The Influence of Cultural Identity on Mental Health in Ethnic Minority Youth

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A r t i c l e   I n f o

A B S T R A C T

Objective: This study aimed to explore the ways in which cultural identity influences the mental health of ethnic minority youth in Turkey.

Methods and Materials: A qualitative research design was employed, using semi-structured interviews with 31 ethnic minority youth aged 15 to 24, from various backgrounds including Kurdish, Arab, Laz, Zaza, and Circassian communities. Participants were selected through purposive sampling, and data collection continued until theoretical saturation was achieved. Interviews were transcribed verbatim and analyzed thematically using NVivo software. The study adhered to ethical research standards and ensured confidentiality, informed consent, and participant anonymity.

Findings: Five overarching themes were identified: Cultural Belonging and Identity, Discrimination and Social Exclusion, Family Dynamics and Intergenerational Tensions, Mental Health and Emotional Well-being, and Resilience and Identity Empowerment. Participants reported experiences of identity conflict, cultural stigma, and institutional exclusion that negatively impacted their mental health. At the same time, they demonstrated resilience through community engagement, family support, and cultural pride. The results revealed how cultural identity acts both as a source of psychological vulnerability and a foundation for empowerment among ethnic minority youth.

Conclusion: Cultural identity plays a dual role in shaping the mental health of ethnic minority youth, functioning both as a risk factor and a protective resource. Effective mental health interventions must consider the lived experiences, cultural narratives, and structural realities of minority youth to promote well-being and inclusion.

Keywords: cultural identity, ethnic minority youth, mental health, qualitative research, Turkey, resilience, stigma, discrimination

1. Introduction

The intersection between cultural identity and mental health has become an increasingly vital area of investigation, particularly among youth from ethnic minority backgrounds who must navigate complex psychological, social, and structural challenges. Cultural identity—the

sense of belonging to a particular cultural group and the internalization of its norms, values, and traditions—is not merely a developmental milestone; it is a deeply psychological construct that shapes self-concept, social integration, and emotional well-being. Among ethnic minority youth, this process is frequently complicated by acculturative stress, social marginalization, intergenerational tensions, and systemic inequities (Erentaitė et al., 2018; Phinney, 1996). These experiences can disrupt or complicate identity formation, with profound implications for mental health across adolescence and young adulthood (Phinney et al., 2001).

The relationship between ethnic identity development and psychological well-being has been conceptualized through both protective and risk-based frameworks. Positive ethnic identity development—where youth successfully integrate their cultural heritage with their host society identity—has been shown to act as a buffer against experiences of discrimination and to promote resilience, self-esteem, and lower levels of psychological distress (Chu et al., 2017; Torres, 2024). In contrast, identity confusion, forced assimilation, and exclusion from the dominant cultural narrative often result in adverse mental health outcomes such as anxiety, depression, and a sense of alienation (Gopalkrishnan, 2018; Mereish, 2012). This duality is especially pronounced among ethnic minority youth in countries where monocultural national identity frameworks continue to dominate public discourse and institutional practice (Kirmayer, 2012).

Cultural identity does not form in a vacuum; rather, it is shaped and reshaped through the dynamic interaction between family, community, societal structures, and individual agency. The role of family is particularly salient in this regard, as parents often serve as the primary transmitters of cultural knowledge, values, and language. However, when parental expectations rooted in traditional cultural frameworks clash with the host society's norms, youth can experience heightened intergenerational conflict and emotional burden (Toktas, 2024; Torres, 2024). For example, Bilač et al. (Bilač et al., 2024) found that unresolved tensions between collectivist family ideals and individualistic youth aspirations often manifest in family mental health concerns and emotional withdrawal. This tension is not merely personal—it reflects broader cultural narratives that shape how families respond to the mental health needs of their children.

A growing body of literature also points to the cultural inaccessibility of mental health systems as a key determinant of disparities in psychological outcomes among ethnic minority youth. Services are often shaped by dominant cultural assumptions and language barriers, leaving minority populations either excluded or forced to adapt their narratives to fit incompatible diagnostic frameworks (Dagsvold et al., 2015; Sørlie & NergÅrd, 2005). In such contexts, help-seeking becomes a culturally loaded process, in which youth must weigh the benefits of accessing services against the risk of being misunderstood, misdiagnosed, or further stigmatized (Bhugra et al., 2021). This is especially relevant in Turkey, where youth from minority groups such as Kurdish, Arab, or Circassian communities often live with the compounded burden of cultural invisibility and state-imposed narratives of assimilation (Bilač et al., 2024).

Stigma remains a central theme in shaping the mental health landscape for minority youth. In many cultural contexts, mental illness is viewed not as a clinical condition but as a moral failing, spiritual weakness, or familial shame (Boltivets, 2023; Meredith et al., 2023). Consequently, individuals often internalize stigma, suppress emotional expression, and delay seeking care. As noted by Park et al. (Park et al., 2023), Asian American youth frequently struggle with mental illness identity development due to stigma, invisibility, and conflicting cultural norms—dynamics that mirror those seen in other marginalized ethnic groups globally. These pressures can generate cycles of self-censorship, identity denial, and silence, leaving youth without the necessary emotional or institutional support.

Migration experiences further complicate identity processes and psychological outcomes. Youth born into migrant families often carry the emotional and practical weight of dual cultural responsibilities—acting as cultural brokers, interpreters, and identity negotiators between generations and institutions (Hui & Zhao, 2018; Torres, 2024). Such roles can foster maturity and resilience but can also lead to exhaustion and role confusion, particularly when combined with structural exclusion and xenophobic environments. As Mongelli et al. (Mongelli et al., 2020) have emphasized, mental health systems worldwide have been slow to adapt to the needs of youth who straddle multiple cultural frameworks, resulting in persistent disparities in access, utilization, and outcomes.

The COVID-19 pandemic has amplified these disparities. Alarcão et al. (Alarcão et al., 2022) conducted a scoping review across Europe and found that migrant and minority populations experienced disproportionate mental health challenges during the pandemic due to existing inequities, social isolation, and lack of culturally tailored support.

Similarly, Thomeer et al. (Thomeer et al., 2022) reported that racial and ethnic disparities in mental health care widened significantly during the pandemic in the U.S., with minority youth often being last to receive attention. These findings underscore the urgency of examining cultural identity not merely as an academic construct but as a key variable in health equity and youth development.

Theoretical frameworks that center on biculturalism and intersectionality provide critical insights into how identity processes interact with systems of power and social categorization. Bicultural identity, defined as the capacity to navigate and integrate two or more cultural orientations, has been linked to higher psychological well-being when successfully managed (Chu et al., 2017; Erentaitė et al., 2018). However, bicultural stress—resulting from conflicting cultural demands and societal pressures—can lead to psychological strain if youth feel forced to choose between identities or constantly justify their legitimacy in both. Intersectionality, on the other hand, highlights how ethnic minority youth often exist at the crossroads of multiple forms of marginalization—whether based on race, language, religion, gender, or class—and how these layered experiences affect their mental health (Mereish, 2012).

Moreover, the climate crisis and environmental instability have emerged as underexplored yet critical influences on youth mental health, particularly among communities already facing cultural and economic marginalization. Hayes et al. (Hayes et al., 2019) have shown that climate change intensifies feelings of vulnerability and loss in Indigenous communities, suggesting that ecological factors can deepen identity-related distress and mental health inequities.

Globally, researchers and practitioners have called for culturally competent and responsive mental health services that honor the lived experiences, languages, and worldviews of ethnic minority youth. Yet, true cultural competence must go beyond surface-level recognition of difference; it requires systemic changes in training, policy, and practice (Gopalkrishnan, 2018; Kirmayer, 2012). For instance, the "Maga Barndi" service in Western Australia offers a culturally embedded model that has shown promise in increasing service satisfaction among Aboriginal clients (Laugharne et al., 2002). Similarly, Cleworth et al. (Cleworth et al., 2006) emphasize the importance of community-led mental health initiatives that integrate grief, storytelling, and courage as therapeutic resources in Aboriginal populations.

In Turkey, ethnic minority youth—especially those from Kurdish, Arab, Laz, Zaza, and Circassian backgrounds—face unique challenges rooted in long-standing historical tensions, sociopolitical exclusion, and linguistic marginalization. However, empirical research examining the specific role of cultural identity in shaping their mental health experiences remains limited. This gap hinders the development of effective, contextually relevant interventions and policies. As Jain and Jain (Jain & Jain, 2020) argue, adolescent mental health is an area of urgent public health concern, and preparedness must be built around the specific needs and realities of vulnerable groups. This study addresses this gap by exploring how cultural identity influences the mental health of ethnic minority youth in Turkey.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the influence of cultural identity on mental health among ethnic minority youth in Turkey. The qualitative approach was chosen to gain in-depth insights into the participants' lived experiences, perceptions, and internal processes relating to their cultural identity and psychological well-being. Participants were selected using purposive sampling to ensure the inclusion of individuals who could provide rich and relevant information for the research objectives. A total of 31 youth from various ethnic minority backgrounds residing in different regions of Turkey were interviewed. Theoretical saturation was the guiding principle for determining the final sample size; once no new themes or patterns emerged from additional interviews, data collection was concluded.

2.2. Data Collection

Data were collected through semi-structured interviews, allowing participants to share their experiences in their own words while enabling the researcher to guide the conversation through a flexible set of open-ended questions. The interview protocol was designed to explore key aspects such as participants' sense of cultural belonging, perceived social inclusion or exclusion, intergenerational identity conflicts, and mental health challenges. Each interview lasted between 45 to 60 minutes and was conducted either in person or via secure video calls, depending on the participants' location and availability. All interviews were

audio-recorded with informed consent and subsequently transcribed verbatim for analysis. Ethical approval was obtained from the relevant institutional review board, and participants were assured of the confidentiality and anonymity of their responses throughout the research process.

2.3.   Data Analysis

The data analysis process was carried out using thematic analysis, following Braun and Clarke's six-phase framework. Transcribed data were systematically coded and categorized into themes that reflected patterns in the participants' narratives. NVivo qualitative data analysis software was used to facilitate the organization, coding, and retrieval of data segments during the analysis process. The use of NVivo enhanced the reliability and transparency of the analytical procedures and allowed for the management of large volumes of qualitative data. Through iterative comparison and refinement, central themes were developed to represent the psychological and sociocultural dimensions of cultural identity and its influence on the mental health of ethnic minority youth.

3.   Findings and Results

The participants of this study consisted of 31 ethnic minority youth residing in various regions of Turkey, including both urban and rural settings. Of these, 17 identified as female and 14 as male, with ages ranging from 15 to 24 years (M = 19.3). In terms of ethnic background, 12 participants were of Kurdish origin, 7 identified as Arab, 6 as Laz, 4 as Circassian, and 2 as Zaza. Regarding educational status, 11 participants were high school students, 13 were university students, and 7 had completed secondary education and were either employed or seeking work. The majority of participants (n = 25) reported being bilingual, speaking both Turkish and their ethnic language at home, while the remaining 6 participants spoke only Turkish in everyday settings. Most participants (n = 21) reported living with both parents, while 6 lived in single-parent households and 4 resided independently due to work or study commitments. These demographic characteristics reflect a diverse group in terms of ethnicity, age, and social background, contributing to the depth and variability of the data collected.

Table 1

The Results of Thematic Analysis

Category	Subcategory	Concepts
Cultural Belonging and Identity	Sense of Dual Identity	Navigating two cultures, Language switching, Cultural code-switching, Belonging in both worlds
	Community Attachment	Cultural festivals, Traditional food practices, Neighborhood influence, Religious gatherings
	Identity Conflict	Clash of values, Internal tension, Pressure to conform
	Family Influence	Heritage pride, Parental expectations, Home language use, Storytelling
	Peer Comparison	Feeling different, Being labeled, Trying to fit in, Isolation in school
Discrimination and Social Exclusion	Experiences of Racism	Name-calling, Stereotyping, Microaggressions, School discrimination
	Social Marginalization	Being overlooked, Lack of representation, Segregated spaces
	Educational Barriers	Teacher bias, Curriculum exclusion, Academic discouragement
	Institutional Distrust	Unfair treatment, Avoiding authorities, Fear of reporting
	Coping Mechanisms	Humor as defense, Peer support, Avoidance, Seeking cultural spaces
	Internalized Oppression	Feeling inferior, Denying heritage, Self-censorship
Family Dynamics and Intergenerational Tensions	Parental Expectations	Academic pressure, Career choices, Cultural preservation
	Intergenerational Gaps	Language barriers, Different worldviews, Technology divide
	Communication Struggles	Misunderstandings, Avoiding sensitive topics, Translation burden
	Cultural Transmission	Teaching traditions, Celebrating heritage, Religious practices, Naming customs
	Role Conflicts	Being a cultural bridge, Caretaking roles, Protective sibling roles
	Family Support	Emotional closeness, Encouragement, Sacrifices made, Shared experiences
	Gender Roles	Unequal freedom, Cultural expectations for girls, Masculinity norms
Mental Health and Emotional Well-being	Emotional Distress	Anxiety, Depression, Sleep disturbance, Feeling overwhelmed
	Stigma Around Mental Health	Hiding emotions, Shame, Cultural silence, Fear of judgment
	Help-Seeking Behavior	Talking to friends, Accessing counseling, Online resources
	Coping Strategies	Artistic expression, Journaling, Prayer, Exercise, Music

Resilience and Identity Empowerment	Sense of Isolation	Loneliness, Disconnectedness, Lack of understanding
	Positive Identity Formation	Pride in heritage, Exploring roots, Cultural confidence
	Community Engagement	Volunteering, Youth groups, Cultural events, Mentorship
	Personal Growth	Self-reflection, Overcoming challenges, Self-acceptance
	Supportive Relationships	Trusted friends, Caring adults, Mentors
	Future Aspirations	Breaking stereotypes, Advocacy goals, Education plans, Helping others

In terms of *Sense of Dual Identity*, many participants described navigating between two cultural worlds—one rooted in their ethnic heritage and the other shaped by the dominant culture in Turkey. They often spoke about switching languages depending on the setting and adjusting behaviors to meet different cultural expectations. One participant shared, "At home I'm Kurdish, at school I'm Turkish. I've learned how to switch without thinking." Another said, "It's like I wear different masks for different people, but I'm not sure which one is really me."

Community Attachment emerged as a crucial factor in shaping cultural belonging. Participants expressed that local cultural events, traditional foods, and religious practices strengthened their identity and emotional ties to their community. For example, one participant noted, "The smell of our food during celebrations brings me back to who I am. It's comforting." Another emphasized, "Friday prayers and being with my neighbors—it makes me feel seen."

Identity Conflict was reported when participants faced clashing values between their heritage and mainstream norms. Many struggled with internal tension, especially in adolescence, when the need for peer acceptance intensified. "Sometimes I feel like I'm betraying my family if I act too Turkish," one participant confessed. Another shared, "I'm constantly trying to find balance, but I end up feeling like I don't belong anywhere."

The role of *Family Influence* in identity development was strongly emphasized. Participants spoke about their parents' efforts to preserve language and traditions, and the pride instilled in them regarding their origins. One stated, "My dad always tells me, 'Never forget where you come from.' That sticks with me." Another added, "Even if we live here, our hearts are still back in our village, my mom says."

Peer Comparison often led to feelings of isolation or otherness in mainstream settings such as schools. Some participants reported being labeled or misunderstood by their peers, which affected their self-esteem. "They called me 'the village girl' because of my accent," said one participant. Another mentioned, "I tried to hide my background so I wouldn't stand out, but it made me feel fake."

Experiences of Racism were frequently mentioned, especially in school environments. Participants recounted incidents of stereotyping, name-calling, and being treated unfairly by teachers. One interviewee said, "A teacher once asked me if I even understood Turkish properly in front of the class." Another recalled, "Kids said I looked like a terrorist because of my scarf."

Social Marginalization extended beyond direct racism to subtle forms of exclusion. Many youth felt underrepresented in media and public discourse. "I've never seen anyone like me in textbooks or TV," said one participant. Another shared, "It feels like we're invisible unless there's something bad to say."

Educational Barriers also shaped mental health experiences. Participants felt they were not encouraged or supported by some educators. "When I said I wanted to study medicine, my teacher laughed," one girl noted. Another mentioned, "They expect less from us, and it's hard to prove we're capable."

Institutional Distrust arose from encounters with healthcare, law enforcement, and public services. Youth reported feeling reluctant to engage with institutions due to fear of mistreatment. One said, "We don't go to the police. It only brings more problems." Another added, "If you speak with an accent, they treat you like you're less."

In response to exclusion, youth developed various *Coping Mechanisms*, including humor, cultural community support, and avoidance strategies. "We make jokes about racism because if we don't laugh, we'll cry," one participant shared. Others sought cultural spaces to feel safe: "I feel okay only when I'm with people who understand my background."

Internalized Oppression was a painful but prevalent theme. Some participants confessed to feeling ashamed of their heritage. "I used to tell people I was Turkish just to avoid questions," said one participant. Another admitted, "For years, I tried to erase my accent. I thought it made me look stupid."

Parental Expectations created both motivation and stress. Many youth felt pressured to excel academically and preserve cultural norms. "My mom said, 'You have to succeed, not just for you, but for us all,'" one explained.

Another said, "I don't want to disappoint my family, but I also want to choose my own path."

Intergenerational Gaps were prominent in interviews. Differences in language fluency, values, and use of technology created disconnection between youth and older family members. "My grandfather doesn't understand why I want to study psychology. He says it's nonsense," one youth noted. Another said, "They don't get social media, and it's a big part of our lives."

Communication Struggles contributed to emotional distance. Youth often felt they couldn't fully express themselves to their parents. "We speak the same language, but not really," said one participant. Another added, "I keep things to myself. They wouldn't understand even if I tried."

Cultural Transmission was often facilitated through rituals, traditions, and language. Youth spoke about learning their heritage through stories and celebrations. "My grandmother taught me the names of our ancestors," one participant shared. "That's how I know who I am."

Role Conflicts arose when participants were expected to mediate between cultures within their families. "I translate everything for my parents—official letters, doctor visits," said one youth. Another explained, "I'm the one who explains Turkey to my little brother and our culture to his teachers."

Despite challenges, many found *Family Support* to be a source of strength. Participants expressed gratitude for emotional and material support from family members. "Even when they don't understand me, they love me fiercely," one interviewee said. "We've been through so much together," said another.

Gender Roles shaped identity development in complex ways. Female participants reported stricter expectations. "My brother can stay out late, but I can't even go to the café alone," one girl noted. Another shared, "They say I'm the honor of the family. It's a lot to carry."

Mental Health and Emotional Distress were frequently mentioned, with symptoms like anxiety, depression, and fatigue. "Sometimes I feel like the world is too heavy," one participant said. Another described, "I don't sleep well. My mind keeps spinning."

Stigma Around Mental Health prevented many from seeking help. "In our culture, if you see a psychologist, people think you're crazy," said one interviewee. Another stated, "We're told to be strong and not talk about feelings."

Participants' *Help-Seeking Behavior* was shaped by peer influence and accessibility. Some used online resources or talked to friends instead of professionals. "My best friend is my therapist," said one participant. Others noted, "I watched mental health videos on YouTube. That helped a lot."

Coping Strategies varied and included journaling, music, prayer, and creative expression. "I write poems when I feel lost," one participant said. Another mentioned, "Dancing to music from my culture lifts my mood."

A profound *Sense of Isolation* was experienced by many. Feelings of loneliness and being misunderstood were common. "No one really gets what it's like to be between two worlds," said one youth. Another reflected, "Sometimes I feel invisible, even to my closest friends."

Despite hardships, *Positive Identity Formation* was a source of empowerment. Participants described embracing their heritage and building self-confidence. "I used to hide who I was. Now I speak my language with pride," one youth shared.

Community Engagement helped foster resilience. Participants took part in youth groups, cultural events, and mentorship roles. "I mentor younger kids so they won't feel alone like I did," said one participant.

Personal Growth was seen through overcoming challenges and developing self-acceptance. "My struggles made me stronger," said one youth. Another reflected, "I've learned to love all parts of me."

Supportive Relationships with peers, adults, and mentors were pivotal. "My teacher was the first person to believe in me," shared a participant. "My friends are my safe space," added another.

Finally, *Future Aspirations* gave participants hope. Many expressed goals of breaking stereotypes and giving back to their communities. "I want to become a lawyer and defend people like me," one participant said. Another emphasized, "I want to show the world that we're more than our labels."

4. Discussion and Conclusion

The findings of this qualitative study reveal the intricate and multifaceted ways in which cultural identity influences the mental health of ethnic minority youth in Turkey. Through in-depth interviews with 31 participants from diverse ethnic backgrounds, five major thematic domains emerged: Cultural Belonging and Identity, Discrimination and Social Exclusion, Family Dynamics and Intergenerational Tensions, Mental Health and Emotional Well-being, and Resilience and Identity Empowerment. Each theme underscores how cultural experiences are deeply interwoven with psychological outcomes, and how

individual identity formation is shaped by broader social structures and cultural narratives.

The theme of Cultural Belonging and Identity demonstrated that youth often navigate between two cultural realms—heritage culture and dominant national identity—resulting in a persistent sense of duality. Many participants reported cultural code-switching, emotional fragmentation, or an inability to fully integrate into either identity. This is consistent with Chu et al. (Chu et al., 2017), who argued that bicultural identity formation often brings both protective and stressful outcomes, depending on the level of societal support and individual coping resources. Similarly, Erentaitė et al. (Erentaitė et al., 2018) noted that ethnic minority youth who struggle with identity conflict often experience increased internalizing symptoms such as anxiety and depression. Our findings affirm these conclusions, particularly in cases where youth felt pressured to assimilate or hide aspects of their cultural heritage.

Discrimination and Social Exclusion emerged as significant stressors contributing to poor mental health. Participants frequently described racism in schools, social marginalization, and systemic exclusion. These experiences not only led to emotional distress but also contributed to feelings of inferiority and cultural invalidation. The pervasive nature of these experiences aligns with the findings of Thomeer et al. (Thomeer et al., 2022), who documented increased psychological distress among racial and ethnic minority groups during the COVID-19 pandemic due to structural discrimination. Similarly, Mongelli et al. (Mongelli et al., 2020) emphasized that social exclusion and limited access to culturally appropriate mental health services exacerbate disparities among underserved populations. The Turkish context reflects these same dynamics, as youth from Kurdish, Arab, and other minority backgrounds often face institutional erasure, linguistic marginalization, and policy neglect (Bilač et al., 2024).

The third theme, Family Dynamics and Intergenerational Tensions, revealed how familial structures both buffer and intensify cultural stress. While parents played a central role in transmitting cultural values, they also imposed expectations that sometimes conflicted with the host society's norms. This created identity confusion and emotional strain among participants. Such tensions are consistent with the intergenerational challenges described by Torres (Torres, 2024), who highlighted how parent-child cultural mismatch can lead to depressive symptoms in adolescents. The stress of mediating between family heritage and external societal expectations was compounded by participants' roles as cultural interpreters and emotional caretakers—roles echoed in the literature on bicultural family stress and role reversal (Toktas, 2024).

Stigma Around Mental Health and Emotional Distress emerged as key subthemes within the broader category of Mental Health and Emotional Well-being. Youth described anxiety, depression, and isolation as common experiences, yet felt unable to seek help due to familial and cultural taboos. These narratives resonate with Boltivets (Boltivets, 2023), who emphasized that mental illness is frequently viewed through a lens of moral judgment in collectivist cultures, leading to self-silencing and shame. Bhugra et al. (Bhugra et al., 2021) further supported this by noting that stigma prevents early identification and intervention in ethnic minority communities. The fear of being labeled or misunderstood often delayed help-seeking behavior, echoing the findings of Park et al. (Park et al., 2023), who showed how mental illness identity formation among Asian American youth was constrained by stigma and cultural invisibility.

At the same time, the study revealed a strong theme of Resilience and Identity Empowerment, offering an important counter-narrative to distress. Despite structural and interpersonal adversity, participants demonstrated adaptive strategies such as artistic expression, community engagement, and reclaiming cultural pride. These findings align with the work of Gopalkrishnan (Gopalkrishnan, 2018), who emphasized the protective role of cultural continuity and identity affirmation in fostering resilience. Likewise, Hansen et al. (Hansen et al., 2021) found that culturally grounded learning and self-reflection were vital in helping youth from minority backgrounds navigate mental health challenges. The act of mentoring others, participating in youth groups, and celebrating heritage emerged as key strategies for psychological growth and empowerment in this study.

The findings also reflect the broader global discourse on culturally sensitive mental health services. Dagsvold et al. (Dagsvold et al., 2015) argued that mental health care must adapt to local linguistic and cultural realities to be effective, a point mirrored by Sørlie and Nergård (Sørlie & NergÅrd, 2005), who found that treatment satisfaction among Sami patients improved when care was delivered in culturally congruent ways. In Turkey, the absence of such culturally responsive services was a frequent concern for participants, contributing to their reluctance to access formal support systems. The importance of cultural competence, as elaborated by Kirmayer (Kirmayer, 2012), was evident in

this study; participants emphasized the need for therapists and teachers who understand their linguistic and cultural backgrounds.

Moreover, findings from the COVID-19 period show that vulnerabilities among minority youth have intensified. Alarcão et al. (Alarcão et al., 2022) and Thomeer et al. (Thomeer et al., 2022) found that social isolation, disruptions in routine, and diminished access to mental health services disproportionately affected migrant and minority populations. Participants in this study echoed those sentiments, describing how pandemic-related school closures and family stress exacerbated pre-existing emotional difficulties and cut off their already limited support networks.

The results also contribute to the ongoing critique of mental health systems that fail to account for intersectionality. Mereish (Mereish, 2012) stressed that overlapping identities—such as ethnicity, language, and socio-economic status—shape how individuals experience health and discrimination. The youth in this study often encountered compounded marginalization, which intersected with gender, religion, and class to further limit their opportunities and well-being. Similarly, Hui and Zhao (Hui & Zhao, 2018) illustrated that status identification among minorities is rooted not just in cognitive processes but in material and social conditions that require validation and representation.

Our findings reinforce the value of community-led, culturally embedded mental health initiatives. The success of programs like the "Maga Barndi" service in Western Australia (Laugharne et al., 2002) and grief-based healing models (Cleworth et al., 2006) provides a blueprint for culturally grounded practices. These models show that when mental health services are developed in collaboration with minority communities, outcomes improve. In the Turkish context, integrating traditional practices, communal storytelling, and intergenerational dialogue into mental health services could be especially effective, particularly for youth navigating multiple cultural affiliations.

This study offers a nuanced understanding of how cultural identity both supports and undermines mental health in ethnic minority youth. While it highlights systemic gaps and challenges, it also uncovers rich narratives of resilience, identity reclamation, and community-based healing.

5. Limitations & Suggestions

While this study provides valuable insights, it is not without limitations. First, the sample was limited to youth residing in Turkey, which may restrict the generalizability of the findings to ethnic minorities in other sociopolitical or cultural contexts. Second, although a variety of ethnic groups were included, the sample sizes within each subgroup were relatively small, limiting the ability to draw group-specific conclusions. Third, the data were derived solely from self-reported interviews, which may be influenced by memory recall, social desirability bias, or emotional sensitivity around the topic. Finally, while NVivo software helped structure the analysis, the interpretation of qualitative themes is inherently subjective and shaped by the researcher's positionality and assumptions.

Future research should consider longitudinal designs to explore how cultural identity and mental health trajectories evolve over time among ethnic minority youth. Comparative studies across different national and regional contexts would also deepen understanding of how sociopolitical structures shape identity formation. Furthermore, quantitative or mixed-method studies could enhance the generalizability of the findings and provide measurable insights into the links between cultural conflict, discrimination, and psychological outcomes. Including the perspectives of parents, teachers, and mental health professionals could also enrich the analysis by offering a more holistic view of the youth's social environment.

Practitioners working with ethnic minority youth should receive training in cultural competence and cultural humility to better recognize the nuances of identity development and mental health within specific communities. Mental health services should incorporate culturally relevant frameworks, languages, and community-based models that validate youth experiences. Schools, as central developmental spaces, should foster inclusive curricula and peer support systems that counteract stigma and promote cultural pride. Lastly, youth-led programs and mentorship initiatives can empower minority adolescents to build resilience and advocate for their mental health needs.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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