

To Improve the Mental Health Outcomes of Young African Caribbean Men

Better Outcomes – New Approach



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To improve the mental health outcomes of young African Caribbean men

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This six months study has been funded by Mind Cymru, I would like to thank Ginny Scarlett for giving Diverse Cymru the opportunity for this pilot project study.

This work would not have been possible without the participation of young people and the staff who facilitated the participation.

Our sincere thanks to the project staff who were generous with their time and support, going the extra mile in order to facilitate the consultation and enable young people to give feedback.

To the young participants we give thanks for their enthusiasm, and invaluable insights. We hope this report does justice to their views and efforts.

EXECUTIVE SUMMARY

In 2013, Diverse Cymru were contracted and received a grant from Mind Cymru to initiate and deliver a pilot project with the specific objective of researching mechanisms that could improve the mental health outcomes of young African Caribbean men aged between 16-25, and to use the findings and outcomes of this research as evidence for a larger piece of work in the future.

The project is part of a national programme in 7 areas within England and Wales, Cardiff is the only participant in Wales.

As set out in the maps below, the research concentrated on the Cardiff areas of South Cardiff, Butetown and East Cardiff, St Mellons and involved working with the Cardiff based community education centres and youth workers.

The starting point and rationale for this project is the growing body of research and literature which raises concerns on the appropriateness of mental health services for African Caribbean young men. This research highlights the fact that in adults there is over-representation within mental health services; and also that there is an under-representation of Black and Minority Ethnic people in child and adolescent mental health services (CAHMS). Whilst much of the research material relates to adults it is recognised that many of the concerns are also relevant to African Caribbean young men. Identified barriers preventing Black and Minority Ethnic (BME) groups accessing services include issues such as limited information, stigma, language barriers, racism, fear and mistrust of mental health services, poor training of staff, inappropriate provision/interventions and issues such as socio-economic disadvantage. In addition, research on the 'risk factors' for young people developing a mental health problem has also highlighted that young people from Black and Minority Ethnic groups are disproportionately affected – particularly with reference to the numbers of referrals to (CAHMS) child and adolescent mental health services.

Taking note of the above there was a clear need for this pilot project.

This detailed report produced from the findings from the pilot project involved the following stages:

- Collation of data to ascertain the general feelings amongst young black men with regards to their mental health and their experiences with accessing healthcare services/providers
- Analysis of this data and interpretation of results
- After identifying key areas of need the provision of a series of workshops to look at the specific problems identified
- From these workshops provide recommendations of how to improve the delivery of and access to primary mental health services in the future for African Caribbean young men.



1. Background

Diverse Cymru were commissioned and received a grant from Mind Cymru to initiate and deliver a pilot project with the specific objective of researching mechanisms that may improve the mental health outcomes of young African Caribbean men aged between 16 - 25, and to use the findings and outcomes of this research as evidence for a larger piece of work in the future.

The project is part of a national programme in 7 areas within Wales and England, Cardiff is the only area in Wales.

As set out in the maps below, the research concentrated on the Cardiff areas of:

South Cardiff, Butetown, and East Cardiff, St. Mellons and involved working with two Cardiff based BME organisations; Butetown Pavilion, and St. Mellons Community Education Centre.

This report provides details of the agreed work schedule and the progress made against this schedule.

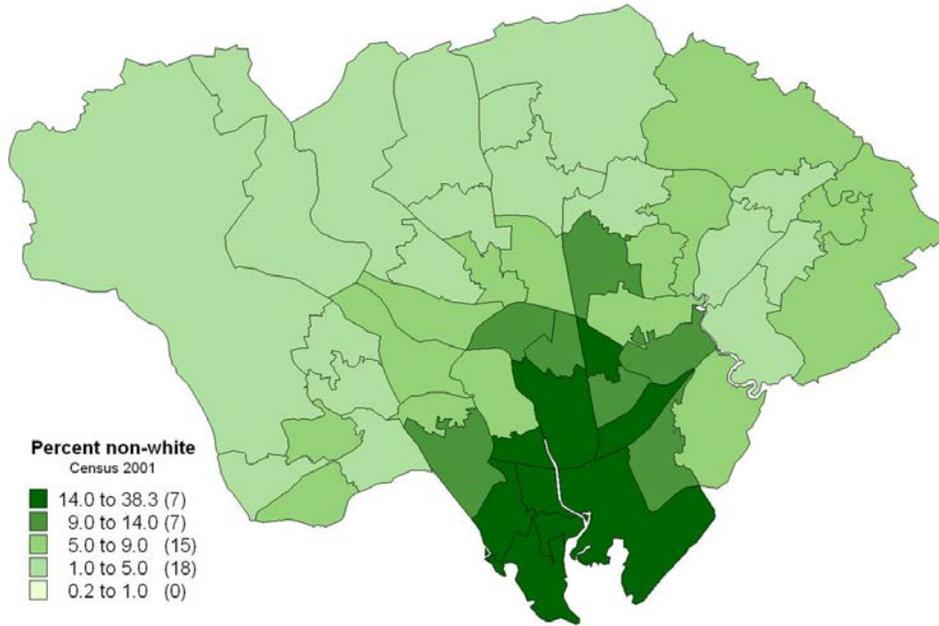
A note on the terminology used

BME

There is often a debate around the terminology used to refer to minority community in relation to the local population on the basis of their 'racial' or 'ethnic' origin. No single term is fully capable of capturing the vast diversity, difference and similarity within these communities. Currently, 'black and minority ethnic' is the term consistently used in census, survey and routine administrative data. The term refers to a range of communities including established groups e.g.

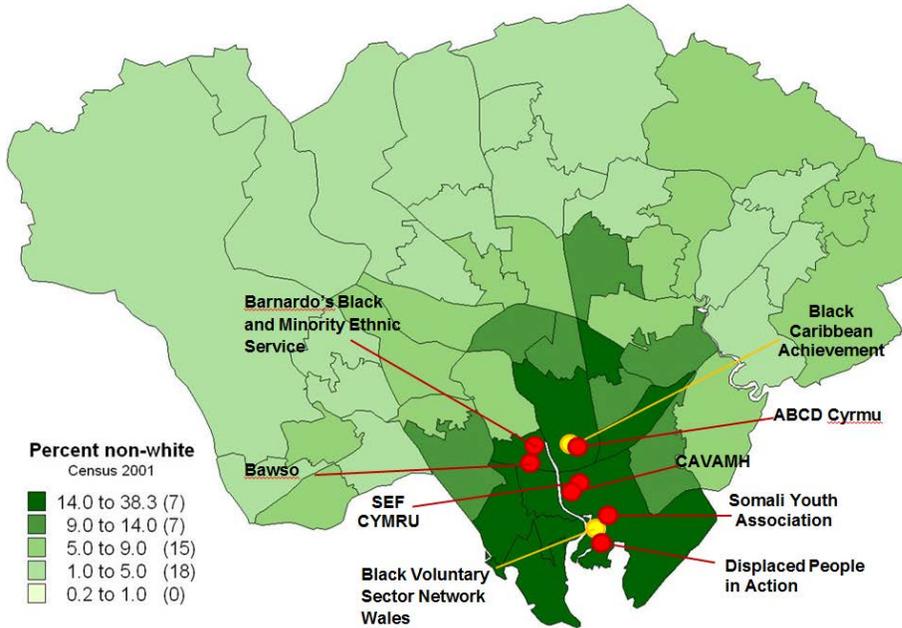
African, Asian, African-Caribbean, 'new' migrant communities (e.g. people from Eastern European countries), refugee and asylum seeker communities, transient communities (e.g. the traveller community) and groups often referred to as 'invisible minorities' (e.g. the Irish community). Hence we have chosen to use the term for the purpose of this report.

The mapping of activity focused on services supporting young people from Black and Minority Ethnic groups.



Population of BME in Cardiff as of 2006
(map sourced from Health Needs Assessment 2006: LHB specific information) with the addition of local BME youth charities and organisations

Yellow = on hiatus or status unknown Red = currently operational



2. Work Schedule

To meet the project objectives the following work schedule was agreed

June – July 2013 - Identify how and where to reach the target group. Contact partners and arrange a meeting with everyone who is involved in working with this group.

August –September 2013 – Collect data from the questionnaires identify what, or if, any issues were raised about mental illness.

October-November 2013 – Deliver mental health workshops with identified group, informal chat with groups to see how they feel 'how we can get better outcomes for young African Caribbean males with a mental illness.

December-January 2013/2014 – Reflect with the group to see if they have a better understanding of mental illness and whether they would be able to identify when they are getting ill and who they could go to for support.

February-March2014 – Collect all data for final report for Mind Cymru.

The work schedule as set out in diagrammatical format below enables us to explore if there have been any issues raised by the young people around mental health with the partners involved in the pilot study.

If so, what were the issues and how did the partners deal with the young people? Did the partners signpost or refer young people to a specialist agency. What experience or training have the partners had to deal with young African Caribbean males who have or may present with a mental illness?

In addition to collecting data from the meetings with other agencies – identify any gaps in service delivery on this subject and to consider what is needed to deliver better mental health outcomes for young African Caribbean males?

Through collaboration with the identified partners working with young African Caribbean males it was clear from the onset that there were mental health issues raised by the young people with their youth workers. An example was where a the youth worker said that he had noticed a change in a few of the young people who attended the youth club and that they had spoken to him about their own experiences of what they were going through and did not understand what was wrong with them, they did not know where to go for support. The youth worker said that he had no experience or training to deal with a young person presenting themselves with a mental illness and raised these issues:

- Not enough knowledge to signpost the young person on to other specialist agencies
- Stigma around mental health with young people, lack of understanding of the illness
- Fear of other peers knowing they have a mental illness
- Not having someone to listen to them

Taking note of the above example, and noting that young people are more likely to be involved with youth centres or street-based youth workers I contacted Youth Community Education Officers with regards to leaving anonymous questionnaires for the young people they engage with to fill in with their youth workers around mental health issues.

3. Meeting Summaries

Meeting 1

Venue: Diverse Cymru

Time/date: 11.30 -1pm, Tuesday 4th June 2013

In attendance : Suzanne Duval (Diverse Cymru), Michael Flynn (Diverse Cymru), Samira Salter (Diverse Cymru), Gareth Hicks (C1st-C3SC), Cyril Payne (Cardiff Youth Service- St Mellons), Tony Hendrickson (BRG C1st)

Background: Diverse Cymru has received a grant from Mind Cymru to initiate and deliver a project focusing on the experiences of mental health outcomes of African Caribbean and/ or other marginalized young males. This project is part of a national programme in 7 areas within England and Wales; Cardiff is the only area in Wales.

Notes: CP gave his experience of how young people have:

- Approached him with their concerns about their own (personal feelings) of mental distress
- Raised concerns about the mental well-being of others attending the centre

CP also stated that some of those identified were now above the 25 year old threshold but previous youth centre attendees. CP confirmed that those working in the youth service that are in direct contact with possible sufferers will not be trained in responding in an appropriate formalised manner.

There was a discussion on how and when young (particularly) African Caribbean males were being diagnosed with mental ill-health and the likelihood of less discussion-based interventions being administered. As per the Count Me In report there was a clear feeling expressed that the young males in question are:

- More likely to develop more severe symptoms before any support and / or interventions are introduced.
- More likely to present within the criminal justice system before any support and/ or interventions are introduced.
- Less likely to be offered more therapeutic support such as counselling.
- More likely to be referred to more clinical and / or offered pharmaceutical 'support'.

A request for data or reports on the experience of mental ill-health was raised. This would establish a baseline for any work/projects planned.

Following some discussion it was provisionally agreed that for the pilot project, 2 youth centres (St Mellons and Pavilion Butetown) would be approached to discuss what support could be provided for those attending the centres. The project would measure whether training for staff and a series of informal sessions with the young participants could improve longer-term outcomes for those taking part. This current programme is due to end March 2014 so any projects will form an initial phase, potentially making a case for follow-on projects post April 2014. The main focus of the project will be to:

- Further enable youth workers to respond to concerns regarding the mental health of centre young attendees (whether they be self-identified or brought to their attention by others)
- Initiate activities which provide opportunities for young people to discuss areas of concern
- Enable a more pro-active approach to the development and maintenance of positive mental health and well-being

Actions:

1. Organise a follow-up meeting with potential partners
2. Circulate the Mind/ Diverse Cymru application and /or action plan

Meeting 2

Venue: St. Mellons Community Education Centre

Time/Date: 11 – 1pm 20th August 2013

In attendance: Samira Salter (Diverse Cymru), Cyril Payne (St Mellons Youth centre), Sarah Hunter (St Mellons Youth centre), Margaret Brobin (St Mellons Youth centre)

Background: Based on the previous meeting with CP and after consulting with Margaret Brobin, Community Education Officer at St. Mellons' centre, it was agreed by all parties to arrange some taster sessions on BME Mental Health Awareness Raising to the youth workers at the centre.

CP, SH and MB said that they had no experience of mental health issues and how to raise them with the young people or where they could signpost a young person if they presented mental ill health other than their GP.

SH and MB said that all staff could benefit from the training and it was agreed that dates would be arranged for staff training.

SS had devised some questionnaires for young people titled '**How do your feelings and thoughts have an effect on your health and wellbeing? How can we address better outcomes more positively**' to be completed by young people, youth workers were on hand to support young people if needed.

Actions:

1. Dates to be arranged by participants for Samira to deliver training to youth workers.
2. It was agreed that Samira would visit the centre for an informal chat with young people about mental health and well-being.

4. Obtaining data

Our primary aims were to identify the mental health of the participants and to establish how their feelings and thoughts have an effect on their health and well-being, their current attitudes towards the services available to them. This was carried out by designing a questionnaire which looked at the following key areas:

1. Attitudes towards GP's/ primary care services
2. Attitudes towards their own mental health
3. Their current coping strategies
4. Shortfalls in the current services
5. To establish awareness of existing mental health services available to them

A series of eight questions were asked in total:

- Have you ever experienced low mood and lack of self-esteem?
- Have you ever experienced any stress in your life?
- Has there ever been a time when you felt worried or anxious?
- Has your behaviour ever got you into trouble?
- How would you rate your confidence on a scale of 1-10?
- Do you have a good relationship with your doctor?
- How often do you see your doctor?
- How old are you?



Results

Q1. Of those lacking in self-esteem or experiencing low mood:

Q1. i) If so did you talk to anyone about your feelings?

Yes	19	59.38%
No	13	40.63%
Total	32	

Q1. ii) If yes was this a:

Spoke to:	Total	%
Friend	8	25%
Relative	7	22%
An organisation	1	3%
Other	3	9%
No one	4	13%
Participants who did not experience low mood	9	28%
Total	32	

Q2. Have you experienced any stress in your life? Example: exams may have put stress on you.

Yes	25
No	7
No answer	0

Q2. i) If so how did you deal with this?

Get Drunk
Chilled
Punching things
Not very well
Get Drunk
Ignore it
Drinking
By speaking to a family member
Sort help from someone
Just got over it
Never done nothing
Got on with it Just carried on
Just got on
Had a lot of help from my family
Very minor - got on with things and forgot about it
Just got on with it

Q3. Has there ever been a time when you have felt worried or anxious?

Yes	23
No	9
No answer	0

Q3. i) If so what did you do to resolve this?

Smoke weed
Talk to them
Carry on as normal
Drinking
Take it on the chin
Just got over it
Do nothing
Carry on
Just carried on
Nothing
Breathing techniques shown by my doctor
Had medication to help anxiety
Gradually getting over it

Q4. Has your behaviour ever got you into trouble?

Yes	20
No	12
No answer	0

Q4. i) If yes, was this at school or other?

Police
School
Both
At school and out on the streets
Smoking weed
Both
Both
Yeah school
At School
Other
School
School and house
Police
Both
Sometimes - Was a troublesome child in school
I've had trouble keeping jobs because of my behaviour

Q5. How would you rate your confidence on a scale of 1-10?

Scale of 1 to 10	Answers given
It differs daily	1
1	1
2	1
3	1
4	0
5	4
6	5
7	5
8	7
8.5	1
9	5
10	1

Q6. Do you have a good relationship with your doctor?

Yes	8	25%
No	19	59%
9 out of 10	1	3%
Don't see him much	1	3%
I don't always see the same doctor	2	6%
Normal	1	3%

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Q7. How often do you see your doctor?

Don't know	1	3%
When I need to	3	9%
Never	2	6%
Never or when I'm ill	1	3%
Not at all really	1	3%
Hardly ever	2	6%
Rarely	1	3%
Not much	1	3%
Not often	6	19%
Once a year	4	13%
Once or twice a year	1	3%
Twice a year	2	6%
Three times a year	1	3%
Four times a year	2	6%
Once a month	2	6%
Twice a month	1	3%
Every week	1	3%

32

Q8. How old are you?

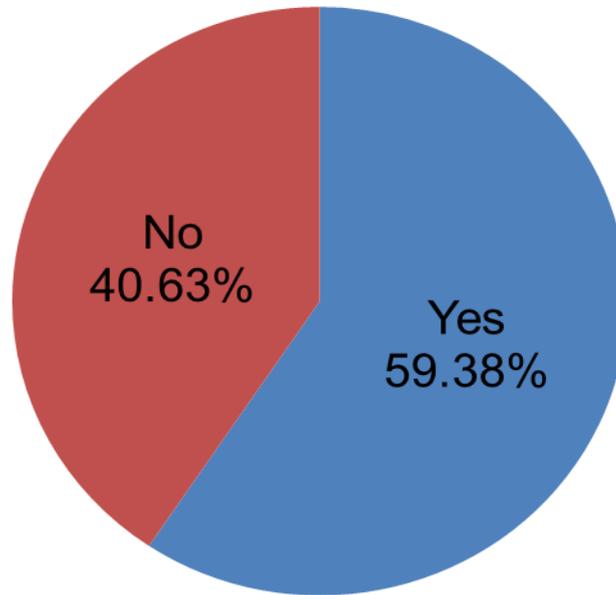
16	6	19%
17	2	6%
18	3	9%
19	1	3%
20	0	0%
21	1	3%
No answer given	19	59%

Q9. Could you please take a few moments and look at the diagram below and underline what you may feel on the outside and inside

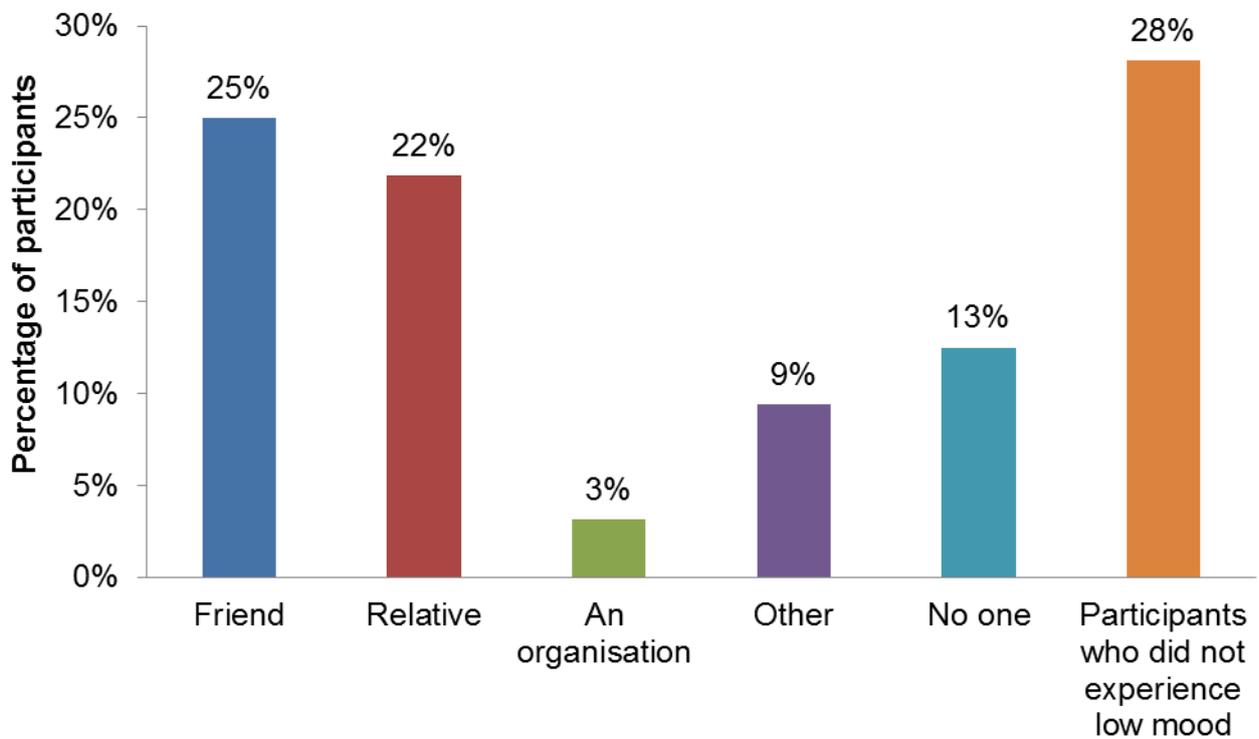
Outside	
Happy	10
Grown-up	7
Positive	7
Just get on with it	15
Confident	8
I know everything	3
Not caring	2
Not bothered	9
Calm	9
Messing around	8
Don't trust anyone	6
Keep your head down	5
Don't talk to anyone	1
No answer given	9

Inside	
Worried	6
Lonely	12
Upset	4
Angry	10
Annoyed	6
Getting in trouble	3
Bored	6
Stressed	6
Going to explode	4
Fighting	2
Scared	2
No hope	8
Want to run away	3
Other: Lovin' life	1
No answer given	11

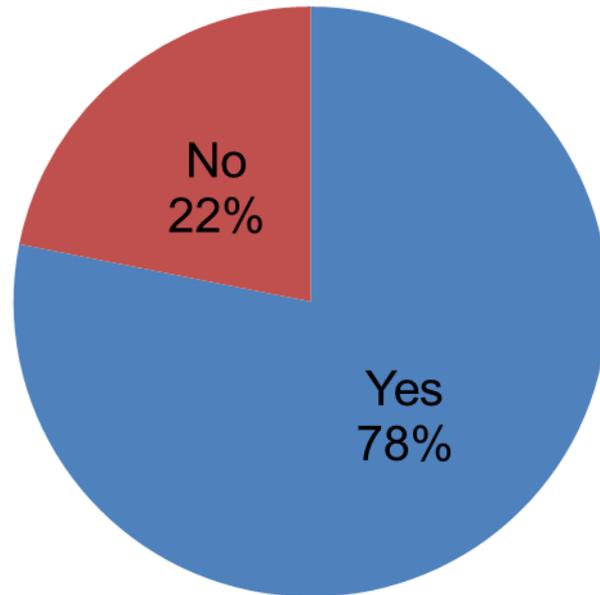
Of those who had experienced low mood, what percentage had spoken to someone about their feelings?



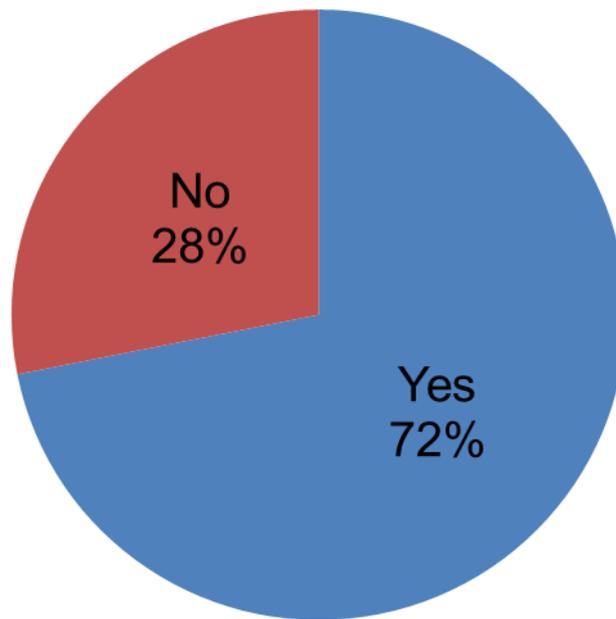
Who the young people spoke to regarding their feelings if they had experienced low mood



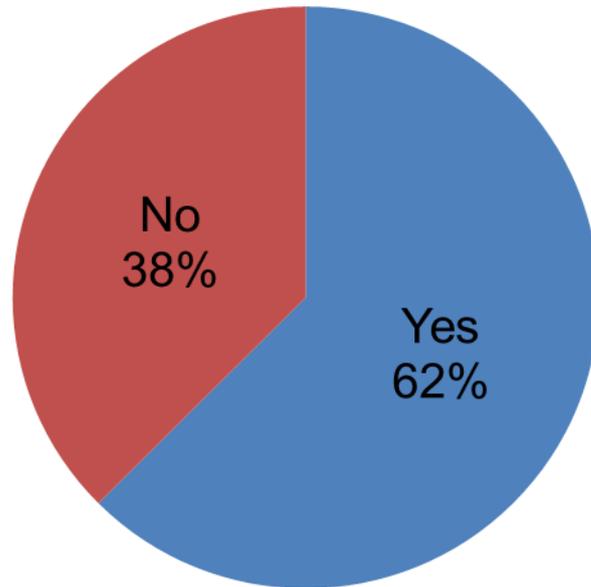
Have you experienced any stress in your life?



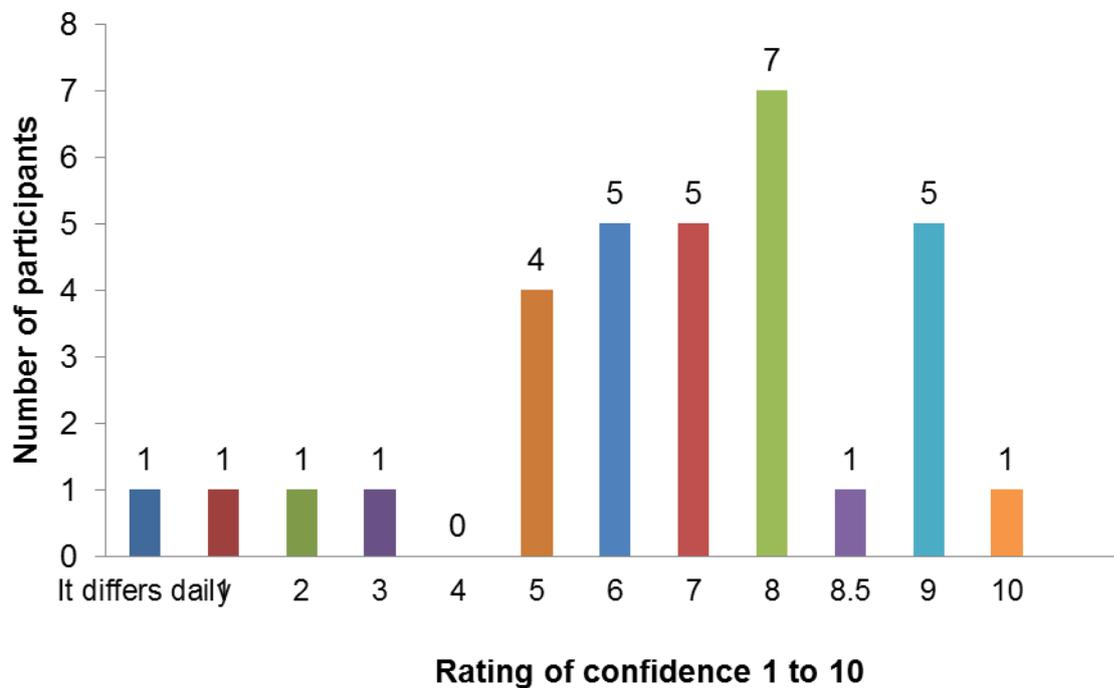
Has there ever been a time when you have felt worried or anxious?



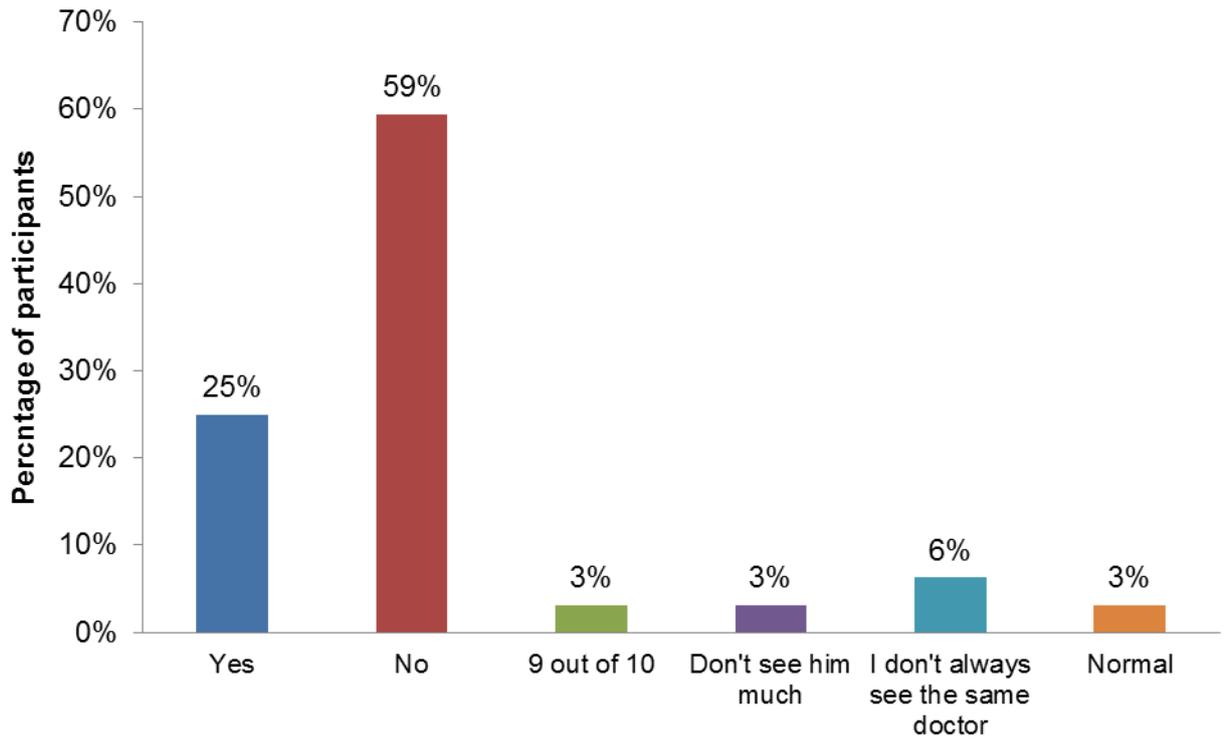
Has your behaviour ever got you into trouble?



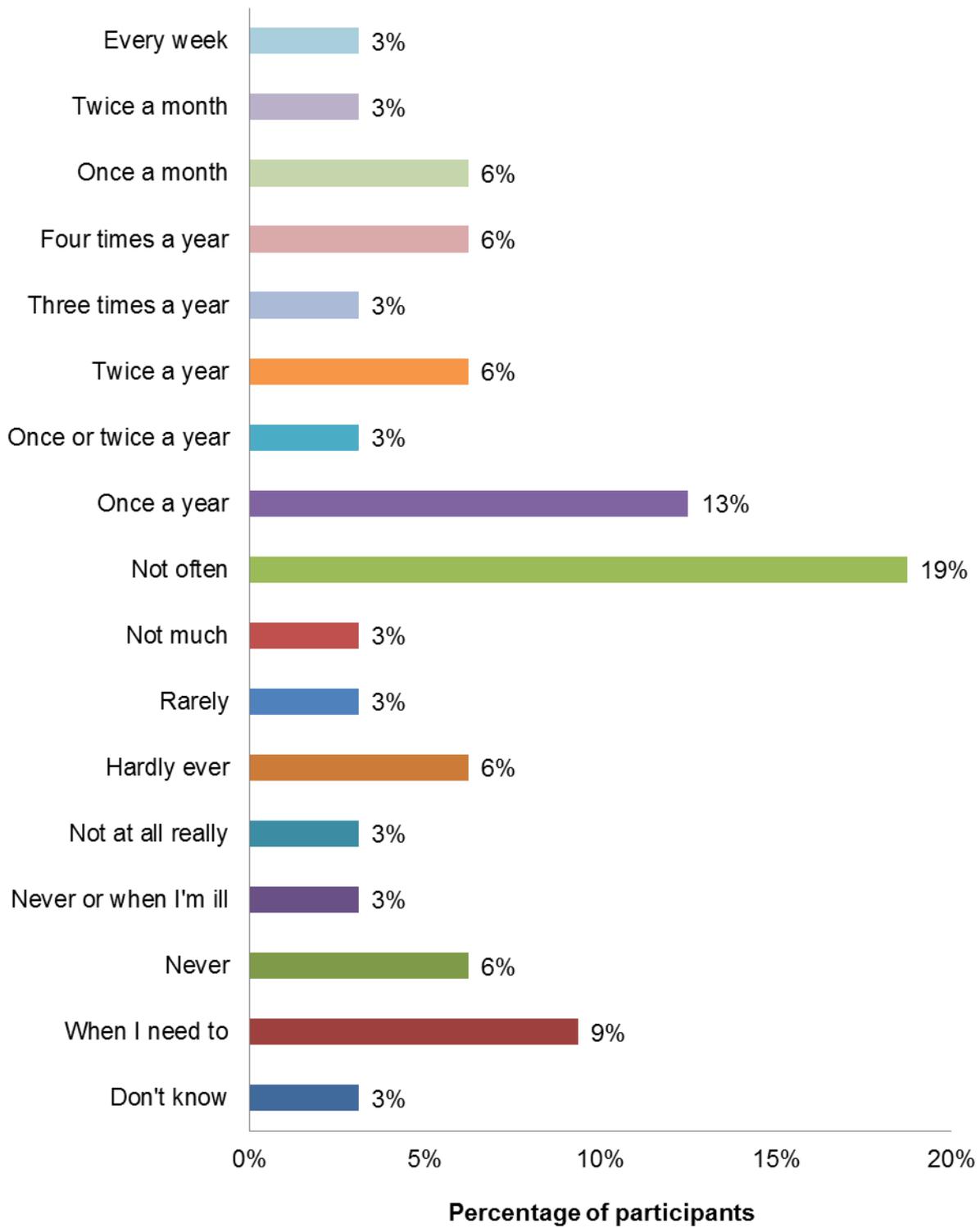
How would you rate your confidence on a scale of 1-10?

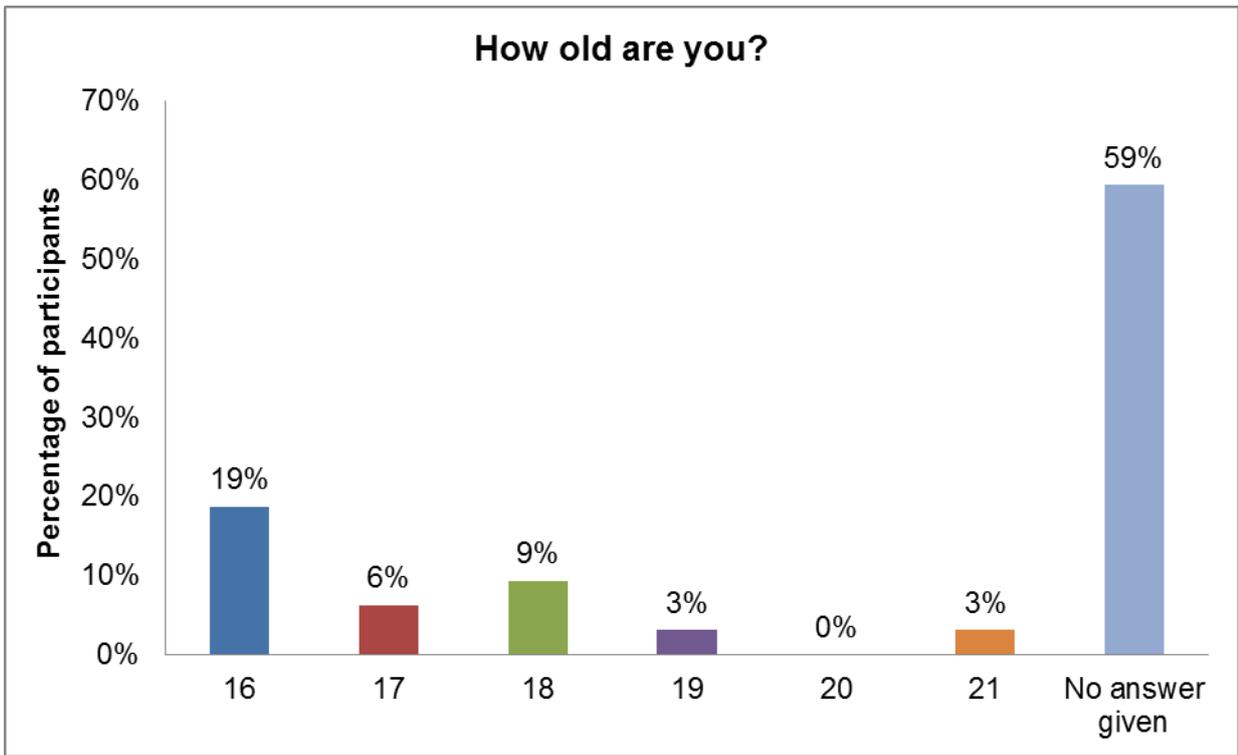


Do you have a good relationship with your doctor?

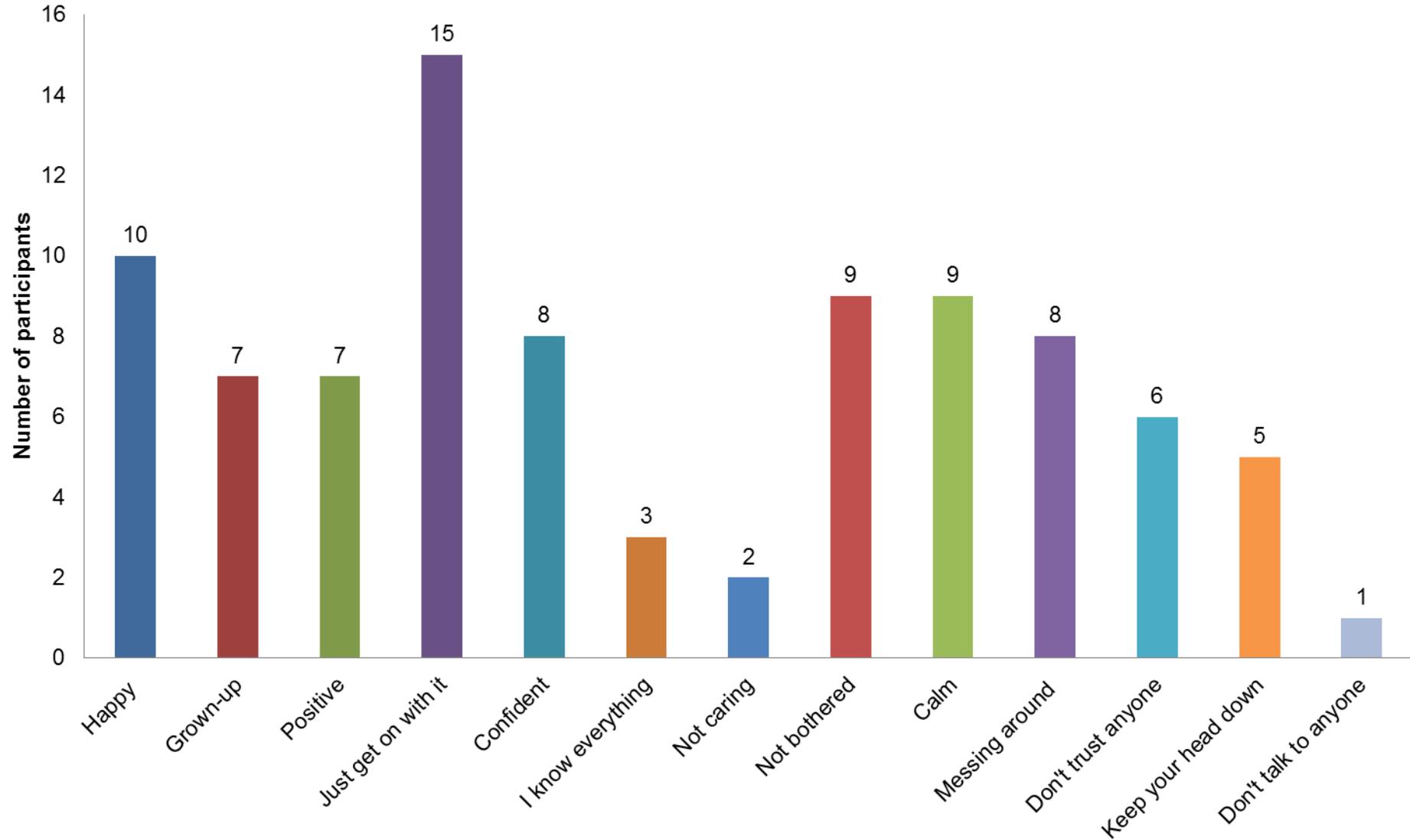


How often do you see your doctor?

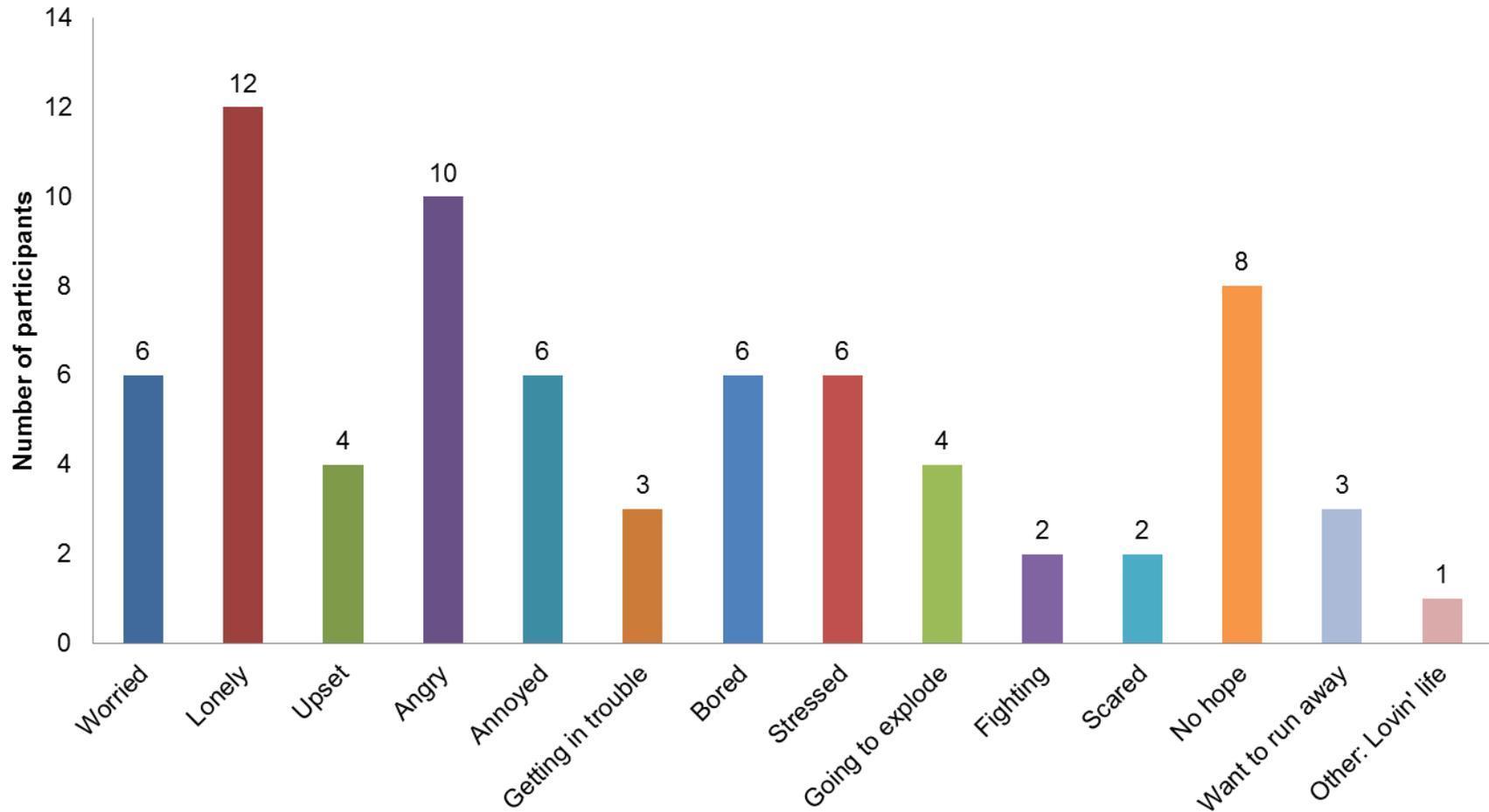




Could you please tell us what you may feel on the outside



Could you please tell us what you may feel on the inside



Workshops

Workshops took place whereby we discussed case studies of service users that are clinically depressed referring to their symptoms and the root cause of any problems they may have. This was to highlight the signs and symptoms of depression and low mood and to see if any of the participants related to these cases. This was delivered in a small group setting of 10-15 participants.

Session 1

We had an icebreaker and I asked the young people to draw a picture of an animal that best describes themselves and why. They had fun with this and as they were already familiar with each other they found it very humorous. Through the analysis of the questionnaires I knew that the young people were outwardly portraying a different image of themselves more confidence, self-esteem, being able to get on with life. However according to the data analysis this was clearly not the case.

We had a group discussion about mental health, how would they describe someone with a mental health illness. The terminology they used to describe someone with a mental illness was the stereotypical views that many have used in the past and present e.g. crazy, nutter, psycho, off their head, looney; these were the general terms used by the group. Their understanding of what is meant by 'mental health' was poor, with many talking of mental health in terms of madness, or very serious illness, and as such, something that they did not see as applicable to them. Some also expressed a mistrust of services and professionals and/or fear of being labelled 'mad' as a result of accessing support.

Delivering Race Equality¹ states that the Sainsbury Centre for Mental Health has identified that:

- Many people, particularly in the Black African and Caribbean communities, do not believe that mainstream mental health services can offer positive help, so they delay seeking help.
- They therefore are not engaging with services at an early point in the cycle when they could receive less coercive and more appropriate services, coming instead to services in crisis when they face a range of risks including over- and misdiagnosis, police intervention and use of the Mental Health Act.
- These aversive care pathways further influence both the nature and outcome of treatment and the willingness of BME communities to engage with mainstream services.

Malek, M. (2011)The Afiya Trust *Enjoy, Achieve and Be Healthy*¹

Session 2

The young people expressed anger that they had been excluded from school and felt socially excluded from society. We discussed the reasons why they were excluded from school and why they feel socially isolated from society.

Many of the young people said they had felt let down by school, primary education and health care services, and parents, some of the young people expressed they had no role model that they could aspire to other than their peers. Over half of the participants had come from a dysfunctional family, single parent, and family breakdown and live in poverty. I explained that the way you think about things affects the way you feel, which affects the way you behave. It is difficult to change the way you feel, but you can change the way you think and the things you do.

When you are feeling depressed you might have negative thoughts a lot of the time. With each negative thought the feelings of depression are likely to get worse.

Session 3

In this session we discussed some of the signs and symptoms that you may experience if you are depressed by using tick boxes.

Emotions or feelings

- Feeling sad, guilty, upset, or numb
- Losing interest and/or enjoyment in things
- Crying a lot or unable to cry when a truly sad event occurs
- Feeling alone even if you are in company
- Feeling angry and irritable about the slightest thing

Physical or Bodily Signs

- Tiredness
- Lack of energy
- Restlessness
- Sleep problems
- Feeling worse at a particular time of day – usually in the mornings
- Change in weight, appetite and eating

Thoughts

- Losing confidence in yourself
- Expecting the worst and having negative or gloomy thoughts
- Thinking that everything seems hopeless
- Thinking you hate yourself
- Poor memory or concentration
- Thoughts of suicide

Behaviour

- Having difficulty making decisions
- Can't be bothered to do everyday tasks
- Putting things off
- Not doing things you used to enjoy
- Cutting yourself off from other people

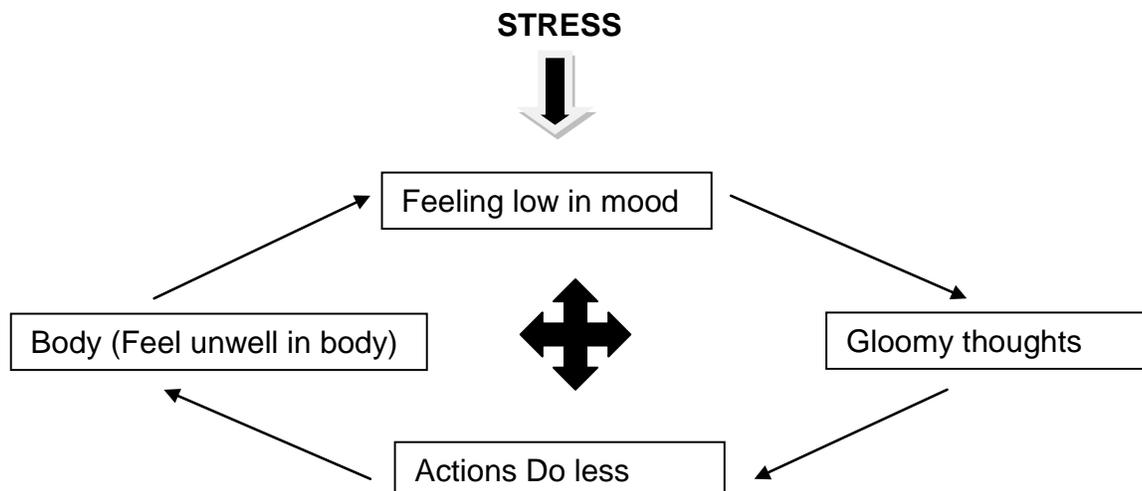
Many of the young people had ticked numerous boxes to these questions.

Session 4 – How can I understand these feelings?

I explained that the way you think about things affects the way you feel, which affects the way you behave. It is difficult to change the way you feel, but you can change the way you think and the things you do.

When you are feeling depressed you might have negative thoughts a lot of the time. With each negative thought the feelings of depression are likely to get worse.

The vicious cycle can look like this:



Now the basic understanding of what the participants perceived what mental ill health is, I was able to break down and discuss the issues in more detail in the language they could understand/relate to.

- Feelings/ low mood
- Low self-esteem and confidence
- Not feeling adequate / no job prospects

They were able to recognise when they were feeling low that gloomy thoughts were becoming a familiar pattern that they just accepted them. I asked them to write what they were thinking when they were feeling like this. We used a flip chart and each person wrote how they felt when they were feeling low.

- I'm no good
- People don't like me
- I don't like myself
- I find it hard to mix when I am in this mood
- I just want to sleep
- I feel angry/upset

Session 5

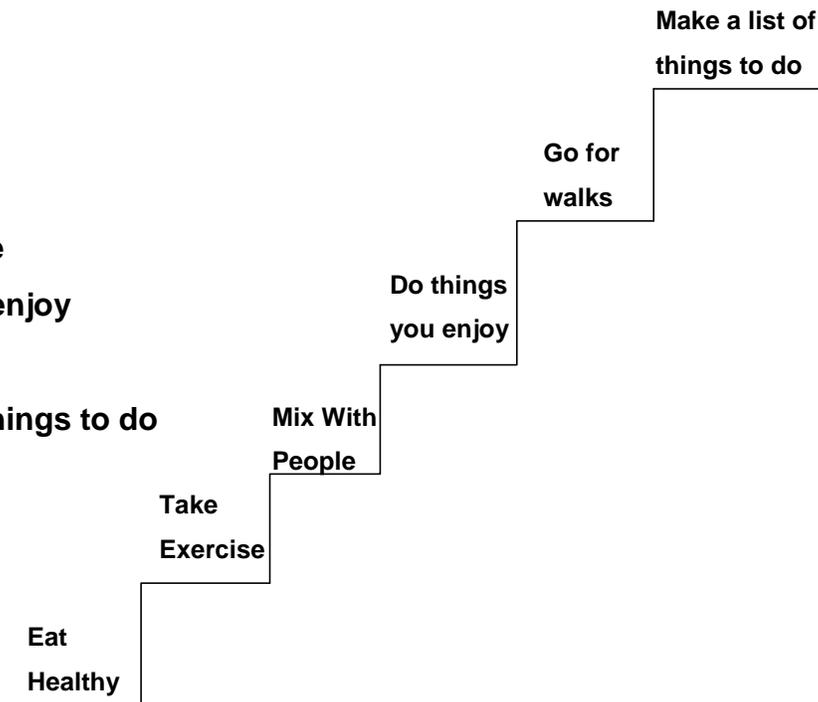
In this session I felt it was important to discuss their negatives thoughts further. It was explained to the young people that often thoughts are unreasonable and unrealistic and serve no purpose, all they do is make you feel bad and they get in the way of what you really want out of life. When you have these negatives thoughts and feelings even though they are unreasonable they probably seem believable at the time. When you become depressed and you feel life gets too much for you, your thinking often changes. We think things are much worse than they really are. In other words you can jump to gloomy conclusions and believe something is likely to happen to you. Things can be taken personally and you may become self-critical.

Session 6

In this session we looked at practical steps to help overcome depressive feelings and thoughts

Positive Steps:

- Eat healthy
- Take exercise
- Mix with people
- Do things you enjoy
- Go for walks
- Make a list of things to do



I asked the group to write a note of two positive steps they may do in the following week to see how they feel while doing them or after.

Session 7

In the group discussion in this session, I asked if anyone had done anything that made them feel positive about themselves. Some of the young people said that when they went to the gym they felt refreshed and had a clear head afterwards.

Unfortunately nobody had made a list of things to do. The young people said that when it was sunny they felt better, and wanted to go out to play basketball, football or just hang around the streets. I explained that some people suffer with a **Seasonal Affective Disorder (SAD)**, also known as **winter depression**, **winter blues**, **summer depression**, **summer blues**, or **seasonal depression**, which is considered a [mood disorder](#) in which people who have normal [mental health](#) throughout most of the year experience [depressive](#) symptoms in the winter or summer. This was not to say that they were experiencing this, but to explain the different types of mental illnesses people have.

Session 8

In this session we had a group discussion this about various topics drink, alcohol, drugs, relationships, parents, and life in general. Over the few months I had heard some of the youths talking about girls not in a respectful way so I wanted to discuss this further to get an idea of what they think a healthy relationship is. We had conversations about female role models. Most of them named female singers such as Beyoncé and Rita Ora. I asked them would they speak to them as they do their girlfriends, half of them said no and the other said yes. The point I wanted to get across was that you should have respect for women regardless.

Session 9

In this session we discussed what could have made a difference if they had the right support in school;

- Early intervention/having someone to talk to at school who would **listen** to their problems
- Not being **labelled** as rebellious or unruly/bad behaviour
- Having a mentor
- Being referred to specialist agencies early on would breakdown the stigma and discrimination of having a mental health issue

For many of the BME young people they felt that they already faced prejudice and racial discrimination from services that they had come into contact with and had these early interventions had been in place they would not have feared accepting support early on.

Session 10

Through raising awareness on BME mental health issues at the youth club the community education officer had arranged for a theatre production to put on a play about mental health issues for the young people at the youth club and it was called the Jeremy Vile show. The show was well attended about 40 young people watched the show. There was a questions/answers discussion at the end and the young people that had taken part in the workshops identified key factors to the problems the characters were facing some of them were:

- Alcohol abuse
- Discrimination
- Drug abuse
- Homophobia
- Transgender
- Child neglect
- Mental health illness

The play was very powerful and hard hitting and a lot of the young people could relate to some of these issues raised in the play.

Session 11

In this session we talked about the impact the play may have had on the youths last week. Some of the youths said that their parents drink a lot but this was the norm for most of them, so they don't know any different. I explained that drinking excessively could become a problem if you cannot deal with daily life without having a drink. As a group we discussed binge drinking as they found this to be normal behaviour for them on the weekend, which it is to a lot of teenagers. It was important to explain the dangers of drinking and advise them if they felt it was becoming an issue then they should speak to someone about it.

Session 12

As this was the last session it was important to give as much information as possible to signpost the young people to mental health services and alternative therapies available to them. I thanked them for taking part in this study and as an incentive for engaging with the sessions they were given five pound each.

5. Findings

From the research, workshops and questionnaires 13% of the participants stated that they only visited a GP once per year or if they had a physical problem e.g. cold and flu. 59% of participants stated that they felt they did not have a good relationship with their GP. Most of the participants felt they were unable to establish a good rapport with their GP as they would often see different GP's and there was no continuity of care within the primary care setting. This meant they would not discuss personal issues or issues relating to mental health and would rather discuss this with friends or youth workers with whom they had regular contact.

We also found that many of the participants were not aware that their current feelings of anxiety or depression constituted having a mental health illness. Some were even extremely depressed but had not sought any medical assistance. This was largely due to the stigma in their minds about mental health illness where they felt an intense fear of the way they would be viewed by society if they were to be labelled as having a mental illness. This meant they refrained from accessing services and dealt with their feelings by the use of drugs, self-harm or alcohol abuse. There were a group of participants who were aware of their mental health illness but were unsure as to what services were available to them or how they could be accessed. Few saw the GP as a primary contact point and those that did were offered drug therapy but not counselling or alternative therapies.

The questionnaire also highlighted the current coping strategies which were largely drugs, alcohol and self-harm. A minority of the participants had healthy coping strategies involving talking about their feelings with their families and friends.

The questionnaire also helped to highlight and identify key shortfalls in the current services available and provided to BME young people with a mental health illness.

- GPs – need better training on mental health awareness and referral pathways for other services such as counselling, behavioural therapies, talking therapies, psychiatrists and psychologists.
- Continuity of care - healthcare professionals need to identify high risk patients or patients with mental health issues and ensure they are placed on a regular recall interval plan with the same GP
- More time needs to be given to young people with mental health needs so that they feel relaxed and able to open up and share information regarding their emotional state.
- Youth Workers need to be trained in Youth Mental Health First Aid/Mental Health First Aid, as they will be able to recognise the early warning signs of a young person's distress or unusual behaviour
- There needs to be an improvement in cultural awareness from healthcare providers so that a better understanding can be gained and so the best possible and appropriate care can be provided. For example; if a young person presented themselves as being loud or aggressive this may be because in their culture they talk loudly and this is how they express themselves, rather than assuming the young person is violent or dangerous. Research shows that young African Caribbean men have poor engagement with mental health services.

The Sainsbury Centre for Mental Health report 'Circles of Fear' states,

'On the one hand service users fear that engaging with mental health services will ultimately cost them their lives. There is a clear association, amongst service users, between the mental health services as part of a coercive 'system' and the criminal justice system in terms of regulation and control'.

'Often the pathways by which African Caribbean young men come to the attention of psychiatric services often do not involve primary care or community-based alternatives to hospital'.²

² Sainsbury Centre for Mental Health (2002) *Breaking the Circles of Fear. Briefing 17.*

Challenges Faced

The first challenge was to meet the young people and talk to them about mental ill health. One of the youth workers has worked in St. Mellons youth club for nearly twenty years and had a good relationship with the young people and their parents, he had gained the respect and trust of the youths and they looked up to him as a positive role model. After discussions with the youth worker he identified 10 BME young people who were willing to take part in the mental health awareness raising workshops. If it had not been for the youth workers' knowledge and experience of dealing with the young people it would have been impossible to get them engaged with the project.

The first few sessions were challenging, as the group would mess around a lot and found it difficult to concentrate. It felt as if they were challenging me to see how far they could push their boundaries. I had to get the youths engaged so I tried to make this as informal as possible and also have some fun. Fortunately this was not new to me so I held my ground and as a group we finally discussed what boundaries we wanted to have:

- Respect for each other
- No shouting or talking over each other
- Listen
- No swearing
- Be patient
- Confidentiality

Through delivering these workshops the BME young people were better equipped to deal with situations that may arise in their life. They have the skills and knowledge to identify when they feel low in mood and can understand the signs and symptoms of mental ill health. They have the capability to talk to someone to ask for help and advice.

Unfortunately two of the youths are now in prison; they were awaiting trial before the BME workshops were arranged. I hope they take what they have learnt and use this in the future to try and stay out of trouble. They made good progress throughout the sessions.

Conclusions

The project successfully worked with participants from two organisations; St Mellons and Butetown Pavilion Youth Centres.

The work identified that the youth workers had no prior training on mental health and no knowledge of BME mental ill health. They also had no understanding of the barriers a person may encounter being from a BME background. When presented with a young person who were showing signs of mental ill health the youth workers either rang one of the local health board hospitals for advice or told the young person to make an appointment with their GP. The youth workers I spoke to said they had no knowledge of other organisations to refer a young person to other than the mainstream services. Three of the youth workers who are African Caribbean men expressed their concerns that too many young African Caribbean males are more likely to be detained by the police or sectioned rather than having an early intervention care plan. Some of the young people have spoken about their problems with the youth workers and it has been apparent the young people need support from a mental health service. Through meetings and discussions with youth workers it was clear that they were not confident to deal with such an issue and would not be able to signpost through the lack of knowledge of specialist agencies who deal with mental ill health other than mainstream services (Crisis Team). It was proposed that Diverse Cymru would give some taster sessions on BME Mental Health Awareness Raising to the youth workers who were participating in the project. A questionnaire had been devised for the young person to participate with their youth workers or alone; on how they see their health and wellbeing, how often they see their doctor and who they talk to if they feel stressed or depressed. This gave an indicator of how many young African Caribbean men actually feel about their mental health and who do they talk to/or not.

Actions

In total eight youth workers were trained in BME Mental Health Awareness Raising. This was the first time any of the youth workers had mental health training. These are some of the comments on the evaluation forms;

“Very interesting relevant to my work especially the BME barriers and mental health issues. Would like more training on mental health first aid.”

“Feel confident to signpost a young person onto the appropriate mental health services.”

“Did not know anything about mental health I feel enlightened.”

“Very informative and necessary information given especially when working with young people who may present themselves as having a problem.”

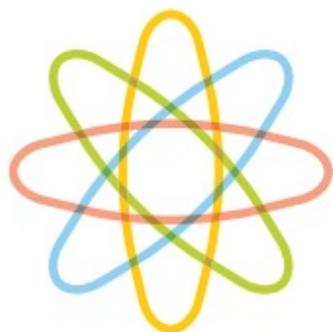
“Would like more mental health training / good discussion and information given.”

“Want to go on the mental health first aid training.”



6. Recommendations

- GPs – need better training on mental health awareness and referral pathways for other services such as counselling, behavioural therapies, talking therapies, psychiatrists and psychologists.
- Continuity of care - healthcare professionals need to identify high risk patients or patients with mental health issues and ensure they are placed on a regular recall interval plan with the same GP
- There needs to be an improvement in the cultural awareness from healthcare providers so that a better understanding can be gained and so the best possible and appropriate care can be provided.
- More time needs to be given to BME young people with mental health needs so that they feel relaxed and able to open up and share information regarding their emotional state.
- Youth Workers need to be trained in BME mental health /Mental Health First Aid, as they are front line services for young people who attend the youth clubs. As noted in this report BME young people trust the youth workers and do have open dialogue with them.
- More partnership working with BME mental health services and children services
- Information sharing is paramount across agencies who work with young BME people
- BME mental health awareness raising should be piloted or delivered to primary schools, to break-down the barriers, stigma and discrimination of someone having a mental illness. So BME young people are not picked up at crisis point, early intervention is vital towards recovery



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