“I personally believe that students and people in general don’t know enough about mental health and wellbeing, and more should be done educate them about it.

“Secondly many younger people may be worried of asking their parents to organize an assessment (for example with a GP) as the parents may think that they are either over exaggerating or making things up.

“Adults on the other hand will most likely not want to do much about it as they too may think that they are over exaggerating and that it would waste the GP’s time (where by the patient ratio to GP is constantly rising) therefore there’s no need to either discuss it or have an assessment done”
1. Why did we carry out this study?

Norfolk and Suffolk NHS Foundation Trust board of directors asked Healthwatch Suffolk to help improve services by understanding the views and needs of BME people in Suffolk.

2. What did the study look at?

The study sought views on the following:

- How people understand ‘mental well-being’?
- How is mental health and mental illness perceived by friends and family?
- What gets in the way of people getting the help they need?
- What is the role of culture and faith in mental wellbeing?
- How do people experience services when they have used them.

3. Who did we ask?

- Over the summer of 2015, 772 people took part in our survey. We also held small focus groups where people could talk about their experiences in person.
- 46% of people who responded described themselves as ‘white British’ and 54% described themselves as members of a BME community.
- We particularly tried to talk to people who had experiences of using mental health services.

4. What were the main findings?

4.1 Talking about mental health problems is difficult for everyone but…

- 90% of Chinese respondents (there were 21 Chinese people who took part) said mental health problems were difficult to talk about.
- 33% of White British people found it difficult to talk about.
- 20% of Black or Black British Caribbean respondents found it difficult.
- There is a strong generational effect as with those people aged 35+ were much less comfortable talking about the topic than younger respondents.
- Whilst 75% of Black British respondents could talk to family and friends about their mental health issues, 60% of Bangladeshi
respondents could not. So there seems to be wide cultural differences.

4.2 Most people are comfortable with the words ‘mental wellbeing’ and faith and belief is important.

- Faith and belief are important for 40% White British and other White respondents in their thinking about their mental wellbeing, but this rises to 80 – 100% for most BME respondents.
- Very few White British people would not approach their faith leader to discuss their mental health problems (10%). Amongst Asian British and Bangladeshi respondents, 100% of those aged 35+ would approach their faith leader to discuss their mental health problems.
- For Muslim respondents, the sense of community was an important source of support and they would approach their Imam who plays a central role in shaping family responses to illness.

4.3 What experiences did people have of services when they contacted them?

- The picture is complex.
- Many people do not know about NSFT’s services and this is particularly so for BME people (90% say that it is not easy to find information about the Trust’s services).
- 87% of BME service users said that staff were very helpful (compared to 62% of white British people).

But
“I think it should be easier and comfortable for anyone of any race or background or religion to talk to a specialist about their mental health problems and to be able to sit down and have a chat with anyone.

“I think there should be more small local community help trust and wellbeing groups for anyone of any age gender etc to just go and sit down in a group have a chat with each other about how they may or may not be feeling”
• Almost half of BME services users said that mental health services were not culturally sensitive with 1 in 4 saying that they were asked questions that were not acceptable to their culture or faith.

• Almost a third said that they had experienced racial discrimination, especially people aged 35 or younger.

5. What are the next steps?

NSFT say:

• We are going to use these insights to inform training for our staff.
• We will check that this training improves people’s experience of services, especially people from BME communities.
• We will measure whether people say services are more culturally sensitive.
• We will improve the way we publicise our services, particularly to BME communities.
• We will continue to run information seminars and events about mental wellbeing for the public and publicise these to BME communities.
• We will continue our Open Mind project – co-production with service users and professionals working together.
• We recognise the importance of faith and belief and will run more seminars for faith leaders on mental wellbeing.
• We will refresh our Spirituality Strategy (2013-2016) to include the insights of the project.
• We will hold another event in 2017 to tell people what we have achieved.
12% of white
24% of BME

The staff are very helpful
62% of White British agree
87% of BME agree

Asked questions not acceptable to the persons culture or faith
“I found being on a psychiatric ward more scary than anything else. If that was supposed to be a place of safety, I shudder to think what being unsafe feels like.”