

Participant Information

Table 1: Gender Identity, Homelife, and Disability Status for Survey Participants.

Total Participants	117		
Gender Identity	Female	Male	Prefer not to say
Count (%)	99 (85%)	16 (14%)	2 (2%)
Live Alone?	Yes	No	Part of the time
Count (%)	12 (10%)	102 (87%)	3 (3%)
Have a disability?	Yes	No	Prefer not to say
Count (%)	12 (10%)	104 (89%)	1 (1%)

Table 2: Ethnicity of survey participants by higher level ethnic categories.

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

Communication about Mental Health

Table 3: Who would you talk to about your mental health?

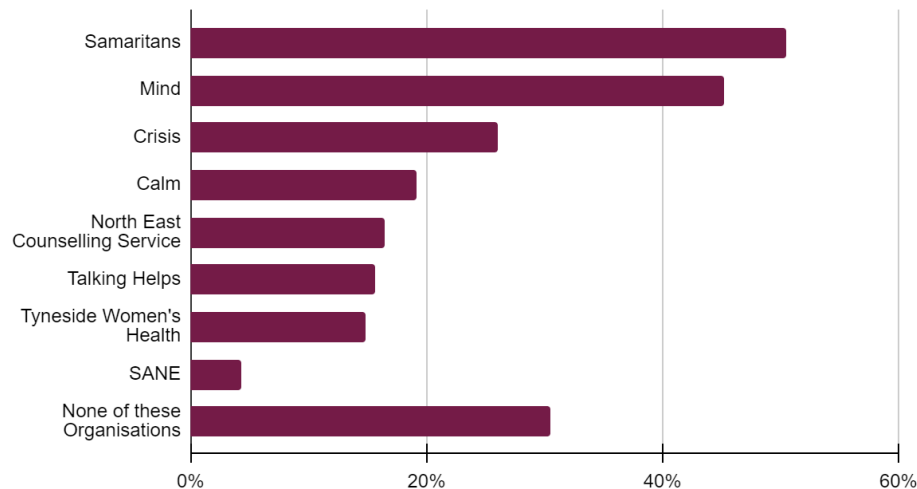
Contact	Total	Female	Male	% Total	% female	% male
Friend	72	61	9	62%	63%	56%
Family(daughter/ husband/sister)	59	52	5	51%	53%	31%
GP	53	45	8	46%	46%	50%
Colleague	16	14	2	14%	14%	12%
Counsellor / therapist / psychologist	3	3	0	3%	3%	0%
Teacher	3	3	0	3%	4%	0%
Religious Leader	4	3	1	3%	3%	6%
God	1	1	0	1%	1%	0%
No one	18	14	3	16%	14%	19%

- More people said they would talk to friends and family about mental health than the GP.
- Very few people said that they would speak to a counsellor or therapist
- In the interviews, the majority of participants stated they would feel comfortable talking about their own mental health and supporting someone else with their mental health problems.
- Men were more likely than women to answer 'no one'

Awareness of Mental Health Services

Table 4: Identify the mental health organisations you are familiar with.

Do you know any of these organisations?



- Around 50% of the participants were familiar with Samaritans and Mind and around 25% were familiar with Crisis.
- Fewer than 20% had heard of Talking Helps, Tyneside Women's Health, and North East Counselling Services. This suggests that the respondents were more familiar with information-based or Crisis services, and less familiar with longer term mental health support services or more traditional counselling services.
- 30% of participants had not heard of a single one of these services. This was consistent in the interviews where the majority of participants stated that they did not know where to go to access service, while 5 out of 13 stated they would seek help at the GP.

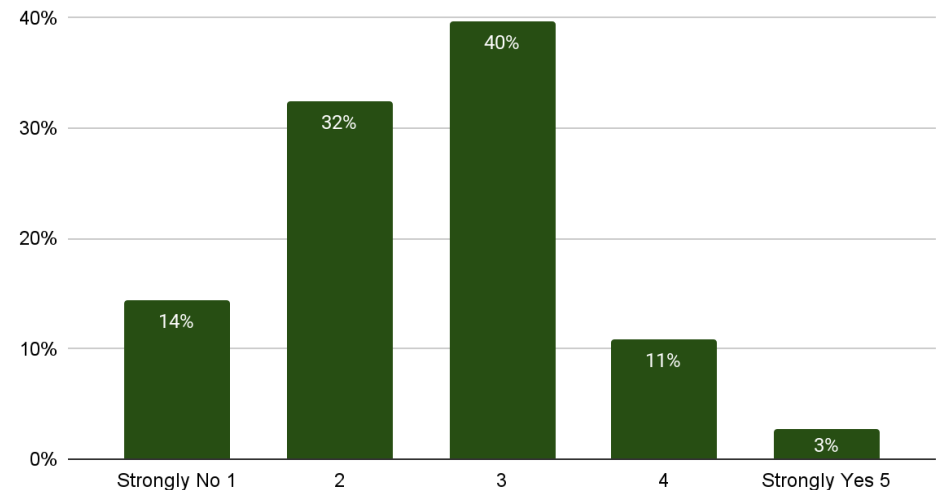
Use of Services

- Slightly fewer than one quarter of participants have used a mental health service before with younger people slightly more likely than older people to have accessed services.
- When those who had not accessed mental health services were asked if they felt that they would be able to if needed, 50% felt they would be able to, 10% said they would not be able to and 40% said they didn't know.

Cultural Awareness of Services

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

I feel that services are culturally aware:



Recommendations

- **Decrease stigma:**

- ◇ Make sure anonymity is understood
- ◇ Embed mental health services in other services as opposed to separate clinics
- ◇ Avoid patients needing to explain their culture

- **Alternatives to more traditional services:**

- ◇ Focus on collective wellbeing versus individual if certain cultures de-emphasize individualism
- ◇ Include family members and family therapy if the cultural norm is to deal with issues within the family- provide services to family members supporting someone with mental health problems (including awareness building and information)
- ◇ Creative/holistic approaches to mental health services such as the use of social groups, entertainment groups, team building for whole families, buddy systems, and financial/housing/education support.

- **Cultural awareness/diverse practitioners:**

- ◇ mental health services should have familiarity with different cultures and adapt their services accordingly to people's cultural needs rather than making service users assimilate.
- ◇ Increase awareness of cultural differences in understanding mental health, gender roles, family structures, cultural or religious restrictions, taboos, and traditions, age differences in understanding mental health.
- ◇ Need service providers from different cultural and ethnic backgrounds as well as the need for practitioners who speak multiple languages

- **Community engagement:**

- ◇ Increase awareness of mental health in different communities via awareness building in schools, jobs, colleges, etc., by putting literature in religious buildings, using community ambassadors, compulsory courses and more.
- ◇ Increase awareness of mental health services through targeted advertisement in community newspapers or flyers, promotion in community groups