PERCEPTIONS

Peer research into the needs and perceptions of young black men on mental health and wellbeing.

February 2017

42ND STREET
Supporting young people under stress

ACKNOWLEDGEMENTS

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HIDEAWAY YOUTH PROJECT

MANCHESTER CITY COUNCIL

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When a young person feels low and is crying out for support, there is something in them that makes them not want to see the doctor.

Is it fear of the unknown?

Maybe their peers told them about a negative experience with mental health services?

We know there is not one single reason for this.

EXECUTIVE SUMMARY

Co-authored by We Tell You Peer Researchers:
Samson Dada and Melissa Haniff

Join us...
to make real and meaningful change to mental health services for young people.

SO WHAT DID WE DO?

We went to young people and listened to them. We conducted one-to-one interviews and focus groups with 78 young black men with a clear vision in mind;

...we wanted to find out what they think about mental health and how services should be run.

We went to their youth clubs, homes and other social hangouts.

The Equalities Commission for Human Rights (2016) report found that the 'black or black British group' had the highest proportion of people who spent time in hospital, connected to mental health and learning disability services. The statistics don't make good reading, but it does not have to be this way. We call upon service users and service providers to reach out to one another so we can achieve a common aim; healthy citizens who feel included in society.

The young men we spoke to gave us a range of fascinating insights into what mental health means to them and what services could look like.

Now we tell you in this report what they told us...

We hope you feel as inspired as we did speaking to young black men across Manchester.

Experiences gained from the Peer Research project

It has been an enormous privilege for every one of us as peer researchers to be part of the We Tell You project. We feel we are part of helping to shape an important conversation in making sure that young black people get the mental health services they need and deserve.

When conducting focus groups with young black men across Manchester we were inspired listening to their thoughtful comments. One of the many powerful quotes we heard was that mental health "is about wellbeing" as well as being a condition. Our research suggests that...

... young, black men know that mental health is about having the tools to be able to support oneself on a daily basis.

People's eyes said it all; **everyone in the room had a determination to deliver real and lasting change to mental health services for young black people.**

This is a very positive starting pointing and proves that there is a desire to engage with ideas around mental health and mental health services. It is however essential that the service fits the user, rather than the user being another statistic using the service.

The We Tell You group travelled to London in January 2015 for a residential where we met those working with disadvantaged groups including Black Training Enterprise Group (BTEG). We had a round table discussion with the project leaders and mentors who told us inspirational stories of how their mentoring programme had improved the lives of young black men and women.

It was heartening to see that there are black leaders giving their time to mentor young people, raising their ambitions and focussing their direction as a result of their guidance.

One of the greatest moments of the project was delivering our research findings at Birley Fields Campus at Manchester Metropolitan University. It was satisfying that the project had attracted members of the public and significantly, the mental health managers who we want to turn our recommendations into reality. We were moved as we watched a video of young black men talk about their personal experiences of mental health. We also listened to some of the peer researchers talking openly about mental health. The audience asked insightful questions about our research methods and hopes for the future of the project and gave us a renewed sense of energy about disseminating and acting on the research findings.

It has been an honour for all of us to have been part of the We Tell You project for over three years and the work is just beginning for us.

We believe that no one has a monopoly on good ideas, and no matter what position someone is in, there can always be better ways of working. We will be contributing to this by publishing an achievable young person's manifesto and we want to work with you to make this a reality. That is how we will know that we are making progress and that we are working together.

KEY FINDINGS

These were some of the key issues and opinions that were raised by the participants in the research:

Young black men have a huge wealth of knowledge about what mental health means and what can cause mental ill health.

They are aware of different types of mental illness such as schizophrenia, psychopathy, depression and stress. Young black men understand the stigma that comes with having a mental health problem. There was a general fear and rejection of being labelled with a mental health problem. This was contrasted by the older group of young men, who shared a compassion and sympathy towards people who may experience such issues.

Young, black men recognise the difference in attitudes between physical and mental health.

Someone with a broken leg would be asked if they are ok, but someone with a mental health condition would be seen, in their words, as someone to "stay away" from. This comes from personal experience of everyone in a community being aware of someone whose behaviour suggests they need support, but whom other members of the public would avoid.

The media does not report the mental health problems of black and white people equally; a white person would often be described as "depressed", whereas a black person would be labelled "crazy."

Young people know where to get support and mentioned many traditional and modern sources.

Traditional sources of support included "youth worker", "members of staff at school" and "parents".

"Television", "Google", the "internet", the "NHS helpline" and "ChildLine" were also mentioned.

Even though it is not a common source of support for young people, they still mentioned "doctors'" and "psychologists".

Young people feel it is important to have somebody to "talk to" to "get things off their chest".

Group led activities that boost mood such as 42nd Street's Fix Up Food and Mood sessions were valued. These sessions, for example, brought young people together to cook and then enjoy healthy meals in a relaxed environment.

Services should be in places that young people use like schools, youth clubs, websites and social media.

Using smart phone, apps and text messaging can be used to enable young people to choose the service they want.

Exercise helps support mental health and allows young people to let out their fustrations, for example in the gym or playing football.

Language used by professionals should be considered as some young people link their term "mental health" with expressions such as "crazy" or "mad."

Someone can develop mental health difficulties because of their upbringing and environment, for example living in a violent area.

KEY POINTS:

1 Young people consistently expressed the importance of needing to feel heard and not judged by any professional they talked to.

2 Group work participants were willing to engage in mind health interventions and discussions but they preferred them not to be labelled as a 'mental health' session.

3 A familiar or informal relaxed setting, was identified as important, and the preferred environment for encouraging engagement.

4 Young people reported receiving some mental health education in school and some demonstrated a good depth of knowledge. However the frequency, complexity and understanding gained from the information varied significantly amongst the respondents.

5 Being part of a group 'working things out together', was an important part of getting support for some participants.

6 There was a general fear that going into statutory mental health services for help, would result in being permanently labelled, locked in, and medicated on strong drugs without hope of getting better or get out again.

7 Many young people had existing support networks, but the quality of advice and support in these varied.

8 A consistent perceived belief amongst respondents was that that they would be treated differently by mental health services based on colour or race and not seen as an individual. These internalised views, perceived or actual, have significant influence on their help-seeking behaviour, and engagement.

9 Participants involved with mind health and wellbeing discussion groups reported them as being informative and beneficial.

10 Young people who frequently participated in sessions of exercise followed by mindfulness reported them as beneficial and relaxing.

11 Some young people reported that having a significant person they could talk too, a supportive family, or being part of a religious/spiritual community, contributed significantly to their emotional wellbeing and resilience.

12 The younger respondents reported a need for good mind health education for them and their peers, as well as accessible, practical information on how to maintain and improve their general wellbeing.

13 The use of diagnostic terms, labels or the phrase 'mental health' in conversations or literature was felt to be a big barrier to engagement by the majority of young people. As it implied illness or that there was something wrong with them.

14 Many young people involved in regular religious/spiritual practise, believed it helped them overcome personal issues or be more resilient, but felt that specialist help may also be needed for some people with problems.

RECOMMENDATIONS

Join us...
today in changing lives

1 Mental health professionals should listen actively and without passing judgement, showing that they are trying to understand the young person. This is critical as the minute the professional appears to be passing judgement on the young person, that person is not likely to return, or recommend the service to others.

2 Professionals should choose alternative words to 'mental health' and 'mental health illness'. Words matter and have a very powerful impact on the person who hears them. Using the words 'mental illness' imply that something is wrong with the person, they have done something wrong and that they cannot be fixed. Using a non-judgemental word such as 'mood' can be a way of easing the conversation around a mental health condition. This could also help the person feel relaxed when being around a professional and be more willing to open up about the root causes of their low mood.

3 It would be useful to commission adverts based on the theme of normalising mental health and wellbeing problems and experiences. There is a fantastic opportunity to reach a huge audience of young people via social media.

4 Young black men should not be given treatment based on the stereotypes of others. We have read too many cases of black men unnecessarily detained in police cells because they are seen as posing a threat to society at the time.

5 Recruit more black workers and mental health managers and increase the visibility of black practitioners and mental health managers. A useful model is the Teach First programme, to attract talented graduates to become teachers, particularly in inner city schools. The resources should surely be found for a similar scheme, particularly in inner city areas, to encourage a high calibre of BAME people to become mental health workers. Who better to be speaking to this community than those who get it the most?

6 A range of interventions should be offered to young people so that they can choose what suits them. Black and ethnic minority young people with identified mental health conditions are often seen as all the same. They may all have a mental health condition, but it is important to also find out individual root causes and potential interventions. Perhaps they have a personal interest or hobby that they can be helped to develop? For example, one of the peer researchers was accessing support at 42nd Street for anxiety and depression. He had a passion for research. The We Tell You project was mentioned to him. He joined and this allowed him to put his energy into something positive.

7 Services and interventions need to be where young people are. This may sound obvious, but it cannot be overlooked. Young people are in youth clubs, social media from Facebook to Instagram and Snapchat, and this is where services need to be located too.

8 We need to hear more success stories of young black service users. Service providers and users need to work closely to generate success stories. If a young person sees that their peers were helped in their recovery by a particular service, they are more likely to use it. Seeing more human faces behind the statistics that other young black people are able to relate to is critical. The more good news stories that can be heard, the more black people can see that there can be hope. If my black peer survived a mental health difficulty, then why can't I?

THE WAY FORWARD:
Measuring Progress and Accountability

It is clear from the research that young black men want change, but also know how to get there.

While we acknowledge that mental health is a very complicated area and lasting change cannot happen overnight, there are actions that workers, managers and commissioners can get behind today and implement tomorrow. For example, even as simple as using less provocative words such as 'mood' rather than mental illness to promote services and communicate with users.

This report represents three years of our commitment to improve things for all young people who need support. Our ambition is to work with you to make mental ill health, not a stigma, but a stage in someone's life that they can be helped through.

Co-authored by
We Tell You Peer Researchers:
Samson Dada and Melissa Haniff

INTRODUCTION

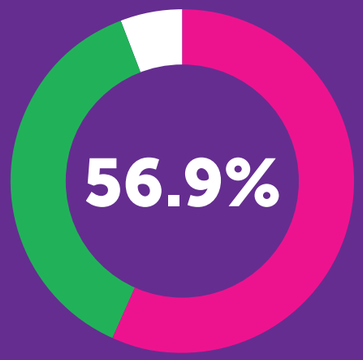
The ongoing association of black people with mental illness stubbornly remains.

Recent figures presented in the Equalities Commission for Human Rights (2016) report show that for the period 2015/16, **'black or black British group' had the highest proportion of people who spent time in hospital, who were in contact with mental health** and learning disability services.

The report also states that being black was related to...

... higher involuntary hospitalisation readmission rates.

In addition, black people were 'more likely than average to be admitted to psychiatric hospitals' than their white British counterparts.



Finally, black people are more likely to be detained under the Mental Health Act 1983, with 56.9% compulsorily detained against 37.5% for white people. However, the figures presented above conceal a disparity with mental health services. In this regard, further analysis illustrates that black men, those of Black African, African-Caribbean and Black British, are **more likely than other ethnic groups to experience the more punitive and onerous aspects of mental health services and interventions** *(ECHR 2016)*. Yet despite, the figures referenced above there are few interventions available that respond to the specific needs of young black men.

Moreover, in light of publicity campaigns to raise awareness of the prevalence of mental health and wellbeing problems in England and Wales, the ongoing association of black people with mental illness stubbornly remains.

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It is within this context that, *Manchester City Council (MCC)*, Equalities Unit, commissioned 42nd Street to undertake an exploratory study to ascertain 'why young black men remain under-represented in mental health treatment and intervention service figures when official figures and reports present this group as more likely to experience mental health and wellbeing problems'.

The central aims for this study then were to:

1. Explore young Black men's perceptions and understanding of mental health and mental health services
2. To consider the help-seeking strategies/behaviours of young Black men who have experienced or identify as presenting with mental health and wellbeing problems

This report presents the findings of the 'We Tell You' research study undertaken between September 2013 and June 2016.

'We Tell You' is the culmination of a peer led project which engaged with 78 young black men aged between 13-24 years of age, across the City of Manchester.

Adopting a qualitative approach, the project undertook group and one-to-one interviews to explore explanations for low participation and engagement rates of young black men with mental health services. Crucially, the study was concerned with using the findings to develop research informed interventions, in an attempt to arrest the disparity.

By way of structure, this report will review the literature relating to race, ethnicity and mental health before embarking on presenting the findings to emerge from the fieldwork.

It is noteworthy that this report is not concerned with presenting the personal, social and/or cultural factors associated with the onset of mental health and wellbeing problems for young black men. Instead, this report is minded to highlight the perceptions and 'barriers' to mental health service participation, which may inhibit pro-social help-seeking behaviours for young black men in Manchester.

BACKGROUND

Mental illness is defined as: **‘any disorder or disability of the mind’** [1,2]

Mental illness however is subject to arguments and disagreement with *Peay (2007)* describing mental disorder as a ‘term of acute terminological inexactitude’ [3]

Arguably, confusion and discussions around mental health and wellbeing arise because of the popular (mis)representation, that informs our understandings of mental health.

1 For *Prins (2005)*, there remains uncertainty as to the causes of mental health problems and/or illness, which serves to mystify our understanding and in turn, our response to mental health and illness.[4]

2 There is a ‘personal fear of madness’, informed by media which contributes to a stigmatised view of mental illness. It is such views which contribute to sensationalised media reporting of incidents/offences involving people who are diagnosed with mental health and/or wellbeing problems. The social construction then of people with mental health problems as ‘dangerous’ or ‘risky’ serves to maintain such ‘myths’.

3 The continual emergence of newly categorised disorders and conditions in the field of mental health, have contributed to a belief that services and practitioners are overwhelmed, and unable to respond as effectively as they would like to this ever changing landscape.

THE SCALE OF THE PROBLEM

Mental health problems within England and Wales are widespread affecting up to 7 million (adult) people at any one time.[5] People who experience mental health problems will pose more risk to themselves than to general members of the public, with 90% of people who die through suicide experiencing mental illness.

This reality therefore concentrates the focus of this study, to consider the implications of mental health and wellbeing problems for particular groups and individuals. Related to the complexities of definitions and community and society constructions, this study is concerned to explore perceptions of mental health and wellbeing problems held by young black men in Manchester.

For decades, there has existed a contentious feature of the mental health debate within England and Wales, namely, the differential rates and treatment responses for people of Black, Asian and Minority (BAME) ethnic backgrounds.[6] So, although BAME people make up 13% of the population of England and Wales, they were significantly more likely to be subject to the detention powers of Mental Health Act making up 22% of this cohort.[7] The prevalence and experience of mental health and wellbeing problems remains a significant concern for BAME communities and young people.

When we consider that...

50%+
of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by 18,[8] and...

60-70%
of children and young people who have experienced clinically significant difficulties have not had appropriate interventions at a sufficiently early age.[9]

It is not difficult to comprehend how the additional negative perceptions in BAME communities, explored in this research, only serve to further compound these challenges. However this also presents us with an opportunity. Education for young people at an early age could counteract these burgeoning negative perceptions, improve their mind health awareness, and increase the voluntary take up of support/intervention during the critical phase, if the early signs of difficulties begin to present themselves. There is much evidence to indicate catching young people at this earlier stage has more favourable outcomes when compared to those receiving no interventions at all. There is the possibility of the additional benefits of reducing the no to low engagement in this group, but also a potential reduction in the historical cycle of over-representation from BAME communities in adult mental health services.

Related to this, and an integral feature of this study suggest that it is the negative perceptions of mental health and mental illness within BAME communities that may influence how young people respond and ‘seek out’ help and support.

The following will briefly revisit the central themes of this debate in relation to young Black men. >

> MENTAL HEALTH: DISPROPORTIONALITY AND DIFFERENTIAL TREATMENT?[10]

A review of research relating to mental health, wellbeing and mental illness suggests that black people are over-represented in mental health and wellbeing figures.[11] However, this disparity continues despite the acknowledgment of this problem within a series of government and academic publications.[12]

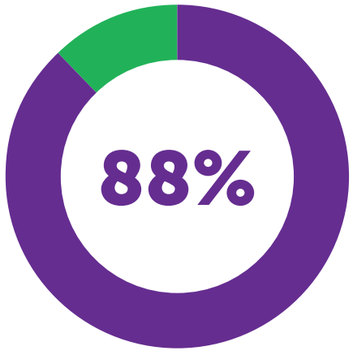
The proportion of black mental health patients is three times their proportions in the general population of England and Wales. Further, detention rates under the Mental Health Act (1983) are six percentage points lower for the white mental health patient population. Yet alarmingly, the figure is 32% higher for the black population and 24% higher for 'multiple heritage white and black Caribbean patients.[13]

Further we know that **inpatient admission rates to hospital are three times higher for Black (and mixed white/black) groups** when compared to their white counterparts.

However, it is important to recognise that the above information presents a generic view accorded to BAME people. Equally, experiences of mental health services vary within the BAME cohort. Therefore, where we begin to examine BAME figures in more detail there emerges further complexity where over-representation and differential treatment differs between Asian mental health patients when compared to their Black counterparts. For example, the proportions of Asian mental health patients under-represents their numbers within the general population whereby there is an over-representation of Black people. As such, from this point on, disproportionality and differential treatment will be considered for the Black group, rather than the omnibus BAME classification.

There is evidence that Black people are less likely to be referred to mental health services through a GP or community Mental Health teams. Conversely, this finding reverses where Black people are more likely referred to or access mental health services through Criminal Justice routes. In terms of the more onerous features of Black mental health supervision, Black people are more likely to be subject to Community Treatment Orders (CTOs) which can place restrictions upon where individuals live and/or place restrictions on where individuals can go. Non-compliance of the CTO can result in individuals being (re)detained under the Mental Health legislation. Further, once Black people encounter mental health services they are more likely to report negative experiences of treatment when compared to their white counterparts.

A 2006 survey conducted by *Rethink* found that...



88% of Black respondents did not agree with their diagnosis compared with 14% of white respondents;

... and that 44% of black respondents were unhappy with the care they received compared with 20% of white respondents. The survey also found that black people are 40% more likely to be turned away than white people when 'asking for help'. Further negative experiences emerge relating to decisions around the modality of treatment, levels and types of medication and again the use of more punitive restrictions.[14]

Information also suggest that Black people are increasingly more likely to be subject to higher admission rates and have on average a longer stay in hospitals. Seclusion rates were higher for Black patients with an increased likelihood of being 'detained' on medium or high secure wards.[15]

That Black people are less likely to receive 'non-coercive' treatments and to receive higher doses of medication further contributes to higher levels of dissatisfaction for Black mental health patients when compared to their white counterparts. In understanding the persistence and prevalence of differential treatment and broader disproportionality, there is an urgent need to consider whether young Black people are more 'at risk' of experiencing mental health and wellbeing problems in comparison to other ethnic groups. If the negative experience of mental health and wellbeing is similar for all groups irrespective of ethnicity, then there is a clear need to examine the impact of organisational and institutional processes, through which individuals are assessed and managed experiencing mentally health and wellbeing problems. >

Black people are **40%** more likely to be turned away than white people when asking for help from mental health services.

'Black people are more likely to be forcibly treated and detained'

(Ndegwa)

> WHAT ARE THE IMPACTS OF NEGATIVE EXPERIENCES ON COMMUNITIES AND YOUNG PEOPLE?

Arguably, the focus upon the monitoring of throughputs in mental health services serves to conceal how young people perceive mental health and wellbeing. Therefore in developing a more sociological consideration of mental health, this report will now consider how individuals and communities understand mental health problems. Writing in (2010), *Ndegwa* raised concern with the 'problems' in mental health treatment which contributed to negative experiences of people from BAME people *(Ndegwa 2010:223)*.[16]

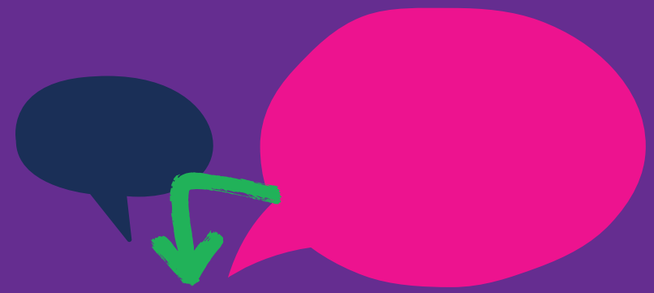
These experiences were characterised as black people having a 'fear of engagement with mental health services and as such were driven by a view that...

'if they engaged that they will be locked up for a very long time, if not for life, and treated with medication that may eventually kill them'.

Ndegwa goes on to develop a perspective that black people were 'less likely to access mental health services early enough', were 'more likely to be forcibly treated and detained' and 'more likely to be given medication and electroconvulsive therapy than psychological therapies'. Further, black people are at greater risk of coercive care, of admission or transfer to a secure unit, that they are more likely to spend more time in hospital and are less likely to have their social care needs met. Echoing these themes, findings from the 2008 *'count me in'* survey indicates that compulsory admission rates, admission from the criminal justice system, the number of black people placed upon 'hospital order' or a 'restriction order', control, restraint and seclusion incidents remained higher for Black people. Taken together, there is a clear view that the perception of interventions for mental health problems for black people is largely (and justifiably) negative. Of more concern, such negatively held views (and their potential transmission within communities) may influence how younger black people interact with mental health and wellbeing problems and in turn how they will 'seek help' when faced with such problems.

Research undertaken by the *Institute of Psychiatry, Kings College London* found that despite overall improvements in people's attitudes to mental illness, this improvement was not realised by Black, Asian groups. Therefore, attitudes for Asians were reported as 20.5% lower than the white respondents, 18.4% for Black respondents and 15.9%, lower for the 'Other' group. This finding suggests that there continues to exist a more negative construct in Asian and Black communities, which maintains negative attitudes of people who experience mental health problems.[17]

A central line of inquiry for this study then is to excavate the constructs and perceptions of young people around mental health, through which to understand the barriers that may stop them from accessing mental health services. To this end, it is necessary to consider the interaction of community perceptions, popular beliefs and the (social) constructions of mental health problems for young black people. Although an under-researched area, the notion of a stigmatising effect of mental illness was developed by *Arthur and Whitley (2010)*.[18] The study adopts a social psychological model to examine the stigma of mental illness in Jamaica. For them, understanding mental health problems needs to be understood within the cultural and social contexts.



Therefore, in order to identify the perceptions of mental health, our research approach embraced this perspective by centralising young black people at the heart of the research study by adopting the following:

1. A community definition of stigma to ensure definitions are grounded in the social and cultural context of the young people.
2. A consideration of community (emotional) responses towards sufferers of mental health.
3. A focus upon the behavioural responses towards those with mental health/illness – emerging as avoidance and negative treatment by community members.
4. Young black men's perceptions about mental health, mental illness and wellbeing.

Within this context then, the authors define stigma as an 'abnormality or deviance worthy of shame, fear and social isolation' *(Goffman 1957)*.[19]

Based upon a number of interrelated components Arthur and Whitley found that the labelling by the community/ society to those behaviours (culturally and socially) associated with mental illness was predominantly negative. This contributes to the existence of negative stereotyped attributes that become associated with the effects of mental illness and becomes central to the delineation of 'them' and 'us'. In addition, they recognise that community constructs of mental health and illness are prejudiced and inform what it means to be 'mentally ill' and what it means to be 'mad'. For example, those ascribed 'mad status' are constructed as 'dangerous' and 'less susceptible to treatment' or change. Importantly, how such themes are transmitted across the community is an additionally important question for our research purpose.

Further, stigmatisation may result in mental health 'sufferers' becoming viewed as 'non-entities' in the eyes of many community members, potentially robbing them of any power to control the circumstances in which they live'. In developing an understanding of young people's perceptions and understanding of mental health, wellbeing and mental illness, it is crucial to attempt to identify the extent to which such stigma is associated with mental ill-health for young black men. Such an approach will offer a valuable lens through which...

... to understand the barriers to positive help-seeking behaviours for young people who may experience mental health problems.

Crucially and for the purpose of this research study, the concept of stigmatisation, perceptions of dangerousness, 'madness' and mental illness can all be used to inform our understanding of young people's perceptions to inform the development of culturally appropriate interventions and to inform 'anti-stigma' campaigns and approaches.

METHODOLOGY

With regard to the studies referred to in this report, much research concerned with BAME people and mental health are often concerned with the quantification of the onset, prevalence and persistence of mental health within specific communities.

As a result, individuals who may experience mental health problems or interact with mental health services are simply presented as 'textual objects' for counting and measurement, rather than subjects whose views can illuminate our understanding of the experience of mental health and wellbeing problems and the barriers to engaging and accessing treatments.

Moreover, concentrating research effort on those individuals who have previously or who currently engaged with mental health treatment services becomes a less worthwhile process insofar as this cohort have previously accessed services. As such, understanding young people's perceptions of mental health dictates a wider qualitative approach, which engages with young black people despite their mental health or treatment status.

PEER RESEARCHERS AND TRAINING

Exploring the perceptions of mental health problems required a research approach which afforded young people a safe space within which to explore their understanding and perceptions of mental health and mental wellbeing.

Crucially, the research approach forces the researchers to take a 'non-judgemental' and sensitive approach, alongside an informed awareness of the stigmatised views of mental health problems. It is within this context that the study embraced a peer researcher model. Taken together...

... 26 young people were trained as peer researchers for the We Tell You project.

The core principles of peer research dictates that the central stages of the research process from research design through to data collection, data analysis and dissemination is executed by researchers who possess key characteristics of the research group under investigation.

For the 'We Tell You' project then, peer researchers were young black people, who resided in the Manchester area who have a personal experience of mental health and wellbeing issues.

In order to support the research process, peer researchers underwent a structured training programme which included introduction to social research and research methodology sessions, Mental Health Awareness training and Personal Development training. Peer researchers were also subject to regular supervision and appraisal to develop the skills, qualities and resilience necessary to complete the project.

RESEARCH AIMS

The central questions for the study were as follows.

1. What are the attitudes and perceptions of mental health and illness currently held by young Black men in Manchester?
2. How do such perceptions and attitudes interact with young people's responses to their personal experiences of mental health and wellbeing (to include stress, anxiety, etc.) endured either by themselves, significant others or wider community members?
3. What (personal, 'cultural' or community) barriers inhibit appropriate help-seeking responses to mental illness?
4. What are the contemporary 'help-seeking' behaviours of young black men who experience mental health problems?
5. What are the treatment/intervention experiences of young black men who may have experience of mental health services?

METHODS

In order to meet the above aims the study adopted a qualitative approach, generating data through group and one-to-one interviews.

Collectively, peer-researchers designed and developed a ten-point interview schedule to ensure consistency and reliability in the data-gathering phase of the study.

Young people were recruited through local organisations including, youth centres, church/religious groups, educational institutions and criminal justice agencies operated within the Manchester area.

A minimum of two peer researchers facilitated each group interview as a strategy to both facilitate and generate good data and to ensure an accurate reflection and recording of the group interviews.

From the outset, peer-researchers were keen to facilitate a 'conversation' with participants to allow for an open and non-judgemental discussion. All interviews (both group and one-to-one) were digitally recorded and transcribed. All research participants were required to sign ethical consent forms prior to focus groups and interviews.

FINDINGS

Taken together 78 young men were engaged as part of the ‘We Tell You’ research.

Respondents were identified across the City of Manchester, but were predominantly drawn from the Central and South areas of the City. Respondents varied in age, between 14 and 24 years of age.

The following findings will be organised around a number of core themes:

1. The findings will relate to the perceptions held and understandings of mental health, wellbeing and mental illness

2. Secondly and of particular relevance to this study, the research will explore those barriers which inhibit the pro-social and informed engagement of young people who may experience mental health and wellbeing problems

3. Finally, the research findings will inform the development of interventions that improve access to mental health and wellbeing services

PERCEPTIONS OF PEOPLE WITH MENTAL HEALTH AND WELL-BEING PROBLEMS

A central line of inquiry concerned respondent’s views, understandings and perceptions of mental health. To this end, group and one-to-one interviews commenced with an exploration of the ‘words’ and ‘views’ aroused by the terms “mental illness” and “mental health”. The word cloud (figure 1) offers a visual representation of the most commonly cited words that emerged from group discussions.

The language used was overwhelmingly negative, with corresponding views that people with mental health problems were “aggressive”, “crazy”, “mad” and “retards”. Alongside such language, was inference to specific mental illnesses such as, “Schizophrenia”, “Psychopathy”, “Depression” and “Stress”. Also emerging were a series of characteristics commonly (mis) associated to people who experience mental health problems. So, respondents spoke of individuals who are “not normal”, those people who are “sad”, alongside people who displayed “suspicious”, “weird” or displaying “eccentric” behaviours or as having a “short fuse”.

Significantly, the popularised construct of people who experience mental health or wellbeing problems as being “angry”, “frustrated”, “hot headed”, “nasty” emerged, serving to reinforce the commonly held view that people with mental health and wellbeing problems exhibit or present a ‘risk’ of harm to members of the public. However, whilst responses pointed towards an assumption of violence, aggression or aggressive behaviours, there were also a number of respondents who referenced highly offensive terms. So the notion of ‘retards’ or ‘mad’ were aroused. It is noteworthy that such terms were in the main displayed by younger members of the group interviews.

Whilst the language and constructs cited above are predominantly negative...

...there also emerged a compassion and sympathy towards people who may experience such problems.

Figure 1:
Word cloud represents young black men’s collective perceptions about people with mental health problems.

People always think mental health is something like you're born with, but some people develop mental health because they grow up like the, kind of, people they are around, things they see and the way people treat them.

"You could, like, when from primary school to high school you might be getting bullied and you might stay away from people and then that [could] cause you to self-harm, [get] angry, they get quite stressed, depressed at little things. So it's something that could have developed over a long period of time."

"[I] think with looking at males as well and then black males when it comes to mental health issues I think there's many blacks probably that have mental health issues, and a lot of people don't know because they'll just have to...they're seen as the male, sort of, dominant one, they're the ones that have to look after the family. They've just got to crack on with things basically. But then that's not the best thing to do, just crack on with things, it's important to talk about it because if you look at statistics male suicide is a lot higher. You know, it's inside statistics and things like depression and mental health issues probably cause men to commit suicide because they don't talk, so it's important to talk about feelings and where you at or worried."

This disclosure signifies an understanding of wider environmental factors, which may bear down upon young men facilitating the onset of wellbeing and mental health problems. Moreover, there also emerged a clear understanding which challenged the assumption that mental health problems are something which the individual is born with. In noting the articulation of societal and environmental factors, group respondents were also keen to stress the role of popular media constructs in informing our perceptions and (mis) understandings of mental health and mental illness.

"Yeah...mental health people are portrayed [in films] as crazy and people with severe problems and things like that, but without really understanding what they're going through."

As will be highlighted later, everyday constructions and understandings of people who endure mental health problems were presented in the media as 'textual objects' that is, as stereotypical and simplistically portrayed outside of any context and reality of their everyday experience. As such, the above views are informed by a media which becomes consumed daily by the young people involved in this study. It is noticeable that the range of mental health issues on the continuum from moderate to severe are not reflected in the young men's feedback. There is a tendency for their perceptions of mental health to be representative of the more severe or extreme examples. Significantly then, what emerges is a 'reflection' of how young people's understanding of mental health problems, mental illness and wellbeing problems are developed as an integral part of their everyday experiences and encounters.

"I've seen this guy in Old Trafford, one guy in Old Trafford and he's, a Rasta guy, and he gets on the tram and he's always talking, talking to himself."

"Yeah, sometimes you can't because people react differently as well, they're not all the same. Like for example, I've seen some crazy people who they [are] just continuously outside or continuously walking. Most of them do the same thing every day. [I] know someone who, just goes to Asda, don't even do no shopping, but just walks around Asda."

"I have seen that before, there is a guy on Wilmslow Road who sits in a café and speaks to himself all the time."

The specific reference to people who live within the local areas of respondents, signals a critical starting point through which young people develop an understanding of those people who they consider to be experiencing mental illness or mental health problems.

Such 'encounters' take place on the way to school or college, to the shops, youth centres, and the many other places where young people frequent.

As such, whilst the idea of mental health problems within black communities is often presented as a 'hidden' or a concealed problem, in reality, young people recognised and acknowledged the many problems commonly attributed to mental health and wellbeing on a daily basis.

Again, the reference to "crazy people" reaffirms the perceptions of young people who contributed to this study.>

> In addition, and also reflected upon by group interviewees, young people disclosed 'stories' and at times 'myths' of people who they knew to have experienced such problems, offering explanations and 'analysis' of the factors that lead to the onset of such problems.

"I think it's how you grow up, like, instances in your life, like if as a child you're dropped maybe on your head you might get internal bleeding in your head, which could lead to mental illness. Yeah, so actually a smacked head... Yeah, brain trauma yeah, which could lead to mental illnesses in the future."

"I think different environmental factors are involved like when people have mental health issues, like the things that they're around, the things they associate with and the people they associate with and what they do when they're at home. I think it's mostly... it's caused by domestic life and just how ...who get let down from loads of people."

"I think the use of drugs will actually cause mental health as well. [They] could be really, really normal, but once they start using drugs you affect the brain and there are some people that actually told me."

"Any specific drugs?"[20]

"The controlled drugs, cocaine, heroin, you know, things like that who actually bring mental health problems."

"I said smoking because some people think that when you smoke...when they're really angry or frustrated they think that smoking will calm them down and everything, which affect[s] the brain, how they're thinking."

"Yeah, it's, like, if your brain is not fully developed, yeah and just, say, for example, start smoking weed from 13 [years of age] and that you're a heavy smoker and stuff like that then you become paranoid."

Similarly,

"Sometimes it can be down to the individual though, for example... [L]ike the individual could bring problems upon themselves, there's probably many people out there that just looked at themselves in a morning when they wake up and just automatically think they're ugly and no matter what or how many people tell them "you're beautiful" or "you're nice". It depends on how you're feeling inside and you're not in control of your own emotions. Like they say, you know, you should love yourself and all that so you've got to control your [emotions]"

"It depends on your mind-set; if you think it's permanent then it's going to be permanent because you're going to be thinking that way, but if you think you can be rid of it you can get through it."

"How...what you see when you're... in life, like, a soldier who's at war, he sees people getting killed there every day, they could get post-traumatic stress disorder or they could start waking up in the middle of the night seeing war images. Or if you're drawn in gangsters lifestyle you might start seeing this...see all this sort of stuff, you're involved in all this sort of stuff, so that could lead to the development of a mental health problem."

"I've four mates that go to school with me; all of them turn mad now. One of them [his] dad died, turned mad. One of them is always in his house, don't know why... [O]ne day I see him looking like a blowfish; I say, 'What's wrong with you? What happened to you?'

He said,

'Just being quiet. I said, 'Talk man, you're not like that.' He said, 'Nothing wrong, nothing wrong, I'm alright, don't want any help."

He continues,

"[S]o then, he's another guy. I can't remember now, he turned more different, I don't know, I just...because I went out of town and I come back and I find all of my mates have turned mad, but two of them I know. [O]ne of them [his] dad died and one just in his house the entire time bunnin weed as well and that."

A recognition of the ways in which environmental, social and personal experiences can affect mental health and wellbeing is detected within the above quotes.

For example, the earlier references to "drug use" as having an effect on the mental health, are valuable for demonstrating an awareness amongst some young men of the possible negative impact of cannabis, when used as a method of mood regulation, and these views run concurrent with popular discourse and concerns about the effects of cannabis use in adolescence.

Yet whilst respondents come across as sensitive to personal problems, the quotes contain a sense of 'fear' and caution of approaching or interacting with people who were thought to present with such problems.

Intrinsic to young people's understanding of what mental health, wellbeing and mental illness is, is:

1. The appearance and presentation of such people in their daily lives
2. The many and varied negative media constructs they experience
3. The 'stories' which are developed and retold to explain the behaviours of those individuals who are encountered within their communities

"I think different environmental factors are involved like when people have mental health issues, like the things that they're around, the things they associate with and the people they associate with and what they do when they're at home."

"I think it's mostly... it's caused by domestic life and just how... who get let down from loads of people."

Finally, the pressures of schooling and education were raised as potentially facilitating the onset of mental health and wellbeing problems.

"I think it was maybe perhaps the pressure of A-levels, it was quite a big leap actually from GCSE's to A levels the first year of college. The work is more demanding even though it's one year up it was quite a big change. So stress involved [in] that; the coping with the work I think maybe contributed to how I felt."

"It's things like anxiety that...impatience leading into more anxiety, particularly during, like, college years because you're in college and then you're trying to get a qualification, you have to think about getting a job and what's that going to be like. And that added to, like, every day feeling like some sort of battle to get through each day."

"A-levels that I was doing and life at that point felt very...it felt like a challenge to get through each day, it felt like a really huge, huge hurdle to get over."

Whilst the above explanations on the causes of mental health and mental illness are wide ranging and incorporate factors associated to the individual, they also point towards a series of factors related to the environment.

For example, the young people related Post-Traumatic Stress Disorder (PTSD), with war veterans, and people involved with 'gangs', or experienced by those who had witnessed gang-enabled youth violence. None of the participants had been in the armed forces, so this insight may reflect absorption of information about combat related PTSD in the national media. The comparison with youth violence, also reflects an understanding of the detrimental effects on an individual's mental health from experiencing or merely witnessing violence.

Young people also presented explanations for mental health as driven by educational and/or everyday "stress", "family relationships", "love", "depression" and bereavement. Moreover, group interviews also involved discussions and appreciation of broader community and societal problems. There is then a recognition of a plethora of circumstances that are endured by young black people.

However, there is a contradiction between low participation rates with mental health services and the understanding of mental health and wellbeing problems from respondents. As such, it was necessary to consider barriers that may inhibit or stop young people accessing treatment.

> In my school they just... people with mental illness, seem just not to be liked; it's not the fact that they have the mental illness, it's things they do."

BARRIERS: STIGMA

Whilst the above has concentrated on the constructions, perceptions and understandings of mental health, wellbeing and mental illness held by young black men and how such ideas are transmitted across communities, what also emerges is a powerful stigma attached to those people who are thought to experience mental health problems. As part of the study, we were concerned to explore the ways in which people with mental health and wellbeing problems are discriminated against as a way of understanding the barriers to participation.

There is evidently a "suspicion", "fear" and threat attributed to people with mental health problems at those behaviours deemed as uncharacteristic or "not normal".

"I think that sometimes people are scared of them because some people get easily angry and, like, out of nowhere they just flip so I don't... They must feel alone because people don't want to approach them sometimes because they don't know...they don't want to either offend and they don't know what's going off in their head sometimes."

As considered within the introduction to this report, the stigma of mental illness and mental health problems may inform when and how young people may respond to their own feelings of poor mental health. More widely, there was a view that people with mental health problems were not treated in the same way as people who experienced physical illness.

"I don't think they are treated as well as where people, like say, someone has cancer. And they're just going to feel sorry for them, but someone has mental health issues... People want to stay away and stuff. Yeah they feel sorry for them. Stay away from them. Stay away from them, okay. So someone with cancer you feel sorry, but if they've got mental health issues stay away? They're the dangerous people. They're dangerous people."

There was a sense that such people were discriminated against and would therefore be treated less favourably. Again, the attribution of the stigmatic label emerges as significant to the young people engaged with this study. The idea of creating a distance as a way to "stay away" for 'them' is critical.

"I think people have that stigma that, kind of, drives them to push them away, so they don't tend to try to communicate with them, they just tell them to 'go away' or they don't get them involved and then they treat them differently as opposed to somebody that's normal."

Here, there emerges an acknowledgement of the stigmatisation of mental health. There is a discourse which both recognises the stigmatised views of people with mental health and secondly a strategy of ' distanciation' where...

... individuals devise ways in which to avoid or create distance between themselves and the carrier of the stigma.

Goffman 1958

Consequently, the young people acknowledge how (and why) stigma affects those defined as posing 'risks'. "Oh, they're crazy, you want to stay away from them" along with "people don't want to approach them". The earlier quote of "feeling alone" is poignant here. Young people then, were able to empathise with those people who are so stigmatised. Yet of importance to this study, and a central question of concern is 'how does the stigma of mental health and mental illness impact the (pro-social) help-seeking behaviours of young black men?

"So like I said the media do play a big part in mental health, people with mental health issues/problems are seen as being crazy and whatnot in the media and that's going to put people off. Whereas, like I said [in] schools, hospitals, youth clubs, the media it's change[d], has just been a thing that everyone goes through and it's not always a negative and there's always help there if people would be more open about it and willing to get help."

Despite the above sense of changes in society's attitudes and understanding of mental health problems through a series of organisations and institutions, the critical role played by the media in communicating negative views of people with mental health problems appear to persist in society. As a result...

... stigma acts as a 'barrier to participation' ...

with potentially problematic consequences. So in response to a question relating to how the young people would respond if they were experiencing mental health problems, the following emerged.

"Me personally, I wouldn't be...I'll chat to...no, I wouldn't really go to anyone. I wouldn't talk about it strongly, no. I'd just wait until it gets better and I would just keep it to myself. I wouldn't, like, really engage with anyone, I'd just keep it to myself and hope it gets better."

Also,

"You can't trust no one."

"I'm not really sure how you would tell someone that you've got a mental illness; I don't know how I would go about it or something. If I just started feeling happy and then really sad, if I had bipolar, I thought I did, I don't know how I would tell someone that. I would find it difficult to tell someone, 'Oh, I think I might have bipolar disorder', because...

I'd feel that they might see me differently so I wouldn't want to risk that...

... so I would probably just keep it to myself, if I'm being honest."

"Because some young people might not like it that they're called someone that is special needs or something. It's like underneath it's a word of, like, bad connotations with it, so not many people want to be associated with that."

"I've noticed that people that have certain mental health issues, they're only like it when people say it to them or when it gets taken further. Like, if you start referring them to specialists and stuff they might get more... it might get worse. Because they won't...It might seem as if...your mate, because no one really wants to be singled out from people, so if somebody has a mental issue then they might not feel, you know..."

"Like, you get all these labels in this country, all these labels, ADHD, this and that, so depression is another word that's just thrown out there; that's the mentality that I think a lot of black people have on depression, it's a white man's illness. So when they are suffering from it they are in denial about it, they don't want to admit it because to them it's weak; you know what I mean?...[E]ven talking about it now I feel weak. That's the truth, I feel like I'm being weak, I'm being soft... I can only speak for myself isn't it? I can't really speak for no one else but I think it is the stigma attached to it from your peers."

There is a dearth of research to inform of the personal, social and/or cultural factors that results in reduced rates of access, 'take up' and engagement with mental health services for young black men. In addition, recent evidence again reaffirms that young black men are increasingly more likely to access treatment(s) through coercive, criminalised means and at a point of crisis. Significantly then, the above provides a crucial insight into the barriers and rationale that may further our understanding of low access rates. "No one wants to be singled out" is indicative of the fear of being stigmatised as having a mental health/ wellbeing problem. Yet added to this disclosure is a sense that engaging with treatment services are potentially ineffective and may make things "worse". The negative connotations attributed and associated with mental health/wellbeing problems come to the fore where you do not want to be "associated with that". One respondent highlights the difficulties of responding to the problem early on, he says he would "do nothing", he wouldn't talk to anyone about it and then "hope it gets better by itself". Intrinsic to the above ideas is a reoccurring sense that you "can't trust no-one". The stigma of mental health/wellbeing serves to prevent and/or inhibit the pro-social help-seeking behaviour of young black men.

Moreover, young people involved with this study introduced the broader relevance of, negative societal constructs of 'blackness' they perceive in their external environment, which feeds into the creation of some internal negative constructions, about themselves; and their identity as young black men. Racialisation, refers to the stereotypical attribution of negative characteristics and traits, to a particular racialised group *(Phillips 2011)*. As will become evident, this process of racialisation influenced by these two integral factors, formulates a real world view in the minds and experience of young black men, serving to inhibit the help-seeking behaviour.

BARRIERS: RACISM(S) AND RACIALISATION

"Also seen as being black, as soon as...I don't know, like, the media are so quick to say they've got mental health...not say they've got mental health problems. [Y]eah I think black people get treated worse when they have mental health issues compared to people who are white with the treatments and what not."

"When it's a black person with a mental health issue they're crazy, when it's a white person they're depressed and there's, kind of, things going on. For example, when there was a shooting in America and that young boy that shot people in the church, the way the police went to his house and arrested him and they were saying, "Oh, he's got mental health issues and he needs help," and stuff like that. That is, if it was someone from a different race it would have been totally different."

"Yeah because if you think about it, every race has their stereotypes, for example, Muslims are all one race, black people look like big gangsters and they've got... [T]he only reason...stereotypes and white people are, like, the government and everything. So if they want something to go their way and help their race they automatically change the rules or modify them so that it could [benefit] the white people."

"White people, I think they do have stereotypes, but it's not a negative one, which all of the [other] races have. Stereotype for white people is working class. [i]t's black, like he said, gangsters, black or it's Muslims, the media portray all Muslims to be terrorist when they're not."

"Although I do think blacks are discriminated against when it comes to mental health; as a black community I don't think [we] help each other enough. How's that? Might just say, 'Oh, they're crazy, you want to stay away from them.' So if you and people want to stay away from them and you don't want to go give them help, why is anyone else going to treat them like that then. We have to help those at home first."

Through a series of media encounters, there is a collective sense that black people who present with mental health/wellbeing problems will be treated negatively when compared to their white counterparts. This is perceived and experienced as being due to racialised constructs and "stereotypes" attributed to black people as 'gang-involved', "violent" or "crazy" or Muslim people constructed as 'terrorist' "which they are not". The above disclosures then speak to discrimination "they [black people] are treated differently" receiving a different response from mental health services and organisations when compared to their white counterparts. At this point, it is again important to reflect that the above narratives and disclosures are premised upon the young people's perceptions, driven by their beliefs and understanding developing from popular media and the stories and narratives encountered within their communities. As such, for our respondents young black men are dissuaded from engaging in mental health and wellbeing services due to a perceived (and actual) sense that they will be treated differently because they are black. Such views are significantly likely to influence the 'help-seeking' behaviours of young black men away from mental health services and interventions. [Bold represents interviewer(s) speaking].

"I think sometimes it might be, like, the opinion of them [practitioners] though; when you come in you may feel like they just think, "Oh yeah, he's on drugs or crime, violence." So you feel... You feel that, or you think it? Yeah you think it sometimes, when you feel like that's what they're thinking about you, that, kind of, affects... makes you feel a bit down. Yeah. And you think that's all they think about you. So in a way, you think there could be a stereotype that the person has?... Yeah. Who you're going to see to get support from? Yeah. You could be the completely opposite, but just being black sometimes gives them that thought. Right, so you already, even have that thought in your head before you go there? Okay, well, how does that affect whether you go or not or what you do or not? I think if you really need it you'll still go, but if you're on edge it may stop you from going. If you feel like different stereotypes concerning black men, kind of, affects your behaviour towards different things. So you might go and if they start speaking to you in a way that you think stereotypical or just closes you out or pushes you away, you tend to be more like wild and kept away and, like, "Oh, nobody can help me. Nobody can assist me. When you say, 'If they speak to you in a way that's stereotypical', what would that look like, what's stereotypical? It's like they look down on you and they're condescending towards you...[W]hen they speak to you they speak to you like, yeah, they patronise you. When they speak to you they speak to you in a way that this gets the point across... it's hard to explain it.

"It's, kind of, if you want to go to a certain place and then you see, like, you're the only black person there and it's a bit awkward because sometimes they just stop and look at you because you're black."

"I think that a person's mind-set as well as others affects the way they behave and how open they are to doing different things. If you have the stereotype like when people are always condescending towards black people or patronise them, you believe them so it's your mindset acts as a barrier. Oh, right, so your own mindset? Yeah, your own mindset. Okay, so if you believe that people patronise you or condescend you, and you believe that, and you think that... Yeah. what happens then? It's affecting your behaviour and you tend not to be open with services and go towards services and access help from them. [S]o it just becomes a block in itself? Yeah."

"They're not going to go...instead of finding a solution they'll just probably put me in a mental institution. Right. Because there's the stigma about black people are just...feel so abandoned. [Y]eah, I think their excuse on black people getting help will only just make the problem worse. [L]ike, a white person with mental health problems, issues, whatever, if they went to get help, a doctor, the nurse would be more quick to try resolve things and get to the bottom of it and get them counselling and get them help. Whereas, a black person, like you [another group respondent] said, just put them in the mental institution and when you're around lots of more people it's just going to make it worse, so that will put you off."

"There's more with that, you can't [unclear] hard to pinpoint things, but, I think that it's a broad topic, but I think with looking at males as well and then black males, when it comes to mental health issues I think there's many blacks probably that have mental health issues"

Together, there is complexity within the above disclosures. The articulation that "they'll just put me in a mental institution" speaks to the enduring nature of the stigma of mental health interventions alongside stereotypical constructs of black people and their encounters with mental health services. Yet, as one young man disclosed, to resist engagement, increases the likelihood of hospitalisation and more coercive forms of intervention (EHRC 2016). However, it is also a "mind-set". The respondent is acknowledging the impact of stigma on the attitudes and behaviours of young black men who become reticent about accessing services. Moreover, racialised representations of young black men come to the forefront of explanations as to the low access rates and help seeking. There is a fear alongside a sense of unknowing which emerges as a barrier for young black men. Yet, here, there is the possibility that where mental health services understand the above issues and tailor interventions to be cognisant of the above views and perceptions may reduce those barriers that inhibit pro-social help-seeking behaviours and engagement.

How would you respond to a mental health problem?

The remainder of the findings section will concentrate upon 'what interventions should look like' to increase participation rates and the uptake of mental health/wellbeing services.

1. Young people were asked to reflect upon how they would currently respond to the onset of mental health/wellbeing problems.

2. There was a need to explore the contemporary help-seeking behaviours for those who contributed to this research study.

3. We asked the interview respondents to consider, what mental health/wellbeing services should look like in order to facilitate their engagement.

"I think the best thing to do is to speak to a teacher or someone that is more experienced, [that] will speak to the parent and from there they could take it or maybe give him a referral to the GP or refer him to a specialist really."

"Talks like this [group interview], one to ones with youth workers".

"You could speak to your parents like they... because your parents know you best so they would be able to get stuff that make you feel better and make you do...stuff."

"If a close friend of mine, I saw them developing mental health issues I would probably go speak to their parents about it to ask them if there was anything I could do to help. Or if there's...If they didn't know about it I'd tell them about it, about the signs that I've seen and if there is anything I could do to help them. Because obviously if it's my close friend I would care about them and about their wellbeing and I would want to see them better and so would their parents. So we share common ground with that. So we would want to help each other to help the person and then take it up with someone who knows what they're talking about. So maybe...I don't know, I actually don't know who I would speak to, but I'd just probably go to a doctor or somebody, but I don't know who the specialists are in mental health, to be honest, yeah."

"I would talk to my parents because they're really close to me as well and maybe my older sister, just... so a member of my family who know me well and who will be able to help me."

"Like someone you're very close with like your brother, your older brother, I'd say somebody that's really close to you that you can talk to and that can give you advice, your mother, brother, a very close friend of yours or know them quite well you might go...anyone else that you might be close with."

> Seeking help means that you have accepted it.... when you don't accept something you don't seek help for it. **So until you've accepted it you won't seek help.**"

In the main, young people who responded to this question were concerned with identifying a particular individual who they could approach if they or a "close friend" experienced mental health/ wellbeing problems.

Appropriate individuals were "parents", a "teacher" an older sibling or a very close friend, someone you "know quite well". Being close to someone, someone you can "trust" emerges as central for respondents. The idea of having some "common ground" with the person was also raised reinforcing the view that practitioners or support organisations should offer an empathetic and supportive approach. Alternatively, some respondents have less traditional supporting strategies, which they accessed, such as a "youth counsellor" who was a dedicated feature of the church that they attended.

Whilst above we have already noted the barriers that may prevent young people accessing support, there also emerged a tension where one young person felt it may be difficult to recognise the "signs" of an emerging mental health/wellbeing problem. In this regard, "identifying the problem" that is understanding how mental health/wellbeing problems manifest is a necessary prior to thinking how to respond to such problems.

"Sometimes I think it's quite hard to tell because I had a friend who had depression for ages and I was friends with them and it's only when they told me that they had it that I noticed. I would not have noticed if they hadn't told me. So identifying is a problem? Yeah, because sometimes it's not obvious, they're not fainting or anything, they do act normally. Sometimes it's behind closed doors, like at home, so we don't know really."

In responding to the onset of mental health/ wellbeing problems, there was a need to be able to recognise the onset of problems and then be able to articulate what were 'go-to' sources of information; their responses are captured below.

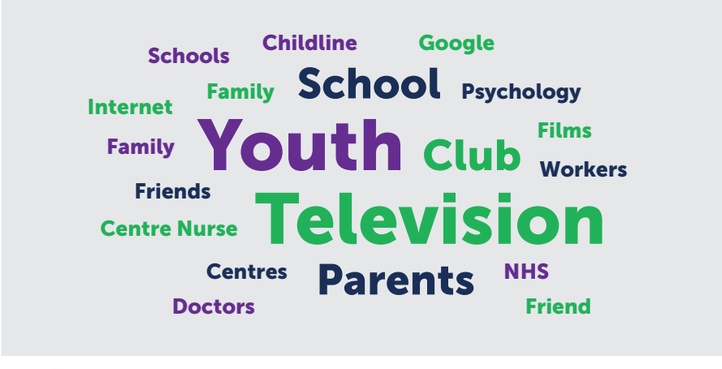


Figure 2:
Word cloud young peoples 'go-to' sources of information

"Youth worker", relevant members of staff at "school" such as pastoral workers and again "parents" were important. However, added to this was "television" with particular reference made to the 'signposting' messages presented at the end of popular television soap operas which accompanied sensitive story lines. Furthermore, some young people referenced "films" as a source of information from which they could gain an understanding of mental and wellbeing problems. Added to this, Online and telephone sources such as "Google", the "internet", the "NHS helpline" and "ChildLine" were other avenues that could be utilised to gain information and understanding of matters relating to mental health/ wellbeing. Less frequently, yet still of relevance, young people referenced "doctor's" and "psychologists". These findings on the one hand suggest recognition of the availability of a plethora of sources and points of contact for young people who are seeking information and support, but must also raise the question of the reliability and accuracy of such information sources. For example, a simple google search of "Do I have a mental health problem?" returns over 12 million results.[21] In the absence of an informed filter or guidance, there is a risk that young people may self (mis)diagnose and thus exasperate the very same problems that they may face and seek to alleviate. Strikingly, one individual (cited above) highlighted what emerges as a critical issue in the development of help-seeking behaviours where individuals must firstly "accept" that there is a problem, which requires resolution.

In summary, it is evident that the information sources accessed by young people to facilitate understandings of mental health/wellbeing are multifaceted and wide ranging. Therefore, in developing intervention services for young people it is essential to embrace the broad spectrum of 'information points' to increase access and to ensure the provision of reliable and timely information to people who experience mental health and wellbeing problems.

WHAT SHOULD SUPPORT SERVICES LOOK LIKE?

In order to inform the central question of concern for this study, it was incumbent to explore with participants, what they considered the prerequisites of 'effective' interventions, which meet the needs, and requirements of young black men. To this end, group and one-to-one interviews considered the question:

'What should support services look like to facilitate access and engagement?'

A number of respondents who took part in this study had previously engaged in some of the interventions developed by 42nd Street as part of the wider '*We Tell You*' project. So, "talks like this" and "helping, talking to them, maybe taking them out somewhere or taking their mind off it" were raised as positive ways in which to respond to mental health and wellbeing concerns. Critically, group participants signified the importance of having somebody to "talk to". This emerged alongside the view that, interventions should be concerned with responding specifically to the (treatment) needs of young black people in an equitable manner. The notion of equality speaks to the aforementioned concerns and societal perceptions of black people, which led to being "treated differently" when they engage with mental health services.

> **"Yeah, so if you're feeling a little bit down you have someone you know you can go and talk to so you can relieve that because if you...if it pents up and pents up that could lead to a mental health issue in the future. But if you had someone to talk to and someone to...who cares about you and you just discuss issues you can release what you're feeling and it's easier in the long run."**

> **"The more I kept to myself in one place, the more I had more headaches, more stress, but when I started talking to people, chatting with other young people which is when I started realising I had my problems, but I found out some other young people have problems."**

> **"If they feel they're going to be listened to and professionally cared like others, like their opinions will be heard, will be...Basically they feel loved where they go and they're not treated differently, type of, it encourages them to go there and visit, go there."**

> **"Positive image, help out, that they'll be treated and just mental health in general."**

The sense of "feeling loved" and talking to someone "who cares about you" arose as being critical to young people as they experiences services. In addition it was felt that services should display a positive image to young men and reassure them that the focus (and treatment) of attention will be their "mental health" problems and not them as black men. Of interest, the suggestion of 'stories of success' as a way to reassure and increase participation seems pertinent..So,

> **"If the person genuinely wants to help him, like, have them overcome the problem, issues. See someone else as well, whether it's a family member, a celebrity what have you, if you've seen someone else that's had the same problem or issue as you and they've got good treatment and good health."**

> **"If they see the end result of other black people, see that it works on other people they might be encouraged to do it for themselves."**

The idea of promoting success, through stories and images of people who have experienced mental health problems and have received "good treatment" through to "good health" is of significance. Clearly, such an approach would challenge the stigma and 'barriers to participation' discussed earlier. In particular, such an approach would go some way toward countering the belief that 'things may get worse' if you access treatment or that they would just 'put you in a mental institution'. If then, young people can see that "it works" then they will be motivated to consider engagement with such services. Success stories and information of people who have accessed services would contribute to a process of normalising discussions of mental health and wellbeing for young black men. Such approaches would serve to counteract the powerful stigma attributed to mental health problems. In addition, respondents suggested that an increase in the visibility of black practitioners would be a positive feature of services, as this would arouse a "sense of belonging".

> **"I think where we have more black professionals involved in organisation it gives you the sense of belonging or I've got someone there that's going to listen to me that knows the way I feel... so when we have more black professionals involved in things I think it does help."**

This again relates to points made earlier where young people felt it was important that they were 'listened to' and that interventions are delivered in an empathetic, considerate and 'deracialised' manner.

The 'mode/type' of intervention was also mentioned as important in the development of services for young men. It was emphasised that interventions should include collective, group activities that are relaxing and supportive. Again, the interventions piloted as part of the wider 'We Tell You' project was referenced in favourable terms. The ideal of working through things "together" emerged time and time again.

> **"Doing the stuff with the person that has the stress. Because if the person [with] stress does it alone, it's a bit like half of them; so if you do it together it's a bit like both carrying the burden of what they're doing and also try and get the person to do something that is relaxing. Not something that's over work. If they're just work and work and working, but they've no enjoyment in life it's a bit unhealthy, kind of."**

> **"[I]t would have to be the choice of that person...of the individual. So maybe somewhere, like a starting point where they can choose. Where they have a set out list, you know, you can talk to someone here over the phone, you can go on this [app] lication that maybe helps you, lays it out in text form, seek these books or group sessions, maybe somewhere they can go to; make that decision themselves."**

> **"Positives would be getting support, being able to get through them and actually realising that you have a big crowd of people around you, you are not just on your own going through something and there are people who are there to help."**

In addition, young people suggested that mental health organisations should be more visible within the community.

> **"[T]hey need to be open, they need to be touching base with more communities and coming out instead of sticking in their particular area, like town or whatever. It needs to start coming out to certain areas and doing a lot more work with people. You know if they are really passionate about mental health with young people, they need to go out to the communities and doing work, not just sticking to the people that you have got on your books or the people that the doctors or the NHS are sending through to you. Get out in the community."**

In light of the negative constructs of mental health problems and wellbeing raised by the young people throughout this report there is evidence that services ought to be both reflective of the young people with whom they want to engage and similarly be visible within the community. In essence, mental health and wellbeing interventions should become an everyday, routinised and normalised feature in the (actual and virtual) communities and lives of young black men. This was articulated above through the idea of smart phone 'apps', text messaging, and the availability of a wide range of services, so young people have a choice of the type and mode of intervention, which they can access. Overwhelmingly, being able to access interventions that enabled young people to "talk" about mental health problems on a one-to-one basis and within groups were mentioned as a prerequisite of effective interventions. However ,, there was an emphasis on group approaches, similar to the group interviews within which young people were able to reflect upon such issues and disclose their views. Again, interventions developed, presented and discussed as an integral part of the We Tell You (WTY) project (Boxercise, Cooking, Gym, Art based, etc.) were regarded as valuable in both reducing the threshold of engagement with mental health issues, whilst circumventing the stigma attributed to mental health problems by enabling groups of young people to come together irrespective of mental health status.

DISCUSSION AND CONCLUSION

With regard to the experience of mental health and wellbeing, there is a discrepancy in the definitions, onset factors, and the availability of interventions for young black people.

Perceptions of mental health and wellbeing are driven by a stigma, which emerges as a powerful barrier that inhibits pro-social help-seeking engagement with mental health services in Manchester.

In light of the findings above, which suggest that black people are increasingly more likely to be subject to more onerous and coercive forms of mental health interventions it becomes essential that recruitment strategies to increase participation rates are readily available and are both virtually and physically accessible to young people to reduce these perennially enduring problems.

However, interventions must also be cognisant of the broader perception and beliefs of young black people particularly where there is an acute sense of racialisation, which the young people believed present negative constructs of young black people who experience mental health problems.

Such perceptions are supported by the empirical studies which were discussed at the outset of this report. Of importance then, whether such constructs are imagined or real, they serve to inhibit young black people from engaging with mental health and wellbeing services. At this point, it is necessary to resist placing responsibility of 'low participation rates' upon the young black men themselves. Such an approach would simply serve to allocate, incorrectly in our view, blame upon the help-seeking young person, rather than on the inadequacy of funding and configuration of contemporary mental health and wellbeing services, to respond to the contemporary help-seeking requirements of young black people.

The young people who contributed to this study perceived a disparity in the responses to and treatment of black people when compared to their white counterparts.

Critically, there was a reluctance to engage with services because young black people sought to resist the oft-cited stigma of being different, added to a fear of being singled-out and the sense that mental health services may make problems worse. In light of this, it is essential that 'friends and family' who young people "trust" to advise them of how to respond to mental health needs also know the availability and location of mental health and wellbeing services.

Moreover, mental health services should be located within the (everyday) places where young people frequent such as 'schools and colleges, youth clubs, on the internet and through (social) media'.

Young people recognise the need for a number of different services / intervention options, from which they can make an informed choice of services to meet their needs. Establishing a 'suite' of mental and wellbeing interventions and services should be considered, accompanied by 'evidence of success' as a strategy to both inform young people of impact and more importantly, to reassure young people of the potential of successful intervention outcomes. More controversially, mental health organisations should consider publishing the numbers (or proportions) of black people who engage with their services and interventions. Again, such an approach would serve to reassure help-seeking young black men that other young black people have utilised their services and that they will "not be alone" thereby providing a "sense of belonging"

RECOMMENDATIONS

1. Investment into a range of interventions and approaches so that black young people can make informed choices about which mental health interventions would suit their needs the best

2. There is a need for mental health and wellbeing services across Manchester to promote a non-judgemental, caring, empathetic and inclusive approach concentrated upon the needs of young black people and recognising the perceived or real racialisation of services

3. Interventions and services to be delivered within the (actual and virtual) communities and 'everyday spaces' that young black people frequent

4. To develop virtual online tools to increase 'points of access' to local mental health and wellbeing services

5. In order to ameliorate the powerful stigma associated with presenting to and accessing mental health and wellbeing services, organisations should avoid direct reference to "mental health" and "mental illness" in the naming of organisations and the presentation of interventions

6. Develop a (parallel) strategy to promote the normalisation of mental health and wellbeing language for black young men throughout society

7. Urgently ensure organisations that resist the (unwitting) appropriation of racialised ideas of for the onset and prevalence of mental health and wellbeing problems. For example, young people 'at risk' of 'gangs', radicalisation and serious violence

8. Increase the numbers and visibility of black mental health practitioners and managers to nurture a sense of 'belonging' for young black people seeking help and support

9. Provide timely and routine information which clearly shows a commitment to working with black young people, including information on the numbers of young black people engaged and the intervention outcomes of black young men who have accessed interventions and services and where possible to provide 'evidence' of successful outcomes and stories

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