

A light at the end of the tunnel?

Appendix A

Mental Health Questionnaire

This questionnaire will ask you about your awareness, needs and experiences about mental health and local mental health services. We understand that mental health means different things to different people. In order to help you complete this questionnaire we have a definition of what we understand mental health to be. Please take your time to read the statement below:

Mental Health is the emotional and spiritual resilience that enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well being and an underlying belief in our own and others’ dignity and worth.” (Health Education Authority 1997)

We would like to begin this questionnaire by asking you some very general questions about your experience of using general health services.

1) Do you have a doctor in Somerset?

Yes

No

1a) if no, why have you not registered with a doctor in Somerset?

Comment:

Q1b) Have you been to any of the following about your health in the last 12 months in Somerset? (you may choose more than one option)

	Yes	No	Maybe
Health Centre - Other health professional (Nurse, Health Visitor, Counsellor etc)			
Hospital			
Family			
Place of worship			
Dentist			
Optician			
Pharmacy			
Community Group			
Neighbour			
Other:			

Comment:

Q2) At the beginning of the questionnaire, we read a statement to you about our understanding of mental health, when we use the words 'mental health' can you tell us what words come into your head?

Comment:

Q3) What do you think are the main causes of mental health problems?

Comment:

Q4) If you felt you had a mental health problem, would you tell someone?

Yes (go to Q4a) No (go to Q4b) Depends

Comment:

Q4a) Whom would you tell first (Go to Q5)?

Doctor		Other health professional	
Nurse		Community Leader	
Family Member		Friend	
Solicitor		Partner	
Spiritual Leader		Support Group	
Help Line		Internet Discussion Forum	
Complementary therapist		Other	

Comment:

Q4b) So, if you wouldn't tell someone about a mental health problem, what would you do?

Comment:

Q4c) If you answered 'nothing' to the previous question, what is it that prevents you from doing something about it?

Comment:

Q5) Have you ever been to a health professional about your mental health?

Yes (Go to Q5a) No (Go to Q6)

Q5a) What help were you offered? (*for example, medication, counselling, contact with other organisations, complementary therapy, hospital treatment, help in the community*)?

Comment:

Q5b) Is there any additional help you would have liked?

Yes No Don't know

Please tell us more:

Q6) Do you follow a religion?

Yes (go to Q6a) No Not answered

Q6a) Are there aspects of your religious faith that help you to overcome mental health problems or to maintain good mental health?

Yes (go to Q6b) No Don't know

Q6b) Can you tell us more?

Comment:

Q7) Are there aspects of your culture which help you to overcome mental health problems or maintain good mental health?

Yes (go to Q7a) No Don't know

Q7a) Can you tell us more?

Comment:

Q7b) Are there aspects of your culture which may conflict with the way you would like to live your life?

Yes (go to Q7c)

No

Don't know

Q7c) Can you tell us why?

Comment:

Q8) Can you identify from the list below, ways in which help you to maintain good mental health (you may choose more than option)?

	Yes	No	Sometimes
Physical activity (exercise)			
Self medication (alcohol, drugs)			
Socialising with friends/family/local community			
Spirituality			
Start a new hobby or interest			
Breathing techniques/meditation			
Massage			
Keep a healthy diet			
Medication from a doctor or pharmacist			
Herbal medicine			
Complementary therapy (acupuncture, reflexology)			
Other			

Other examples:

Q9) What do you think are the best ways of helping someone to recover from a mental health problem? (*please indicate your choice*)

	Agree	Disagree
Get medication from the doctor		
Go for counselling		
Return to country of origin		
Stay away from other members of your community		
Talk to someone		
Do nothing, it's just the way some people are		
Keep knowledge of the problem in the family		
Get hospital treatment		
Plan a holiday		
It's not possible to recover from a mental health problem		
Other		

Other examples:

Q10) If people understood that mental health problems are common place (10% of population have a mild mental health problem, e.g. anxiety, low mood) and that mental health problems can be treated would you feel more comfortable seeking help?

Yes No Maybe

Please give details:

Examples:

Q12) Have you looked after someone who has a mental health problem (*this may be a friend, family member or someone from your community*)

Yes (Go to Q12a) No (Go to Q13)

Q12a) Can you tell us about this experience? (*What help did you get and from whom?*)

Details of experience:

Q12b) Did you feel that the help you provided was appreciated by others?
(*this may be feeling valued by organisations, community, friends, family, or the person for whom you are caring*)

Yes (Go to Q12c)

No

Don't know

Q12c) Can we tell us more?

Comment:

Q11d) Did **you** get any help during this time?

Yes (Go to Q12d)

No (Go to Q12e)

Don't know

Q11d) Please tell us what help you received?

Details of help provided:

Q12e) Can you tell us why you did not get any help and what help you would have liked?

Details of experience:

Q13) Do you know about any local mental health services in your area?

Yes

No (Go to Q13a)

Don't know

Q13a) What information would you like and where would you like it to be?

Comment:

Q14 Any other comments?

Details shared:

Core Questions:

1.1	Age last birthday:	15 or under	<input type="checkbox"/>
		16 – 18	<input type="checkbox"/>
		19 – 21	<input type="checkbox"/>
		22 – 24	<input type="checkbox"/>
		25 – 29	<input type="checkbox"/>
		30 – 39	<input type="checkbox"/>
		40 – 49	<input type="checkbox"/>
		50 – 59	<input type="checkbox"/>
		60 – 69	<input type="checkbox"/>
		70 +	<input type="checkbox"/>
1.2	Gender:	Male	<input type="checkbox"/>
		Female	<input type="checkbox"/>
		Transgendered or transsexual	<input type="checkbox"/>
1.3	Ethnicity:	White British	<input type="checkbox"/>
		Irish	<input type="checkbox"/>
		Other (please explain)	<input type="checkbox"/>
		
	Mixed	White and Black Caribbean	<input type="checkbox"/>
		White and Black African	<input type="checkbox"/>
		White and Asian	<input type="checkbox"/>
		Other (please explain)	<input type="checkbox"/>
		
	Asian or Asian British	Indian	<input type="checkbox"/>
		Pakistani	<input type="checkbox"/>
		Bangladeshi	<input type="checkbox"/>
		South East Asia or the Pacific	<input type="checkbox"/>
		Other (please explain)	<input type="checkbox"/>
		
	Black or Black British	Caribbean	<input type="checkbox"/>
		African	<input type="checkbox"/>

Other (please explain)

Chinese or Other Group

Chinese
Other (please explain)

1.4 Were you born in the UK:

Yes

No
.....

If no, how long have you lived here:

Less than 1 year
1 – 5 years
6 – 10 years
11 years or more

1.5 Are you a:

British Citizen

Refugee
Asylum Seeker
Other (please explain)

1.6 What is your first language?

Spoken:
.....
.....

Written:
.....
.....

1.7 In which languages are you fluent?

Spoken:
.....
.....

Written:
.....
.....

1.8 What is your religion:

- None?
- Christianity
- Buddhist
- Hindu
- Jewish

- Muslim
- Sikh
- Other (please explain)
-

1.10 Do you have a disability:

- Yes (please explain)
- No
-

1.9 Sexuality:

- Lesbian or gay woman
- Homosexual or gay man
- Heterosexual or straight
- Bisexual
- Do not wish to answer
- Other (please explain)
-

Thank you for taking the time to complete the questionnaire – your views are very important to us.

If you would like more information about local community groups or services in your area, please leave your contact details in the box at the door. This information will be held confidentially.

Appendix B

Transcript/Format for Focus Group

1. Welcome – Fire and Safety/ Toilet/ Refreshments info
2. Background to project and statement of consent and confidentiality (read statement below)

“Thank you everyone for coming today. As you are aware, Somerset Racial Equality Council is undertaking research to *“Explore the needs of Black and Minority Ethnic individuals in Somerset with reference to: mental health service provision, access, treatment, prevention and recovery”*.

This research has been designed to identify the mental health needs of Black and Minority Ethnic population in Somerset and to help improve local mental health services. The results of this research project will also contribute to the national policy of *“Delivering Race Equality (DRE) in Mental Health Care”*; a five year action plan that has been developed by the Department of Health to achieve equality and tackle discrimination in mental health services in England. We hope to ensure that people from Black and Minority Ethnic Communities have genuine opportunities to influence mental health policy, improve how and what services are provided locally, and to promote mental health and recovery for those with mental health problems in Somerset.

Today is an opportunity for you to share your experiences and to make real changes. Your participation is voluntary and your name will not be used or passed onto anybody else. Your confidentiality will be maintained and any disclosure of criminal activities will not be passed on to the police except in the case of a threat of harm to others or child abuse. However we must remind you that confidentiality cannot be guaranteed outside of the group, therefore you should not reveal anything that I would not feel comfortable disclosing outside of the group.

There will also be 3 note takers who will record the analysis, which will be written up and presented in a report which will be available at the end of March. Again, all information recorded is confidential.

People are welcome to help themselves to refreshments and leave the room at any point, if they wish to do so.

<<collect in consent forms before we start>>

3. The discussion << Background for the facilitators>>

Why are we doing this?

Men in general are often unable to identify themselves as having a mental health problem, have a low level of awareness of the available services, are reluctant to seek help for mental health problems and can find many of

the services unsuitable or unappealing (e.g. certain types of counselling or therapy). This range of problems is even greater amongst many BME men who may also, for instance, feel there is a particular stigma attached to developing a mental health problem or believe that the mental health system will discriminate against them.

It is known that young African-Caribbean men are much more likely to receive a diagnosis of schizophrenia, are more likely to be detained under the Mental Health Act and less likely to be offered psychological treatments. Asian men have a high incidence of compulsory admission to psychiatric institutions and a low uptake of after-care services. Irish men have a particularly high suicide rate while Chinese men are generally reluctant to express emotions or to seek help with emotional problems, in large part because within Chinese culture men are taught from a very early age that expressing emotions is a sign of weakness.

There are currently few resources available for men on mental health issues and even fewer for BME men. There is also little awareness among healthcare professionals about how to engage effectively with BME men.

This focus group will look to explore the experiences of men from different ethnic groups in terms of their mental health and their perception of depression and associated support services and which will look to develop good practice guidance and resources for practitioners.

Who are the participants?

The group will consist of the following:

Men aged 19 – mid 40s

- 3 African
- 1 Caribbean
- 2 Portuguese
- 2 Romany Gypsy
- 2 Filipino
- 1 British born Pakistani

Some of the people attending have had experience of mental health services in Somerset and are current users of the service. Others have not used local services but experienced depression. It is important to note that some of the people participating have experienced racial discrimination and periods of crisis since moving to Somerset.

Please remember the English is not a first language for the group. Facilitator may need to report questions and check for understanding.

Issues which have already been highlighted as part of the research:

- Most people are unable to describe mental health and can describe mental illness
- People are reluctant to record that they have depression, yet many people described that they had experienced periods of depression or symptoms of depression
- Of the people who have experienced depression, few have got treatment
- People have little or no knowledge of mental health services
- Most people would go to their GP if they thought they had a problem and the health centre would be a good place for a mental health service
- Religion plays a key role in maintaining positive mental health
- The majority of people felt that ‘talking to someone’ was a good means of recovering from a mental health problem

Questions and themes to explore:

- What the group understands by mental health.
- Can the group differentiate between good mental health and poor mental health?
- Do you know what the word depression means?
- What causes depression?
- Can you describe the different types of depression?
- What treatment would you seek if you thought you are depressed?
- Is depression a term that is used in your culture?
- How is depression treated in your country? What services are provided for depression in your home country?
- Do you think that there is stigma attached to disclosing that you have depression? (or mental illness)
- Where would you go for help and why?
- Are you aware of treatments available to help with depression?
- What can be done to prevent depression?
- How would you deal with depression?
- Are you likely to go to a counsellor, therapist or support group?
- What support would be culturally appropriate?
- Do you think that faith needs to play a bigger role in the treatment of people with depression?
- What do you think can be done to keep people mentally well?
- Do you have any experience of local mental health services?
- What can services do better?
- Is depression different for men and women?
- How could we support men better? Do we need a gender specific service?
- Do people go to their GP? Are they satisfied with the service?

4. Finish by giving the following information

On 10th May we will be holding an event to launch the report and all participants will be invited to attend. This will also be an opportunity to

launch the Somerset Black and Minority Ethnic Health Forum, which will take forward the recommendations from the report.

5. Summary and Finish

Talk a little about local primary care mental health services which are available. Remind people that to access health care services people should go to their GP. Possibly hand out any leaflets, if you have any? Pay respondents and get a signature. Collect in invoices for travel claims. Remind people that names and addresses will be held separately from the notes.

Thank people and close.

Focus Group protocol &

Risk Assessment Plan



PO Box 2422
Yeovil
BA20 1XH

- All focus groups will be carried out in threes (c) observer.
- Where possible all focus groups will take place in public settings in the local areas across Somerset
- Focus group schedules will be drawn up in advance by Lead Co-ordinators
- Lead co-ordinators will provide 'floating support' to the research team and can be contacted at any time via telephone and email, when interviews are being carried
- Researchers will be required to keep a record of all focus groups undertaken, the date, time, venue and name of researcher. This information will be collated on a weekly basis and sent to the lead co-ordinators
- Researchers will be required to ring/text an identified lead co-ordinator to indicate when a focus group has started and again at the end of a session
- In carrying out focus groups, if a participant respondent or researcher becomes emotional or distressed during the process, the respondent or the researcher has the right to exit from the discussion, where possible another researcher should exit with the individual to ensure that everything is ok
- The safety of respondents and researchers is paramount and any issues pertaining to harm of oneself or others will be reported immediately or as soon as practically possible to the lead co-ordinators. Incident forms will need to be completed.
- Lead co-ordinators will be responsible for monitoring any incidents reported and will be responsible for putting together an action plan and report all incidents to the steering group
- Any unethical issues concerning breach of confidentiality will lead to dismissal from the project

Appendix B2

Consent Form - Focus Group



Please read the statements below and tick the boxes to confirm that you agree to take part in the research.

PLEASE TICK

- a. I have read and understood the information sheet
- b. I understand that taking part is voluntary and at anytime I can exit the group discussion and I am free to leave the room when I want
- c. I agree to participate in the research study
- d. I agree to take part in the group discussion
- e. I understand that the discussion is confidential and disclosure of criminal activities will not be passed on to the police except in the case of a serious threat of harm to others or child abuse
- g. I understand that the discussion is confidential, however confidentiality cannot be guaranteed outside of the group, therefore that I should not reveal anything that I would not feel comfortable disclosing outside of the group

We don't think you need to get people to sign the form. If people have ticked the boxes above that is sufficient.

Appendix C

University of Central Lancashire, Centre for Ethnicity and Health

Ethics Proforma

Section 1:

Name of Group	<i>Somerset BME Community Mental Health Project</i>
Address	<i>Somerset Racial Equality Council PO Box 2422 Yeovil BA20 1XH</i>
Name of Support Worker	<i>Joanna Hicks</i>
Date:	<i>5 September 2006</i>

Section 2:

What kind of work does the group intend to do as part of this project?	<i>The group intends to carry out research into the mental health needs of Black and Ethnic Minority (BME) residents in Somerset. The research is being formulated with close reference to the DH Delivering Race Equality in Mental Health document.</i>
How do they intend to do this?	<i>The group intends to develop a questionnaire for use with BME residents across the county. The group has agreed that they will interview 250 residents using the questionnaire, which will be semi structured with both open and closed questions. The questionnaires will be completed by members of the research team who will ask the respondents the questions and makes notes as they interview them. Researchers will work in pairs – one to ask the questions and the other to record the answers. Focus groups will also be used to explore issues in greater depth.</i>
Who will the respondents be?	<i>The respondents will be identified from the existing 22 BME community groups and associations which exist across the county of Somerset. Respondents identified will be Somerset residents. It is anticipated that the research team will interview residents from the following countries of origin: -China -Russia Europe: - Spain</i>

	<ul style="list-style-type: none"> -Portugal -Poland -Czech Republic -Latvia -Slovakia -France -Germany -Greece -Turkey Africa: Ghana, Angola, Nigeria, Botswana - Caribbean Islands Middle East: Iran, Egypt, Lebanon -South Asian: India, Pakistan, Bangladesh -South East Asian: Philippines, Thailand, Malaysia -South American: Brazil, Guatemala, Chile <p><i>All respondents will be aged 18+; we have not included an upper age limit in order to be inclusive as possible.</i></p> <p><i>Partner organisations (members of the steering group) will also be contacting past/present service users and carers to invite them to take part in the research if they want to.</i></p>
<p>Who will they get to do the work?</p>	<p><i>A team of 11 researchers have been recruited from the local community. The ethnic origin of these researchers include:</i></p> <ul style="list-style-type: none"> -Polish -Filipino -Ghanaian -Caribbean -Portuguese/Angolan -British -Guatemalan -Chinese <p><i>We have ensured that there is also a gender balance in the group. We have recruited 5 females and 6 males. And all researchers are over 18.</i></p> <p><i>We do recognise that that it may be necessary to recruit additional members of the community to help with specific language issues. If this is the case then we will ensure that any such person recruited to the team to help address language</i></p>

	<p><i>barriers will be fully briefed on the ethical issues of the project and receive training on interviewing techniques and confidentiality.</i></p>
<p>Where they will undertake the work?</p>	<p><i>All work will be undertaken where existing groups meet and in areas where local BME individuals reside.</i></p> <p><i>Where possible all interviews/questionnaires and focus groups will be carried out in community centre settings in the local areas across the county of Somerset.</i></p>
<p>How will those who are doing the work be supported and supervised?</p>	<p><i>The research team has 2 lead co-ordinators, one of which is employed by the lead organisation. Both lead co-ordinators have project management responsibility and meet on a fortnightly basis to ensure that the project remains on schedule. The co-ordinators also meet with the research team on a monthly basis where training is provided for each of the researchers (in addition to the training provided by UCLAN). The training programme includes:</i></p> <ul style="list-style-type: none"> <i>-Presentations about local mental health services</i> <i>-Interviewing skills and note taking</i> <i>-Basic crisis management</i> <i>-Health and Safety and Risk Management</i> <i>-Confidentiality</i> <p><i>The lead co-ordinators provide practical support to the research team, for example, co-ordinating meetings, training needs, helping to arrange transport, and also attend interview and focus group sessions to ensure that the researchers are confident. The co-ordinators can be contacted at any time via phone and email.</i></p> <p><i>We have recruited 8 paid researchers and 3 volunteer researchers, who are paid £7 per hour, plus expenses for travel.</i></p> <p><i>The project is also supported by a Support Worker, who is funded by UCLAN and provides support to the lead co-ordinators and team members on a fortnightly basis. The Support Worker is contactable via email or phone for support.</i></p> <p><i>The project has a multi-agency steering group, who will support the research team with any training needs. It is also written in the terms of</i></p>

	<p><i>reference that the steering group has responsibility to ensure that the project does not breach the ethics outlined in this proforma. The steering group meets on a monthly basis and members of the group include:</i></p> <p><i>Chair – Somerset Racial Equality Council</i> <i>Members of the research team (on a rotational basis)</i> <i>2 Lead Co-ordinators</i> <i>Support Worker from UCLAN</i> <i>Head of South Somerset Primary Care Mental Health Services (Lead Commissioners for Primary Care Mental Health)</i> <i>Race Equality Lead for Care Services Improvement Partnership (CSIP)</i> <i>Public Health Lead for Somerset PCTs</i> <i>Community Development Workers for Somerset PCTs</i> <i>Somerset Black Development Agency Project Manager</i> <i>Service Development Manager for Somerset Partnership and Social Care NHS Trust</i> <i>Carer Participation Worker</i> <i>Service Development Manager for Rethink Drugs and Alcohol Team Representative</i></p>
<p>How they will ensure that participants in the project have given consent? You should have an information sheet about the project which is read out and given to potential participants which explains to them (a) what the project is about. (b) that participation is voluntary (c) what will happen to the information that they provide (d) that they can stop the interview at any time and (e) that they do not have to answer any questions that they do not want to.</p> <p>Note: <i>If the research is using more than one method, then we need</i></p>	<p><i>An information pack about the project will be prepared. The interviewers will read an information sheet to the potential respondents before they begin to complete the questionnaire. Respondents will be asked for verbal consent as to whether they are happy to proceed with the interview based on the information that they have been given.</i></p> <p><i>Also in the information pack, potential respondents will be given information on the current local mental health services in Somerset, background information to the project and information about Somerset Racial Equality Council. Help line numbers will be provided for respondents to contact as well as an address and contact number if they wish to attend the launch or order a copy of the report.</i></p> <p><i>No one under the age of 18 will be interviewed as part of this research.</i></p>

<p><i>information sheets and a discussion of the risks for each. The info sheet and the risks will not be the same for 1:1 interviews and for focus groups, for instance.</i></p> <p>Note 2: <i>Parental (or responsible adult e.g. teacher if the work is happening in school) consent will be required if any subjects to be interviewed are under 16. Generally speaking, most projects should not be working with under 16's.</i></p>	
<p>Please enclose the information sheet and confirm that it addresses issues (a), (b), (c), (d) and (e) above</p>	<p>Information sheet enclosed (<input checked="" type="checkbox"/>) tick to confirm</p> <p>Issue (a) covered (<input checked="" type="checkbox"/>) tick to confirm</p> <p>Issue (b) covered (<input checked="" type="checkbox"/>) tick to confirm</p> <p>Issue (c) covered (<input checked="" type="checkbox"/>) tick to confirm</p> <p>Issue (d) covered (<input checked="" type="checkbox"/>) tick to confirm</p> <p>Issue (e) covered (<input checked="" type="checkbox"/>) tick to confirm</p>
<p>How they will the project ensure confidentiality?</p> <p>Note: you will not usually need to know (or collect) the names or addresses of respondents.</p> <p>If you know them already, or if you are going to ask people their names as a matter of courtesy, these should not be recorded on the questionnaires or the notes that relate to the interview.</p> <p>Note: you cannot guarantee confidentiality to anyone taking part in a focus group. You can request that people keep things within the group, but you cannot guarantee that they will. This must be made clear to people who</p>	<p><i>Names will not be recorded on the questionnaires or focus group notes. All researchers will be trained on issues relating to confidentiality. When recording notes or taking quotations the researchers will be trained to record, gender, age and nationality only.</i></p> <p><i>Interviews and focus groups will be conducted in private rooms within the community centres where the groups meet. However, whilst confidentiality by not being overheard is important, care will also be taken to ensure that these rooms are not so remote that the psychological comfort/physical safety of either respondents or researchers is compromised.</i></p> <p><i>Completed questionnaires and notes from the focus groups will be stocked in a locked filing cabinet. Only the lead co-ordinators will have access to them.</i></p> <p><i>Data from the questionnaires and focus groups will be analysed and presented in the final report (and any interim reports) in such a way to ensure that it is not possible to attribute any particular</i></p>

<p>agree to participate in focus groups.</p>	<p><i>response to any specific individual. If for example, we find that we only interview one Guatemalan, who gives us a useful quote but we feel that this could reveal their identity in a small community then we will omit or camouflage any such quotation from our reports.</i></p> <p><i>The names of participants or respondents will not be revealed to anyone outside the research team.</i></p> <p><i>Participants who complete the questionnaire and/or focus groups will be given an information sheet with the contact details of the project, if they wish to receive a copy of the final report or wish to attend the launch day.</i></p> <p><i>Participants in the focus group will also be given an information sheet. With reference to confidentiality, all focus group participants will be asked to keep what is said within the group. It is acknowledged that there is no guaranteed that people won't talk about what is said outside of the group. Focus group participants will be informed that confidentiality cannot be guaranteed and reminded that they should therefore think about what they say in the group and that they should not reveal anything that they would not feel comfortable disclosing outside of the group.</i></p> <p><i>Participants of the focus groups or respondents from the questionnaire interviews will receive a leaflet as part of the information pack inviting them to be members of other BME/Patient forums. A secure box will kept separate from the research papers for people to leave their details if they wish. The potential contact details will be kept separate from all the research data and will be stored at the host organisation in a locked cabinet, separate from the research questionnaires and notes.</i></p>
<p>How will data generated by the project be handled and stored?</p>	<p><i>All the completed questionnaires and notes from the interviews and focus groups will be stored in a locked filing cabinet in an office at the lead organisation's office (Somerset Racial Equality Council). Only staff working on the project will have access to them. All interview notes and questionnaires will be destroyed and shredded once the final report has been written and</i></p>

	<p><i>accepted.</i></p> <p><i>All data collected at interviews and at focus groups will be transported as quickly as possible to the SREC offices where they will be filed in a locked cabinet.</i></p>
<p>What risks are there? How will risks be identified and managed?</p> <p>Note you need to think about risks to researcher and volunteers and risks to participants. For some people, simply taking part in the research may be a risk (e.g. if the parent of a young Muslim woman finds out that she has been talking to someone about drugs). For others, particular situations may be risky (e.g. if you are using ex-drug users to work on the project, are you putting them at risk of relapse by asking them to go back into situations where drugs are being sold or used? If something gets stolen from an office, will they get blamed for it [regardless of whether or not they did it] because everyone knows they are a drug user?). Are the interviewees particularly vulnerable or frail? Are interviewers likely to be vulnerable to allegations of misconduct?</p> <p>Are the risks of carrying out or participating in individual interviews different from those of taking part or running a focus group? They probably are, and you</p>	<p><i>The mechanisms for identifying and managing risk will be dealt with in the following way:</i></p> <p><i>Risks to individuals or research team undertaking interviews or running focus groups:</i></p> <p><i>The 2 lead co-ordinators have responsibility for managing risks to team members.</i></p> <p><i>Each risk will be discussed and an action plan developed at team meetings.</i></p> <p><i>The lead co-ordinators will report risks and actions taken to the Support Worker on a fortnightly basis and to the steering group on a monthly basis.</i></p> <p><i>Lead co-ordinators will keep a diary log of all research activities planned. Researchers will be required to ring/text to indicate when they start a research interview and will also be required to ring/text when the session/activity is finished. All dates and times and who carried out the research activity is to be logged and monitored by the lead co-ordinators.</i></p> <p><i>Lone Working</i> - <i>Researchers will not normally undertake any interviews alone or in the home of the respondent or in their own home. Exceptions might be if a respondent has a physical/mental disability which means that they are housebound but would like to be involved in the research. Permission will need to be sought from the lead co-ordinators and a full risk assessment done beforehand to ensure the safety of the researchers and respondents.</i></p> <p><i>All research will normally be undertaken in a community centre setting where a health and safety risk assessment will be undertaken before research activities take place.</i></p> <p><i>Managing anger/violence and distress from respondents</i> – <i>all researchers will be trained on basic crisis counselling to help respondents feel</i></p>

need to show that you have thought about and addressed this.

THIS IS ONE OF THE MOST IMPORTANT SECTIONS OF THE FORM. YOU MUST THINK CAREFULLY ABOUT WHAT THE POSSIBLE RISKS ARE AND ABOUT WHAT STEPS CAN BE TAKEN TO REDUCE AND MANAGE THEM. THE ETHICS COMMITTEE UNDERSTANDS THAT IT IS USUALLY IMPOSSIBLE TO ERADICATE EVERY RISK, BUT THE ETHICS COMMITTEE MUST BE SATISFIED THAT ANY RISKS ARE REASONABLE, AND THAT STEPS HAVE BEEN TAKEN TO MINIMISE THEM

It may not be necessary for every researcher to be police (CRB) cleared, but it will be necessary where interviewers are going to interview young (under 16's) or vulnerable (e.g. elderly, mental health or drug service users) groups unless such interviews are going to take place in an environment where the interviewers are appropriately supervised. The fact that a potential interviewer has a conviction should not automatically bar them from taking part in the research as an

at ease should they choose to disclose personal information which is distressing.

Research activities will only be undertaken when there are other activities going on in the community building to reduce risk/vulnerability of researchers and respondents.

Researchers will also be trained on interview skills and techniques – including body language and non-verbal communication. Advice will also be given on de-escalation of potentially aggressive situations.

Risk assessments of the meeting rooms will be carried out in advance to ensure that researchers have an easy exit route if needed and not to continue with the research if the respondent becomes distressed or agitated.

Where necessary community researchers will be paired into male and female pairs, unless they are interviewing a respondent who has indicated that they would prefer to be interviewed by the same gender.

Managing Disclosure of Criminal Activity -

It is important that the respondent's confidentiality is maintained and disclosures of criminal activity will not be passed onto the police unless there is a threat to the harm of others or cases of child abuse or abuse to vulnerable adults. This will be explained to potential respondents at the beginning of the interview as part of the information sheet that is read out to obtain consent.

Risks to running a focus group:

As mentioned previously, the risk of breach of confidentiality is a risk to running a focus group as the research team has no control of what information participants choose to disclose after a session has taken place. Therefore the researchers will read a statement of confidentiality before a session is carried out and ensure that consent has been obtained before starting the session.

<p><i>interviewer, but it may mean that they need additional supervision or that they should not be allowed to carry out interviews with certain groups of people – it will depend on the nature and seriousness of the conviction.</i></p>	<p><i>If a participant shows signs of distress/anger/violence then the session will be terminated immediately. All researchers will be trained on dealing difficult situations and basis crisis counselling. We will also ensure that if a participant becomes distressed then a researcher will escort the person outside the group to ensure that participant is ok.</i></p> <p><i>The room layout for focus group sessions will be set up so that there is an escape route. All rooms will have been checked for health and safety and all participants will be told before a group session starts where the emergency exits are and that they have the right to leave the group at any time.</i></p>
<p>Please confirm the make up of the steering group</p>	<p><i>2 Lead Co-ordinators Support Worker from UCLAN Head of South Somerset Primary Care Mental Health Services (Lead Commissioners for Primary Care Mental Health) Race Equality Lead for Care Services Improvement Partnership (CSIP) Public Health Lead for Somerset PCTs Community Development Workers for Somerset PCTs Somerset Black Development Agency Project Manager Service Development Manager for Somerset Partnership and Social Care NHS Trust Carer Participation Worker Service Development Manager for Rethink Drugs and Alcohol Team Representative</i></p>
<p>How often does the Steering Group meet? It needs to meet often enough to both guide the research and keep it on track, and to pick up on any ethical issues that may arise. Generally we think that steering groups should meet at least once every six weeks, with additional meetings to be held at critical points (e.g. to decide upon the</p>	<p><i>The steering group meets on a monthly basis and has the flexibility to meet more frequently if required.</i></p> <p><i>It is highlighted in the terms of reference that the steering group will support the research project in addressing any ethical issues.</i></p>

research focus; to comment on questionnaire design; to review early fieldwork progress and feedback; to consider early findings; to help shape report; to consider recommendations; to plan dissemination of findings.)	
Is the Steering Group clear that it has a responsibility for helping to manage the ethical issues that may arise as a result of running this project?	Yes

Section 3: To Be Completed By UCLan internal ethics committee

Date received:	
Reviewed by:	<i>Jez Buffin, Jane Fountain, Bob McDonald, Ali Roy</i>
Decision:	<i>Some minor changes made using track changes. Assuming these are accepted - APPROVED Excellent. Well done.</i>

Appendix C1

Somerset Black and Minority Ethnic Community Mental Health Project **Information sheet – Research Interviews**

The Somerset Black and Minority Ethnic Community Mental Health Project sets out to “*Explore the needs of Black and Minority Ethnic individuals in Somerset with reference to: mental health service provision, access, treatment, prevention and recovery*”.

This research has been designed to identify the mental health needs of Black and Minority Ethnic population in Somerset and to help improve local mental health services. The results of this research project will also contribute to the national policy of “*Delivering Race Equality (DRE) in Mental Health Care*”; a five year action plan that has been developed by the Department of Health to achieve equality and tackle discrimination in mental health services in England. We hope to ensure that people from Black and Minority Ethnic Communities have genuine opportunities to influence mental health policy, improve how and what services are provided locally, and to promote mental health and recovery for those with mental health problems in Somerset.

This is an opportunity for you to share your experiences and to make real changes. Your participation is voluntary and your name will not be used or passed onto anybody else. Your confidentiality will be maintained and any disclosure of criminal activities will not be passed on to the police except in the case of a threat of harm to others or child abuse.

If you decide to participate, you can stop the interview at any time. Also you do not have to answer any questions if you do not want to, but please reply where you can.

Collected information will be analysed and presented in the final report. If you would like a copy of the report please contact Somerset Racial Equality Council in March 2007. The contact telephone number is 01458 274200.

Your understanding of the terms and conditions and your consent are preliminary to the proceeding with the interview.

Appendix D

SOMERSET UCLAN STEERING GROUP STATEMENT OF PURPOSE AND TERMS OF REFERENCE

1. STATEMENT OF PURPOSE

- 1.1 The Somerset UCLAN Steering Group is a partnership of organisations which aim to ensure effective partnership responses are developed and delivered to the mental health needs of Black and Minority Ethnic residents within the County boundary of Somerset.
- 1.2 The steering group follows certain key principles which ensure that at all levels there is an approach which fully involves and includes users/ carers and professionals working together in a spirit of openness and collaboration.
- 1.3 The purpose of the Somerset UCLAN Steering group is:
 - To support the development and delivery of the community engagement programme in Somerset;
 - To ensure that the group's work sits with local priorities and strategies, and that there is a mechanism for picking up the findings and recommendations that the group may make;
 - To ensure that the community engagement team has genuine opportunities to influence mental health policy and provision locally and to promote mental health and recovery;
 - To help and support key individuals who are developed through the project process to help them to take their 'next steps';
 - To contribute to the 12 recommendations highlighted in the Delivering Race Equality Strategy in Mental Healthcare;
 - To work collaboratively with the local community engagement team and partners to ensure sustainability after the 9 month period;
 - To evolve into the Mental Health Development Forum

2. TERMS OF REFERENCE

- 2.1 To ensure that good practice is adhered to in relation to ethical issues such as: Informed consent, Confidentiality, Anonymity, Data storage, Risks to researchers, Risks to participants, Incentives and payments, Vulnerable groups and Diversity issues;
- 2.2 To ensure that the research fits within local priorities and that findings and recommendations of the work are taken forward so that opportunities for sustainability are maximized;
- 2.3 To ensure that the steering group meets its specific duties during the project life, these include:

Timescale	Objective
August	Develop defined focus for the research and input to ethical issues. Approve ethics form for submission to UCLAN Ethics Committee
August	Give Input and final approval to draft research tool (e.g. questionnaire, topic guide.)
Sept/Oct	Offer appropriate assistance to help access respondents as required.
Nov/Dec	Offer review/feedback of analysed data
January	Offer review/input to report (especially recommendations and commissioning ideas).
	Approve final draft report.
From March	Give input and support to launch of findings

3. MEMBERSHIP AND ACCOUNTABILITY

- 3.1 The UCLAN Steering group will be accountable to UCLAN and report to the Somerset Area Action Group and Somerset BME CDW Steering Group on all issues relating to the community engagement programme. The Steering Group will also report to SREC Executive Committee for approval for involvement in the project;
- 3.2 All work of the UCLAN Steering Group will adhere to those principles stated in the action plan “Delivering Race Equality in Mental Healthcare”
- 3.3 The membership of the Steering Group will consist of the following representatives:

Somerset Racial Equality Council – Host organisation	David Onamade (Chair)
Somerset Black Development Agency Project Manager	Andy Merryfield (Coordinator)
Somerset County Council – Adult Services Manager for Somerset Coast	Bev Chalmers
Rethink – Service Development Manager	David Adeniji
Somerset Partnership and Social Care NHS Trust – Carer Participation Worker	Emily Lang
Somerset Partnership and Social Care NHS	Diana Rowe

Trust – Director of Social Care	
South Somerset PCT - Head of Primary Care Mental Health	Diana Vollans
Somerset Coast PCT – Community Development Manager for BME Communities	Loretta Ingram (Coordinator)
Somerset Coast PCT – GP Commissioning Lead	Yvonne Vigar
Taunton Deane PCT - Asst Director Health Improvement/Community Development	Penny Guppy
Mendip PCT - Head of Health Improvement	Mitch Hawkes
Care Services Improvement Partnership South West – DRE Lead	Mark Patterson
UCLAN Support Worker	Joanna Hicks
DAAT	Amanda Payne
Chair of SREC Executive Committee	Vacant
Community Researcher	Prab Lucas (there is an opportunity for other team members to participate)
MIND	Vacant

- 3.4 The Steering Group also has the authority to co-opt other stakeholders/special advisers as and when necessary;
- 3.5 The Chair of the Steering Group will be drawn from the membership and will be reviewed on an annual basis. The position is currently held by Somerset Racial Equality Council;

4 STRUCTURE

- 4.1 The Steering Group will meet on monthly basis for the duration of the community engagement programme and quarterly thereafter; with the option of agreeing additional meetings should it be required.
- 4.2 Meetings will be in cycle with Somerset BME CDW Steering Group meetings.
- 4.3 Somerset Coast PCT and Somerset Racial Equality Council will jointly service the Steering Group. Agendas and any associated papers will be sent out in advance of the meetings, affording members the opportunity to consider the issues beforehand. Minutes will be sent out as soon as possible after the meeting.

FINAL VERSION AGREED: 13.7.06
TO BE REVIEWED: February 2007

Appendix D1

UCLAN Steering Group Meeting

Steering Group Meeting to be held at Midday til 2pm
on Tuesday 19th October 2006
Meeting Room 1, Somerset Coast PCT, 2nd Floor Mallard Court,
Express Park, Bristol Rd, Bridgwater

AGENDA

Item	Subject	Report	Attachment
1.	Welcome and Introductions		
2.	Apologies for absence		
3.	Matters arising	All	Minutes attached
4.	Project Update: - Feedback on Ethics Submission	All	Papers attached
5.	Approve Questionnaire	All	
6.	Accessing Service Users for interviews	All	
7.	Any other business	All	

Appendix E

WANTED! Community Researchers.

Are you interested in taking part in a national research programme to identify the mental health needs of Black and Minority Ethnic Groups?

Somerset Racial Equality Council (SREC) and the NHS are part of a project to encourage greater awareness of cultural issues within local communities with the aim to improve NHS mental health services.

SREC and the NHS are looking to recruit a team of researchers, who are Somerset residents, to participate in this exciting programme.

No previous experience of research or any qualifications are necessary. The project starts from 12th June 2006 and will involve talking to local people and gathering information about their mental health needs.

Community researchers are required to attend 6 one-day regional workshops as part of this 9-month project. These will explore mental health; undertaking the research and presenting the information. Additionally, team meetings will support the work in the communities.

The University of Central Lancashire (UCLAN) is offering community researchers the opportunity to obtain a qualification by participating in the programme, but this is not compulsory. For those that volunteer, UCLAN will provide a personal tutor to help support their training and learning needs.

All community researchers will be paid for their time and travel expenses.

The project is open to anyone, aged 17 or over, in or out of employment, who is interested in improving their community. Closing date for those interested in taking part is by 5pm on 26th May 2006. For an informal discussion, please contact Loretta Ingram, (NHS Community Development Manager) on 0781 506 3144 or via email at loretta.ingram@somcoastpct.nhs.uk or Andy Merryfield (SREC Project Manager) on 0784 1958 420. For an application pack please contact the SREC office on 01935 414911.

Appendix F

Acceptance Form



PO Box 2422
Yeovil
BA20 1XH

I have taken part in the research and accept £10 as a token of appreciation

.....
Signature

.....
Date

Somerset Racial Equality Council

Registered Charity No **1050434**

Appendix G

Consent Form - Interviews



Please read the statements below and tick the boxes to confirm that you agree to take part in the research.

- PLEASE TICK**
- e. I have read and understood the information sheet
- f. I understand that taking part is voluntary and at anytime I can stop the interview and I am free to leave the room when I want
- g. I agree to participate in the research study
- h. I agree to be interviewed by the community researchers
- e. I understand that the interviews are confidential and disclosure of criminal activities will not be passed on to the police except in the case of a serious threat of harm to others or child abuse

We don't think you need to get people to sign below. Ticking the boxes above is sufficient to gain consent without asking for names.

Appendix H

Research interviews protocol & Risk Assessment Plan



- All interviews will be carried out in pairs (a) Questionnaire 'researcher' (b) note taker or observer.
- Where possible all respondents' interviews will take place at community centre settings in the local areas across Somerset
- Researchers will not normally undertake any interviews alone or in the home of the respondent or in their own home. Exceptions might be if a respondent has a physical/mental disability which means that they are housebound but would like to be involved in the research. Permission will need to be sought from the lead co-ordinators and a full risk assessment done beforehand to ensure the safety of the researchers and respondents
- Interview schedules will be drawn up in advance by Lead Co-ordinators
- Lead co-ordinators will provide 'floating support' to the research team and can be contacted at any time via telephone and email, when interviews are being carried
- Researchers will be required to keep a record of all interviews undertaken, the date, time, venue and name of researcher. This information will be collated on a weekly basis and sent to the lead co-ordinators
- Researchers will be required to ring/text an identified lead co-ordinator to indicate when a research interview session has started and again at the end of a session
- In carrying out interviews if respondents or researcher becomes emotional or distressed during the process, the interview must be suspended immediately and reported to lead co-ordinator. An incident report will need to be completed.

- The safety of respondents and 'researchers' is paramount and any issues pertaining to harm of oneself or others will be reported spontaneously to the lead co-ordinators. Incident forms will need to be completed.
- Lead co-ordinators will be responsible for monitoring any incidents reported and will be responsible for putting together an action plan and report all incidents to the steering group
- Any unethical issues concerning breach of confidentiality will lead to dismissal from the project

Appendix J

Research Focus Group protocol &

Risk Assessment Plan



- All interviews will be carried out in pairs (a) Questionnaire 'researcher' (b) note taker or observer.
- Where possible all respondents' interviews will take place at community centre settings in the local areas across Somerset
- Researchers will not normally undertake any interviews alone or in the home of the respondent or in their own home. Exceptions might be if a respondent has a physical/mental disability which means that they are housebound but would like to be involved in the research. Permission will need to be sought from the lead co-ordinators and a full risk assessment done beforehand to ensure the safety of the researchers and respondents
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- Lead co-ordinators will be responsible for monitoring any incidents reported and will be responsible for putting together an action plan and report all incidents to the steering group
- Any unethical issues concerning breach of confidentiality will lead to dismissal from the project

Appendix K

UCLAN/SREC DATA

Question 3

Participants tended to conceptualise or respond to the term 'mental health' within the following four categories. The following breakdown indicates the prevalence from each category:-

- 1) As representing a serious and possible dangerous mental illness (Schizophrenia, paranoia or a seemingly irreversible disorder treated in hospital). **55**

Crazy strange people – weird – could be harmful to others' (SG09)

- 2) As indicative of depression, stress or nervous breakdown caused by social circumstances. **98**

'When someone has depression or is stressed they have mental health problems'.

- 3) As a consequence of loneliness or isolation. **10**

'Loneliness, to be away from family and frustrated and stressed because she can't speak the national language'. (LP4)

- 4) In positive terms, representative of emotional and spiritual well-being. **53**

'Healthy outlook in life, not confused, alert, happy/contented, self-control, positive self-confidence'. (RS/Fil/005)

Don't know or indeterminate responses = 13

An association with suicide = 2

An association with the menopause = 1

SREC DATA 2 (Please note: as with the previous questions, participants sometimes offered a range of answers within an answer so the figures given are for occurrence of a particular type of activity/reason)

Question 4

The main means by which participants maintained their mental health could be broken down into the following areas;-

- 1) Physical Activity. This included a range of activities from walking through to venue based activities such as swimming, aerobics, working out, dancing and team sports such as basketball or football. **66**

'Visit a gym, work out physically and I feel good about that, it exercises my brain too'. **(LI 08)**

- 2) Quality social interaction with family or friends (it could be noted that friends might substitute for family as a support mechanism). **154**

'Close families, close relatives, keep well balanced... Set of friends. Filipino community are a united group, support for each other'. **(LI07)**

- 3) Leisure activities, principally listening to music but also reading and the cinema. **25**

'Meet friends, listening to music, read books'. **(SB)**

- 4) Deriving support from ones faith. **29**

'Spiritual understanding, such as going to church and meeting with Christian friends'. **(SCC8)**

- 5) Focusing on work and the satisfaction of earning. **38**

'Everyone has a goal in life; we have to be strong to achieve it. In Portugal, I was financially well, but I came here to earn more money and support my children and that gave me strength, we must never lose hope'. **(LI14)**

- 6) Maintaining physical health through eating well. **21**

Additionally:-

Learning English or 'new skills' **13**

Participants taking unspecified medication **5**

Participants benefiting from counselling **2**

Participants using cannabis **1**

Participants benefiting from voluntary work or helping others **5**

Question 5

Participants itemised a wide range of causes for mental health problems. They are as follows:-

Family or relationship problems – 70

Financial worries - 65

Loneliness and Missing Family - 53

Stress - 53
Unemployment - 36
Problems at work - 5
Cultural differences - 20
Physical illness – 19
Bereavement – 17
Drug or Alcohol Misuse – 16
Genetic or Hereditary causes – 16
Communication / Language barriers – 15
Trauma – 12
Accommodation worries or homelessness – 12
Racism – 7
Childhood abuse – 6
Having a family member ill – 3
Pressures of study – 2
A new baby (post-natal depression) – 2
Bad neighbours – 2
Over qualification (employment dissatisfaction) – 2
Media Representation – 1
Chemical Imbalance – 1

SREC DATA 3

Question 2a

30 participants provided the following reasons as to why they had not registered with a doctor in Somerset:-

In good health therefore does not feel the need – **11**
Have just arrived in the UK – **7**
Does not know how to register – **6**
Have moved, having a G.P. in another area – **3**
Does not speak English – **2**
Too busy – **2**
Waiting for paperwork or NI No. – **2**
Hasn't considered it at all – **2**

Question 6a

33 participants described the help/support they had received for mental health problems. (However **3** of these outlined treatment they had received overseas or in London. **5** participants just outlined support from family and friends). Personal experiences of the services offered varied considerably, however the following treatments and responses can be identified as follows:-

1) Medication.

Participants prescribed some form of medication – **15**
1 participant responded well to their medication:-

'Medication from G.P. It was good'.

(MR 05)

3 participants responded badly to their medication:-

'Help from Dr. A., psychologist. Dropped my medication because I thought I was getting better, they changed my medication and I felt awful'.

(LI 115)

2) Counselling or psychiatric help (referred by their G.P.)

Participants using either of these services – **10**

1 participant received private psychotherapy which they found helpful.

Over and above confirming their use of these services, **4** participants described the quality of their treatment, **3** positive, **1** negative:-

'I had counselling, offered by my G.P., it is really good. I was in denial about my illness and it made me see things in a more positive way. I go to a counsellor at my local G.P. surgery'.

(LI 14)

'Psychiatrist in hospital help her family (sons/daughters) – bad, not helpful at all – participant wasn't told what she could do about depression, what would help'.

(SB)

3) Combined treatment: medication and counselling/psychiatry.

7 participants confirmed receiving this combination of treatments.

1 participant identified attending a support group.

4) Help from a G.P.

3 participants claimed positive help from their G.P.'s.

'The doctor felt he could do nothing for me because it was because of racial harassment. He offered to arrange a break for me at a special centre but I could not do this. In general the doctor was good to me'.

(Jo 6)

5) Language and Communication.

1 participant highlighted difficulties:-

'Communication, English is not my language, limit to expressing myself, made me feel useless and stupid. General think you aren't clever enough, you are measured by your English. I try talking issues through with my husband. I could have done better'.

(LI 05)

1 participant highlighted advantages of language competency:-

'Good. Helpful. I can speak the language, easy to express my feelings.'
(Jo 5)

6) Crisis

1 participant described (with the help of translation?) a crisis situation:-

'After epileptic fit, I got help from the hospital, it was helpful. One day he wanted to be seen by G.P. at the hospital and they sent him away, so he drank. Then he had a fit and the hospital treated him with medication to help him with vices etc....'
(LI 62)

Question 6b

12 participants indicated ways in which they would like additional help:-

Increased counselling support - 6
Quicker access to counselling – 2
More information about their medication – 2
Help with child care – 1
Home visits – 1
Would have preferred referral to psychiatrist – 1

Question 7a

The alternative action that participants would take if they had a mental health problem falls into the following categories:-

(However categories already cited in Q7 are consistently referred to again)

Seek the help of a professional – 47
Talk to someone close – 45
Reflect on one's problems to find a solution – 24
'Study myself. Check to see whether I am on the right track.' (EJ 1)
Prayer – 12
Research the problem – 6
'I would do research and find out for myself what kind of help I need, or try to be positive.' (SG 02)
Try alternative treatments or therapy – 3
Go on a drinking session – 2
Return to country of origin – 2
Keep a diary – 2
Avoid alcohol – 1

Question 7b

58 participants responded to this question in a meaningful way. The following reasons for not discussing a mental health problem

emerged:-

Lack of trust (that confidentiality would not be respected). **24**

'Privacy, break of confidence, distortion and amplification' **(EJ 1)**

Stigma (due to ignorance of, or discrimination against the condition) **15**

'Afraid of being labelled and discriminated against' **(AP 4)**

Shyness and embarrassment **11**

'Shy, not easy to express myself' **(RS)**

Shame or loss of self-esteem **8**

Not wanting to worry anyone **2**

Language problems **1**

Do not like doctors **1**

Previous (bad) experience of mental health within the family **1**

Fear of being locked away **1**

Question 7c

35 participants who felt that they might not be able to discuss their mental health problems with anyone, offered the following alternatives:-

Isolate oneself **10**

'I would isolate myself, so I can be crazy by myself. Somewhere very remote.' **(SG 02)**

Seek solace through religion **7**

'Prayer. Meditation. Have a good cry – release.' **(EJ –2/FA/001)**

Try to address the problem oneself, through reflection or research. **6**

Be with one's family **4**

Socialise and keep active **3**

Seek out distractions: T.V. reading or sports **3**

Discuss issues with a stranger **2**

Question 8b

83 participants described the way in which religious faith affected their mental health. All except **6** participants described their engagement with their faith in a positive light. The following aspects of faith commitment emerged from the interviews:-

Strength deriving from the central tenets or doctrine of their particular faith. **33**

'Religion has helped me. Moral and ethical standards I had embedded in life, faith was stopping me doing anything silly, although I felt suicidal, depressed. Religion stops me from feeling alone. I had a faith intervention which helped me'.
(LI 112)

The communitarian dimension of faith.

(Shared tradition amongst friends and family and church attendance). **16**

'(It is) a bond between friends and relatives. And the Polish Mass'. **(RI P2)**

'Another time I had depression from my work... and so I decided to leave everything and I went to the funeral of... and it helped me to recover'.

(LI 60)

Strength deriving from personal prayer

15

'If I have any worries, I will start praying. I will ask Allah. This is what my religion says. Allah is the greatest. He decides everything. As a muslim you are given guidance'.
(LI 09)

'Yes – for good. Talk to God in my own time on my terms. Having no family around has been stressful'.
(Jo 5)

Of the **6** participants who offered **negative associations with religion**, the following are significant:-

1 participant felt a sense of dislocation in terms of her faith –

'It is important but I have lost time to practice my faith. It's very difficult in Shepton Mallet. I don't feel we are seen as belonging'.
(Jo 6)

1 participant reported an unpleasant encounter with faith –

'Being forced to read the bible whilst in ... House and being told that I was with Satan and that I could come to Jesus and that was the only way my mental health problems would go away. I was afraid all the time. I could only think about fear and anxiety'.
(LI 04)

Pastoral Care; **1** participant identified themselves in this role –

'God changes things. As a pastor others problems could affect me if I let it. (I am) called out to others'.
(AM)

Question 9a

76 participants identified the following ways in which their culture affected their mental health:-

A strong family life and good community networks had a positive effect on mental health **32**

'Family, friends meet often, discuss issues. Discuss how to bring up kids in society, teaching them about culture'. **(LI 15)**

Cultural difference, feelings of outsider status in Somerset, isolation and experience of racism. **19**

'I don't like the way they (British) treat people without education, sort of racist – they could be very rude and look down on the less fortunate people'. **(LI 104)**

'Through being adopted into a white family (I am Jamaican) a white oriented community, I was forced to hide my roots, not to think like a black person, must be a white person, If I wanted to explore my Jamaican roots, I was told they Jamaicans are violent...(?)' **(LI 104)**

Their culture has traditionally stigmatised mental health issues. **10**

'There is a stigma in Chinese culture about talking about mental health' **(SM1)**

Their culture has a tradition of resilience and cheerfulness **6**

The significance of religion to their culture **6**

However ambivalence should be noted:-

'Blind faith – drummed into at an early age (Islam). You are brainwashed about muslim/asian culture. The faith side is good, it makes me feel good. The dos and don'ts of culture can be quite sick'. **(LI 14)**

'I was brought up in a traditional way. Church – corporal punishment. I can remember the old ways. Very strict, therefore contradictions – love/hate'. **(Jo 5)**

High family expectations caused stress **5**

'In African culture it's always tough at the top. Your success has to be shared by the extended family and not just yourself and your immediate family. Unremitting demands will be made by the extended family. And they can drive you mental'. **(RS/Fil/007)**

Question 9c

19 participants fully understood the question of whether their culture prevented them from living their life as they wished. Their responses were highly individualistic therefore no clear cut classifications could be made. The following is a representative sample:-

'I need to be a model for my daughter, sometimes I would like to get dressed up and go out like in western culture but its not appropriate because of my muslim culture'.

(LI 08)

'Early marriage. Matchmaking for money. Makes me feel angry and distressed'.

(EJ 1)

'In China, you can't have a boyfriend'

(EJ 1)

'Pressure on the Romany people, to live in bricks and mortar, against their culture'.

(AM)

'Work is equated to survival not holidays. We like to get together and work prevents us from getting together whereas the British want to go on holiday'.

(LI 07)

Question 11

204 participants offered the following suggestions as to how more people could be encouraged to seek help for mental health problems.

By mounting education and awareness campaigns, in appropriate languages (leafleting, advertising, print and broadcast media, internet and schools).

122

'Removing the stigma of mental health, articles in the newspaper, magazine, leaflets in common places'

(LI 60)

'All media – local venues in our language'.

(Jo 05)

Strengthening and developing existing BME Community association structures, opening up dialogue and thus support.

79

'More help from community organisations which unfortunately don't have enough funding to help all. It would be nice to have a positive relationship and someone who is not judgemental'.

(SG 02)

'Organise Polish community meetings for people to feel better especially when they first arrive. People feel isolated and lonely when they first arrive and need help'.

(?)

Establishing designated, user-friendly venues for informal advice and self-help groups

20

'(We need) a place where someone could have support, relax, express feelings with confidentiality. A person who is friendly, not necessarily to talk to someone with a degree in mental health'.

(LI 05)

Knowing that greater awareness of BME users' needs has been raised within the NHS and Social Services **11**

'Just try to be friendly to people. Services should be nicer. For example, I went to the hospital and the lady made me feel like ughhh!' **(LI 100)**

Support in the workplace **5**

Home visits **3**