISOLATION FROM OTHERS: the most

**Isolation** IIIIIIIIIII **Loneliness** IIIIIIIII **Broken community** II **Lack of social interactions** IIIIIII **Loosing friendships** IIIII

ILLNESS-RELATED DISTRESS: the 2<sup>nd</sup> most

**COVID anxiety** IIIIIII **Death** IIIII **Media overload** II **Overwhelming focus on physical** II

FAMILY ISSUES: sometimes

**Home environment** IIIII

EDUCATION: sometimes

**Online learning** IIIIIII

BAD MENTAL HEALTH: often

**Overall hard MENTAL HEALTH** IIIIIII

TRUST: often

**Trust issues (friends/institutions)** IIIII

SADNESS: frequent

**Sadness** II **Depression** IIIIIII

STRESS: often

**Stress and anxiety** III **Overthinking** I **Fear** I

CLINICAL: frequent

**Suicide/suicidal ideations** III **Eating disorders/body image** IIIIIII **ADHD** I

LACK OF CONTROL: sometimes

**Lack of usual coping/escape mechanisms** II **Helpless** I

SELF-ESTEEM: frequent

**Self-esteem** IIIIIIIII

APATHY/NUMB: frequent

**Laziness** III **Loss of structure** I **Lack of motivation** IIIIIII **Nonchalance** I **Boring** I  
**Tired** III

ANGER: often

**Anger** II **Frustration** IIIII **Triggering** I

**Young people** III **Collective denial** I

Patterns of positive mental health

CLOSER INTERACTIONS: sometimes

**Closer bonds (family, friends)** III **Meeting people online** I

GRATEFULNESS: often

**Grateful** IIIIIII

NEW HABITS: the most

**New mindful practices** IIIIIIIIIII

SOLITUTDE: often

**Alone time** II **Resilience** II **Self-actualisation** IIIII

EDUCATION: rarely

**Time to study** II

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...: aim 2: changes with time

NOSTALGIA: rarely

**Nostalgia I**

SOCIAL INTERACTION HELPS: the most

**After lockdown peak with seeing people again IIIIIIIIIII**

SELF-RELIANCE SO IMPROVEMENT WITH TIME: the 2<sup>nd</sup> most

**Mental health improving because of self-reliance after bad period/lockdown**

IIIIII

GRATEFUL: rarely

**Grateful for themselves, for being safe I**

...: aim 3: support

During COVID

LACK OF SUPPORT: the most

**Lack of IIIII**

SCHOOL: the 2<sup>nd</sup> most

**School lacks/ don't want IIIII School as a point of access II**

CLOSE PEOPLE: often

**Friends II Self-help I Family II Lack of family I**

LACK OF LEGITIMITY: often

**illness not seen as legitimate (esp awareness ass BAME YP+gender) III Reluctant to reach out II**

FINANCIAL/TECHNICAL: sometimes

**Financial I Technical I**

Now Want

ACTIVITIES: frequent

**Activities IIIII**

MOTIVATION: sometimes

**Healthy lifestyle I Motivational support I**

MENTAL HEALTH: most often

**Mental health IIIII Intense relief when getting support I**

EDUCATION: often

**Educational I School support II**

YOUTH CLUBS: often

**Youth club III**

ARTS: frequent

**Arts IIIII**

TO BE HEARD: 2<sup>nd</sup> most

**Listened to IIIII**

TO LEARN: sometimes

**Learning about new issues II**

SPORTS: often

**Social sports IIIII**

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3 WORK EXPERIENCE: rarely

4 **Work experience I**  
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6 **Reaching out I**

7 LACK OF: sometimes

8 **Lack of adequate support (safe, accessible) II**

9 SCHOOL AS A BARRIER: sometimes

10 **School as a barrier II**  
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## Appendix D

## Initial Thematic Tables

Superordinate theme 1: Impact on mental health	
<p><b>A. Loneliness</b></p> <p><i>Lack of social interactions</i></p> <p>P103: “lockdown obviously had a like really big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn’t go outside obviously.”</p> <p>P103: “I enjoyed the alone time the most but then it’s also what like triggered me the most. I just kept I felt so trapped (...) And isolated but I also felt isolated and also felt like alone and unable to be myself in my own space.”</p> <p>P104: “But in that moment you’re just like...I just want to be alone and it doesn’t help it’s like you’re scurrying into a little hole (...) So I feel like also not having...people to talk to cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted and then school, and then.. not seeing friends and family members and the death it all just- (...) I feel like a lot of people different ages went through that same experience with like it just starts affecting you.”</p> <p>P106: “I felt actually quite sad (...) and angry because I’m at home. And like I just feel too much like energy in the house and you’re too hot and you can’t do this you can’t do that and like you can’t go out and that’s like what frustrates me”</p> <p><i>Self-esteem</i></p> <p>P103: “I had my brothers and my mum obviously but like they don’t understand obviously, and um like I just really need someone to tell me like you’re good enough (...) and like that’s all like that’s all anyone needs to hear, they just want validation (...) I just want to feel appreciated and like-like I just want to feel stuff like that.”</p> <p>P103: “There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don’t but like, I never believed in myself like at all, like at all/ (...) before I had no faith in myself like I used to believe that I couldn’t do anything, I just like feel like I was never going to be good enough”</p>	<p><b>B. Mental disorders</b></p> <p><i>Anxiety, Depression and Disordered eating</i></p> <p>P104: “but as well as mentally it really deteriorated like all youth, people my age like I realised that everybody was finding out they had depression, anxiety, it was really like draining on staying put, some people had toxic family members they had to stay home it was really like..it was hard.”</p> <p>P104: “I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I wouldn’t.. I would just staying in my room the whole time, I wouldn’t leave it, stay on my phone but then log off every social media app possible to kind of just block out everything”</p> <p>P103: “I lost a lot of weight after the pandemic not in the best way. I didn’t really eat, um but like (...)I never really used to- used to give myself like the attention I deserve, um like um and do you know with COVID it made it very very bad like my mental health was very bad, I was down there it was so bad. (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and COVID made it all worse like trapped in my room seeing the same four walls everyday (...) so I was losing it, I was losing it.”</p> <p>P100: “Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety maybe with me.”</p> <p>P102: “Umm I’ve been sad, depressed...It was hard but I had to do it”</p> <p><i>Trauma</i></p> <p>P104: “Like it just caused a lot of like thinking and..kind of just a lot of like reevaluating life and everything especially being in lockdown in your house and people passing away drastically like every day the numbers were increasing like I felt (...) there was times you really have to stop and think like this type of like disease this thing is wiping everybody out (...) anybody could have died from it.”</p> <p>P104: “This is really happening and nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people</p>

<p>P104: “I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure”</p> <p><i>Lack of trust in others/institutions</i> P104: “But I feel like everybody was more out for themselves and not really trying to really help each other (...) so it may have cause some type of division.. which kind of broke- I feel like the community was kind of broken (...) Like at some point, we weren't together, collective and stuff.”</p> <p><i>Lack of motivation</i> P107: “And also um I feel like because I haven't been doing a lot I've lost the motivation to actually do things.” P107: “Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do.” P110: “A lot, uh yeah like laziness, um can't get out of bed as much, um yeah just a lot of that.”</p>	<p>couldn't handle COVID they took their lives like it was..it was absolutely devastating really, so yeah it was just so sad.”</p> <p><b>C. Positive impact on mental health</b></p> <p><i>New connections</i> P101: “I met lots of new people and got to interact with some people during lockdown so that was good,” P104: “(People could) talk to each other, sit down and really think like what is going on in the world.” P105: “but like we have gotten closer and we like text my friends during in the middle of class when I was in lockdown and we'd sometimes have video calls and stuff” P107: “Yeah um I've got a lot closer with a lot of my friends”</p> <p><i>New mindful activities</i> P100: “Um, I was able to try things that I wouldn't try on a day to day basis (...) like going for walks and stuff and like doing drawings.” P101: “I started to find new hobbies like poetry, um and we started going to this poetry night which was like good” P104: “during summer like obviously summer it gets dark really late um I used to go for like walks around my neighbourhood and obviously I had like no phone nothing so like I would just like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no **** nothing.”</p> <p><i>Solitude</i> P100: “(I enjoyed) having me time. Like being able to do like stuff on my own.” P107: “Um, things I enjoyed the most I'd probably say I got a lot of time to myself.”</p>
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<p>Superordinate theme 2: Changes in mental health since the start of lockdown</p>	
<p><b>A. Post-lockdown high</b></p> <p><i>Freedom</i> P103: “But like at the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.”</p>	<p><b>B. Gradual mental health coping</b></p> <p><i>Isolation and overthinking</i> P102: “I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life.”</p>



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P106: “going out in groups without having to get COVID tested themselves before they left the house.”

P107: “Cause now that I've finally got the freedom to be out of my house (...) I was out of my house all the time.”

#### *Social closeness*

P104: “Seeing my friends for the first time. Like I can't fake that that was like the best feeling cause it's like all these months I haven't seen you and it's like oh my god.”

P104: “And I would see no one, it was so.. everyone was scared for their lives, like nobody was outside..it was like (sigh) so I guess when I started seeing the community, everybody kind of coming, trying to make this new normal, I guess that was really nice”

P107: “when the lockdown when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.”

P109: “Back then I wasn't as social (...) Cause I found a really good series of books and I just kept reading it.(...) It's not that I couldn't be social it's just that I wasn't bothered to, but now I'm like talking a bit more, still reading though.”

P110: “Good, (friends and family relationships) got even stronger since we could interact again.”

P103: “Cause it was a very long time just self-reflecting and like, I liked it- it was very therapeutic but at the same time I hated it I felt like I was being cooped up and like trapped/”

P103: “started overthinking like I started to like really, evaluate my personality and like who I am as a person (...) and like my mental health as well cause I've never really thought about mental health at all, ok I'm not ok but there's nothing I can do”

P103: “before the pandemic I never really like cared about myself (...)I think that was mainly because there was all this stuff like all this stuff that was just built up and I never had a chance to release it cause I was always (...) so I never had to think about it.”

#### *Better coping*

P102: “I have ADHD (...) So I know what time I'll be coming home and (my mum) will have checked on me cause I'll be doing silly stuff so, like stuff like that has changed me and normally it would ne- I would never do that so I'm happy that I've done that. (...)I'm organised better.

(...) So that's like COVID, I think COVID actually helped me do all of this stuff, so yeah”

P103: “those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better.”

P103: “when I realised it's like there so many different things that I can do to help myself and I just want to find all the right um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence.”

#### *Better mental health*

P102: “Uh, in my opinion I've known I've been depressed I know I've been all down and whatever, but I think if I didn't have that stage in my life I would not be what who I am right now”

P102: “I think I've changed for the better cause I used to be like a naughty kid. (...) So now I've like realised like I need to learn, revise,.. no friends like everything changed and I kind of like it because I've never been like this before so”

P102: “So like, a few years ago I was crazy, I was hanging around with the wrong crowd, and now I've realised like, I've realised I've grown and I have to show my little sister that I can't be like who I am right now, so I had to change my

	<p>personality just for her (...) cause if it wasn't for her then I would still be behaving bad and yeah'</p> <p>P103: "And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important ones, so yeah'</p> <p>P103: "I think I'm good now, I think if you'd asked- I think if you'd done this interview like a couple months ago (...) I was so stuck, I would have been like I need someone to just talk to."</p>
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Superordinate theme 3: Support obtained during pandemic and needs now

A. Support	B. Needs
<p><i>Lack of support</i></p> <p>P100: "Honestly little to none, support yeah"</p> <p>P103: "I wish I would've know that there's people that I can talk to, or like there's things that I can do to like lose weight healthier rather than just starving myself or I wish there was someone to tell you that like you're enough"</p> <p>P104: "people I know have developed eating disorders, people that maybe had trauma or shock from a lost one like .. it all stems mentally and I feel like if they would've had mental help, when you neglect your mental health you neglect your physical health, it all connects."</p> <p>P110: "I wouldn't say there was support, it was just really independent."</p> <p><i>Neglect</i></p> <p>P102: "I would actually listen to people because clearly the government doesn't listen to no one he just he does everything what he thinks and I don't I don't trust that, and I don't believe in that so I will, if I was the government, of course I would change everything, I would listen to everybody, even the poor, change a lot of things. (...) I didn't care about that (before COVID) but now I do."</p> <p>P102: "I know I have issues (...) It's just like, I need more support with that um. (...) No one is listening. So I have to shout it out loud so everyone can listen, so yeah."</p> <p>P104: "like in this generation and age there are so many misconceptions about teenagers, especially me as a black female teenager, there's many misconceptions about...being...you know who you are or what you look like"</p> <p><i>Structural</i></p> <p>P103: "it's like sometimes we don't have the best relationship with teachers and like because of the</p>	<p><i>Psychotherapy</i></p> <p>P103: "if that person is trained to deal with like mental health issues it's way easier to like open up to them and like when I got a counsellor and a mentor like I finally felt like I could talk to someone else about it."</p> <p>P104: "I feel like sometimes psychologically, just like someone to understand and hear me (...) it's hard to kind of like, to speak to somebody without your mind being like oh maybe this person thinks I'm crazy, it would be nice to be finally heard by someone and to talk about your feelings and interests without someone, or your feelings that you felt before, without someone judging you. Because sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would've helped I think back then if I'd had that I think it would have been way easier to talk about."</p> <p>P104: "and (the therapist) just said what you described does sound like it, and I was like, in that moment like a tear fell on my face because I was like really like it's been confirmed, like maybe he didn't say yeah you have depression but he basically said you're on the way to it,"</p> <p>P106: "(I would need) Like people speaking to me."</p> <p><i>Relational</i></p> <p>P103: "I still have support but it's like from my friends."</p> <p>P105: "I would have like hugs from my friends. (...)I felt like it's a way of comforting myself and comforting other people when it's like hardships and stuff. (...) It just like helps a lot. Because even the simplest thing, like love can do a lot."</p>

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past I've been at that school for what like 4 years. (... ) there's like background there's a past with some of the teachers and it's not really the best to confide in them"

P100: "just like in school, it's very much like,...once in a blue moon ask us if we're alright and that's it."

P106: "they don't help they only sit in my class and do nothing when I ask for help then sometimes they listen."

P104: "Um to be honest I actually didn't (reach out) (... ) I feel like I made that little depressive state my normal. (... ) So I thought- I also didn't reach out I didn't think there was anything wrong with it (... ) and it's kind of like, asking for help I'm not really a person that does that. (... )I'm not really a person that goes out for support so that denial was kind of like a comfort place like no you don't need anybody you're fine like you don't need to talk to anybody you're ok, like people who talk to people you don't you don't need that you're not on that level you're ok so I kind of talked myself into not getting help, not speaking to anybody, which caused me to feel really alone."

*Need for daily life*

P107: "I would say maybe more opportunities available. So stuff like sports. Even something like work experience. Sort of that yeah I feel like that would help a lot cause it would help like ease back into things."

P107: "I've got very used to the connections I have now cause that's who I rely on for a while, so making new friendships, relationships, has become a lot harder."

P100: "About how to maintain a healthy lifestyle even though...circumstances can change like this (fingers snapping)."

P105: "But I like to talking about things like that and painting and drawing..it's really nice.It makes me happy. (... ) I like doing photography without being restricted."

P106: "I go to (a youthclub) and do some art and yeah."

## Appendix E

### Final Thematic Tables

Superordinate theme 1: Impact of the Covid-19 pandemic on mental health	
<p style="text-align: center;"><b>A. Individual</b></p> <p><i>Self-esteem</i></p> <p>P103: "I had my brothers and my mum obviously but like they don't understand obviously, and um like I just really need someone to tell me like you're good enough (...) and like that's all like that's all anyone needs to hear, they just want validation (...) I just want to feel appreciated and like-like I just want to feel stuff like that."</p> <p><b>P103: "There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don't but like, I never believed in myself like at all, like at all/ (...) I just like feel like I was never going to be good enough"</b></p> <p><b>P104: "I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure"</b></p> <p><i>Lack of motivation</i></p> <p><b>P107: "I feel like because I haven't been doing a lot I've lost the motivation to actually do things."</b></p> <p><b>P107: "Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do."</b></p> <p><b>P110: "A lot, uh yeah like laziness, um can't get out of bed as much."</b></p> <p style="text-align: center;"><b>B. Symptoms of mental illness</b></p> <p><i>Anxiety, Depression and Disordered Eating</i></p> <p><b>P100: "Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety maybe with me."</b></p> <p>P102: "Umm I've been sad, depressed...It was hard but I had to do it"</p> <p><b>P103: "I lost a lot of weight after the pandemic not in the best way. I didn't really eat (...)I never really used to give myself like the attention I deserve and you know with COVID it made it very very bad like my mental health was very bad, I was down there it was so bad. (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and</b></p>	<p style="text-align: center;"><b>C. Relational</b></p> <p><i>Isolation and individualisation</i></p> <p><b>P103: "(lockdown had a) big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn't go outside obviously. (...) I also felt isolated and also felt like alone and unable to be myself in my own space."</b></p> <p><b>P104: "cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted (...) But I feel like everybody was more out for themselves and not really trying to really help each other (...) so it may have cause some type of division.. I feel like the community was kind of broken"</b></p> <p>P106: "I felt actually quite sad (...) and angry because I'm at home. And like I just feel too much like energy in the house and you're too hot and you can't do this you can't do that and like you can't go out and that's like what frustrates me"</p> <p><i>Positive solitude</i></p> <p><b>P100: "(I enjoyed) having me time. Like being able to do like stuff on my own."</b></p> <p><b>P107: "Um, things I enjoyed the most I'd probably say I got a lot of time to myself."</b></p> <p><b>P104: "during summer like obviously summer it gets dark really late um I used to go for like walks around my neighbourhood and obviously I had like no phone nothing so like I would just like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no **** nothing."</b></p> <p><i>New connections</i></p> <p><b>P101: "I met lots of new people and got to interact with some people during lockdown"</b></p> <p><b>P104: "(People could) talk to each other, sit down and really think like what is going on in the world."</b></p> <p><b>P104: "I definitely lost friendships and gained friendships.Like I found true friends and I also lost people that I thought were good friends to me, but it just showed that they weren't good friends at all."</b></p>

COVID made it all worse (...) so I was losing it, I was losing it.”

P104: “I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I would just staying in my room the whole time, I wouldn't leave it, stay on my phone but then log off every social media app possible to kind of just block out everything”

#### *Trauma*

P014: “people passing away drastically like every day the numbers were increasing like I felt (...) there was times you really have to stop and think like this type of like disease this thing is wiping everybody out (...) anybody could have died from it.”

P104: “This is really happening and nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people couldn't handle COVID they took their lives like it was..it was absolutely devastating.”

P105: “we have gotten closer and we like text my friends during in the middle of class when I was in lockdown and we'd sometimes have video calls.”

### Superordinate theme 2: Changes in mental health experienced since the end of lockdown

#### A. Self-driven coping

##### *Overthinking*

P102: “I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life.”

P103: “started overthinking like I started to like really, evaluate my personality and like who I am as a person (...) and like my mental health as well cause I've never really thought about mental health at all, ok I'm not ok but there's nothing I can do”

P103: “before the pandemic I never really like cared about myself (...)I think that was mainly because there was all this stuff like that was just built up and I never had a chance to release it cause I was always out so I never had to think about it, and COVID made it all worse”

##### *Better coping*

P102: “I have ADHD (...) so I've set timers to go out for 5 minutes, take my walks. I tell my mum, she has a timer on her phone and I know what time I'll be coming home and (my mum) will have checked on me cause I'll be doing silly stuff so, like stuff like that has changed me

#### B. Lifted restrictions

##### *Freedom*

P103: “At the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.”

P106: “going out in groups without having to get COVID tested themselves before they left the house”

P107: “Cause now that I've finally got the freedom to be out of my house (...) I was out of my house all the time.”

P107: “I took things for granted because obviously something as simple as being outside and going to the shops it's all changed.”

##### *Social bonds*

P104: “Seeing my friends for the first time. Like I can't fake that that was like the best feeling cause it's like all these months I haven't seen you and it's like oh my god.”

P107: “when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.”

P110: “Good, (friends and family relationships) got even stronger since we could interact again.”

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and normally it would ne- I would never do that so I'm happy that I've done that. (...)I'm organised better. (...) So that's like COVID, I think COVID actually helped me do all of this stuff, so yeah"

**P103: "those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better."**

**P103: "when I realised it's like there so many different things that I can do to help myself and I just want to find all the right um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence."**

*Personal growth*

**P102: "I've been depressed I know I've been all down and whatever, but I think if I didn't have that stage in my life I would not be what who I am right now (...)** I think I've changed for the better cause I used to be like a naughty kid. (...) So now I've like realised like I need to learn, revise,.. like everything changed and I kind of like it because I've never been like this before."

P102: "So like, a few years ago I was crazy, I was hanging around with the wrong crowd, and now I've realised like, I've realised I've grown and I have to show my little sister that I can't be like who I am right now, so I had to change my personality just for her (...) cause if it wasn't for her then I would still be behaving bad"

**P103: "And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important one"**

P103: "I think I'm good now, I think if you'd asked- I think if you'd done this interview like a couple months ago (...) I was so stuck, I would have been like I need someone to just talk to."

**P109: "Back then I wasn't as social (...) Cause I found a really good series of books and I just kept reading it.(...) It's not that I couldn't be social it's just that I wasn't bothered to, but now I'm like talking a bit more, still reading though"**

Superordinate theme 3: Support obtained during the Covid-19 pandemic and current needs

## A. Support

### *Lack of support*

**P100: “Honestly little to none, support yeah”**

P103: “I wish I would’ve know that there’s people that I can talk to, or like there’s things that I can do to like lose weight healthier rather than just starving myself or I wish there was someone to tell you that like you’re enough”

P104: “people I know have developed eating disorders, people that maybe had trauma or shock from a lost one like .. it all stems mentally and I feel like if they would’ve had mental help, when you neglect your mental health you neglect your physical health, it all connects.”

**P110: “I wouldn’t say there was support, it was just really independent.”**

### *Neglect*

**P102: “I would actually listen to people because clearly the government doesn’t listen to no one he just he does everything what he thinks and I don’t I don’t trust that, and I don’t believe in that so I will, if I was the government, of course I would change everything, I would listen to everybody, even the poor, change a lot of things. (...) I didn’t care about that (before COVID) but now I do.”**

**P102: “I know I have issues (...) It’s just like, I need more support with that. (...) No one is listening. So I have to shout it out loud so everyone can listen, so yeah.”**

**P104: “like in this generation and age there are so many misconceptions about teenagers, especially me as a black female teenager, there’s many misconceptions about...being...you know who you are or what you look like”**

### *Structural*

P103: “it’s like sometimes we don’t have the best relationship with teachers and like because of the past I’ve been at that school for what like 4 years. (...) there’s like background there’s a past with some of the teachers and it’s not really the best to confide in them”

**P100: “in school, it’s very much like,...once in a blue moon ask us if we’re alright and that’s it.”**

**P106: “they don’t help they only sit in my class and do nothing when I ask for help then sometimes they listen.”**

## B. Needs

### *Psychological*

P103: “if that person is trained to deal with like mental health issues it’s way easier to like open up to them and like when I got a counsellor and a mentor like I finally felt like I could talk to someone else about it.”

**P104: “I feel like sometimes psychologically, just like someone to understand and hear me (...) it’s hard to kind of like, to speak to somebody without your mind being like oh maybe this person thinks I’m crazy, it would be nice to be finally heard by someone and to talk about your feelings and interests without someone, or your feelings that you felt before, without someone judging you. Because sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would’ve helped I think back then if I’d had that I think it would have been way easier to talk about.”**

**P104: “and (the therapist) just said what you described does sound like (depression), and I was like, in that moment like a tear fell on my face because I was like really like it’s been confirmed, like maybe he didn’t say yeah you have depression but he basically said you’re on the way to it,”**

**P106: “(I would need) Like people speaking to me.”**

### *Relational*

P103: “I still have support but it’s like from my friends.”

**P105: “I would have like hugs from my friends. I feel like it’s a way of comforting myself and comforting other people when it’s like hardships and stuff, it just like helps a lot because even the simplest thing, like love can do a lot.”**

P104: “Um to be honest I actually didn’t (reach out) (...) I feel like I made that little depressive state my normal. (...) So I thought- I also didn’t reach out I didn’t think there was anything wrong with it (...) I’m not really a person that goes out for support so that denial was kind of like a comfort place like no you don’t need anybody you’re fine like you don’t need to talk to anybody you’re ok, like people who talk to people you don’t you don’t need that you’re not on that level you’re ok so I kind of talked myself into not getting help, not speaking to anybody, which caused me to feel really alone.”

	<p><i>Practical</i></p> <p><b>P107:</b> “I would say maybe <b>more opportunities available. So stuff like sports. Even something like work experience. Sort of that yeah I feel like that would help a lot cause it would help like ease back into things (...)</b> making new friendships, relationships, has become a lot harder.”</p> <p><b>P100:</b> “About how to maintain a healthy lifestyle even though...circumstances can change like this (snaps fingers).”</p> <p>P105: “But I like to talking about things like that and painting and drawing..it's really nice.It makes me happy. (...) I like doing photography without being restricted.”</p> <p>P106: “I go to (a youthclub) and do some art and yeah.”</p>
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### COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide questions/Description	Reported on page No
<b>Domain 1: Research team and reflexivity</b>			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	Page 8 - Methods
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	Submission system
Occupation	3	What was their occupation at the time of the study?	Submission system
Gender	4	Was the researcher male or female?	N/A
Experience and training	5	What experience or training did the researcher have?	Submission system
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	Page 8 - Methods
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Page 8 - Methods
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	N/A
<b>Domain 2: study design</b>			
<i>Theoretical framework</i>			
Methodological orientation and theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Page 7- Methods
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Page 8- Methods
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	Page 8- Methods
Sample size	12	How many participants were in the study?	Page 10- Results
Non-participation	13	How many people refused to participate or dropped out? Reasons?	N/A
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	Page 8- Methods
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	Page 8- Methods
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	Page 10- Results
<i>Data collection</i>			

Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Page 9- Methods
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	N/A
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Page 9- Methods
Field notes	20	Were field notes made during and/or after the interview or focus group?	N/A
Duration	21	What was the duration of the interviews or focus group?	Page 8- Methods
Data saturation	22	Was data saturation discussed?	N/A
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	N/A
<b>Domain 3: analysis and findings</b>			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	Page 9- Methods
Description of the coding tree	25	Did authors provide a description of the coding tree?	Appendix C
Derivation of themes	26	Were themes identified in advance or derived from the data?	Page 9- Methods
Software	27	What software, if applicable, was used to manage the data?	N/A
Participant checking	28	Did participants provide feedback on the findings?	N/A
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Pages 11-15- Results
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Pages 11-15- Results
Clarity of major themes	31	Were major themes clearly presented in the findings?	Pages 11-15- Results
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Pages 11-15- Results

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

# BMJ Open

## The impact of the Covid-19 pandemic on young people from black and mixed-ethnic groups' mental health in West London: A qualitative study.

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12 The impact of the Covid-19 pandemic on young people from black and mixed-ethnic groups'  
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15 mental health in West London: A qualitative study.  
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21 Author: Romane Lenoir, BSc Psychology with Education Alumni, Department of Psychology  
22 and Human Development, University College London, London, United-Kingdom  
23  
24

25  
26 Co-author: Dr. Keri Ka-Yee Wong, Associate Professor of Psychology, Department of  
27 Psychology and Human Development, University College London, London, United-Kingdom  
28  
29

30  
31 Corresponding author: Dr. Keri Ka-Yee Wong, Department of Psychology and Human  
32 Development, 25 Woburn Square, London WC1H 0AA, keri.wong@ucl.ac.uk, Tel: (+44)  
33  
34 78997-98350  
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## Abstract

### Objectives

The Covid-19 pandemic has disproportionately impacted vulnerable groups' physical and mental health, especially young people and minority ethnic groups, yet little is known about the crux of their experiences and what support they would like. To address this gap, this qualitative study aims to uncover the effect of the Covid-19 outbreak on young people with ethnic minority backgrounds' mental health, how this changed since the end of lockdown and what support they need to cope with these issues.

### Setting and Participants

Ten 15-minute in-person semi-structured interviews were conducted with young people aged 12 to 17 years old from black and mixed-ethnic groups who regularly attend a community centre in West London.

### Results

Through Interpretative Phenomenological Analysis, results indicated that the participants' mental health was negatively impacted by the Covid-19 pandemic, with feelings of loneliness being the most common experience. However, positive effects were concurrently observed including improved wellbeing and better coping strategies post-lockdown, which is a testament to the young people's resilience. That said, it is clear that young people from minority ethnic backgrounds lacked support during the Covid-19 pandemic and would now need psychological, practical and relational assistance to cope with these challenges.

### Conclusions

Whilst future studies would benefit from a larger ethnically-diverse sample, this is a start. Study findings have the potential to inform future government policies around mental health support

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3 and access for young people from ethnic minority groups, notably prioritising support for  
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5 grassroots initiatives during times of crisis.  
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### 10 Strengths and limitations

- 12 • This qualitative interview study during Covid-19 gives voice to the experiences of  
13 young people from black and mixed-ethnic backgrounds in the UK
- 14 • The in-person quality of the interviews helped build rapport between the researcher and  
15 the young people and sharing of sensitive issues around mental health access and  
16 support, increasing the results' validity
- 17 • This is a convenient sample, with girls and those aged 15 years and above being  
18 disproportionately represented in our data as they provided most of the answers.
- 19 • The small sample size and lack of ethnic diversity limits the generalisability of the study  
20 to individuals from other ethnic minority groups.  
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7 over 600 million people and claiming more than six million lives and counting, has triggered  
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10 unprecedented economic and social disruptions worldwide [1, 2]. Whilst everyone has been  
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13 impacted, certain groups have been disproportionately affected [3], including individuals from  
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16 ethnic minority groups [4]. Mortality rates in the United Kingdom (UK) between March and  
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19 April 2020 for instance, were two and three times higher for individuals from minority ethnic  
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22 groups than for ethnically white groups [5]. In April 2021, the UK Intensive Care National  
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25 Audit and Research Centre reported that ethnic minorities represented 34% of the patients in  
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28 intensive care units despite only constituting 11% of the UK population [6]. These alarming  
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31 trends of physical vulnerability for individuals from ethnic minorities during Covid-19 begs  
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34 the question of why this is the case, and what support might look like for this group.  
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40 An ecological explanation can be offered to elucidate these patterns. Indeed, a holistic  
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43 consideration the dynamic interplay between an individual and their environment [7, 8]  
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46 suggests that situational risk factors such as multi-generational living conditions and  
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49 environmental adversity - most notably associated with individuals from minority ethnic  
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52 groups' living conditions - may increase ethnic minority groups' vulnerability to Covid-19 [9].  
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57 Additionally, they are overrepresented in socially disadvantaged neighbourhoods, with white  
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3 individuals only representing 8,7% of the population in the 10% most income-deprived  
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6 neighbourhoods in the UK in 2016 [10]. These are characterised by a limited capacity to  
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9 socially distance, resulting in higher Covid-19 infection and death rates [11]. Ethnic minority  
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12 individuals also occupy more key-worker positions, as they constituted over 20% of the NHS  
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15 workforce whilst representing under 15% of the working-age population in the UK in 2019  
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18 [12]. This overall disadvantage in the labour market exposes them to greater risk during the  
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21 Covid-19 pandemic [13]. Finally, it may also be the case that social networks being racially  
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24 differentiated increases intra-community transmission for ethnic minority groups [14]. The  
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27 Covid-19 pandemic thus not only exacerbated pre-existing health inequalities for ethnic  
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30 minority groups in the UK, but deepened socio-economic ones, the impact of which must be  
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33 investigated [15].  
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40 Studies of the effect of the Covid-19 pandemic on ethnic minority groups' day-to-day  
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42 life stressors have been particularly informative. Mind, a UK-based mental health charity,  
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44 surveyed adults' experiences during the pandemic and found that individuals from minority  
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46 ethnic groups experienced higher levels of everyday distress [16]. 30% of adults from ethnic  
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48 minorities reported that their mental health was affected by housing issues, compared to 23%  
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50 of whites. Similar rates were reported for troubles with employment (61% against 51% for  
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52 white individuals), finances (52% against 45%) and physical health support (39% versus 29%)  
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3 [16]. However, ethnic minorities notably represented less than 5% of the study's sample.  
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7 Significantly, within individuals from ethnic minority groups, the pandemic seemingly  
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10 impacted the mental health of individuals from black and mixed ethnicities the most [17].  
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13 Additionally, individuals from ethnic minorities in the UK were more exposed to food  
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16 insecurity during Covid, and had a higher reliance on food banks than their white counterparts  
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19 [18]. Finally, long-term inequalities in socioeconomic opportunities and a history of mistrust  
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22 towards governing entities have cultivated feelings of alienation amongst minority ethnic  
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25 groups [19, 20]. The Covid-19 pandemic deepened this rift, reinforcing feelings of social  
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28 isolation [14, 21].  
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34 Young people from ethnic minority groups have also suffered during Covid-19, being  
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37 deprived of structures essential to their socio-emotional development, which caused increased  
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40 psychological distress [22-24]. Yet, young people have also demonstrated considerable  
41  
42  
43 resilience, most importantly through protective family environments and increased self-  
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45  
46 awareness [25, 26]. Documenting these experiences is crucial as young peoples' voices are too  
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48  
49 often missing from academic research on Covid-19 and mental health due to difficulties in  
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51  
52 recruitment and access. Their scarcity makes developing support mechanisms for young people  
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54  
55 rather difficult. Also, as a majority of studies are quantitative in nature [27, 28] which, albeit  
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4 informative, does not create a space for young people to voice their needs and allow them to  
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6  
7 feel heard. Not least, young people from minority ethnic groups are at heightened risk of  
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9  
10 experiencing distress during the Covid-19 pandemic and therefore deserving to be actively  
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12  
13 involved in and listened to in this research.  
14

15  
16  
17 Existing quantitative studies on the mental health of individuals from minority ethnic  
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19  
20 backgrounds are limited in that they very rarely examine the experiences underlying the  
21  
22  
23 patterns they observe. To date, very few qualitative studies have focused on the impact of  
24  
25  
26 Covid-19 on minority ethnic individuals, and even less on young people. The first is Mahmood  
27  
28  
29 et al.'s paper [29], which interviewed 19 ethnic minority community leaders between October  
30  
31  
32 and November 2020 about the Covid-19 pandemic's impact on their communities. Participants  
33  
34  
35 spoke about the financial, social and physical consequences of the pandemic, the latter being  
36  
37  
38 subjectively justified by historical and structural disparities. Results indicated that mental  
39  
40  
41 health was a fundamental concern, as the participants invoked their group's usual tight-knit  
42  
43  
44 nature to illustrate the extent of lockdown's impact on their wellbeing [29]. Secondly, Burgess  
45  
46  
47 et al. investigated ethnicity and mental health during Covid-19, with a highly relevant target  
48  
49  
50 demographic of young people, with 87% of black participants [30]. Through four focus groups,  
51  
52  
53 the study identified deteriorating mental health and experiences of racism, alongside more  
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3 encouraging patterns of resilience and growth through self-care. Other qualitative studies on  
4  
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6  
7 young people's mental health during the pandemic, although not specifically focusing on ethnic  
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9  
10 minorities, similarly note worrying patterns of worsening wellbeing, and specifically increased  
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12  
13 anxiety, racism and stigma [31, 32]. The scarcity of literature solely concentrating on first-hand  
14  
15  
16 experiences of minority ethnic groups throughout the Covid-19 pandemic highlights the need  
17  
18  
19  
20 for more qualitative studies to truly understand how this pandemic has impacted this group.  
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23  
24 With the pinnacle of the pandemic now behind us, we must identify what the barriers to  
25  
26 mental health support might be and how can we best support young people now rather than  
27  
28 later. First, recognising that young people's struggles are legitimate and encouraging them to  
29  
30 seek support is essential [16]. Second, the structural and interpersonal obstacles young people  
31  
32 from ethnic minority groups face when seeking mental health support are a key factor driving  
33  
34 low incidences of access to support [33]. Within the Mind survey, half of the young people  
35  
36 revealed that difficulties in accessing support made their mental health worse [16]. Lower  
37  
38 English proficiency has also been associated with reduced use of mental health resources, with  
39  
40 a significantly steeper effect within minority ethnic groups [34]. The low intelligibility of  
41  
42 online information surrounding Covid-19 in the UK revealed a striking lack of appropriate  
43  
44 education materials available to these groups [35]. Intra-community stigma, most significant  
45  
46 for black individuals in the UK, is also a long-standing impeding change in mental wellbeing  
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48 [36]. Further isolating young people, these obstacles exacerbate their distrust, and create a  
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50 reluctance and stigma to seeking mental health support [29]. The reality is that young people's  
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3 mental health as a whole, but most significantly those from ethnic minority groups, has not  
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5  
6 only been worsening since the start of the Covid-19 pandemic but is also poorly assisted [29,  
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8  
9 37, 38].  
10

11  
12 The current qualitative interview study aims to identify the impact of the Covid-19  
13  
14 pandemic on young people from minority ethnic groups and the types of support they might  
15  
16 need. By giving voice to communities less heard from, we hope to inspire larger-scale research  
17  
18 and develop tailored mental health support for black and mixed ethnic minority communities.  
19  
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## 22 23 24 **Methods**

### 25 26 27 **Participants and Ethics**

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30 The ten participants were recruited via convenience sampling from a community centre  
31  
32 in West London. The current pre-registered CopeWell Study [39] (<https://osf.io/jcak7/>), funded  
33  
34 by UK Research and Innovation, aimed to understand the impact of the Covid-19 pandemic on  
35  
36 young people's mental and physical health and to co-create appropriate life-skill workshops to  
37  
38 enable young people from black and mixed-ethnic backgrounds to better cope with the  
39  
40 pandemic. The present study focuses on the initial interviews on the impact and challenges of  
41  
42 Covid-19 on young people's lives. Ethical approval was granted by the UCL Institute of  
43  
44 Education Ethics Committee (REC 1558) on 29 October 2021. A pilot study was conducted  
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46 for the interview schedule, confirming that the questions' content and order were cohesive  
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4 (Appendix A). The prods' usefulness in allowing the participants to elaborate was assessed,  
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6  
7 familiarising the researcher with their navigation. Parents received and completed an  
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9  
10 information sheet and consent form before the study commenced. Similarly, participants'  
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12  
13 written consent was obtained at the time of the interview. They were also reminded of their  
14  
15  
16 right to withdraw or omit to answer at any point. Confidentiality was ensured and potential  
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18  
19 questions were answered. The study was then conducted from the 17<sup>th</sup> of October 2021 to the  
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21  
22 8<sup>th</sup> of December 2021, where participants took part in 15-minute one-on-one semi-structured  
23  
24  
25 interviews ( $M = 14:06$  min) with 14 open-ended questions. They were thanked and debriefed  
26  
27  
28 post-interview and received a £30 gift voucher as an honorarium. We built rapport with the  
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30  
31 youth workers and young people before conducting the interviews at the community centre (a  
32  
33  
34 familiar and safe environment). Covid-19 safety measures (e.g. masking, distancing, well-  
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36  
37 ventilated space) were applied where necessary. The participants' answers were recorded via  
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39  
40 audio software to maximise accuracy and were subsequently transcribed by R.L. [40].  
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## 47 **Materials**

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50 The initial pilot interview schedule contained 14 open-ended questions, with prods  
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52  
53 guiding the discussion according to the participants' reactivity and answers, and was designed  
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55  
56 by K.W.. It was subsequently amended in consultation with R.L. to form the final version  
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4 (Appendix B). Questions progressed from items about the Covid-19 pandemic and its impact  
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6  
7 on the participants' mental health, to potential changes in these experiences. This was followed  
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9  
10 by the kind of support they received and needed to cope with these struggles.  
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### 13 **Data analysis**

14  
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16  
17 The analysis was conducted following Smith's Interpretative Phenomenological  
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19  
20 Analysis (IPA) [41]. IPA is relevant for this study as it draws focus on the young people's  
21  
22  
23 points of view and the meanings they ascribe to their situation. The explicitly idiographic  
24  
25  
26 nature of this analytical method allowed for the participants' lived experiences to be thoroughly  
27  
28  
29 probed into [42]. Smith and Shinebourne's six steps analysis for IPA was followed [43],  
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31  
32 resulting in the delineation of three *superordinate themes*, each containing *themes* and  
33  
34  
35 *subthemes*. Through an iterative process of reading and re-reading the transcripts, the  
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38 researcher (R.L.) made initial annotations and colour-coded quotes according to the study aims  
39  
40  
41 they pertained to. Coding was continued until saturation was reached (70% of transcripts).  
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47 The most frequent and significant patterns were then clustered together (Appendix C)  
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49  
50 and agreed with K.W. through discussions. The thematic relationship was summarised in an  
51  
52  
53 initial table with subthemes and sample quotes (Appendix D). IPA, as an iterative process,  
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56  
57 allowed the researcher to continuously revise themes and quotes, concomitantly ensuring the  
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3 integrity of the participants' accounts was preserved [43]. Applying this not only preserved the  
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6 interpretative role of the researcher in IPA, but buffered researcher bias risks [44, 45]. The final  
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9  
10 thematic relationship is presented in a table (Appendix E).  
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### 13 **Patient and public involvement**

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15  
16 Patients or the public were not involved in the design, or conduct, or reporting or dissemination  
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18  
19 plans of our research.  
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## 23 **Results**

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26 A total of ten young people aged 12 to 17 participated in the study ( $M = 14.3$ ,  $SD = 1.3$  years,  
27  
28 female = 70%). Participants self-identified from a list provided in the questionnaire with the  
29  
30 following ethnic groups: black or black African ( $n = 4$ ), black or black Caribbean ( $n = 1$ ), any  
31  
32 other black background ( $n = 1$ ), white and black African ( $n = 2$ ) and white and black  
33  
34 Caribbean ( $n = 1$ ). One participant preferred not to say. Three superordinate themes emerged,  
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36  
37 namely overall declining patterns of mental health during the Covid-19 pandemic,  
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40 improvements post-lockdown, and needs moving forward.  
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### 50 **Superordinate theme one: Impact of the Covid-19 pandemic on mental health**

#### 51 ***Individual***



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4 As a result of being required to stay indoors, 30% of the young people described  
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6  
7 suffering from decreased self-esteem during the Covid-19 pandemic. Underlying insecurities  
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10 manifested themselves through self-doubt and low confidence. Additionally, 20% of the young  
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12  
13 people spoke about the monotony of life during lockdown causing them to lose their motivation  
14  
15  
16 and ambition (table 1).  
17

### 18 19 20 ***Symptoms of mental illness*** 21

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23  
24 Participants' previous apprehensions about life and patterns of low mood were  
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26  
27 intensified by the Covid-19 pandemic, as 60% of them recounted symptoms of anxiety,  
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29  
30 depression and disordered eating. Lockdown freed up time for overthinking and the  
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33 development of unhealthy habits of thoughts and behaviour. These were heightened by  
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35  
36 anxieties surrounding the illness itself for 20% of the participants, through exposure to a  
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38  
39 number of traumatic events such as suicides and climbing death rates (table 1).  
40  
41  
42

### 43 44 ***Relational*** 45

46  
47 The isolation provoked by lockdown shifted the participants' rapport to others,  
48  
49  
50 negatively impacting 90% of the young people's mental health. Loneliness and fears arising  
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52  
53 from the speed and risk of virus transmission fuelled tensions and individualisation trends  
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56 amongst ethnic minority groups. However, solitude was also perceived as restorative, as 30%  
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of the young people utilised this time to reflect and enjoy time on their own as a break from an otherwise hectic life. Interestingly, 50% of the participants also reported that the Covid-19 pandemic not only allowed them to reinforce current connections and friendships but to develop new ones (table 1).

**Table 1:** Impact of the Covid-19 pandemic on mental health

Theme	Subtheme	Illustrative quotes
Individual impact	Self-esteem	P103: 'There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don't but like, I never believed in myself like at all, like at all/ (...) I just like feel like I was never going to be good enough' (age 15) P104: 'I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure' (age 16)
	Lack of motivation	P107: 'I feel like because I haven't been doing a lot I've lost the motivation to actually do things.' (age 15) P107: 'Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do.' (age 15) P110: 'A lot, uh yeah like laziness, um can't get out of bed as much.' (age 15)
Symptoms of mental illness	Anxiety, Depression and Disordered Eating	P100: 'Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety' (age 15) P103: 'I lost a lot of weight after the pandemic not in the best way. I didn't really eat (...)I never really used to give myself like the attention I deserve and you know with COVID it made it very very bad like my mental health was very bad, (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and COVID made it all worse (...) so I was losing it, I was losing it.' (age 15)

		P104: 'I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I would just staying in my room the whole time, I wouldn't leave it' (age 16)
	Trauma	P104: 'nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people couldn't handle COVID they took their lives like it was..it was absolutely devastating.' (age 16)
Relational	Isolation and individualisation	P103: '(lockdown had a) big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn't go outside obviously. (...) I also felt isolated and also felt like alone and unable to be myself in my own space.' (age 15) P104: 'cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted (...) But I feel like everybody was more out for themselves and not really trying to really help each other (...).. I feel like the community was kind of broken.' (age 16)
	Positive solitude	P100: '(I enjoyed) having me time. Like being able to do like stuff on my own.' (age 15) P107: 'Um, things I enjoyed the most I'd probably say I got a lot of time to myself.' (age 15) P104: 'I used to go for like walks around my neighbourhood (...) like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no **** nothing.' (age 16)
	New connections	P101: 'I met lots of new people and got to interact with some people during lockdown' (age 12) P104: '(People could) talk to each other, sit down and really think like what is going on in the world.' (age 16) P104: 'I definitely lost friendships and gained friendships.Like I found true friends and I also lost people that I thought were good friends to me' (age 16)

## Superordinate theme two: Changes in mental health since the end of lockdown

### *Autonomous adaptive coping skills*

Being left alone with their thoughts led the young people to demonstrate great levels of resilience in the face of adversity. Indeed, 30% of them reported introspective self-evaluations and the development of adaptive self-regulating mechanisms. 50% of the participants observed growth in themselves, transpiring into their relationships with others. This demonstrates great resilience and resourcefulness amongst the young people (table 2).

### *Lifted restrictions*

Lockdown ending meant newfound freedom, which 50% of the participants experienced as positively impacting their mental health. Restrictions being lifted allowed them to enjoy normal life again by being outside and regaining individual freedoms. Additionally, social bonds were reinstated, further benefitting their mental health (table 2).

**Table 2:** Changes in mental health since the end of lockdown

Theme	Subtheme	Illustrative quotes
Autonomous adaptive coping skills	Overthinking	P102: 'I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life.' (age 15) P103: 'overthinking like I started to like really, evaluate my personality and like who I am as a person' (age 15)
	Better coping	P103: 'those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better.' (age 15) P103: 'when I realised it's like there so many different things that I can do to help myself and I just want to find all the right

		um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence.’ (age 15)
	Personal growth	<p>P102: ‘I’ve been depressed I know I’ve been all down and whatever, but I think if I didn’t have that stage in my life I would not be what who I am right now’ (age 15)</p> <p>P103: ‘And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important one’ (age 15)</p> <p>P109: ‘Back then I wasn’t as social (...) Cause I found a really good series of books and I just kept reading it.(...) It’s not that I couldn’t be social it’s just that I wasn’t bothered to, but now I’m like talking a bit more, still reading though.’ (age 14)</p>
Lifted restrictions	Freedom	<p>P103: ‘At the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.’ (age 15)</p> <p>P106: ‘going out in groups without having to get COVID tested themselves before they left the house’ (age 13)</p> <p>P107: ‘I took things for granted because obviously something as simple as being outside and going to the shops it’s all changed.’ (age 15)</p>
	Social bonds	<p>P104: ‘Seeing my friends for the first time. Like I can’t fake that that was like the best feeling cause it’s like all these months I haven’t seen you and it’s like oh my god.’ (age 16)</p> <p>P107: ‘when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.’ (age 15)</p>

**Superordinate theme three: Limited support obtained during the Covid-19 pandemic and**

**current needs**

*Support*

70% of the young people deplored a lack of support during the Covid-19 pandemic. In terms of structural support, 50% of the participants were critical of the academic help they were provided with. Additionally, 30% of them shared feeling neglected by society and governing bodies, evidenced by a deep mistrust in national institutions and strong feelings about being overlooked, ignored and misunderstood as young people from black and mixed-ethnic minority backgrounds (table 3).

### *Needs*

The young people requested various forms of support moving forward, the largest being psychological support (50%). In response to social bonds being challenged during the Covid-19 pandemic, 40% of the participants also requested relational support. With socialising being key to their wellbeing, support in this area would benefit them greatly. Finally, practical support with professional opportunities and maintaining a healthy routine, habits which were abruptly perturbed by the Covid-19 pandemic, was considered useful by 50% of the young people (table 3).

**Table 3:** Limited support obtained during the Covid-19 pandemic and current needs

Theme	Subtheme	Quotes and illustrations
Support	Lack of support	P100: 'Honestly little to none, support yeah' (age 15) P110: 'I wouldn't say there was support, it was just really independent.' (age 15)

	Neglect	<p>P102: 'I would actually listen to people because clearly the government doesn't listen to no one he just he does everything what he thinks and I don't I don't trust that' (age 15)</p> <p>P102: 'I know I have issues (...) It's just like, I need more support with that. (...) No one is listening. So I have to shout it out loud so everyone can listen' (age 15)</p> <p>P104: 'in this generation and age there are so many misconceptions about teenagers, especially me as a black female teenager, there's many misconceptions about...being...you know who you are or what you look like' (age 16)</p>
	Structural	<p>P100: 'in school, it's very much like,...once in a blue moon ask us if we're alright and that's it.' (age 15)</p> <p>P106: 'they don't help they only sit in my class and do nothing when I ask for help then sometimes they listen.' (age 13)</p>
Needs	Psychological	<p>P104: 'sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would've helped I think back then if I'd had that I think it would have been way easier to talk about.' (age 16)</p> <p>P104: 'and (the therapist) just said what you described does sound like (depression), and I was like, in that moment like a tear fell on my face' (age 16)</p> <p>P106: '(I would need) Like people speaking to me.' (age 13)</p>
	Relational	<p>P105: 'I would have like hugs from my friends. I feel like it's a way of comforting myself and comforting other people when it's like hardships and stuff, it just like helps a lot because even the simplest thing, like love can do a lot.' (age 13)</p>
	Practical	<p>P107: 'I would say maybe more opportunities available. So stuff like sports. Even something like work experience. Sort of that yeah I feel like that would help a lot cause it would help like ease back into things (...) making new friendships, relationships, has become a lot harder.' (age 15)</p> <p>P100: 'About how to maintain a healthy lifestyle even though...circumstances can change like this (snaps fingers).' (age 15)</p>

## Discussion

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4 This study investigated the impact of the Covid-19 pandemic on the mental health of  
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7 young people from black and mixed-ethnic groups, how this has changed since the end of  
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10 lockdown and the support that they may need to cope with these issues. Results indicated that  
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13 young people's mental health was both negatively and positively impacted by the Covid-19  
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16 pandemic. However, their mental wellbeing seemingly improved after the peak of the Covid-  
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19 19 pandemic, due to adaptive coping mechanisms being developed and lockdown ending.  
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23 Finally, the young people deplored a lack of support during the Covid-19 outbreak and were  
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26 critical of the structural support they did receive. They asked for psychological, relational and  
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29 practical support moving forward.  
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34 Firstly, participants reported experiencing the negative consequences of the Covid-19  
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37 pandemic on a personal level, in their relationships and on their mental health. This reinforces  
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40 past research evidencing deteriorating mental health in young people from minority ethnic  
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43 groups, both quantitatively [24, 27, 46] and, to a lesser extent, qualitatively [25, 30]. More  
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46 specifically, such patterns have been observed in the ethnic minority groups prevalent in our  
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49 study. Mixed ethnic young people seemed to have most challenges with mental health and  
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52 social connections, whilst black young people struggled with academics [47]. The present study  
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55 nonetheless also demonstrated an improvement in the participants' mental health post-  
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4 pandemic (Nov-Dec 2021), echoing wider studies reflecting this [25, 26, 29]. McKinlay et al.'s  
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7 results were not ethnic-specific [25], increasing the present study's relevance in focusing on  
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10 the experiences of young people from black and mixed-ethnic minority groups. Additionally,  
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13 the measures utilised in Penner et al.'s research were taken before the studied area's Covid-19  
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16 peak [26], limiting their validity. The present study however interviewed young people who  
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19 have experienced multiple lockdowns, strengthening the results' validity. However, reports of  
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22 past experiences are subject to recall bias and individuals may overestimate positive affect  
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25 retrospectively as a coping strategy, which potentially reduces the internal validity of the  
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28 present study's results [48, 49].  
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34 The improvements in mental health post-lockdown found in our study, demonstrate great  
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37 resilience among the young people. This is supported by research evidencing how young black  
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40 men in particular demonstrate great resilience when faced with hardship by drawing on  
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43 different sources of social capital [50]. However, our results contrast with other literature  
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46 suggesting that, although observing a general amelioration in mental health symptoms after  
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49 lockdown ended, scores remained higher than pre-pandemic [51]. This implies a long-lasting  
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52 detrimental impact which was not observed in the present group of young people. This is  
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55 potentially due to measurement differences as most quantitative studies measure changes in  
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3 scores whilst qualitative ones focus on the most salient experience for the individual.  
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7 Additionally, research suggests that although improvements in mental health after lockdown  
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10 were observed amongst most young people, they did not manifest in at-risk youth [52]. The  
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13 latter study's selection criteria for at-risk youth was household income, which although  
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16 partially overlapping with ethnic minority, remains a distinctive non-interchangeable  
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19 demographic [53]. This is not a criteria we used for our young people.  
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24 Finally, the young people deplored a lack of support during the Covid-19 outbreak and  
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27 were critical of the structural support they received, echoing previous studies deploring poorly  
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30 adapted mental health resources for individuals from ethnic minorities [16, 35]. Indeed, these  
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33 highlight issues of stigma and the ways in which non-culturally-sensitive forms of therapy and  
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36 imbalanced power dynamics affect the therapeutic relationship, as reported amongst black  
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39 participants [54]. This creates further reluctance to seek help for this particular ethnic group.  
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43 Additionally, participants expressed feeling neglected by society and governing entities,  
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47 mirroring previous reports of alienation amongst individuals from minority ethnic groups [14,  
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50 21]. The present study's qualitative methodology thus effectively contributed to solidifying the  
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53 existing body of literature around this theme. Study participants did not mention English  
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57 proficiency as a barrier to them accessing mental health support, as was suggested by Sentell  
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3 et al.'s research [34]. However, the participants are native English speakers, suggesting this  
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7 obstacle may not apply to individuals from all ethnic minority groups. Similarly, stigma around  
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10 mental health was not explicitly identified as an obstacle to mental health access contrary to  
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13 Mahmood et al.'s findings [29]. In fact, study participants advocated for mental health  
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16 awareness and its importance for public health discussion. One reason for this discrepancy in  
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19 findings could be because participants in Mahmood et al.'s study were adult community leaders  
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22 [29], a significantly older generation compared to the young people in our study, potentially  
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25 reflecting a generational difference in perceptions of mental health, stigma, and willingness to  
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27  
28 discuss health issues. Fortunately, this might indicate that young people from black and mixed  
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31 ethnic groups simply need more exposure to mental health knowledge overall and opportunities  
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34 for open, non-judgmental discussions.  
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### 40 **Strengths and limitations**

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43 A key strength this study possesses is its qualitative nature and in-person data collection  
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45  
46 method. By allowing young people to elaborate on their personal experiences, this study  
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49 captured subtleties that wide-ranging mental health scales may have overlooked [55].  
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53 Additionally, as Covid-19 studies were mostly run mid-pandemic, sanitary restrictions  
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56 compelled them to be conducted remotely [30]. Although online and anonymised methods for  
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4 interviewing have been associated with lower social desirability, they increase the risk of  
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7 measurement error and misclassification [27, 56]. Virtual environments curb the effectiveness  
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10 of non-verbal cues, affecting rapport which is vital when conducting sensitive research with  
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13 vulnerable populations [57, 58]. The present study's in-person collection method of qualitative  
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16 data enabled the researcher to invest time and effort in building rapport with the participants,  
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19 increasing the results' validity and providing the participants with a valuable space to feel heard.  
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24 However, the wide range and variation in the study participants' age represents a key  
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27 limitation. Indeed, participants ranged from 12-to-17 years-old. The convenience sampling  
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30 method utilised gave the researcher no control over the specific ages of the young people  
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33 included in the study. This is relevant as young people's experiences from late childhood to  
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36 late adolescence vary widely [59]. During this period, they go through a time of significant  
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39 personal development, within which age is a highly influential factor [22]. Their age, and  
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42 associated experiences, thereby inevitably introduce bias in the stories they told and the needs  
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44  
45 they voiced. That said, we recognise that our results do not reflect answers from the full age  
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48 sample, containing mostly quotes from participants aged 15 and above, and encourage future  
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51 research to further this endeavour with a larger representative sample. Additionally, we note  
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54 that we do not elucidate on gendered patterns, as we did not predict that our sample would be  
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4 imbalanced. However we acknowledge that there is a large body of existing evidence  
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7 investigating this particular factor and its interaction with ethnicity and mental health across  
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10 the pandemic [17, 47, 60]. The results' generalisability to young people from minority ethnic  
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13 groups overall is therefore low, nonetheless capturing relevant perspectives from young people  
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16 of ethnic minority groups.  
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### 20 **Implications for practice and research**

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24 Young people's needs - psychological, relational and practical- encapsulated in this  
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26  
27 study resonate with current initiatives and policies being put into place by organisations, but  
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29  
30 should be sustained post-pandemic. Initiatives such as telehealth for young people from ethnic  
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33 minority backgrounds [61] and the youth Covid-19 Support Fund [62] allowed for the  
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36 continued provision of support and safe spaces for young people during the Covid-19 pandemic.  
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40 However, as black young people have reportedly struggled most with remote communications  
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43 amongst ethnic minority groups, there is a striking need for targeted support [47].  
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47 Unfortunately, schemes supporting ethnic minority groups were highly hindered by lockdown  
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50 and social distancing, limiting their scope for action [63]. Importantly, young people's  
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53 involvement in the creation of frameworks that will impact them was identified by the United  
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57 Nations Convention on the Rights of the Child as a fundamental human right [64]. Young  
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4 people's voices and needs for support identified in the present study already had wide ranging  
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7 albeit short-term impact across stakeholders involved. Basing the workshops on young  
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10 people's voices allowed previously unnoticed needs to be addressed, such as relational support,  
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12  
13 mental health, and practical help to enter the professional world. The charity – who engages  
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16 with the young people on a weekly basis – gained a deeper understanding of the young peoples'  
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19 needs and expanded the scope of possible initiatives beyond psychological support [16].  
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22 Student researchers involved also gained first-hand experience with a full timeline of the  
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25 research process and insight into the widely differing experiences of individuals throughout the  
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28 Covid-19 pandemic, which adds to the existing literature [3]. By bringing previously unnoticed  
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31 voices into focus, in cooperation with the CopeWell project [39], this study exemplifies how  
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34 community-based research can be a means to advocate for greater policy developments  
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37 promoting racial justice in response to the Covid-19 outbreak [65]. Crucially, this study  
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40 highlights the importance of developing grassroots support that is sustained through policy and  
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44 practice for young people from black and mixed-ethnic groups in the aftermath of the Covid-  
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51 19 pandemic and beyond.

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54 Future research should proactively identify those unanswered needs and provide  
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57 support, particularly for black and mixed ethnic young people through local co-produced  
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3 solutions. Specifically, prior research solely focuses on assessing attitudes towards available  
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6 support or lack thereof, which may be less adaptable to future changes and needs. Conversely,  
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10 our qualitative interviews provided the young people with a platform to share the assistance  
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13 they would want. Through the process of giving voice to young people, they reported feeling  
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15  
16 heard and seen [66], giving strength to qualitative methods of inquiry considering long-term  
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19 perspectives. However, this study is not without limitation. Participants' ethnicities were  
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21  
22 limited to black and mixed-ethnic groups and a wide age range, offering an incomplete picture  
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24  
25 of young people from ethnic minority groups' mental health in the Covid-19 context [67]. This  
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27  
28 highlights the need for future research to include varied samples of young people from minority  
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30  
31 ethnic groups in their qualitative investigations, yielding results with higher validity.  
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34 Alternatively, age groups may be considered individually to tailor results and subsequent  
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37 interventions to potential corresponding variations in needs. Studies may also extend to wider  
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40 geographical areas, investigating cultural variations in the impact of the Covid-19 pandemic  
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43 on young people from minority ethnic backgrounds, raising awareness towards this hitherto  
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46 neglected issue on a larger scale. Finally, this study evidenced that the Covid-19 outbreak was  
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60 cruelly reflective of social disparities in the UK, warranting the need to probe into other

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3 vulnerable groups' mental health in this context, namely individuals with disabilities or lower  
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7 socio-economic statuses.  
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## 10 **Conclusion**

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13 This qualitative interview study of young people from black and mixed-ethnic  
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16 backgrounds during the Covid-19 pandemic has highlighted important challenges and barriers  
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18  
19 to mental health access and young people's need for support with mental health during Covid,  
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21  
22 as assessed in October to December 2021. Unexpectedly, study findings also highlighted young  
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24  
25 people's resilience and lessons learned when faced with global world challenges, such as  
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27  
28 coping mechanisms and the establishment of new relational connections. The study yielded an  
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30  
31 in-depth qualitative understanding of black and mixed minority ethnic young people's needs  
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33  
34 and support together with input from charity workers, student co-researchers, and academics.  
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40 Future research studies with larger, more representative samples can enhance our  
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43 understanding of the hardships vulnerable groups face in such unprecedented times, the strength  
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46 and resilience they have, and can inform the development of support specific to the unjust  
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50 burden they carry.  
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13  
14  
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16  
17  
18 involved with the conception of the research question, data collection, drafting, writing,  
19  
20  
21 reviewing, management of the project, supervision of the work, and final approval of the  
22  
23  
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25  
26  
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4 **ORCID ID R.L.:** 0000-0001-6277-8203. **K.W.:** 0000-0002-2962-8438  
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## Appendix A

### Initial Interview Schedule

Introduce the research team and build rapport. Present the consent form and information sheet, go over ethics and take questions. Finally, explain rationale of the study, why we are here, aim to build trust.

#### *Part 1- Broad questions about impact of Covid-19*

1. How has your experience of the pandemic been?

1.1. If mention education, how did it feel not going to school anymore?

1.2. If mention home environment, how did it feel spending more time at home?

2. How were your relationships with your friends and family?

3. What were some of your favourite or least favourite things about covid?

4. How did covid impact your physical health?

4.1. If mention close experience with covid, how did that made them feel?

5. How did Covid-19 impact your mental health?

5.1. If mention of worry or such feelings, how did that feel like? what made it worse or better for you? If you opened up, who did you feel comfortable talking to?

6. Has your perception of the media, governments and institutions during the pandemic affected your trust in them?

#### *Part 2- Changes throughout the pandemic*

7. What about now, how have things changed since then?

7.1. If no direction, what are the biggest challenges now? What were the biggest changes in your life?

8. How have your physical and mental health changed since lockdown?

8.1. If need guidance, are they better or worse now?

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3 9. How is your perception of the media, governments and institutions now, after the peak of  
4  
5 the pandemic has passed and how has your trust in them changed?  
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8 ***Part 3- Support needed to deal with these issues***  
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- 10 10. Did you receive any mental support during the pandemic?  
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12 10.1. If so, how did you access it? What form did the support take and how did it  
13  
14 make you feel?  
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16  
17 10.2.If not, did you feel like you would have needed some? what kind?  
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- 19 11. What aspects of your life do you feel you would need more support in?  
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- 21 12. What kind of support would you need now and how would you like to access it?  
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24 Debrief, thank you and share next steps of the research project.  
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## Appendix B

### Final Interview Schedule

Introductions - Researchers will introduce themselves, along with JED CEO and social worker and any student researchers present. Thank young people for taking part and joining the focus group. Build rapport. Walk through participant information sheet with young people, read verbatim each item on the consent form to ensure participants understand.

Take questions.

Lay groundwork for why we're conducting this project, project aims, what we hope to learn and project outputs.

Express ethical considerations (right to withdraw at any time, don't have to share information they don't want to, don't have to answer all questions, confidentiality, trust, safe space to share, no right or wrong answers). Again, emphasize that researchers are here to learn from young people, in order to help other young people in the future as we navigate out of the COVID pandemic. Remind young people the session will be split into 2 parts and last between 30-40 minutes.

#### QUESTIONS

##### **Part 1 – barriers to health access, impact of covid on health and changes**

1. Thinking over this past year, how has it been for you?
  - a. Prod: What are some things you are grateful for, or challenges that you faced?
2. Did you learn anything about yourself or others around you? How were you close relationships?
3. Thinking about this past year, has the pandemic affected the way you trust in others?  
Institutions, governments, community, people?
4. What were some highlights?
5. How has covid impacted your health – mentally and physically?

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- 3 6. Thinking about pre-pandemic and now, what were some things that has changed for
- 4 the better? Or for the worse?
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- 8 7. Thinking about pre-pandemic and now, how has your health changed for the better?
- 9 Or for the worse?
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- 12 8. Thinking about some of your challenges, what are some examples of your
- 13 struggles/challenges?
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- 17 9. What did you enjoy or least enjoy during the pandemic?
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## 19 **Part 2 – Support that young people would like or need**

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- 22 1. What support did you receive during the pandemic, if any?
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- 24 2. How was the support that you received, if any?
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- 26 a. How did you come across this support?
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- 28 b. What were the barriers to the support? If any?
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- 30 c. If no barriers, what made it accessible?
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- 33 3. If you could get more support during the pandemic – and now – what might you
- 34 want/need?
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- 37 4. Thinking specifically about your health (physical/mental), what do you wish you had
- 38 known? What support would you want?
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- 42 5. What do you think are the key areas that you need most support on? Where might you
- 43 go to get support?
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47 Debrief and thank young people for their time. Inform next steps in project on co-creating  
48 workshops together  
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## Appendix C

### Patterns clusters

... : aim 1: mental health

Patterns of negative mental health

ISOLATION FROM OTHERS: the most

**Isolation** IIIIIIIIIII **Loneliness** IIIIIIIII **Broken community** II **Lack of social interactions** IIIIIII **Loosing friendships** IIII

ILLNESS-RELATED DISTRESS: the 2<sup>nd</sup> most

**COVID anxiety** IIIIIII **Death** IIII **Media overload** II **Overwhelming focus on physical** II

FAMILY ISSUES: sometimes

**Home environment** III

EDUCATION: sometimes

**Online learning** IIIII

BAD MENTAL HEALTH: often

**Overall hard MENTAL HEALTH** IIIIIII

TRUST: often

**Trust issues (friends/institutions)** IIII

SADNESS: frequent

**Sadness** II **Depression** IIIII

STRESS: often

**Stress and anxiety** III **Overthinking** I **Fear** I

CLINICAL: frequent

**Suicide/suicidal ideations** III **Eating disorders/body image** IIIIIII **ADHD** I

LACK OF CONTROL: sometimes

**Lack of usual coping/escape mechanisms** II **Helpless** I

SELF-ESTEEM: frequent

**Self-esteem** IIIIIII

APATHY/NUMB: frequent

**Laziness** III **Loss of structure** I **Lack of motivation** IIIIIII **Nonchalance** I **Boring** I  
**Tired** III

ANGER: often

**Anger** II **Frustration** IIIII **Triggering** I

**Young people** III **Collective denial** I

Patterns of positive mental health

CLOSER INTERACTIONS: sometimes

**Closer bonds (family, friends)** III **Meeting people online** I

GRATEFULNESS: often

**Grateful** IIIII

NEW HABITS: the most

**New mindful practices** IIIIIIIII

SOLITUTDE: often

**Alone time** II **Resilience** II **Self-actualisation** IIIII

EDUCATION: rarely

**Time to study** II



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...: aim 2: changes with time

NOSTALGIA: rarely

**Nostalgia I**

SOCIAL INTERACTION HELPS: the most

**After lockdown peak with seeing people again IIIIIIIIIII**

SELF-RELIANCE SO IMPROVEMENT WITH TIME: the 2<sup>nd</sup> most

**Mental health improving because of self-reliance after bad period/lockdown**

IIIIII

GRATEFUL: rarely

**Grateful for themselves, for being safe I**

...: aim 3: support

During COVID

LACK OF SUPPORT: the most

**Lack of IIIII**

SCHOOL: the 2<sup>nd</sup> most

**School lacks/ don't want IIIII School as a point of access II**

CLOSE PEOPLE: often

**Friends II Self-help I Family II Lack of family I**

LACK OF LEGITIMITY: often

**illness not seen as legitimate (esp awareness ass BAME YP+gender) III Reluctant to reach out II**

FINANCIAL/TECHNICAL: sometimes

**Financial I Technical I**

Now Want

ACTIVITIES: frequent

**Activities IIIII**

MOTIVATION: sometimes

**Healthy lifestyle I Motivational support I**

MENTAL HEALTH: most often

**Mental health IIIII Intense relief when getting support I**

EDUCATION: often

**Educational I School support II**

YOUTH CLUBS: often

**Youth club III**

ARTS: frequent

**Arts IIIII**

TO BE HEARD: 2<sup>nd</sup> most

**Listened to IIIII**

TO LEARN: sometimes

**Learning about new issues II**

SPORTS: often

**Social sports IIIII**

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3 WORK EXPERIENCE: rarely

4 **Work experience I**

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7 **Reaching out I**

8 LACK OF: sometimes

9 **Lack of adequate support (safe, accessible) II**

10 SCHOOL AS A BARRIER: sometimes

11 **School as a barrier II**

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For peer review only

## Appendix D

### Initial Thematic Tables

#### Superordinate theme 1: Impact on mental health

##### A. Loneliness

###### *Lack of social interactions*

P103: 'lockdown obviously had a like really big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn't go outside obviously.'

P103: 'I enjoyed the alone time the most but then it's also what like triggered me the most. I just kept I felt so trapped (...) And isolated but I also felt isolated and also felt like alone and unable to be myself in my own space.'

P104: 'But in that moment you're just like...I just want to be alone and it doesn't help it's like you're scurrying into a little hole (...) So I feel like also not having...people to talk to cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted and then school, and then.. not seeing friends and family members and the death it all just- (...) I feel like a lot of people different ages went through that same experience with like it just starts affecting you.'

P106: 'I felt actually quite sad (...) and angry because I'm at home. And like I just feel too much like energy in the house and you're too hot and you can't do this you can't do that and like you can't go out and that's like what frustrates me'

###### *Self-esteem*

P103: 'I had my brothers and my mum obviously but like they don't understand obviously, and um like I just really need someone to tell me like you're good enough (...) and like that's all like that's all anyone needs to hear, they just want validation (...) I just want to feel appreciated and like-like I just want to feel stuff like that.'

P103: 'There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don't but like, I never believed in myself like at all, like at all/ (...) before I had no faith in myself like I used to believe that I couldn't do anything, I just like feel like I was never going to be good enough'

##### B. Mental disorders

###### *Anxiety, Depression and Disordered eating*

P104: 'but as well as mentally it really deteriorated like all youth, people my age like I realised that everybody was finding out they had depression, anxiety, it was really like draining on staying put, some people had toxic family members they had to stay home it was really like..it was hard.'

P104: 'I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I wouldn't.. I would just staying in my room the whole time, I wouldn't leave it, stay on my phone but then log off every social media app possible to kind of just block out everything'

P103: 'I lost a lot of weight after the pandemic not in the best way. I didn't really eat, um but like (...)I never really used to- used to give myself like the attention I deserve, um like um and do you know with COVID it made it very very bad like my mental health was very bad, I was down there it was so bad. (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and COVID made it all worse like trapped in my room seeing the same four walls everyday (...) so I was losing it, I was losing it.'

P100: 'Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety maybe with me.'

P102: 'Umm I've been sad, depressed...It was hard but I had to do it'

###### *Trauma*

P014: 'Like it just caused a lot of like thinking and..kind of just a lot of like reevaluating life and everything especially being in lockdown in your house and people passing away drastically like every day the numbers were increasing like I felt (...) there was times you really have to stop and think like this type of like disease this thing is wiping everybody out (...) anybody could have died from it.'

P104: 'This is really happening and nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people

P104: 'I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure'

#### *Lack of trust in others/institutions*

P104: 'But I feel like everybody was more out for themselves and not really trying to really help each other (...) so it may have cause some type of division.. which kind of broke- I feel like the community was kind of broken (...) Like at some point, we weren't together, collective and stuff.'

#### *Lack of motivation*

P107: 'And also um I feel like because I haven't been doing a lot I've lost the motivation to actually do things.'

P107: 'Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do.'

P110: 'A lot, uh yeah like laziness, um can't get out of bed as much, um yeah just a lot of that.'

couldn't handle COVID they took their lives like it was..it was absolutely devastating really, so yeah it was just so sad.'

### **C. Positive impact on mental health**

#### *New connections*

P101: 'I met lots of new people and got to interact with some people during lockdown so that was good,'

P104: '(People could) talk to each other, sit down and really think like what is going on in the world.'

P105: 'but like we have gotten closer and we like text my friends during in the middle of class when I was in lockdown and we'd sometimes have video calls and stuff.'

P107: 'Yeah um I've got a lot closer with a lot of my friends'.

#### *New mindful activities*

P100: 'Um, I was able to try things that I wouldn't try on a day to day basis (...) like going for walks and stuff and like doing drawings.'

P101: 'I started to find new hobbies like poetry, um and we started going to this poetry night which was like good'

P104: 'during summer like obviously summer it gets dark really late um I used to go for like walks around my neighbourhood and obviously I had like no phone nothing so like I would just like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no \*\*\*\* nothing.'

#### *Solitude*

P100: '(I enjoyed) having me time. Like being able to do like stuff on my own.'

P107: 'Um, things I enjoyed the most I'd probably say I got a lot of time to myself.'

## Superordinate theme 2: Changes in mental health since the start of lockdown

### **A. Post-lockdown high**

#### *Freedom*

P103: 'But like at the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.'

### **B. Gradual mental health coping**

#### *Isolation and overthinking*

P102: 'I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life.'

P106: 'going out in groups without having to get COVID tested themselves before they left the house.'

P107: 'Cause now that I've finally got the freedom to be out of my house (...) I was out of my house all the time.'

#### *Social closeness*

P104: 'Seeing my friends for the first time. Like I can't fake that that was like the best feeling cause it's like all these months I haven't seen you and it's like oh my god.'

P104: 'And I would see no one, it was so.. everyone was scared for their lives, like nobody was outside..it was like (sigh) so I guess when I started seeing the community, everybody kind of coming, trying to make this new normal, I guess that was really nice'

P107: 'when the lockdown when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.'

P109: 'Back then I wasn't as social (...) Cause I found a really good series of books and I just kept reading it.(...) It's not that I couldn't be social it's just that I wasn't bothered to, but now I'm like talking a bit more, still reading though.'

P110: 'Good, (friends and family relationships) got even stronger since we could interact again.'

P103: 'Cause it was a very long time just self-reflecting and like, I liked it- it was very therapeutic but at the same time I hated it I felt like I was being cooped up and like trapped/

P103: 'started overthinking like I started to like really, evaluate my personality and like who I am as a person (...) and like my mental health as well cause I've never really thought about mental health at all, ok I'm not ok but there's nothing I can do'

P103: 'before the pandemic I never really like cared about myself (...)I think that was mainly because there was all this stuff like all this stuff that was just built up and I never had a chance to release it cause I was always (...) so I never had to think about it.'

#### *Better coping*

P102: 'I have ADHD (...) So I know what time I'll be coming home and (my mum) will have checked on me cause I'll be doing silly stuff so, like stuff like that has changed me and normally it would ne- I would never do that so I'm happy that I've done that. (...)I'm organised better.

(...) So that's like COVID, I think COVID actually helped me do all of this stuff, so yeah'

P103: 'those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better.'

P103: 'when I realised it's like there so many different things that I can do to help myself and I just want to find all the right um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence.'

#### *Better mental health*

P102: 'Uh, in my opinion I've known I've been depressed I know I've been all down and whatever, but I think if I didn't have that stage in my life I would not be what who I am right now'

P102: 'I think I've changed for the better cause I used to be like a naughty kid. (...) So now I've like realised like I need to learn, revise,.. no friends like everything changed and I kind of like it because I've never been like this before so'

P102: 'So like, a few years ago I was crazy, I was hanging around with the wrong crowd, and now I've realised like, I've realised I've grown and I have to show my little sister that I can't be

like who I am right now, so I had to change my personality just for her (...) cause if it wasn't for her then I would still be behaving bad and yeah'

P103: 'And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important ones, so yeah'

P103: 'I think I'm good now, I think if you'd asked- I think if you'd done this interview like a couple months ago (...) I was so stuck, I would have been like I need someone to just talk to.'

### Superordinate theme 3: Support obtained during pandemic and needs now

#### A. Support

##### *Lack of support*

P100: 'Honestly little to none, support yeah'

P103: 'I wish I would've know that there's people that I can talk to, or like there's things that I can do to like lose weight healthier rather than just starving myself or I wish there was someone to tell you that like you're enough'

P104: 'people I know have developed eating disorders, people that maybe had trauma or shock from a lost one like .. it all stems mentally and I feel like if they would've had mental help, when you neglect your mental health you neglect your physical health, it all connects.'

P110: 'I wouldn't say there was support, it was just really independent.'

##### *Neglect*

P102: 'I would actually listen to people because clearly the government doesn't listen to no one he just he does everything what he thinks and I don't I don't trust that, and I don't believe in that so I will, if I was the government, of course I would change everything, I would listen to everybody, even the poor, change a lot of things. (...) I didn't care about that (before COVID) but now I do.'

P102: 'I know I have issues (...) It's just like, I need more support with that um. (...) No one is listening. So I have to shout it out loud so everyone can listen, so yeah.'

P104: 'like in this generation and age there are so many misconceptions about teenagers, especially me as a black female teenager, there's many misconceptions about...being...you know who you are or what you look like'

##### *Structural*

#### B. Needs

##### *Psychotherapy*

P103: 'if that person is trained to deal with like mental health issues it's way easier to like open up to them and like when I got a counsellor and a mentor like I finally felt like I could talk to someone else about it.'

P104: 'I feel like sometimes psychologically, just like someone to understand and hear me (...) it's hard to kind of like, to speak to somebody without your mind being like oh maybe this person thinks I'm crazy, it would be nice to be finally heard by someone and to talk about your feelings and interests without someone, or your feelings that you felt before, without someone judging you. Because sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would've helped I think back then if I'd had that I think it would have been way easier to talk about.'

P104: 'and (the therapist) just said what you described does sound like it, and I was like, in that moment like a tear fell on my face because I was like really like it's been confirmed, like maybe he didn't say yeah you have depression but he basically said you're on the way to it.'

P106: ' (I would need) Like people speaking to me.'

##### *Relational*

P103: 'I still have support but it's like from my friends.'

P105: 'I would have like hugs from my friends. (...)I felt like it's a way of comforting myself and comforting other people when it's like hardships and stuff. (...) It just like helps a lot. Because even the simplest thing, like love can do a lot.'

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P103: 'it's like sometimes we don't have the best relationship with teachers and like because of the past I've been at that school for what like 4 years. (...) there's like background there's a past with some of the teachers and it's not really the best to confide in them'.

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P100: 'just like in school, it's very much like,...once in a blue moon ask us if we're alright and that's it.

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P106: 'they don't help they only sit in my class and do nothing when I ask for help then sometimes they listen.'

P104: 'Um to be honest I actually didn't (reach out) (...) I feel like I made that little depressive state my normal. (...) So I thought- I also didn't reach out I didn't think there was anything wrong with it (...) and it's kind of like, asking for help I'm not really a person that does that. (...)I'm not really a person that goes out for support so that denial was kind of like a comfort place like no you don't need anybody you're fine like you don't need to talk to anybody you're ok, like people who talk to people you don't you don't need that you're not on that level you're ok so I kind of talked myself into not getting help, not speaking to anybody, which caused me to feel really alone.'

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*Need for daily life*

P107: 'I would say maybe more opportunities available. So stuff like sports. Even something like work experience. Sort of that yeah I feel like that would help a lot cause it would help like ease back into things.'

P107: 'I've got very used to the connections I have now cause that's who I rely on for a while, so making new friendships, relationships, has become a lot harder.'

P100: 'About how to maintain a healthy lifestyle even though...circumstances can change like this (fingers snapping).'

P105: 'But I like to talking about things like that and painting and drawing..it's really nice.It makes me happy. (...) I like doing photography without being restricted.'

P106: 'I go to (a youthclub) and do some art and yeah.'

## Appendix E

### Final Thematic Tables

Superordinate theme 1: Impact of the Covid-19 pandemic on mental health

#### A. Individual

##### *Self-esteem*

P103: 'I had my brothers and my mum obviously but like they don't understand obviously, and um like I just really need someone to tell me like you're good enough (...) and like that's all like that's all anyone needs to hear, they just want validation (...) I just want to feel appreciated and like-like I just want to feel stuff like that.'

**P103: 'There was a lot of challenges with like my mental health and like my self-esteem and like I- I still don't but like, I never believed in myself like at all, like at all/ (...) I just like feel like I was never going to be good enough'**  
**P104: 'I realised that I had a lot of mental health problems within myself, and I wasn't not really happy, um not very confident, quite insecure'**

##### *Lack of motivation*

**P107: 'I feel like because I haven't been doing a lot I've lost the motivation to actually do things.'**

**P107: 'Um mentally, I think yeah as I said before my motivation has taken like a big decline and also obviously I feel like bad habits during COVID there's not really much that you can do.'**

**P110: 'A lot, uh yeah like laziness, um can't get out of bed as much.'**

#### B. Symptoms of mental illness

##### *Anxiety, Depression and Disordered Eating*

**P100: 'Mentally, it affected me both like oh am I going to get COVID next, like got some sort of anxiety maybe with me.'**

P102: 'Umm I've been sad, depressed...It was hard but I had to do it'

**P103: 'I lost a lot of weight after the pandemic not in the best way. I didn't really eat (...)I never really used to give myself like the attention I deserve and you know with COVID it made it very very bad like my mental health was very bad, I was down there it was so bad. (...) and it was so such a heavy weight on my heart, it was like it was really hard for me and**

#### C. Relational

##### *Isolation and individualisation*

**P103: '(lockdown had a) big impact on my mental health like it made me feel way more alone that like I actually was cause I couldn't go outside obviously. (...) I also felt isolated and also felt like alone and unable to be myself in my own space.'**

**P104: 'cause you can have like a million people around you and still feel alone. So I felt like in that moment I felt so alone and...tired and mentally exhausted (...) But I feel like everybody was more out for themselves and not really trying to really help each other (...) so it may have cause some type of division.. I feel like the community was kind of broken'**

P106: 'I felt actually quite sad (...) and angry because I'm at home. And like I just feel too much like energy in the house and you're too hot and you can't do this you can't do that and like you can't go out and that's like what frustrates me'

##### *Positive solitude*

**P100: '(I enjoyed) having me time. Like being able to do like stuff on my own.'**

**P107: 'Um, things I enjoyed the most I'd probably say I got a lot of time to myself.'**

**P104: 'during summer like obviously summer it gets dark really late um I used to go for like walks around my neighbourhood and obviously I had like no phone nothing so like I would just like I just used to reflect and it was such a like a peaceful time like after I came back home I thought like..I just felt like free. I felt like there was no \*\*\*\* nothing.'**

##### *New connections*

**P101: 'I met lots of new people and got to interact with some people during lockdown'**

**P104: '(People could) talk to each other, sit down and really think like what is going on in the world.'**

**P104: 'I definitely lost friendships and gained friendships.Like I found true friends and I also lost people that I thought were good friends to me, but it just showed that they weren't good friends at all.'**



**COVID made it all worse (...) so I was losing it, I was losing it.'**

**P104: 'I realised a lot of things which kind of drove me into a.. I would say quite a depression in the sense of like I would just staying in my room the whole time, I wouldn't leave it, stay on my phone but then log off every social media app possible to kind of just block out everything'**

#### *Trauma*

P014: 'people passing away drastically like every day the numbers were increasing like I felt (...) there was times you really have to stop and think like this type of like disease this thing is wiping everybody out (...) anybody could have died from it.'

**P104: 'This is really happening and nobody was grasping with the fact that people are really dying, (...) like it was sad that so many people couldn't handle COVID they took their lives like it was..it was absolutely devastating.'**

P105: 'we have gotten closer and we like text my friends during in the middle of class when I was in lockdown and we'd sometimes have video calls.'

### Superordinate theme 2: Changes in mental health since the end of lockdown

#### A. Autonomous adaptive coping skills

##### *Overthinking*

**P102: 'I had to do it because if I didn't then how am I supposed to go in life so I literally just looked at the present and just focusing on what I need to do to get through my life.'**

**P103: 'started overthinking like I started to like really, evaluate my personality and like who I am as a person (...) and like my mental health as well cause I've never really thought about mental health at all, ok I'm not ok but there's nothing I can do'**

P103: 'before the pandemic I never really like cared about myself (...)I think that was mainly because there was all this stuff like that was just built up and I never had a chance to release it cause I was always out so I never had to think about it, and COVID made it all worse'

##### *Better coping*

P102: 'I have ADHD (...) so I've set timers to go out for 5 minutes, take my walks. I tell my mum, she has a timer on her phone and I know what time I'll be coming home and (my mum)

#### B. Lifted restrictions

##### *Freedom*

**P103: 'At the end of lockdown when everything like um the restrictions started lifting I felt like I was finally getting life back.'**

**P106: 'going out in groups without having to get COVID tested themselves before they left the house'.**

P107: 'Cause now that I've finally got the freedom to be out of my house (...) I was out of my house all the time.'

**P107: 'I took things for granted because obviously something as simple as being outside and going to the shops it's all changed.'**

##### *Social bonds*

**P104: 'Seeing my friends for the first time. Like I can't fake that that was like the best feeling cause it's like all these months I haven't seen you and it's like oh my god.'**

**P107: 'when the restrictions first eased like in the summer of 2020. (...) Yeah I feel like then I got a lot closer with a lot of people.'**

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will have checked on me cause I'll be doing silly stuff so, like stuff like that has changed me and normally it would ne- I would never do that so I'm happy that I've done that. (...)I'm organised better. (...) So that's like COVID, I think COVID actually helped me do all of this stuff, so yeah'

**P103: 'those little things that I did like I used to go on walks or I just used to like I used to write down my thoughts a lot like it was just like random bits of what I'm feeling throughout the day and like those kind of help you feel better.'**

**P103: 'when I realised it's like there so many different things that I can do to help myself and I just want to find all the right um outlets to project any um anger or aggression any uh sad feelings that I had without causing violence.'**

*Personal growth*

**P102: 'I've been depressed I know I've been all down and whatever, but I think if I didn't have that stage in my life I would not be what who I am right now (...)** I think I've changed for the better cause I used to be like a naughty kid. (...) So now I've like realised like I need to learn, revise,.. like everything changed and I kind of like it because I've never been like this before.'

**P102: 'So like, a few years ago I was crazy, I was hanging around with the wrong crowd, and now I've realised like, I've realised I've grown and I have to show my little sister that I can't be like who I am right now, so I had to change my personality just for her (...) cause if it wasn't for her then I would still be behaving bad'**

**P103: 'And um like I think it strengthened my relationships but it also strengthened the relationship that I had with myself which is like one of the most important one'**

**P103: 'I think I'm good now, I think if you'd asked- I think if you'd done this interview like a couple months ago (...) I was so stuck, I would have been like I need someone to just talk to.'**

**P109: 'Back then I wasn't as social (...) Cause I found a really good series of books and I just kept reading it.(...) It's not that I couldn't be social it's just that I wasn't bothered to, but now I'm like talking a bit more, still reading though.'**

P110: 'Good, (friends and family relationships) got even stronger since we could interact again.'

## Superordinate theme 3: Limited support obtained during the Covid-19 pandemic and current needs

**A. Support***Lack of support*

**P100: 'Honestly little to none, support yeah'**

P103: 'I wish I would've know that there's people that I can talk to, or like there's things that I can do to like lose weight healthier rather than just starving myself or I wish there was someone to tell you that like you're enough'

P104: 'people I know have developed eating disorders, people that maybe had trauma or shock from a lost one like .. it all stems mentally and I feel like if they would've had mental help, when you neglect your mental health you neglect your physical health, it all connects.'

**P110: 'I wouldn't say there was support, it was just really independent.'**

*Neglect*

**P102: 'I would actually listen to people because clearly the government doesn't listen to no one he just he does everything what he thinks and I don't I don't trust that, and I don't believe in that so I will, if I was the government, of course I would change everything, I would listen to everybody, even the poor, change a lot of things. (...) I didn't care about that (before COVID) but now I do.'**

**P102: 'I know I have issues (...) It's just like, I need more support with that. (...) No one is listening. So I have to shout it out loud so everyone can listen, so yeah.'**

**P104: 'like in this generation and age there are so many misconceptions about teenagers, especially me as a black female teenager, there's many misconceptions about...being...you know who you are or what you look like'**

*Structural*

P103: 'it's like sometimes we don't have the best relationship with teachers and like because of the past I've been at that school for what like 4 years. (...) there's like background there's a past with some of the teachers and it's not really the best to confide in them'

**P100: 'in school, it's very much like,...once in a blue moon ask us if we're alright and that's it.'**

**B. Needs***Psychological*

P103: 'if that person is trained to deal with like mental health issues it's way easier to like open up to them and like when I got a counsellor and a mentor like I finally felt like I could talk to someone else about it.'

**P104: 'I feel like sometimes psychologically, just like someone to understand and hear me (...) it's hard to kind of like, to speak to somebody without your mind being like oh maybe this person thinks I'm crazy, it would be nice to be finally heard by someone and to talk about your feelings and interests without someone, or your feelings that you felt before, without someone judging you. Because sometimes you just, you just need an ear. You just need someone to listen. I feel like that would really help actually. And it would've helped I think back then if I'd had that I think it would have been way easier to talk about.'**

**P104: 'and (the therapist) just said what you described does sound like (depression), and I was like, in that moment like a tear fell on my face because I was like really like it's been confirmed, like maybe he didn't say yeah you have depression but he basically said you're on the way to it.'**

**P106: '(I would need) Like people speaking to me.'**

*Relational*

P103: 'I still have support but it's like from my friends.'

**P105: 'I would have like hugs from my friends. I feel like it's a way of comforting myself and comforting other people when it's like hardships and stuff, it just like helps a lot because even the simplest thing, like love can do a lot.'**

P104: 'Um to be honest I actually didn't (reach out) (...) I feel like I made that little depressive state my normal. (...) So I thought- I also didn't reach out I didn't think there was anything wrong with it (...) I'm not really a person that goes out for support so that denial was kind of like a comfort place like no you don't need anybody you're fine like you don't need to talk to anybody you're ok, like people who talk to people you don't you don't need that you're not on that level'

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4 **P106: 'they don't help they only sit in my**  
5 **class and do nothing when I ask for help then**  
6 **sometimes they listen.'**  
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you're ok so I kind of talked myself into not getting help, not speaking to anybody, which caused me to feel really alone.'

*Practical*

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11 **P107: 'I would say maybe more opportunities**  
12 **available. So stuff like sports. Even something**  
13 **like work experience. Sort of that yeah I feel**  
14 **like that would help a lot cause it would help**  
15 **like ease back into things (...) making new**  
16 **friendships, relationships, has become a lot**  
17 **harder.'**

18 **P100: 'About how to maintain a healthy**  
19 **lifestyle even though...circumstances can**  
20 **change like this (snaps fingers).'**

21 P105: 'But I like to talking about things like that  
22 and painting and drawing..it's really nice.It  
23 makes me happy. (...) I like doing photography  
24 without being restricted.'

25 P106: 'I go to (a youthclub) and do some art and  
26 yeah.'

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For peer review only

### COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Topic	Item No.	Guide questions/Description	Reported on page No
<b>Domain 1: Research team and reflexivity</b>			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	Page 8 - Methods
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	Submission system
Occupation	3	What was their occupation at the time of the study?	Submission system
Gender	4	Was the researcher male or female?	N/A
Experience and training	5	What experience or training did the researcher have?	Submission system
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	Page 8 - Methods
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Page 8 - Methods
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	N/A
<b>Domain 2: study design</b>			
<i>Theoretical framework</i>			
Methodological orientation and theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Page 7- Methods
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	Page 8- Methods
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	Page 8- Methods
Sample size	12	How many participants were in the study?	Page 10- Results
Non-participation	13	How many people refused to participate or dropped out? Reasons?	N/A
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	Page 8- Methods
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	Page 8- Methods
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	Page 10- Results
<i>Data collection</i>			

Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Page 9- Methods
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	N/A
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	Page 9- Methods
Field notes	20	Were field notes made during and/or after the interview or focus group?	N/A
Duration	21	What was the duration of the interviews or focus group?	Page 8- Methods
Data saturation	22	Was data saturation discussed?	N/A
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	N/A
<b>Domain 3: analysis and findings</b>			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	Page 9- Methods
Description of the coding tree	25	Did authors provide a description of the coding tree?	Appendix C
Derivation of themes	26	Were themes identified in advance or derived from the data?	Page 9- Methods
Software	27	What software, if applicable, was used to manage the data?	N/A
Participant checking	28	Did participants provide feedback on the findings?	N/A
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Pages 11- 15- Results
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Pages 11- 15- Results
Clarity of major themes	31	Were major themes clearly presented in the findings?	Pages 11- 15- Results
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	Pages 11- 15- Results

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349 – 357