Peer Research on Mental Health in Our Communities: Report Summary

Our peer research project was commissioned by **Newcastle Healthy Futures** to look into mental health in ethnically minoritised communities. **Haref** coordinated the project while **Fulfilling Lives Newcastle Gateshead** provided peer research training. Four organisations (**Rainbow Home. First Step, Riverside Community Health Project, West End Friends**) provided members of staff and peer researchers to design and implement the research.

This project was started after almost a year of living with the pandemic and ran from January-June 2021.Although the overall research does not focus specifically on the pandemic's effects on mental health, COVID-19 has had a significant impact on the mental health of many people in the UK, especially those from ethnically minoritised communities, and its presence is notable in some questions and in the results.

The peer research team was involved in all aspects of the project, from designing questions, developing methods, collecting responses, and analysing the data. The team decided to focus on :

- **'Experiences and thoughts of mental health'** as the overall theme of the research along with questions related to
    - **Stigma**
    - **Perception and knowledge of services**
    - **Recommendations on improving services**
- The peer researchers sent surveys out to friends, family, and community members, and selected some participants to be interviewed further. Surveys and interviews were used to collect data and in all **117 surveys** and **13 interviews** were completed.

Survey Participant Information

Gender

85% female

14% male

2% prefer not to say

Disability Status

89% non-disabled

10% disabled

1% prefer not to say

Home Life

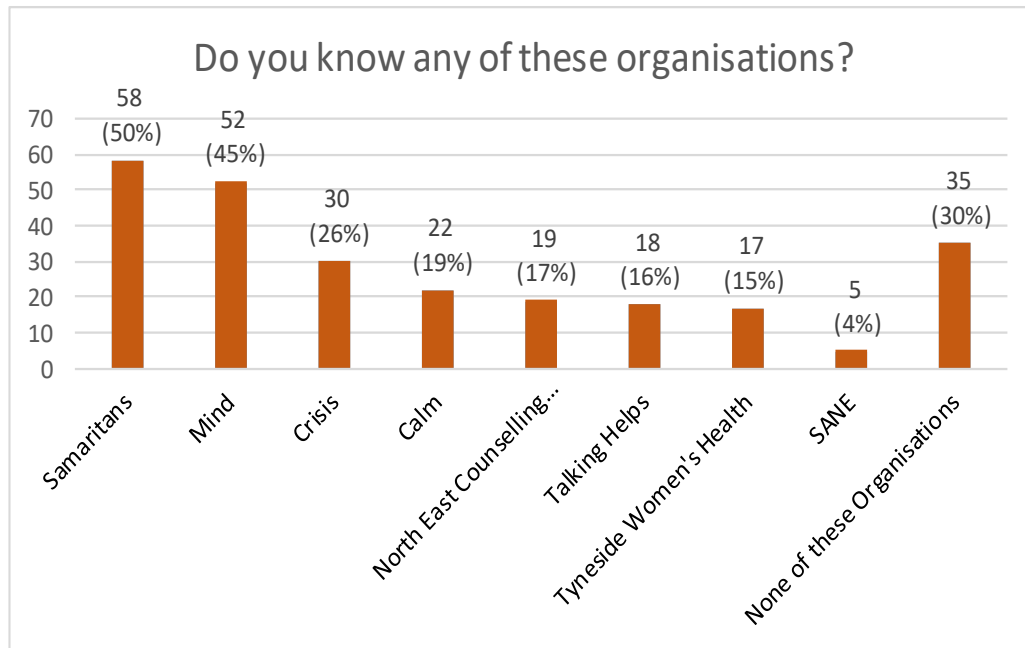**87% live with others**

10% live alone

3% live alone part time

English Level

85% 'good' or 'excellent'

15% 'adequate,' 'little,' or 'none'

UK Government guideline higher level ethnicity code	People	%
Asian or Asian British	64	55%
Arab	36	31%
Black, African, Caribbean or Black British	12	10%
White	3	3%
Mixed or Multiple ethnic groups	2	1%
Other ethnic group	1	1%
Total	**117**	**100%**

Communication about Mental Health

- More survey participants said they would **talk to friends and family** about mental health **than the GP.**

- **Very few survey participants** said that they would **speak to a counsellor or therapist**

- In the **interviews**, the **majority of participants** stated they would feel **comfortable talking about their own mental health and supporting someone else** with their mental health problems.

- **Male survey participants** were **more likely** than women **to answer 'no one'**

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Awareness of Mental Health Services

Do you know any of these organisations?

Chart showing:
- Samaritans: 58 (50%)
- Mind: 52 (45%)
- Crisis: 30 (26%)
- Calm: 22 (19%)
- North East Counselling...: 19 (17%)
- Talking Helps: 18 (16%)
- Tyneside Women's Health: 17 (15%)
- SANE: 5 (4%)
- None of these Organisations: 35 (30%)

- Around **50%** of survey participants were familiar **with Samaritans and Mind** and around **25%** were **familiar with Crisis.**

- **Fewer than 20% had heard of Talking Helps, Tyneside Women's Health, and North East Counselling Services**. This suggests that the **respondents were more familiar with information-based or Crisis services,** and less familiar with longer term mental health support services or more traditional counselling services.

- **30% of survey participants had not heard of a single one of these services**. This was consistent in the interviews where the **majority of participants stated that they did not know where to go to access service,** while 5 out of 13 stated they would seek help at the GP.

Use of Services

- Slightly **fewer than one quarter** of participants **have used a mental health service before** with younger people slightly more likely than older people to have accessed services.

- When those **who had not accessed** mental health services were asked if they felt that they would be able to if needed, **50%** felt they **would be able to, 10%** said they **would not be able to and 40%** said they **didn't know.**

Cultural Awareness of Services

- **14%** of survey participants felt strongly that services were not **culturally aware** while only **3%** felt strongly that **they were. 32% were leaning towards services not being culturally aware.** 40% were neutral and 11% leaned towards yes.

I feel that services are culturally aware:

Chart showing:
- Strongly No 1: 14%
- 2: 32%
- 3: 40%
- 4: 11%
- Strongly Yes 5: 3%
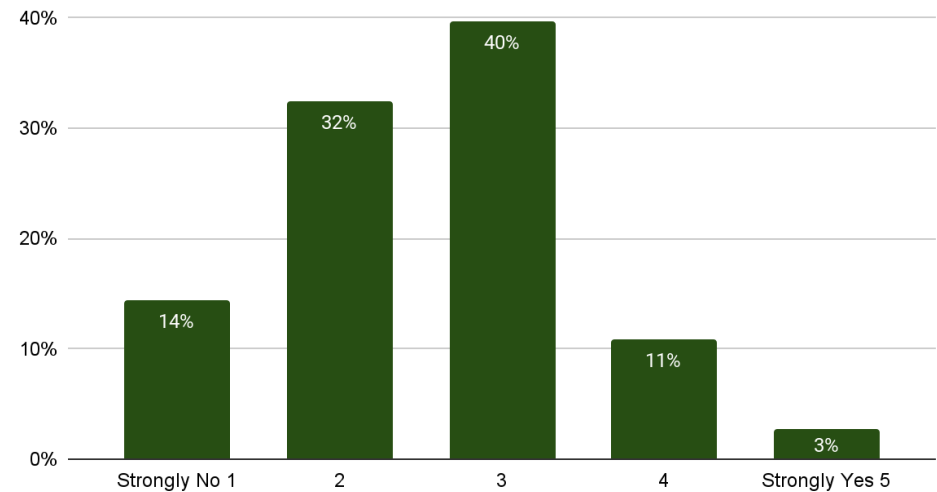
Recommendations

Cultural awareness/diverse practitioners:

- Mental health services should develop **familiarity with different local cultures** and **adapt their services** accordingly to people's cultural needs rather than making service users assimilate.

- **Increase awareness of cultural differences in understanding mental health,** gender roles, family structures, cultural or religious restrictions, taboos, and traditions.

- Service providers from **different cultural and ethnic backgrounds** as well as the need for **practitioners who speak multiple language**s

- **Interpreters** should be **widely available and advertised as such.**

Alternatives to more traditional services:

- Offer **options for services that focus on collective/community wellbeing** versus only individual mental health. Some cultures are less focused on the individual as the focus of intervention.

- **Include family members and family therapy** if the cultural norm is to deal with issues within the family

- **Provide services to family members supporting someone with mental health problems** (including awareness building and information)

- **Creative/holistic approaches to mental health services** such as the use of social groups, entertainment groups, team building for whole families, buddy systems, and financial/housing/education support.

Community engagement:

- **Increase awareness of mental health in different communities** via awareness building in schools, jobs, colleges, etc., by putting literature in religious buildings, using community ambassadors, compulsory courses and more.

- **Increase awareness of mental health services through targeted advertisement** in community newspapers or flyers, promotion in community groups

- **Use schools** to build awareness, increase conversations around mental health, and connect to services.

Decrease stigma:

- Increase awareness of **anonymity** of services.

- **Embed** mental health services in other services as opposed to separate clinics

- **Avoid** patients needing to **explain their culture**

- **Avoid label of mental health problems** when appropriate.

- Clarify thresholds for use of services: **you don't need to be in a crisis to access services**

Normalise use of mental health services:

- Make **services more accessible or built into existing physical health** systems by **implementing mental health checks at annual GP appointment,** putting **mental health services into GP practices**, or having walk-in mental health services.

- Clarify that **mental health services are for anyone and everyone** and should be engaged with at the onset of symptoms, not just at crisis stage.

- **Decrease fear of consequences** of engaging with services such as **children's services become involved, hospitalisation, etc.**

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