

We Tell You Peer Based Community Research

Interim Findings for Young Black Men's Perspectives on Mental Health

Context

There has been a significant increase in research and evaluation studies to inform our understanding of the experience and impact of mental health and wellbeing in England and Wales. Such initiatives have contributed to a number of local and national interventions designed to respond to the prevalence of personal and social problems associated with mental health and mental wellbeing. However, for decades there has existed a contentious feature of the mental health debate within England and Wales; namely, a stubborn disparity in the experience and treatment responses to people of Black, Asian and Minority (BAME) ethnic backgrounds with black people particularly overrepresented in inpatient figures. Research suggests that black men are 18 times more likely to be diagnosed with a psychotic illness when compared to their white counterparts, and black men are 44 % more likely to be detained under the Mental Health Act (Count Me In census report 2005, 2009). It is difficult to argue a case against the notion that young black men have a higher probability of being subject to onerous experiences of coercion into mental health services than their counterparts, when; research indicates that 29% of them are more likely to be subjected to control and restraint measures (The City 128 Study of Observation and Outcomes on Acute Psychiatric Wards 2006). As acknowledged within the recently published Young Review (2014) it is evident that black men are twice more likely to be referred to mental health services through Police or Court services.

Since the 2005 Count Me In census report, there has been increased investment in mental health service provision. The Delivering Race Equality and other programs have all aimed at reducing mental health inequalities, and improving access to mental health care for BAME communities. It is both unfortunate and evident that in 2015 these goals have still not been achieved for black communities. Despite this acknowledged disparity, there remains a dearth of valuable research, informed strategies and interventions to respond to this perennial issue. Unsurprisingly, the pervading perception of mental illness for many young people is loaded with misconceptions and negative connotations, potentially influencing how young people and in particular black people respond to their experiences of mental health and mental illness. There remains an urgent need to develop research and evidence that can inform appropriate interventions for young black men.

It is within this context that 42nd Street was commissioned to design and manage the 'We Tell You' project by Manchester City Council (MCC) Equalities Fund. The aims of the project were to:

- Understand more about the mental health needs of young African and Caribbean men,
- Implement a program to improve the psychological resilience and mental health of African and Caribbean young men in Manchester to the stresses and challenges of daily life and reduce the risk of developing future serious mental health problems,
- Increase participant's general aspirations,
- Improve the knowledge and awareness of mental health issues for this cohort.

Introduction

This report presents the interim findings of the 'We Tell You' research project which commenced in April 2013 and is due for completion in July 2016. The project has been divided into two distinct strands. Firstly, 'Fix Up' involves the delivery of bespoke interventions and activities to raise awareness of mental health and to improve young black men's resilience. The second strand is the 'Real Talk' qualitative research project designed to explore the attitudes and perceptions of mental health and mental illness held by young Black men living within the City of Manchester. What follows is a brief discussion of the two elements of the 'We Tell You' project examining the interventions, methods and emerging findings of the project to date.



Emerging findings

Knowledge and understanding - some group respondents did not understand the language used in association with psychological health, such as the phrase 'mental health'. In discussion, the term was consistently (re)interpreted with negative connotations 'someone mental' or 'crazy', 'schizophrenic', 'depression', 'a biological illness' or an extreme psychological condition within an individual.

Help-seeking behaviours - focus group participants were asked to discuss how they would respond if they experienced mental health problems and the majority of respondents cited that they would approach a 'friend', although paradoxically, most young people in the position of friend stated a lack of knowledge of mental health problems. In addition, the young men suggested turning to a 'youth worker' or a 'family member', although some young men deemed that to approach parents would place "too much of a burden" upon them as their parents "had enough to be worrying about". Whilst less likely to be called upon, doctors, school teachers and tutors were referenced as potential people to approach. However, it is noteworthy that one young person remarked that to approach a doctor or other statutory providers would result in "it going on your record", and so he would be reluctant to talk to his doctor.

Talking is good - For older respondents (18-25 years of age) the 'peer group' was acknowledged as being a positive support mechanism where they felt comfortable talking about sensitive issues. It was noted that one particular close group of young men, who were particularly supportive and empathic with one another, had a shared religious background. One of the respondents in this group shared that his newly found religious belief had changed his outlook on life that, his faith had become a protective factor and reduced his previous suicidal tendencies.

To whom do you turn? - Within the focus group, the majority of young men talked about "other young men or adults" who they knew had experienced mental health issues. It is noteworthy that a common response to the identification of poor mental health was to engage with the religious community. The main sources for information about mental health were stated as "other peoples' experiences" and leaflets in GPs surgery. Mention was made by two young men of the use of cannabis to manage presenting issues.

Causes of mental health problems - All groups had a high degree of sympathy for those they believed were suffering from mental health problems and in some young men this extended to empathy. They gave a wide range of potential causes for these problems including "abusive family upbringing", "trauma", "bullying" and "stress".

Barriers to solutions - The groups believed that one of the main barriers to accessing help and support was the inability to recognise the signs that more specialist support might be needed. Respondents also felt they did not want to burden parents whilst at the same time, wanting to talk to someone with whom they had a trusting relationship. This was due to the negative stigma deemed to be attached to mental health/illness. They also shared concerns regarding protecting their "reputation" with other young men. One participant held the belief that "if you get locked up" there would be no help available. It is not clear from our study how widespread this belief is. One of the reoccurring notions was the idea that the person or counsellor "won't get you" or understand the person seeking help, which increased the fear and anxiety about seeking this help in a first instance.

Strand One: The Fix Up Programme

The Fix Up programme engaged with young men at two locations across Manchester, delivering a range of activities and information designed to improve awareness of mental health and to build resilience. The aim of the programme was to enable participants to better manage stress and respond more effectively to some of the daily challenges of their lives. The programme ran in the evening and was delivered in a men only space.



Activities offered to the young men included:

- '5 Ways the art of wellbeing' graffiti art project - based on the 5 ways to wellbeing model
- Food & Mood sessions
- Health & fitness Boxercise Mindfulness.
- Memory Enhancements
- Identity board games (Somebody Project)

The majority of the young men participating in this study, identified exercise as being an effective means for maintaining good psychological wellbeing by helping them manage stress. The worker utilised physical activities to support building the resilience. Football boxing, weight training, circuit training and basketball were incorporated into the weekly Fix Up program. Although participation in exercise was optional for the young men, many of them took the opportunity to access the local gym where they received guidance and instruction from a Hideaway Project youth worker who was also a peer researcher for the project. Participants were also encouraged to attend the Fix Up Food and Mood sessions straight after the physical activities. They learned to make healthy meals and smoothies whilst receiving basic culinary skills and nutritional information. This session aimed to improve any potential gains from physical activity as well as teaching the importance of foods for increasing energy and improving focus and brain function. After food preparation, participants ate together as a group. For many, these skills and new practises became a part of their daily routine. The informality of the space facilitated a forum for discussions related to general wellbeing such as sexual health, identity and mental health. At the same time, the Fix Up group became a social group for the attendees, where the transmission of experiences and knowledge between the differing ages became the norm and the young men involved were able to talk more openly about sensitive issues:

"Going the gym helps me get rid of stress I always feel more relaxed after it."

"I like coming to the group, sometimes we need to talk more about what's going on because it can help."

Boxing & Mindfulness

To further enhance learning and development, the young men were introduced to mindfulness techniques. The aim of this process was to provide them with a simple practical method to support their psychological health and increase resilience. Participants were given information on the evidence around regular mindfulness practice and the support this gives to positive changes in brain function and the positive impact mindfulness has been shown to have for people living with depression, anxiety disorders, addictive behaviour, stress, chronic pain or insomnia. However, the high energy levels of the young men had to be taken into consideration to enable their meaningful participation. This was factored in by incorporating an hour of Boxercise beforehand, which, as well as being an effective way to use up surplus energy, also had a positive impact on physical wellbeing. The group had six sessions of Boxing Mindfulness in total; one hour of Boxercise followed by 5 minutes of stretching and 30 minutes of mindfulness. The sessions encouraged several participants to take up the practice at home to help with relaxation. These sessions contributed towards challenging and shaping participants' attitudes towards psychological wellbeing and health and are a sound platform from which to develop further interventions.

5 Ways The Art of Wellbeing; the graffiti street art project

A group of young men worked with a professional graffiti artist to produce 5 pieces of art based on the 5 Ways to Wellbeing model developed by the New Economics Foundation. (Five Ways to Wellbeing: The Evidence 2008). They learned about the 5 key areas of the model; Connect, Take Notice, Learn, Be Active, Give and the five art works reflected on how they could live and experience these values in their own lives.



The project stimulated interest from the onset and participation was consistent, especially from those in the 13-17 year olds age bracket. The project successfully used graffiti as the basis for the young men to engage in open discussions about their psychological wellbeing and things that impact on it as well as determining what practical things they could do to help themselves. This was the first time most of them had participated in this kind of work and the process demonstrated how discussions around mental health were easier to facilitate if participants were engaged in activity that was interactive, youth focused and fun rather than a formally structured, discursive setting. The graffiti activity encouraged dialogue about the key themes, and the final pieces reflected the young men's group identity, cohesion and message and were displayed on the walls of the project space for other young people to view and consider.

Identity board game

This initiative was targeted at young African Caribbean and Somali men between the ages of 13-25 who were attending the Power House in Moss Side. The project aimed to improve wellbeing of participants by engaging them in group work using creative media to facilitate informal discussions about identity, body image, mental health and the impact these have on self-esteem. Participants created a series of fictional characters based on personality types and behaviours they have observed in others or themselves. These fictional characters displayed both positive and not so positive characteristics and some secret vulnerability that would usually remain hidden. The activity was effective for hearing young people's views on identity and offered rich opportunities for peer challenge around personal values or beliefs.

The board game is a useful tool for engaging young men in informal discussions about identity, sexuality, relationships, ideas of masculinity and events or issues that impact on physical and psychological health. The finished cards form part of an interactive set of cards that can be used in a board game, discussion group or drama based activity.

"A Somalian could never grow up to be a gay, It just doesn't happen".

"He should talk to someone he can trust like a teacher or something"

"The girls like him cos he looks hench"

The activities forming part of the resilience section of the research project were integral for building a deeper understanding of the young men's world views, socialisation and their perspectives on mental health. They also revealed more questions and opportunities for further research.

Strand Two: Real Talk focus groups & interviews

The second strand of the We Tell You project involved a qualitative research study to explore the perception and attitudes of young black men to mental health and wellbeing. Real Talk involved undertaking focus group discussions informed by ten guide questions. All focus groups were recorded and analysis undertaken to isolate the key attitudes, perceptions and responses of young black men to mental health and wellbeing issues. The Peer researchers who co-facilitated the focus groups and interviews, had a good general understanding of the language attitudes of most of the young subjects, as they lived in the same communities and came from similar backgrounds as the young people who participated as voluntary subjects. This contributed to participants quickly feeling at ease and contributing to meaningful discussions that captured valuable information in the limited time available. In addition, the peer researcher team included young women who matched the race and ethnic profile of the research group.

To date, over 30 young people have engaged with focus groups and group discussions at a number of venues across the City. There was no requirement for participants to have an identified or formally diagnosed mental health issue in order to participate.



Next steps

It is evident that there remain a number of negative constructs around mental health for young men. Such constructs appear to inform commonly held preconceptions and attitudes towards mental health and mental illness. Young black men demonstrate an awareness of the potentially onerous responses to people with mental illness and this may act as a barrier to them accessing services and treatments at the most appropriate and earliest opportunity. Furthermore, the emerging finding that young men view youth workers as primary reference points for information and as trusted individuals whom they can approach is concerning given the significant reduction in youth services across the City of Manchester. It is within this context that young men are turning to other young men for support and we can surmise that a dearth of accurate information may compound the problem of untreated personal and health problems.

The Real Talk group discussions will continue until spring 2016 along with in-depth interviews with young black men who have experience of accessing services and interventions throughout the city of Manchester. It is anticipated that this element of the project will provide an appreciation of the experience and effectiveness of current approaches for young black men and will contribute to future configurations of mental health services for young Black men across Manchester.

