**LESSON FIVE – CULTURAL INFLUENCES ON MENTAL HEALTH AND WELLBEING – PEER PRESSURE**

The following Blog Article appeared on the website SageDay.com in December 2015. SageDay is a private school in New Jersey in the USA. It specialises in providing education to young people who suffer from mental health issues.

**Peer Pressure and Depression in Teenagers**

Teens are under constant pressure – pressure to perform academically, to become their own person independent of their parents and guardians, and to deal with the hormonal and physical changes that are happening to their bodies. On top of all that, teens are also under constant scrutiny from their classmates, and are often subject to mounting pressure to fit in or do things that earn them approval from their peers. This constant pressure to fit in and to gain approval can be overwhelming for many teens, ultimately leading to depression and other mental health issues. Here are some of the things we’ve learned about peer pressure and depression.

**How Peer Pressure Leads to Depression**

Everyone feels pressure to fit in with their peers and people they admire, but for teenagers, this pressure to conform and get approval is especially acute. High school is notorious for being filled with different cliques and groups that often define themselves through certain behaviours and by assigning social statuses to different people. In order to fit in with these cliques, teens often feel pressured to change things about themselves, or to pretend that they are someone different than who they really are.

Because teenagers are already struggling to define and discover who they are as a person, this additional pressure to act or look certain ways can often lead them to feeling confused or at odds with themselves. When peer pressure demands that they act in ways with which they are not comfortable, it can cause teens to suffer from low self-esteem, anxiety, and depression.

**Depression in Teenagers**

Teenagers often feel very strong emotions, leading to noticeable extremes in mood. That said, depression is more than just feeling sad. Depression is a mental health issue, one that can damage academic performance, discourage teens from socializing or making friends, and even lead to dangerous behaviour.

Signs that a teen may be suffering from depression include:

* Constant sadness, irritability, or lack of energy.
* Changes in sleep patterns or eating habits.
* Sudden weight loss or weight gain.
* Lack of interest in favorite activities.
* Self-imposed isolation.
* Feelings of guilt or self-hatred.
* Constant complaints of being bored or unengaged.
* Sudden drops in academic performance.
* Talk of self-harm

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The following Blog Article appeared on the website mentalhealth.org.uk. The website is run by the Mental Health Foundation, a charity that aims to help people understand and protect their mental health in the UK.

# Ethnicity and Mental Health in the United Kingdom

# Black, Asian and minority ethnic (BAME) communities

Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments.

In general, people from black and minority ethnic groups living in the UK are:

* more likely to be diagnosed with mental health problems
* more likely to be diagnosed and admitted to hospital
* more likely to experience a poor outcome from treatment
* more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.

These differences may be explained by a number of factors, including poverty and racism. They may also be because mainstream mental health services often fail to understand or provide services that are acceptable and accessible to non-white British communities and meet their particular cultural and other needs.

It is likely that mental health problems go unreported and untreated because people in some ethnic minority groups are reluctant to engage with mainstream health services. It is also likely that mental health problems are over-diagnosed in people whose first language is not English.

## Irish people

Irish people living in the UK have much higher hospital admission rates for mental health problems than other ethnic groups. In particular they have higher rates of depression and alcohol problems and are at greater risk of suicide.

These higher rates may, in part, be caused by social disadvantage among Irish people in the UK, including poor housing and social isolation. Despite these high rates, the particular needs of Irish people are rarely taken into account in planning and delivering mental health services.

## African-Caribbean people

African-Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be diagnosed with severe mental illness. African-Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia.

However, most of the research in this area has been based on service use statistics. Some research suggests that the actual numbers of African-Caribbean people with schizophrenia is much lower than originally thought.

African Caribbean people are also more likely to enter the mental health services via the courts or the police, rather than from primary care, which is the main route to treatment for most people. They are also more likely to be treated under a section of the Mental Health Act, are more likely to receive medication, rather than be offered talking treatments such as psychotherapy, and are over-represented in high and medium secure units and prisons.

This may be because they are reluctant to engage with services, and so are much more ill when they do. It may also be that services use more coercive approaches to treatment.

## Asian people

The statistics on the numbers of Asian people in the United Kingdom with mental health problems are inconsistent, although it has been suggested that mental health problems are often unrecognised or not diagnosed in this ethnic group.

Asian people have better rates of recovery from schizophrenia, which may be linked to the level of family support.

Suicide is low among Asian men and older people, but high in young Asian women compared with other ethnic groups. Indian men have a high rate of alcohol-related problems.

Research has suggested that Western approaches to mental health treatment are often unsuitable and culturally inappropriate to the needs of Asian communities. Asian people tend to view the individual in a holistic way, as a physical, emotional, mental and spiritual being.

## Chinese people

There is very little knowledge of the extent of mental health problems in the Chinese community.

It has been suggested that the close-knit family structure of the Chinese community provides strong support for its members. While this may be beneficial, it may generate feelings of guilt and shame, resulting in people feeling stigmatised and unable to seek help.