

## *Equally Connected\** Report 10

### Working with Black and minority ethnic men

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*\*Equally Connected* is an action research project using community development approaches, including the creative arts, to learn from Black and minority ethnic (BME) communities about:

- attitudes to, and experiences of, mental health
- what helps maintain well-being
- effective ways of challenging stigma and discrimination

This evidence will be used to improve understanding and help ensure that services and systems of care (such as the Integrated Care Pathway (ICP) for people with depression) are designed to meet the needs of the diverse BME communities within Edinburgh and the Lothians.

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# Equally Connected work with BME men

## 1. Introduction

From the outset, the Equally Connected (EC) team were keen to ensure that they gathered the views of BME men and women. Six months into the project we had successfully engaged with several women's groups (Midlothian, Arabic-speaking women and Gypsy/Travellers), and three mixed gender groups (international students, Carers and in North Edinburgh). In order to involve more BME men, and learn from their experiences, we planned several engagement activities which would be men only. In this regard, the following report is a summary of our findings of two pieces of group work - Ubuntu and the Reflective Photography Project, as well as any gender-specific findings from our research with mixed gender groups or interviews.

The Reflective Photography Project (summer 2010) and Ubuntu (Oct 2010-Mar 2011) were both carried out in collaboration with Men in Mind (MiM). For EC, working with other partners was a conscious aim from the outset and MiM seemed an obvious choice as we were trying to increase our engagement with BME men. For Men in Mind, the manager felt it offered an opportunity to learn new ways of working and engagement methods. The potential benefits of this partnership were clear, however, there were also lessons to be learnt from the different challenges the partnership approach brought about.

## 2. Reflective Photography

The Reflective Photography Project began by establishing a developmental photography group which initially met fortnightly at the Health in Mind offices. Attendance at the group varied from 2 to 8 participants from a range of ethnicities including Polish, Chinese, African, Pakistani and Iraqi. This group was facilitated by a free-lance photographer, alongside a member of staff from both EC and MiM.

At the beginning of each session, photographs, often provocative, were used to generate a group discussion on the key themes identified by the group members. The men, alongside the project workers were then asked how they would visually represent these feelings/thoughts, sometimes this involved drawing and sometimes by sourcing appropriate photographs. For example, what did stress feel like and how could it be visually represented? All sketches or photographs were added to a giant Ideas Poster depicting work in progress.

The project focussed on BME men's interpretations of stress, isolation and racism, and the impact such negative influences had on mental health and well-being - as these were found to be important in the group members' lives. This process acted as a catalyst for developing photographic ideas. Subsequently, all drawings were added to the project ideas poster, which in itself presented a

considerable number of powerful images. One example was a detailed volcano bubbling with lava which symbolised the feelings of anger that stress created within his mind and how he felt. Other drawn or sketched images depicting stress, included a number of monsters, alongside a set of handcuffs - illustrating that stress, for the group, was not only something to be scared of, it was an entity which restricted one's ability to think and operate - to live a happy and free life.

The intention was to display the artwork (drawings and photographs) as part of a larger exhibition during the annual Scottish Mental Health Arts and Film Festival 2010 (SMHAFF). Five pieces of work (all from one individual) were exhibited at the SMHAFF 2010. The work used images and figures associated with the science-fiction film series Star Wars to depict the participant's views on his isolation and societal factors such as racism he had experienced which affected his mental health and wellbeing. The Star Wars theme was also effectively used to convey a sense of segregation, which he had experienced, and the resultant negative impact that the aforementioned factors have had on his mental health and wellbeing. In the introduction to his exhibition piece, the participant himself explains:

*"I got involved because I wanted to contribute something positive. Through my experiences, and particularly my knowledge about mental health and my creative skills - I believed I could do something good.*

***Why did you use Star Wars characters as a vehicle for your ideas?***

*Star Wars is my hobby and is something I grew up with; it's one of my key interests. I love the films and have a lot of admiration for the original. The idea behind using Star Wars stemmed from wanting to take the audience beyond just visualising the art - I wanted to challenge them....to make them think and ask themselves questions. We've all got prejudices and insecurities. Sometimes we see things in a particular fashion, but is this the way they really are?*

*I think the analogies behind Star Wars are great. Everyone has a good and a dark side but not everyone sees both sides of a person. I've got mental health and we've all got mental health, but some people experience mental health problems. The extent to which it affects you in either a negative or positive way, however, is not always your choice. But society always, in my experience, judges you in a negative way and that has consequences. As in the Star Wars world, there is good and evil in this world too.*

*We touched upon ideas of racism and the impact this may have on a person's well-being. I used the black figure as a victim. He is being subjected to racism, isolation, segregation and rejection. Sometimes in life he receives the worst treatment. Why? I believe the equilibrium of life is usually in favour of the majority.*

***Process of the project***

*I had an idea to use my figurines to communicate themes of isolation, racism, segregation and rejection. I created a number of sets, complete with figures,*

*backgrounds, different photographic techniques and overarching concepts. Some worked and some did not. After a number of weeks, the idea became more solid, and themes developed, as the creative process progressed. A little bit of patience, combined with some work and support, allowed this concept to become reality. Maybe people can learn from this process?"*

Although only five pieces of work were exhibited at the festival, the quality, uniqueness, and importantly what the men told us about the experiences of BME men living in Edinburgh are important. Sadly, one man who had been heavily engaged with the project, turning up every week - until the last couple of weeks - experienced challenging personal circumstances and he became unwell. This was very unfortunate and he did not want to submit his unfinished work to the exhibition.

Whilst thinking specifically about the works which were exhibited and the group discussions it was clear to staff that racism, isolation, and prejudice have a significant impact on one's mental health. Throughout the project, one participant frequently shared and drew upon his own experiences, many of which were harrowing; highlighting what can only be described as systematic failures, from those around him, especially in positions of power, with regards to law and authority - and in relation to his experiences of mental ill-health. Perhaps the most frightening story related to him being assaulted whilst experiencing overwhelming feelings of paranoia. The way in which the assault was dealt with on the part of the police incited feelings of anger. He described the way the police engaged with him, searching him for illicit substances - instead of reassuring him and seeking the professional help which he may have needed. The individual explained that he thought this treatment - though connected to what he was experiencing may, in part, also be connected to his ethnicity. He believed that he was being treated differently. Although in isolation, one cannot draw generalisations, but this sentiment was also echoed throughout the group on a number of occasions. The feelings of inequality and perceptions of discrimination may relate to accessing services such as those services with a mental health focus. People from BME communities feel there is a difference in the way in which they are treated - and this most definitely has significant implications. The impact of racism is also an issue that was raised during interviews with BME men (see section 5).

### **3. Ubuntu**

Ubuntu was a joint project between Men in Mind, Westers Hailes Health Agency and Equally Connected. The broad aim of Ubuntu was to engage with people from African and Afro-Caribbean heritage, particularly men, with the eventual goal of developing a men's support group (to be run by MiM and WHHA)). EC involvement in Ubuntu was over the course of three events (October 2010, February 2011 and March 2011). The first two events were well-attended and largely social

activities. The following summary will focus on the event which took place in March, attended by approximately eight BME men.

The purpose of the event was to bring more focus onto issues of wellbeing and mental health than previous Ubuntu events had done. In order to encourage debate and the sharing of ideas, we planned for the main part of the event to be an interactive discussion of various issues related to mental health and wellbeing. In order to do this, we used the 'Seen and Heard' DVD which focuses on the experiences of four BME men living in Scotland and the negative effects of stigma surrounding mental health. Although the focal point of the event was designed to be the discussion about the issues raised in *Seen and Heard*, food, music and massage therapy tasters were also on offer to emphasise a sense of wellbeing.

After welcoming the attendees, we talked about what Ubuntu means for different people and participants shared their ideas about what Ubuntu means to them. One comment was that Ubuntu meant "*to be human*" and another person felt it meant "*to open the door*". Although there was diversity in opinion, there was clearly agreement that Ubuntu - despite its varying forms in different regions of Africa - is the idea that people are connected to others in their community in many ways, so, what we do affects all of us in some way.

After watching 'Seen and Heard', we facilitated a discussion around three main questions:

- Did you recognise any of the situations presented by the people in this film?
- The expression "mental health" comes up a few times in this video. Mental health means something different for everyone. What does it mean to you?
- Different people deal with emotional/mental health problems in various ways; what would you want for the people in the film?

The first question was designed to understand whether or not the viewers empathised and could relate to the situations of the people in the film. The responses were largely positive. Also, there was evidence that the viewers related to the frustrations of the people in the film. Comments included:

- "*Yes, I did*" - a direct answer to the question
- "*I helped someone recently...it felt good*" - a show of community spirit and altruism
- "*I connected a lot with what J said*" - empathy with a person in the film
- "*This culture is generally cold*" - shows frustration and a need for more connectedness

The second question attempted to elicit ideas surrounding mental health and in doing so, we tried to show that mental health and wellbeing is a broad subject and affects everyone, whether we have a diagnosis or not. Here, we used a brainstorming template to establish what mental health means to individuals and raise awareness about different aspects such as stigma and the many different causes of poor mental/emotional health. This brought out several interesting responses from participants:

- *"Very personal...your own"*
- *"Very vast and diversified"*
- *"Stress is a part of it"*
- *"Nostalgia"* - a participant identifying a cause of emotional ill-health, one which is particularly significant for BME people as the context was one of good memories from the country of origin
- *"I've gone through it and I'm sure [at least] 85% of all BME people have experienced it"* - a participant talking about experiencing poor emotional health and poor wellbeing in the context of being away from the country of origin, relatives etc.

As with the first question, the third question was again intended to gauge empathy with the people in the film. It was also meant to give further insight into the viewers own experiences and their ideas of coping mechanisms/what helps alleviate stress and promote positive mental health and wellbeing. There were many positive responses and some criticism of the current state of things regarding services:

- *"I want a net to support me"*
- *"This [Ubuntu] is good. We can exchange contact details"*
- *"Racism is an issue"* - a participant highlights the impact of racism and how it has affected some of those in the film
- *"Each of us should do whatever we can"*
- *"There is a gap that people need to recognise...how do new people know that these organisations are there?"* - a comment which suggests that services need to be more visible
- *"I found Men in Mind and met people through that...people need that [services such as that] to integrate"* - shows the value of having services which can bring community members together in a non-threatening environment
- *"The idea is to stop isolation"*

Some of the other comments during the discussion surrounding the DVD pointed to alienation and cultural differences as also being major factors in leading to poor mental health and poor wellbeing. Another interesting finding from the group work was that some felt many current PCMH services need to be more visible. The men expressed that better visibility via better promotion is

particularly important when BME people who are immigrants first arrive in this country as that was seen to be the most difficult phase of their new lives.

#### 4. Challenges

During the course of the two pieces of work, there were several challenges, many of which related to partnership working - Men in Mind are an ongoing support service whereas Equally Connected is a time-limited action research project. In some cases there was also a lack of familiarity with participatory action research approaches and, at times, a reluctance to try new ways of working. Again pressures of time did not help. The learning from these challenges is that aims, proposed methodologies and responsibilities must be discussed and agreed in full, by project staff, before proceeding with joint work. Timescales should also be clearly set with key review points.

#### 5. Interviews

Many of the issues highlighted above in group work were also raised by men during the interviews. We interviewed eight BME men living in Edinburgh and East Lothian, some were in paid employment whereas others acted as a carer for family relatives and some were international students. Half of the interviewees were of African origin, two were South Asian, one Chinese and one Syrian.

##### 5.1 Accessing health care

In the interviews we used a short vignette to generate discussion about the accessibility of primary care mental health services for BME people. Many interviewees did not feel the Doctor would be an appropriate person to go to if feeling depressed, often because there was an assumption "*you would just be given pills*" or there would be insufficient time to discuss your problem:

*"The GP will not understand his experience. If he knows somebody from the community that would be better. The GP just times you, tried to diagnose you, so I don't think the GP would be the best thing."* (African male)

*"Doctors nowadays, doctors know and talk, "oh, how are you and like this, this and this." But that no comes from his or her heart. That's only for the formality"* (South Asian male)

*"What I've found in the UK is that everything is timed. ... But it shouldn't be so for health situations because health doesn't give time. When a bad condition wants to happen it doesn't give time. So treatment should not be timed."* (African male)

*"The GP will not understand his experience. If he knows somebody from the community that would be better. The GP just times you, tried to diagnose you, so I don't think the GP would be the best thing"* (South Asian male)

*"Most ethnic minority backgrounds, the traditional point of view is considered if you go to the doctor you're crazy. Nobody accepts us and we're going balmy. That probably could be a hindrance. Personally what I would say what is the point in giving heavy anti depressant medication" (African male)*

*"so the way I view a GP is probably they are the first to prescribe you medication rather than you know helping you in different ways so yes and no. Maybe the doctors should at least give you the opportunity to try something else, maybe prescribe you not medication but prescribe you psychical activities or something" (African male)*

However, one man felt:

*"Doctor is someone you should consider he is on your side. He is not your enemy. He is on your side if you tell him everything you feel about. Then he can help you. Doctors, actually primary responsibility is health, but then we will say health, in my point of view, that's not only physical health, that is mental health as well" (South Asian male)*

For students, in particular, many found the UK system of health care difficult to navigate: As one student described his first few months *"I have a lot of queries about the system. When we came here, they don't really provide any information. It's a form or one e-mail telling us what they can offer and what to expect of them. For instance I visited the clinic here for the first time after about 1 or 2 months..they told me how come you didn't come to us at the start of the year and the insurance stuff I entered no, I don't know, nobody sent me an e-mail telling me I should do that. They should send information; try to communicate with people from the start because for people they don't think about their health unless they lose it. ...you feel shy to ask people or you maybe don't want to ask, you maybe don't know how to go and ask properly about what services are provided" (Syrian male student).*

Similarly, at a participatory session at Heriot-Watt, the process of referral from one practitioner or service to another was especially confusing and presenting a further barrier to seeking help. Many could not understand why they could not go straight to a specialist, as one male student explained, *"he can't really define "I'm feeling blue and sad today." I think it's a bit difficult, some people might think it's not relevant when they go to a GP to discuss that sort of stuff. ...it's that much more difficult to open up to two people than one, cause you have to go to the GP and tell them what's going on with you and then after that you have to go and find another person to tell all that stuff to. So it's much easier specially for people who might be a bit more reserved, to only have to go through that once and not find different places to get help."*

## 5.2 Stigma and shame

From our research, in group work and the interviews, there also appeared to be a gender difference in talking about stigma. Where women may, when necessary, sought support from each other or the wider community when dealing with depression, men often said they would sometimes act differently. In the interviews, women often seemed to find it easier to raise problems about stigma and shame, whereas men seemed to speak about helping themselves via other means - often related to different ways of coping by themselves rather than admitting to the wider community or professionals that they were experiencing mental distress. Also, in talking about depression men often mentioned financial difficulties or the search for suitable employment or the difficulties of accepting employment you know you are over-qualified for. As one African man explained:

*"Simple things like getting a job, you know, you find people who are qualified, I'm talking about people who are 'qualified' here. I used to work in a factory with a person, working on a belt, this guy, he is from Sudan and I was, we became very good friends, in fact in the moment as I speak we became brothers, unblood related brothers. The more we get to know each other..... I came to find that he is a medical doctor, qualified medical doctor, with at least 5 years experience in medicine...and we were working side by side making cakes. What a waste of talent! When I think about things like that, finding people who are qualified in certain areas but they do find difficulties in finding a job within that area, within what he is qualified".*

Some women felt that for men the sense of shame, if experiencing depression for example, might even be greater - one Gypsy/Traveller woman said about the men in her community:

*"It is there within Traveller men, but within Traveller men nobody knows about it...a women would tell another women, there is no way a man would tell another man he was depressed. I think probably it's harder for men, they can't express how he feels to another man, never mind a doctor. They never go to a doctor, they just go to a chemist and bring back the whole chemist when they're not well. Under no circumstances would they go to a doctors and say I feel mentally unfit to care for my family, it's a no go area, because the man is the provider and the stronghold of the family".*

### 5.3 Resilience

In terms of coping strategies, most women said they would turn to their friends for support. Interestingly, as noted above, men were more likely to suggest other options such as doing sports activities or societies, *"he can improve his situation ... do exercises, sports, and maybe clubbing, perhaps, he can meet people of different orientation, so that he can at sometime divert from his particular problem, divert his mind this way, and who knows maybe he can just get his mind off this trap and get happiness somewhere else"* (African male student)

*"...maybe he could go and join some new societies, events, or social activities that are not necessarily in his background, but it fits his criteria, maybe something like football or whatever"* (African male)

*" It's almost, you've heard of martial arts, physical martial arts, my philosophy, my thinking is I have mental martial arts, if someone is coming against me or I feel attacked or judged then I will have the emotional and mental self defence. I know who I am. I can say it in my mind or verbally, I know who I am, I am a good person, a nice person and I won't be dictated or controlled by your behaviour. You want to be nasty that fine, doesn't change who I am as a person. This is my defence against negativity, nasty people"* (Chinese male)

*"What I have done about it is, I have tried to find myself more activities such as, most of them are indoors - read books on different areas, anything and everything I could get my hands on I tried to read to get my mind out of..Yeah I read different books, politics, football"* (African male)

One man mentioned the role faith had played in his recovery, *"maybe faith as well has played a part, maybe"* (African male)

But a male Carer had more mixed views about his faith, *"according to the religious point of view, whatever they are in this life it's because of what we done in the previous life ... some people think, you know, if he got that sort of disability he done something wrong in the previous life. First of all, that person is suffering because of some kind of disability. Secondly, that person gets discriminated by the society. So there is some sort of taboo that in a way you deserve. That sort of attitude hurts to some people, probably more than me ... it hurts I think"* (South Asian male)

Some people also brought up coping mechanisms which may have a more negative impact. We were unable to interview any Gypsy/Traveller men in person specifically about mental health issues, although early in the project one man did comment to the Project Manager *"come on, you know Traveller men just don't do health"*. Nevertheless, several Gypsy/Traveller women did comment on how they felt their brothers, husbands and fathers coped, adding that they thought men were under an enormous amount of pressure, often using alcohol as a coping mechanism: *"the only way a man will cope with it is taking his frustration out on his wife, that in itself is a man's escape from depression. Either that or drinking alcohol"*

*"Well, you ken what its like Traveller men just don't go to the Doctor...there is an even bigger problem for Traveller men, they do get depressed, of course they do, I saw it in my own father but no-one talks about it. Why do so many turn to alcohol? That's probably their way of coping"*

*"Thinking back he [her ex-husband] was depressed too but reacted in a different way, with temper and I couldn't live like that, I'm no like that, I wasn't brought up that way".*

#### 5.4 Caring

At Equally Connected events male carers expressed strong views that caring should be done within the family - *"it's in our culture, to stay together"*. But this can also lead to tensions, one carer, who also requires care himself, said guilt was a factor that created pressure in his life, *"if a younger person sacrifices their job to look after you, they're not appreciated."* Adding, that the state did not financially reward 'carers', or in his case, the individual who cared for him. Even though the participant has a number of physical difficulties he still emphasised *"it's more psychological than physical"*.

Another carer, who looks after his wife, spoke about his isolation from the wide community, *"most of the time I just feel very lonely, my family are around but it is me that is there all the time. Even when I am not I am still caring. Nobody in the community wants to know you, they slowly start to stay away. When we do go out they shun us and it is as if I am a nobody too, they don't see the person any more."* This carer's stress is apparent as he feels they are regarded as outcasts by others in the community.

During a follow up session to the Community Conversation, the story of an imaginary carer was used to encourage the group to open up and speak about their own experiences. One male participant became visibly upset as he shared his own experience as a carer for his wife: *"I am one of those unhappy people, get up 7 every morning, get prayer, then read book, 7-9 (14 hours) everyday all the same...how many hours I am alone, she's mentally too much trouble, everything I do is wrong (to her)"*. These comments evoked much sympathy from the others. In relation to caring, one person said *"sometimes you can't deal with it anymore"*. The carers' frustrations and feelings of helplessness also showed in comments such as *"only way for him to feel better is if wife feels better; family in our community is important, always has been, always will be for us"*.<sup>1</sup>

#### 5.5 Racism

Another strong theme across all groups, either directly or indirectly, was the impact that racism seemed to have on the mental health of the research participants. Across all engagement methods used by Equally Connected, the experience of prejudice, or the fear of encountering racism or other types of discrimination, appeared to have a significant impact on effect on the lives of those we worked with. And a knock on effect on feelings of isolation, help-seeking behaviour, coping strategies and general awareness of existing services. As noted above these issues came across strongly during the Reflective

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<sup>1</sup> For more details see Equally Connected (2011) *Report 12*

photography project and also in a few interviews, although maybe not as often as one would have expected. One African man describes what he feels was his psychologist's inability to spot the cause of his depression

*"my perception or the way I viewed it, whether I was discriminated or I experienced some racism, so I was a little bit hesitant to start talking to him because even though he is a psychologist, still I had my, you know..closed doors, yet I did leave a lot of things open, that how I concluded to say this guys useless, because he didn't dig deep to open those doors. I closed the doors purposely, to see whether I can, make my expectations, can he come to where I think he should be, so I closed some doors to leave a challenge whether he would be able to open those doors or at least try. He did not"*

Another African man explains how he felt when he first arrived, *"I've got no friends, you know, but I was still feeling, looking at my colour, you know cause I was facing a lot of things then"*

## **6. Conclusions**

From our experience, whilst in some circumstances it could be argued men can be reluctant to discuss their mental wellbeing, on the other hand, BME men were active participants in events and group work which involved using the arts to express feelings and emotions. And three of the four Equally Connected volunteers were men.

The work from the Reflective Photography project, and film-making through Seen and Heard, show that using photography and film can be an effective way of engaging with BME men, particularly when dealing with sensitive and complex issues such as racism (institutionalised and otherwise) and discrimination. By engaging with men using a combination of these activities supplemented by focused discussions, much can be learnt about the concerns of BME men, what needs to be done to improve services so that they are more inclusive and accessible and how to promote positive mental health and wellbeing. It is also a chance for services to create better awareness and impart knowledge amongst BME men about mental health and wellbeing.

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