

# Research Report

**Black, Asian and Minority  
Ethnic Communities in  
Wales's experiences and  
perceptions of mental health**



Prepared for:  
**Time to Change Wales**

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## Executive summary

### Introduction

People from ethnic minority communities can face stigma and discrimination as well as additional challenges such as racism and inequalities which can negatively impact their mental health. To better understand the attitudes, beliefs and experiences of Black, Asian and other ethnic minority people towards mental health and accessing health and support services, Time to Change Wales (TtCW) carried out a thorough literature review<sup>1</sup> and a qualitative study<sup>2</sup>. TtCW then commissioned Beaufort Research to conduct a quantitative study with people from Black, Asian and minority ethnic backgrounds in Wales to quantify the findings from these pieces of work and understand the prevalence of these views within ethnic minority communities in Wales.

The survey was distributed in the following ways:

- Including the questionnaire on the Beaufort Wales Omnibus survey, which interviews a representative sample of the Welsh population and which is conducted via an online panel
- Conducting a follow-on boost survey targeting only people from Black, Asian and minority ethnic backgrounds (again via an online panel)
- Distributing a link to the online questionnaire via Ethnic Minorities Youth Support Team Wales (EYST) via their mailing lists and social media accounts.

A combination of all three methods allowed Beaufort to achieve a total of 173 quantitative interviews with people from Black, Asian and minority ethnic communities across Wales. To represent the Black and minority ethnic population as accurately as possible, data has been weighted by population proportions according to ethnicity and gender.



TtCW Literature  
1 Review Final pdf.pdf



Qualitative research  
2 report.pdf

The questionnaire was designed by Beaufort and was based on the findings from the literature review and the qualitative work undertaken by TtCW. All interviews were conducted online between 7th November 2021 and 7th January 2022.

## Summary and conclusions

For Black, Asian and minority ethnic participants, *having good mental health and wellbeing* was rated higher than other aspects of life such as financial security, physical health and family support networks. Almost seven in ten (68%) felt it was 'very important'. Furthermore, over eight in ten (84%) agreed that *it is as important to look after your mental health as your physical health*, while only 8% disagreed with this statement.

The stigma and negative perceptions of mental health conditions highlighted in the literature review were only prevalent amongst a small minority in the survey. One in seven (14%) agreed that *someone with a mental illness could not be trusted* while around one in ten agreed that *mental illness is something to keep quiet about* or *is a sign of weakness* (10% and 11% respectively). Only one in twenty agreed that *people with mental illnesses are crazy and best avoided*.

When asked how they would describe their current mental health on a scale of one to five (where one was very poor and five was very good), almost six in ten overall (55%) gave a positive score of four or five. Around three in ten (29%) gave a neutral score of three, while around one in six (16%) gave a negative rating of one or two. Younger participants aged 16-34 were least likely to say their mental health was very good and were most likely to say it was very poor. Younger people were also least likely to have spoken to their GP about their mental health than other age groups in the survey.

Willingness to seek help if worried about their mental health was high. 94% of the Black, Asian and minority ethnic people surveyed said they would look for help if they had concerns, with 50% saying they would definitely do so. The most common channels that would be used for support were GPs and health professionals and friends and family. Almost two thirds (63%) agreed that their family would support them if they were struggling with mental health issues. However, 13% did not think their family would support them in this situation.

Only 11 people (6% overall) said they would not look for help if they were worried about their mental health. This was mainly because of a negative experience in the past or because they did not believe there was good quality

support available, while others would want to overcome any mental health problems themselves.

To further examine the extent to which the barriers highlighted in previous TtCW research would deter participants from seeking help, survey participants were prompted with each barrier and asked whether it would put them off seeking help. The three most significant barriers were: not wanting to be seen as mad (at 51%), not expecting their GP or health professional to understand their situation (at 50%) and feeling ashamed or embarrassed. Not knowing where to go for help and fear of being judged by their family or community were also mentioned by almost half of those surveyed (at 46% and 45% respectively).

The qualitative study suggested that some Black, Asian and minority ethnic people with mental health conditions felt mainstream mental health services had failed them. This was often attributed to a lack of cultural understanding on the part of mental health professionals. This finding was supported by the quantitative survey – almost a third (31%) of those diagnosed with a mental health condition felt they had been treated unfairly while accessing help for their mental health. Furthermore, around half (51%) agreed that *it is more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health* and a similar proportion (54%) agreed that *health professionals don't always understand or take into account people's cultural or religious beliefs*. Reflecting this, it is perhaps not surprising that over half of participants (54%) agreed that *I would be more likely to talk about my mental health with a health professional who has a similar background to me*.

Mistrust of health professionals and scepticism about the confidentiality of discussions about mental health was a key theme of the literature review and the qualitative study. However, in the quantitative survey this was less of an issue.

# 1. Background, research objectives and research method

## 1.1 Background and objectives

Time to Change Wales (TtCW), which was set up in 2012, is the national movement to end the stigma and discrimination faced by people with mental health problems in Wales. One in four people will be affected by mental health problems at some point in their lives and nine in ten people with mental health problems report experiencing stigma and discrimination. In addition, a lack of mental health knowledge prevents people from seeking help, reinforcing the cycle of stigma.

People from ethnic minority communities can face more stigma and discrimination as well as additional challenges such as racism and inequalities which can negatively impact their mental health. Therefore, it is vitally important to understand attitudes, beliefs and experiences within ethnic minority communities so Time to Change Wales can better support Black, Asian and other ethnic minority people in the future.

Extensive work has already been carried out on mental health stigma experienced by people within this target group. A thorough literature review<sup>3</sup> was undertaken followed by a qualitative study<sup>4</sup> to better understand the experiences of Black, Asian and other ethnic minority people. TtCW, commissioned Beaufort to conduct a quantitative study with people from Black, Asian and minority ethnic backgrounds who live in Wales to quantify the findings from these pieces of work and understand the prevalence of these experiences, attitudes and beliefs within ethnic minority communities in Wales.



TtCW Literature  
3 Review Final pdf.pdf



4 Qualitative research  
report.pdf

## 1.2 Methodology

In order to reach as many Black, Asian and other minority ethnic participants as possible within the timeframe and budget available, the survey was distributed in the following ways:

- Including the questionnaire on the Beaufort Wales Omnibus survey, which interviews a representative sample of the Welsh population and which is conducted via an online panel
- Conducting a follow-on boost survey targeting only people from Black, Asian and other minority ethnic backgrounds (again via an online panel)
- Distributing a link to the online questionnaire via Ethnic Minorities Youth Support Team Wales (EYST) via their mailing lists and social media accounts.

A combination of all three methods allowed Beaufort to exceed the minimum target of 100 interviews and achieve a total of 173 quantitative interviews with people from Black, Asian and minority ethnic communities across Wales.

48 of the interviews were obtained through the November Beaufort Wales Omnibus survey. The Wales Omnibus survey interviews a representative quota sample of 1,000 adults aged 16 and over from across Wales. Approximately 5% of the sample were eligible for the TtCW survey as they described their ethnicity as Black, Asian or other minority ethnic background.

A subsequent boost survey was conducted after the November Omnibus survey finished to increase the number of interviews with those eligible for the study. Therefore, the TtCW questions were sent to other Black, Asian and minority ethnic participants who had not already taken part in the Omnibus survey. A further 55 interviews were obtained through this method. Both the November Wales Omnibus and the subsequent boost survey were conducted via Cint<sup>5</sup>, an online panel exchange platform.

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<sup>5</sup> The Cint™ platform and its products comply with ESOMAR, MRS, ARF, MRSA, AMA, AMSRO and Insights Association standards. Cint™ also complies with ISO 20252. Multiple data quality checks are built into the Cint™ system including GEO IP check and CAPTCHA at registration, unique respondent identification and fraudulent behaviour checks. On top of this Beaufort builds in its own quality control questions and measures within the survey and excludes respondents who fail these checks.



At the same time, a link to an online version of the questionnaire was distributed by EYST (Ethnic Youth Support Team) via their mailing lists and social media accounts, to encourage other people from Black, Asian and minority ethnic communities to participate in the survey. This helped to maximise the response rate further and added another 70 interviews to the overall total. Some of the additional responses gathered via the open link survey had to be removed at analysis stage, however, as they failed the final quality checks Beaufort applied to the data.

The open link survey publicised by EYST was introduced as a 'wellbeing survey' so it is possible an element of bias was introduced as the sample was self-selecting. Participants who are more aware or more interested in their wellbeing and mental health might have been more likely to take part in the survey as a result.

The survey questionnaire was designed by Beaufort and was based on the findings from the literature review and the qualitative work undertaken by Mind Cymru. The questionnaire was available in English and Welsh for the Cint panellists, while the open link survey was available in English, Welsh, Urdu and Arabic. All who took part in the survey opted to complete the questionnaire in English. All interviews were conducted online between 7<sup>th</sup> November 2021 and 7<sup>th</sup> January 2022.

To ensure survey results represent the Black, Asian and minority ethnic population as accurately as possible, data was weighted by population proportions according to:

- Ethnicity (Mixed or Multiple, Asian/Asian Welsh/Asian British, Black / Black Welsh / Black British, Other non-white)
- Gender (Male, Female)

These population proportions were sourced from Welsh Government Analysis of the Annual Population Survey 2018 to 2020.<sup>6</sup>

The table overleaf shows the breakdown of the sample by the weighted characteristics – ethnic group and gender.

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<sup>6</sup> <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/ethnicity-by-age>

**Table 1: Weighted demographic characteristics**

Characteristics	Percentage of total sample	Weighted number of interviews conducted with this group	Unweighted number of interviews conducted with this group
<b>Ethnic group</b>			
Mixed	14%	24	44
Asian	50%	87	78
Black	18%	31	33
Other	18%	32	18
<b>Gender</b>			
Male	46%	79	77
Female	53%	92	94
Other / Prefer not to say	1%	2	2

The Table below shows the 2011 Census data for non-white population in England and Wales and the age profile of the Welsh adult population (of all ethnicities) compared to the age profile of the respondents in the survey.

**Table 2a: Demographic characteristics of the participants taking part**

Characteristics	Welsh adult population (all ethnicities) (2011 Census)	Black, Asian and minority ethnic communities in England and Wales (2011 Census)	Percentage of total sample	Number of interviews conducted with this group
<b>Age</b>	<b>Universe profile data</b>		<b>Survey sample profile</b>	
16-34	29%	49%	55%	95
35-54	33%	36%	35%	61
55+	38%	15%	9%	16
Prefer not to say	-	-	1%	1

The table overleaf shows the demographic profile of the sample where it was not possible to apply weights, because there is no reliable data on these demographics for Black, Asian and other minority ethnic backgrounds in Wales.

**Table 2b: Demographic characteristics of the participants taking part**

Characteristics	Percentage of total sample	Number of interviews conducted with this group
<b>Socio-economic grade<sup>7</sup></b>		
ABC1	66%	115
C2DE	31%	54
Prefer not to say	3%	4
<b>Religion</b>		
Christian (all denominations)	33%	58
Muslim	26%	46
No religion	23%	40
Hindu	7%	12
Buddhist	4%	7
Sikh	1%	2
Jewish	-	-
Other / Prefer not to say	6%	10
<b>Region<sup>8</sup></b>		
North Wales	14%	24
Mid/West Wales	12%	20
South West Wales	21%	37
The Valleys	8%	13
Cardiff and South East Wales	41%	71
Not answered	5%	8

<sup>7</sup> Social grade is a classification system based on occupation developed for use on the National Readership Survey (NRS). Social grades are defined as follows:

**AB:** Higher and intermediate managerial, administrative and professional occupations

**C1:** Supervisory, clerical and junior managerial, administrative and professional occupations

**C2:** Skilled manual workers

**DE:** Semi-skilled and unskilled manual workers, state pensioners, casual and lowest grade workers, unemployed with state benefits only

<sup>8</sup> **North Wales:** Isle of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham

**Mid / West Wales:** Carmarthenshire, Ceredigion, Pembrokeshire, Powys

**South West Wales:** Bridgend, Neath Port Talbot, Swansea

**Valleys:** Blaenau Gwent, Caerphilly, Merthyr Tydfil, Rhondda Cynon Taff

**Cardiff & South East Wales:** Cardiff, Monmouthshire, Newport, Torfaen, Vale of Glamorgan

## 2. Key findings

### 2.1 Degree of importance attached to good mental health

To establish how important mental health was to Black, Asian and minority ethnic people in relation to other aspects of their life, participants were asked to rate the importance of various dimensions on a scale of 1-5, where 1 was not at all important and 5 was very important.

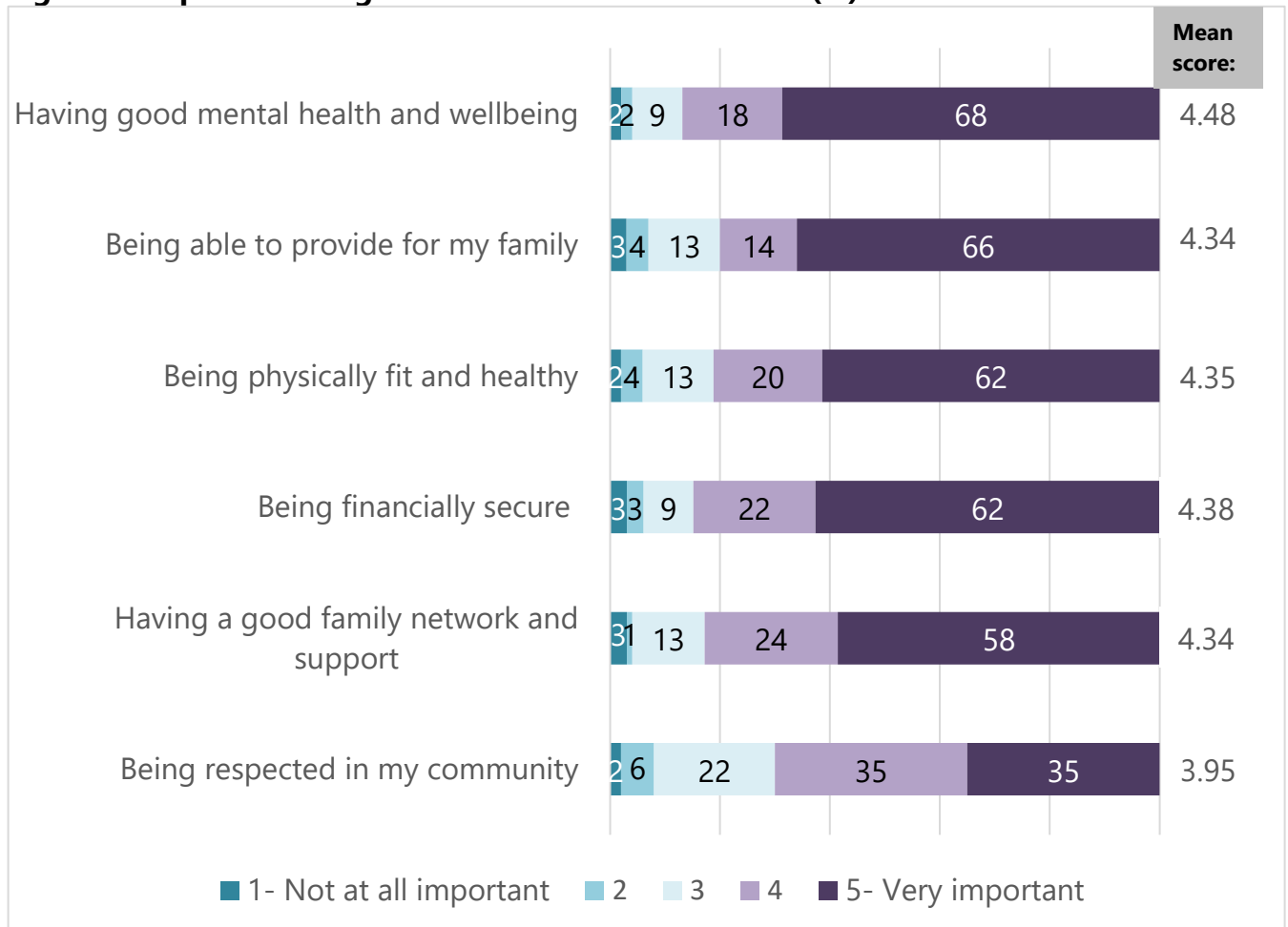
All aspects were considered important by participants, but the factor considered most important was *having good mental health and wellbeing*, with almost seven in ten (68%) saying it was 'very important'. This measure also had the highest mean score at 4.48. Interestingly, participants who had someone close to them diagnosed with a mental health condition and those who did not know anyone with a mental health condition were slightly more likely to believe having good mental health and wellbeing was important, than those who had themselves been diagnosed with a mental health condition (4.63 and 4.59 cf. 4.24 respectively).

*Being able to provide for my family* was the second most important factor to participants with two thirds (66%) saying it was very important.

Similarly high proportions felt being *physically fit and healthy* and being *financially secure* were 'very important' (62% saying each was very important), while around six in ten (58%) felt *having a good family network and support* was 'very important' to their life.

Only around a third (35%) of participants felt *being respected in my community* was 'very important'.

**Figure 1: Importance of good mental health in their life (%)**

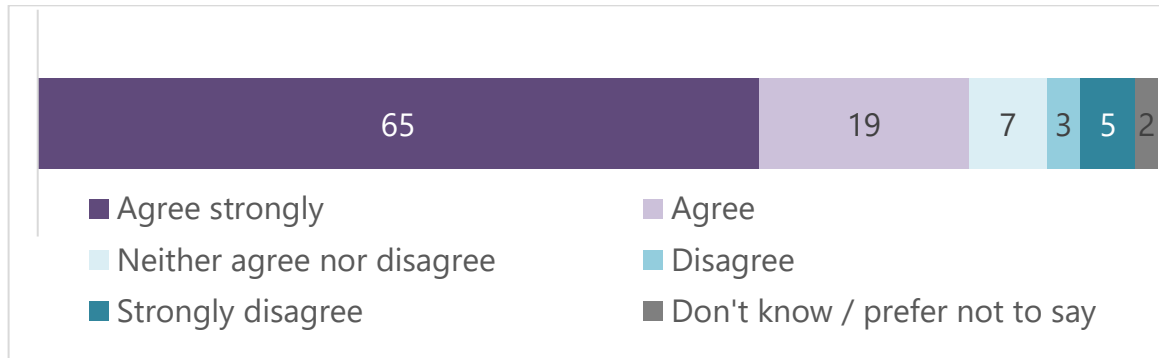


Base: All respondents (173)

Furthermore, when asked specifically about the extent to which they agreed or disagreed with a statement about the importance of mental health, over eight in ten (84%) agreed that *it is as important to look after your mental health as your physical health*. Two thirds of participants agreed strongly with this statement (65%).

Only 8% disagreed with this statement: 3% disagreed and 5% disagreed strongly. Younger men aged 16-44 were the most likely to disagree (15%) – see Figure 2 overleaf.

**Figure 2: It's as important to look after your mental health as your physical health**



Base: All respondents (173)

## 2.2 Perceptions and attitudes towards mental health

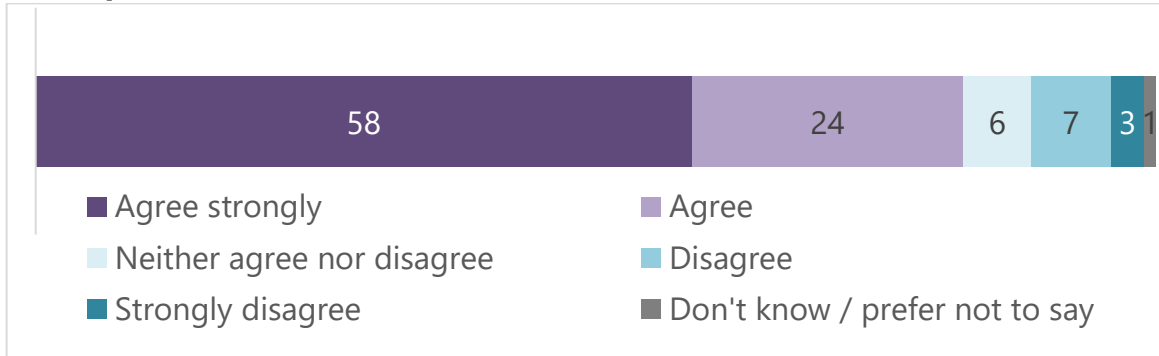
The literature review and the qualitative study carried out by Mind amongst Black, Asian and minority ethnic communities highlighted the stigma associated with having mental health issues and the lack of understanding on occasion about what mental health is.

To understand the prevalence of these views more generally, survey participants were asked to what extent they agreed or disagreed with a list of statements. These were based on the negative views that were sometimes displayed in these communities, highlighted by the previous research.

Those interviewed acknowledged that mental health issues were common among people generally. Over eight in ten (82%) agreed that *anyone could experience mental health problems at some point in their life*. 58% agreed strongly with this statement while 24% agreed.

One in ten disagreed with this statement, 3% of whom disagreed strongly. Younger participants aged 16-34 were more likely to disagree with this statement (13%).

**Figure 3a: Anyone can experience mental health problems at some point in their life**

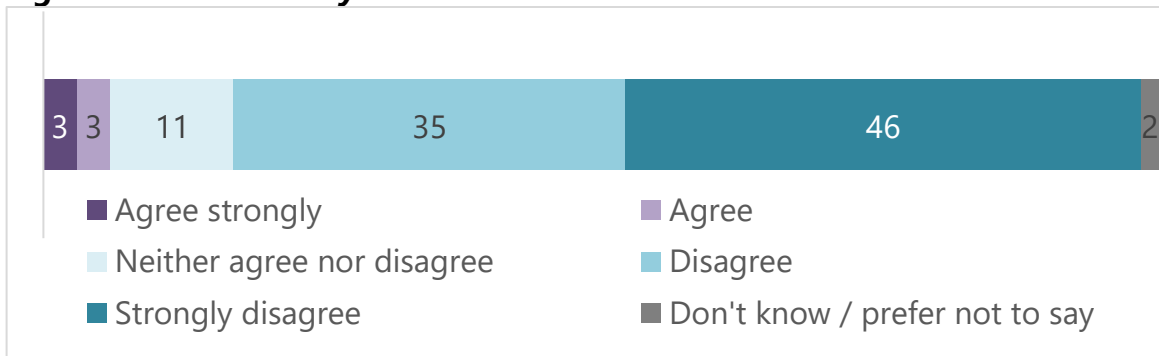


Base: All respondents (173)

Most Black, Asian and minority ethnic people taking part in the survey also felt they understood what mental health is, with just over eight in ten (81%) disagreeing that *I don't really understand what mental health is*.

Younger people surveyed were more likely to disagree and to feel they had some understanding of what mental health is than older people (at 86% of 16-34s, cf. 77% of those aged 35-54 and 66% of those aged 55+). Only around one in twenty (6%) agreed that they did not really understand what was meant by 'mental health'.

**Figure 3b: I don't really understand what mental health is**



Base: All respondents (173)

The great majority of Black, Asian and minority ethnic people interviewed disagreed with all the negative statements about mental health. Only a small minority agreed with each and therefore endorsed the negative views highlighted in the previous research.

One in seven (14%) felt that *someone with a mental illness can't be trusted*. Middle-aged participants and those from more affluent backgrounds were marginally more likely to agree with this statement than those from other age groups and those from less affluent backgrounds: 17% aged 35-54 cf. 10% 16-34 and 9% aged 55+ and 16% ABC1 cf. 10% C2DE.

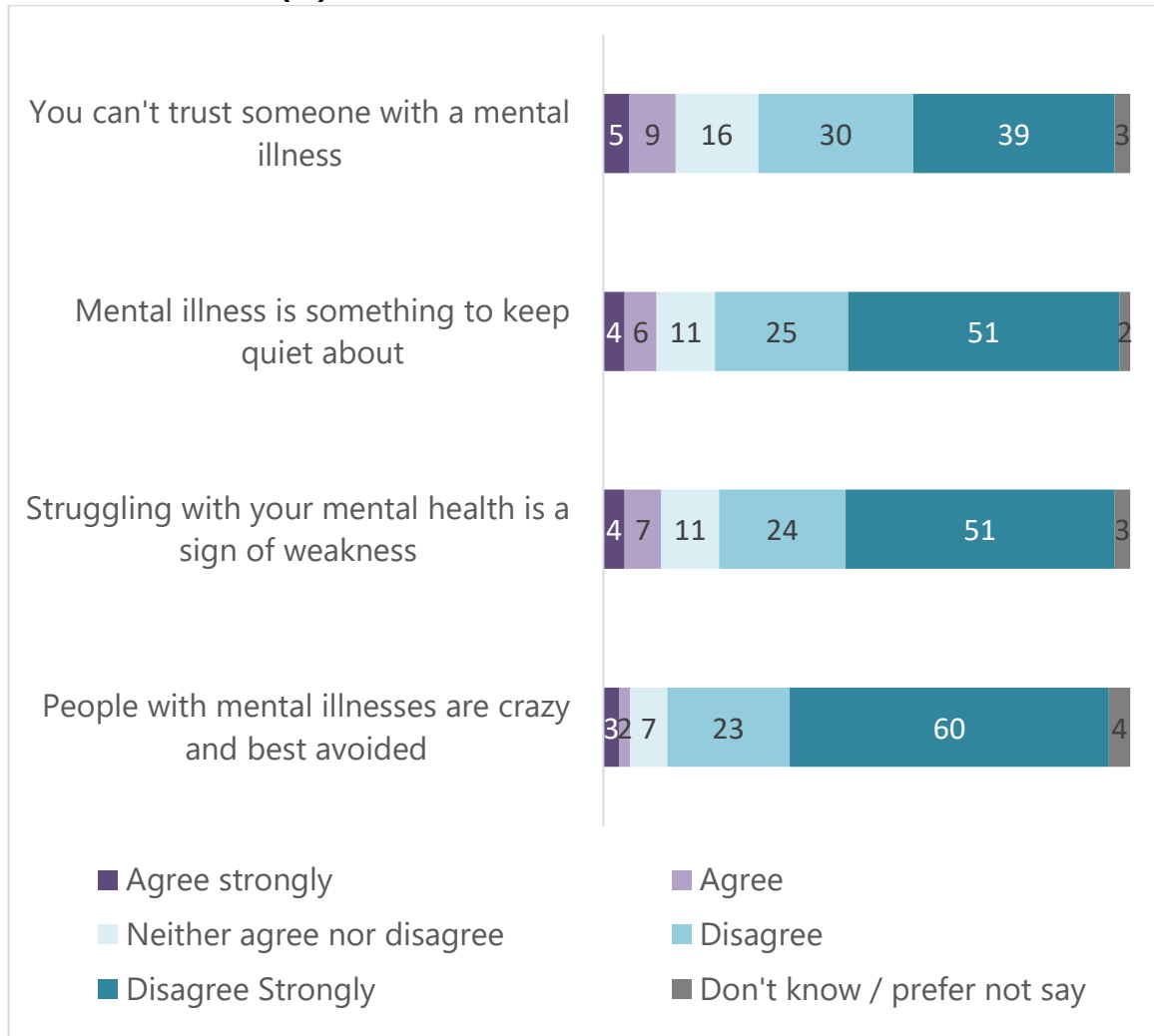
One in ten (11%) agreed that *struggling with mental health was a sign of weakness*. More affluent (ABC1) and Asian participants were slightly more likely to agree with this statement (15% and 14% respectively).

Similarly, one in ten (10%) agreed that *mental illness is something to keep quiet about*. Younger men aged 16-44 were more likely to agree with this statement than women of the same age (16% cf. 7%). Participants who had been diagnosed with a mental health condition were also more likely to believe it was something to keep quiet about compared to those who had not (15% cf. 7%).

Only a very small proportion of Black, Asian and other minority ethnic participants agreed that *people with a mental illness are crazy and best avoided* (5%) – see Figure 3c overleaf.



**Figure 3c: Negative perceptions of mental health and people with mental health conditions (%)**



Base: All respondents (173)

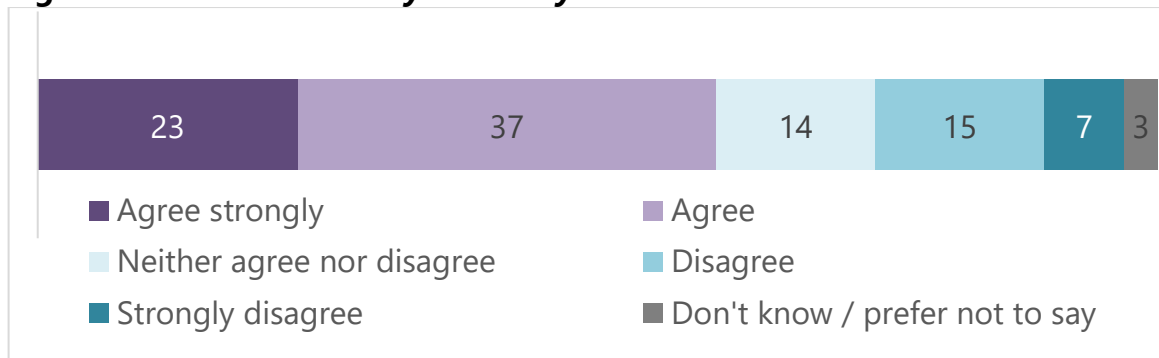
### 2.3 Participants' own mental health

Turning to participants' own situations, six in ten of the Black, Asian and minority ethnic people surveyed agreed that *I sometimes worry about my mental health* – 23% said they agreed strongly with this statement.

Three quarters of those who had at some time been diagnosed with a mental health condition agreed that they sometimes worried about their mental health, but the same was also true of 42% of those who had not.

Around one in five (22%) disagreed with this statement. Older participants were the most likely to say they did not worry about their mental health.

**Figure 4: *I sometimes worry about my mental health***

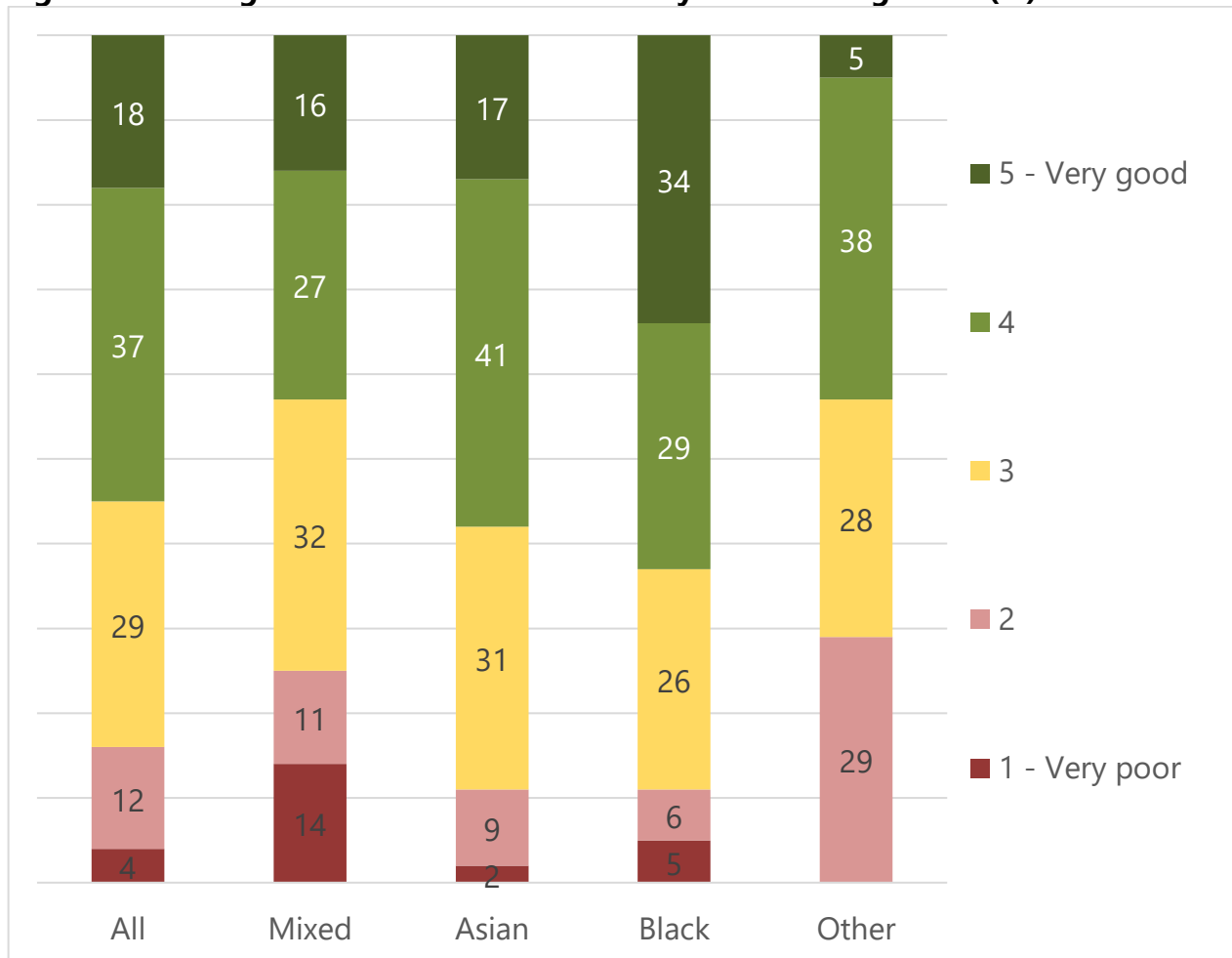


Base: All respondents (173)

Participants were then shown this definition of mental health: *Mental health affects how we think, feel and act. It includes our emotional, psychological and social well-being.* They were then asked how they would describe their own mental health at the moment using a scale of one to five, where one was very poor and five was very good.

Almost one in five overall (18%) said their current mental health was 'very good', while a further 37% gave a positive score of four for their mental health. Around three in ten (29%) gave a neutral score of three out of five, but around one in six (16%) gave a negative rating of one or two out of five (at 4% and 12% respectively).

**Figure 5a: Rating of current mental health – by ethnic background (%)**



Base: All respondents (173), Mixed (44), Asian (78), Black (33), Other (18) \* NB: small base size

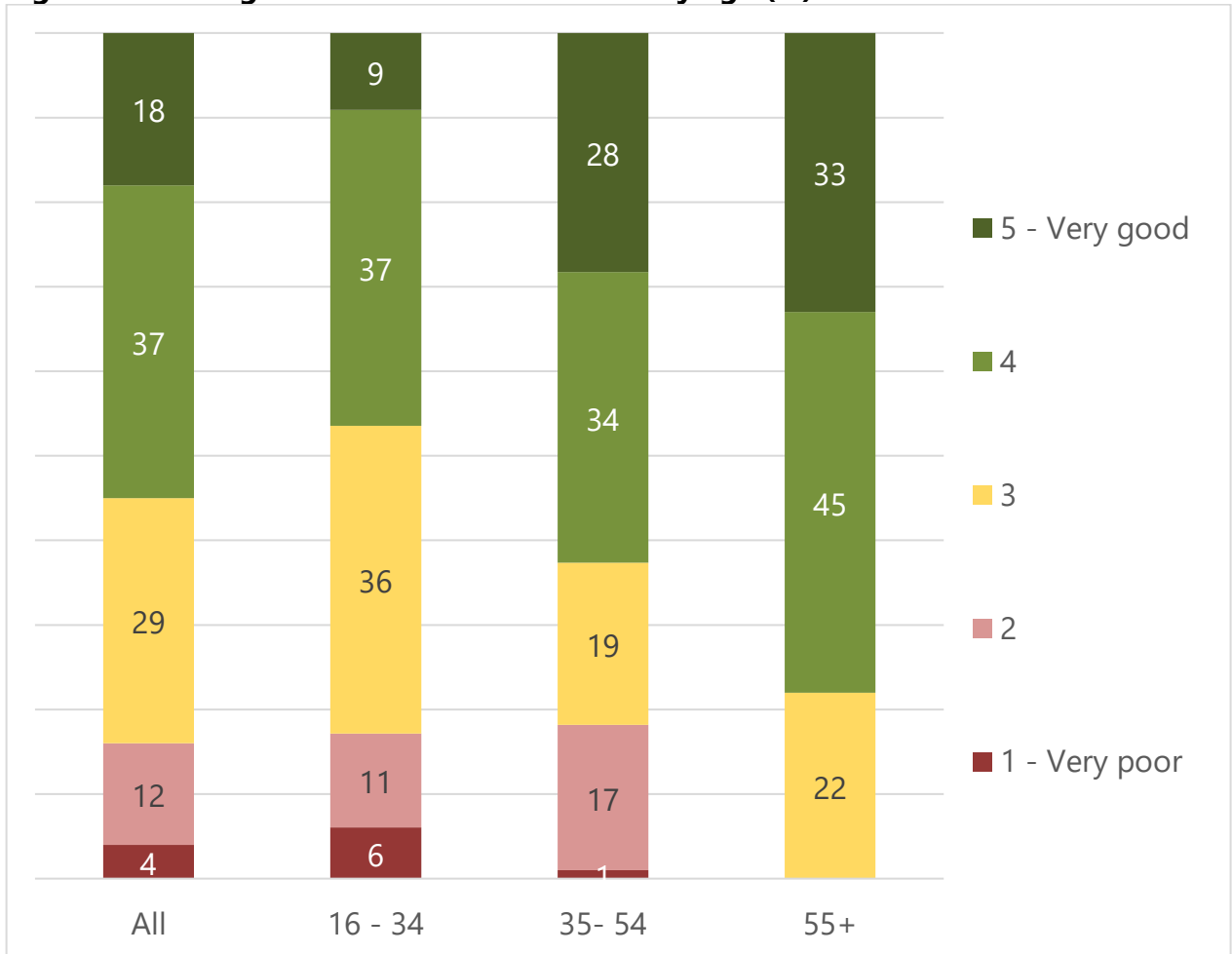
People from mixed or multiple ethnic backgrounds were the most likely to describe their mental health as very poor (14% compared to 4% on average), while Black people were considerably more likely to give the top score of five out of five for their mental health (34% compared to 18% on average).

Those from lower socio-economic grades were less likely to say their mental health was 'very good' (at 14% of C2DEs cf. 20% of ABC1s) but they were also less likely to say their mental health was 'very bad' (at 1% of C2DEs cf. 6% of ABC1s).

Looking at the same measure by age, younger participants were considerably less likely to say their mental health was currently 'very good' compared to older participants (at 9% of 16-34s compared with 28% of those aged 35-54 and 33% of those aged 55+).

Middle-aged and younger participants were equally likely to give their mental health a negative score of one or two out of five (at 18% of 35-54s and 17% of 16-34s respectively). However, 16-34s were the most likely to say their mental health was 'very poor' (at 6% cf. 1% of those aged 35-54 and nobody aged 55+).

**Figure 5b: Rating of current mental health – by age (%)**



Base: All respondents (173), 16-34 (95), 35-54 (61), 55+ (16) \* NB: small base size

Almost half of those surveyed (45%) said they had spoken to their GP or a doctor at some point about their mental health. This rose to 57% of older participants (compared to 46% of 35-54 year olds and 42% of those aged 16-34).

People from multiple or mixed ethnic backgrounds were most likely to have consulted a health professional about their mental health (64% cf. 45% on average), while participants from other ethnic backgrounds were less likely to

have done so (36%). Men were also slightly less likely to have spoken to their GP about their mental health than women (41% compared to 48%).

Participants were asked how they would feel if they were diagnosed with a mental health condition. They were presented with a list of positive and negative adjectives and asked to select all that applied. The adjectives chosen were primarily negative ones, such as worried (52%), sad (39%) and scared (33%). Positive feelings were mentioned by smaller proportions: hopeful (31%), relieved (29%) and supported (22%).

Other negative feelings mentioned by fewer than one in five were: embarrassed (17%), guilty (15%), ashamed (14%) and angry (9%).

**Figure 6: Feelings if diagnosed with a mental health condition**



Base: all participants: (173)

A third (33%) of the Black, Asian and other minority ethnic participants who took part in the survey said they personally had at some point been diagnosed with a mental health condition. This is higher than the one in four adults in Wales reported to have personally experienced a mental health problem at some time

during their lives.<sup>9</sup> Half (48%) said someone close to them had been diagnosed with a mental health condition.

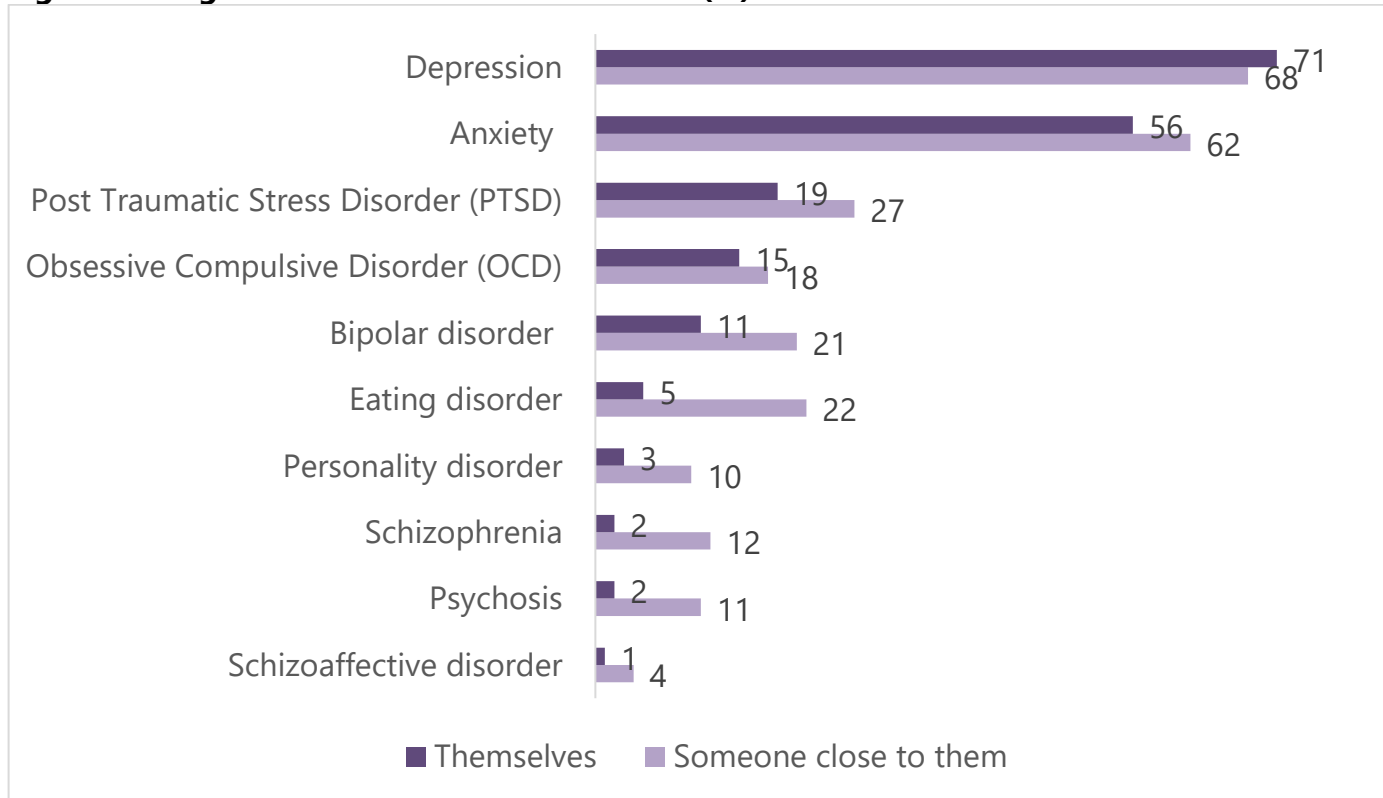
Depression and Anxiety were by far the most common mental health conditions experienced. 70% and 56% of those who had themselves been diagnosed with a mental health condition mentioned they had personal experience of Depression and Anxiety. 68% and 56% of those with someone close to them who had been diagnosed with a mental health condition mentioned their family member / friend had experienced these conditions.

One in five (19%) of those who had been diagnosed with a mental health condition said it was PTSD (Post Traumatic Stress Disorder), while 15% mentioned OCD (obsessive compulsive disorder). A further one in ten (11%) of those with a mental health condition said they had been diagnosed with bipolar disorder. All the other conditions were mentioned by less than one in ten of this group.

The proportion of those who said they knew of someone who had been diagnosed with each of the mental health conditions listed tended to be higher – see figure 7 overleaf for more details.



**Figure 7: Diagnosed mental health conditions (%)**



Base: Respondents diagnosed with a mental health condition themselves (57); Respondents with someone close to them diagnosed with a mental health condition (85)

## 2.4 Willingness to seek help and barriers to seeking help with mental health concerns

Willingness to seek help if worried about their mental health was high. 94% of the Black, Asian and minority ethnic people surveyed said they would seek support, with 50% saying they would definitely do so and another 44% saying they would possibly do so.

Black participants were the most likely to say they would definitely look for help if they were worried about their mental health (62% cf. 50% on average) and male participants were also more likely to say they would definitely seek help (58% cf. 43% of women). Younger participants aged 16-34 were least likely to say they would definitely seek help compared to other age groups (42% cf. 61% 35-54s and 61% of those aged 55+).

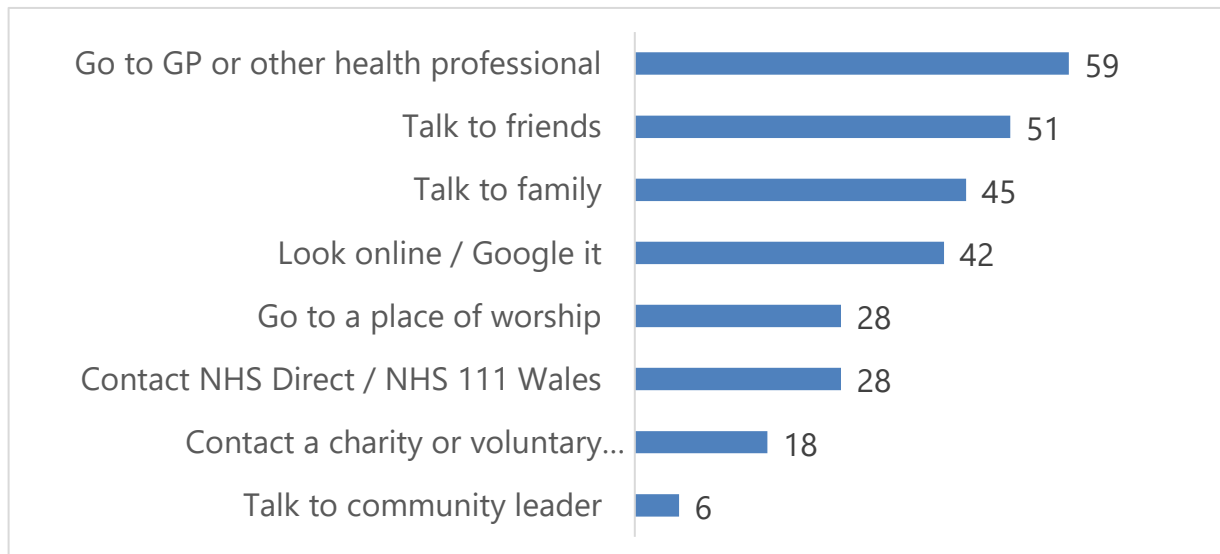
The most common channels that would be used for help with mental health concerns were GPs and health professionals and friends and family. Six in ten of those who said they would seek help (59%) said they would go to their GP or another health professional if concerned about their mental health. This rose to 88% of older participants and 66% of middle-aged participants but dropped to 50% of younger participants.

Half (51%) said they would speak to friends and a slightly smaller proportion would speak to their family (45%). Younger participants were more likely to turn to friends (59%) while older people were more likely to speak to family members (52%).

Four in ten (42%) would look online / Google it if they were concerned about their mental health. Almost three in ten would contact NHS 111 or NHS Direct or would go to a place of worship (28% for each) – see Figure 8 overleaf for more detail.



**Figure 8: Where would you go / what would you do to get help with your mental health (%)**



Base: Respondents who would look for help if they were worried about their mental health (162)

Only 11 people (6%) said they would not look for help if they were worried about their mental health.

When asked why they would not do so, five people said they'd had a negative experience in the past or they did not believe there was good quality support available. Three people believed they would want to overcome any mental health problems themselves, while two people said they would not trust the help available (e.g. concerns over lack of confidentiality). One person said they would not know what support was available.

Although the numbers expressing these views spontaneously were very small, the concerns voiced echo some of the barriers mentioned in the literature review and the qualitative study cited as preventing Black, Asian and minority ethnic people accessing support services.

To further examine the extent to which the barriers mentioned in the previous TtCW research would deter participants from seeking help, they were prompted with each of the barriers in turn and were asked whether they would put them off seeking help.

The three most significant barriers to seeking help, each relevant to around half of the Black, Asian and minority ethnic people interviewed, were:

- **not wanting to be seen as mad** (at 51%)
- **not expecting their GP or health professional to understand their situation** (at 50%), and
- **feeling ashamed or embarrassed** (at 49%), rising to 54% of 16-34s.

**Not knowing where to go for help** and fear of **being judged by their family or community** were also mentioned by almost half of those surveyed (at 46% and 45% respectively).

Although the proportions endorsing the other barriers was lower, all were relevant to around three or four in ten of those interviewed. Figure 9 overleaf shows the proportion saying yes and no to each possible barrier.

**Figure 9: Barriers to seeking help if experiencing mental health problems (%)**



Base: all respondents (173) Data has been rebased to exclude those saying don't know.

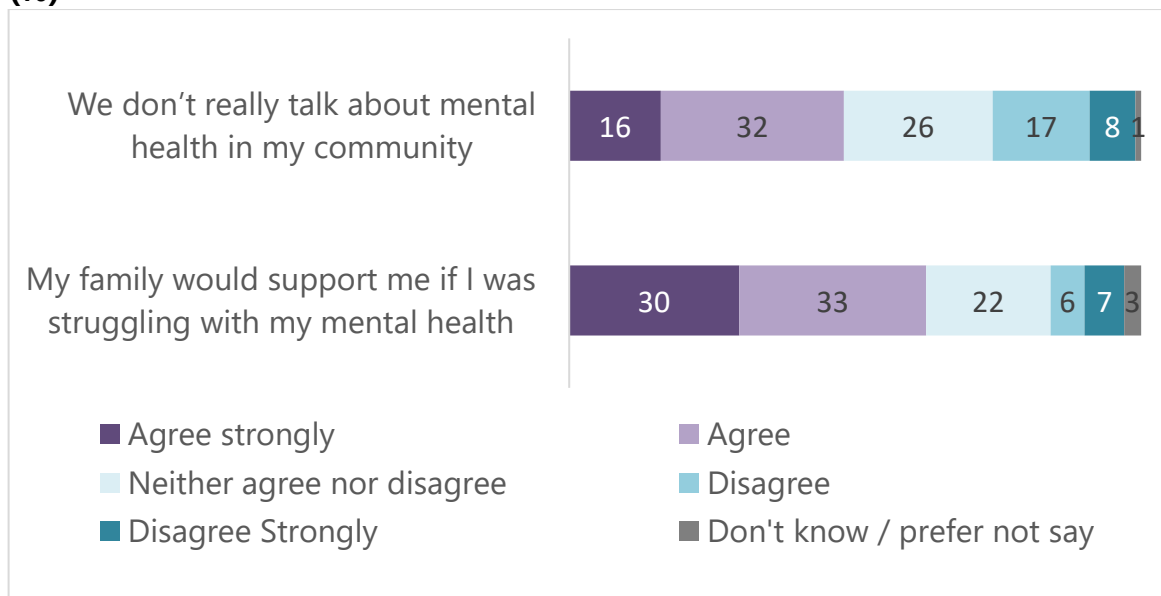
The literature review highlighted a study amongst Black and minority ethnic communities in South-West England where participants stated that coping mechanisms were defined by culture and identity, suggesting that in their community people expected to deal with mental health concerns by themselves. This was also the case in the quantitative survey, as almost half (48%) of Black, Asian and minority ethnic participants agreed to some extent that mental health was not talked about in their community.

Asian and Black participants were the most likely to agree that *we don't really talk about mental health in my community* (at 54% each), while participants from mixed and multiple ethnic backgrounds were less likely to agree (at 32%).

However, almost two thirds (63%) of participants agreed that *my family would support me if I was struggling with my mental health*. Around one in five (22%) neither agreed nor disagreed with this statement while 13% disagreed that their family would support them in this situation.

Asian participants and young men aged 16-44 were the most likely to disagree with this statement (at 18% of each group).

**Figure 10: Extent to which participants agreed or disagreed with statements (%)**



Base: All respondents (173)

## 2.5 Attitudes and perceptions of mental health support offered by health professionals

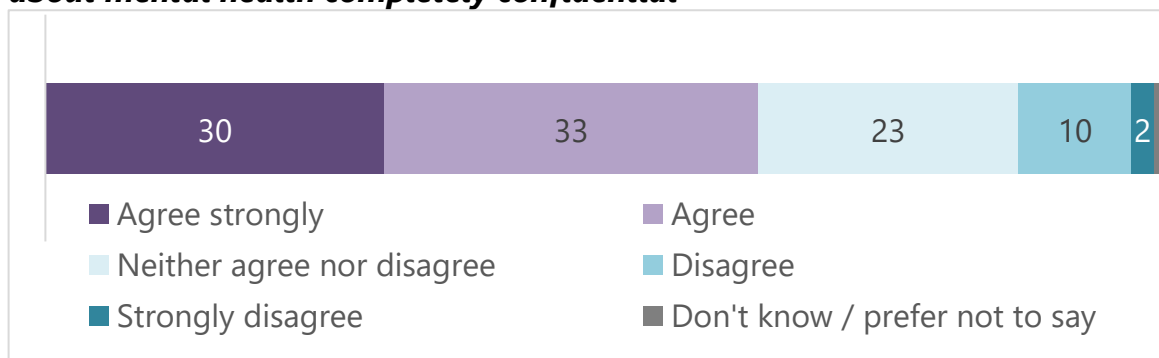
The literature review and the qualitative study carried out amongst Black, Asian and minority ethnic participants found there was some mistrust of health professionals and services. This mainly centred around concerns about whether GPs would keep mental health problems confidential and whether people from minority ethnic backgrounds would be treated in a discriminatory way by health professionals.

Survey participants were therefore asked to what extent they agreed or disagreed with a series of statements about mental health support.

Almost two thirds (63%) of Black, Asian and other minority ethnic people agreed that they *would trust their GP or other health professional to keep any discussions they had with them about their mental health confidential*; 30% strongly agreed while 33% agreed.

Around a quarter of participants neither agreed nor disagreed, while one in eight (12%) disagreed with this statement, with 2% disagreeing strongly. Women were more likely than men to mistrust health professionals to keep their discussions confidential (15% cf. 9% respectively).

**Figure 11a: *I'd trust a GP/doctor/health professional to keep any discussions about mental health completely confidential***

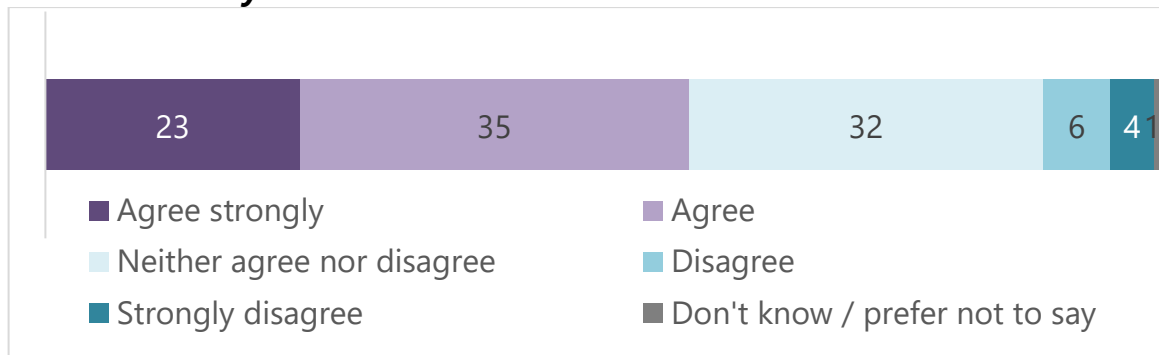


Base: All respondents (173)

Nearly six in ten (58%) agreed that *I'm confident I would be taken seriously if I spoke to a GP / Doctor about my mental health*; 23% agreed strongly while 35% agreed.

A third neither agreed nor disagreed with this statement while one in ten (10%) disagreed, with a small proportion (4%) disagreeing strongly. Again, women were more likely to feel they would not be taken seriously if they consulted a health professional (12% cf. 5% of men).

**Figure 11b: I'm confident I would be taken seriously if I spoke to a GP/ Doctor about my mental health**



Base: All respondents (173)

When looking at the negatively positioned statements, around half (51%) agreed that it was *more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health*. Black people and those who had been diagnosed with a mental health condition themselves were most likely to agree that it was harder for people from non-White backgrounds to get help with their mental health (67% and 65% respectively). Fewer than one in five (18%) disagreed it was harder for people from ethnic minority backgrounds to get help with their mental health.

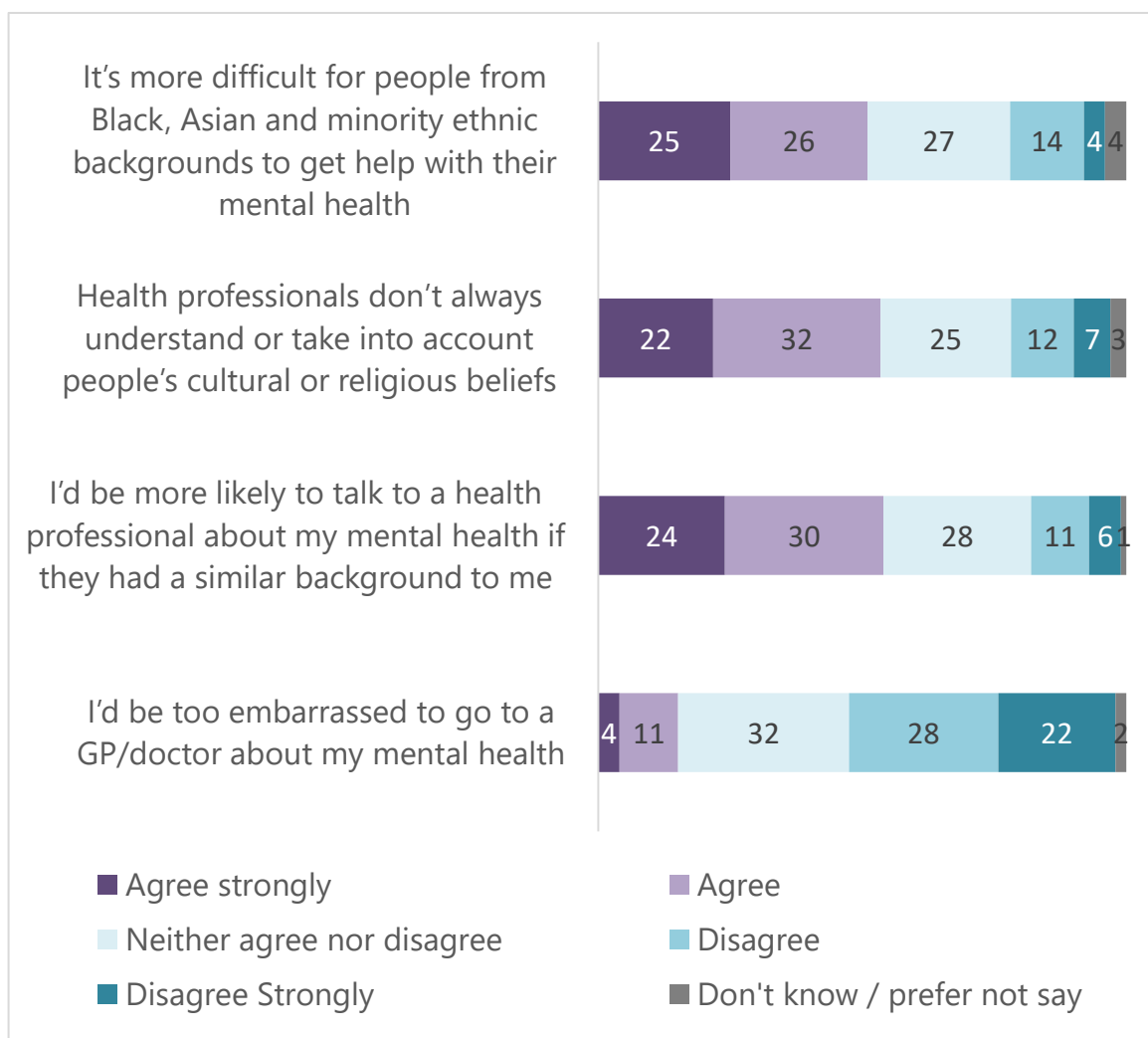
Similarly, over half (54%) agreed that *health professionals don't always understand or take into account people's cultural or religious beliefs*. Around one in five (22%) agreed strongly with this statement. Those who had themselves been diagnosed with a mental health condition and older participants were more likely to agree with this statement (71% and 60%). Again, only one in five (19%) felt health professionals did take into account people's cultural and religious beliefs.

Reflecting this perception, it is therefore perhaps not surprising that over half of participants (54%) agreed that *I would be more likely to talk to a health professional about my mental health if they had a similar background to me*. Younger participants and Black people were most likely to agree with this statement (with 60% of each agreeing). Participants from mixed or multiple ethnic

backgrounds were most likely to disagree with this statement (30% cf. 17% on average).

One in six (15%) agreed that *I would be too embarrassed to go to a GP or health professional about my mental health*. Less affluent and younger people aged 16-34 were most likely to agree with this statement (20% and 19% respectively). Half (50%) said they would not be too embarrassed to go to a health professional about their mental health. A third neither agreed nor disagreed.

**Figure 11c: Perceptions of mental health support from health professionals (%)**



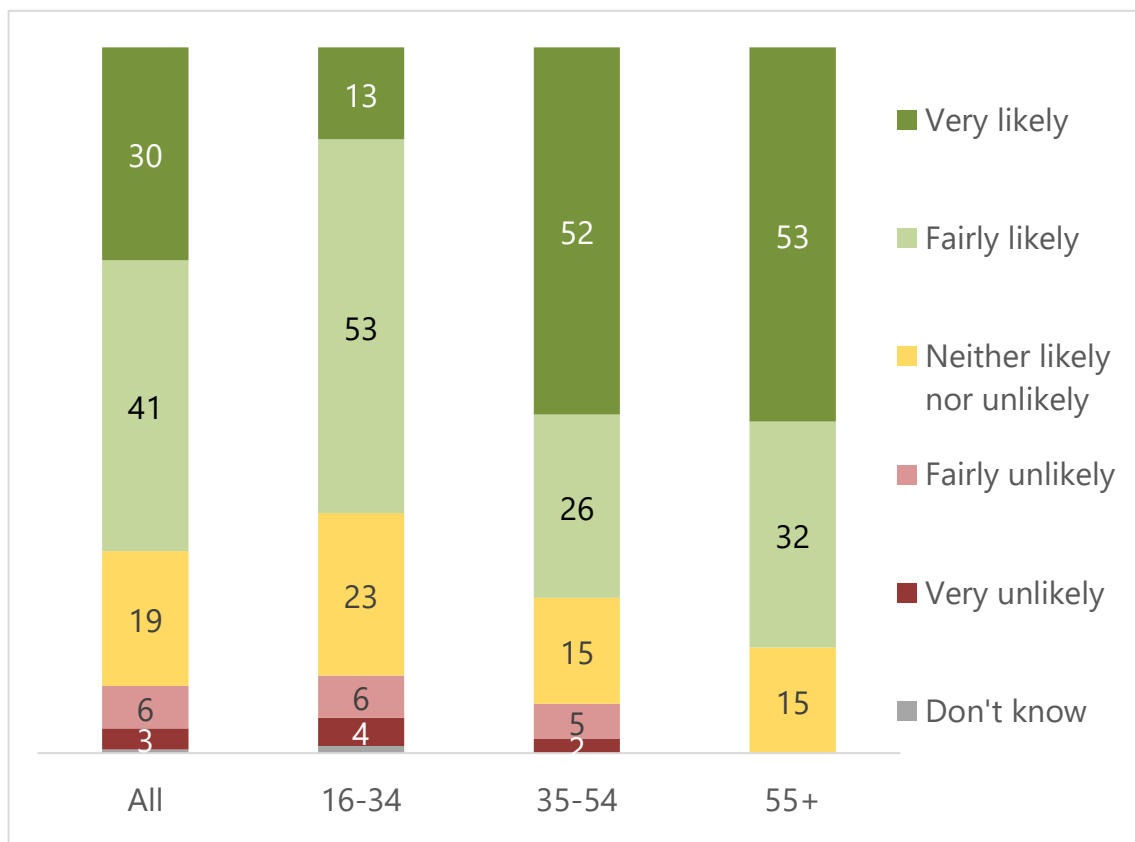
Base: All respondents (173)

Nevertheless, despite the misgivings some participants had about discussing their mental health with health professionals, seven in ten (71%) said they would be

very or fairly likely to talk to a GP or health professional if they needed to. Three in ten said they'd be very likely to speak to a GP; this rose to over half of those aged 35-54 and 55+ (52% and 53% respectively). Only one in eight (13%) of younger people aged 16-34, however, said they would be very likely to speak to a GP.

One in five (19%) said they were neither likely nor unlikely to speak to a GP in this situation, while around one in ten (9%) felt it was unlikely they would speak to a health professional about their mental health.

**Figure 12: Likelihood of talking to a GP / doctor about your mental health**



Base: all respondents (173)



The 15 people (9%) who said they were unlikely to talk to a GP or doctor about their mental health were asked for a reason for their answer. Table 3 below shows the spontaneous reasons given.

**Table 3: Reasons for being unlikely to speak to a GP about mental health**

Reason	Number of people giving each comment
Bad experience in the past	5
Lack of trust	3
Wouldn't feel comfortable	2
Other services might be better (third sector organisation, private healthcare)	2
They can't relate to me (cultural / religious)	1
Discrimination	1

Base: those unlikely to speak to a GP about mental health (15)

The literature review and the qualitative study conducted on the experiences of Black, Asian and other ethnic minority groups found that people from these communities could experience unfair treatment when accessing mental health services. To better understand the extent of the issue, survey participants were asked if they felt they had been treated unfairly in a range of areas in the last 12 months, including getting help for their mental health.

One in six felt they had been treated unfairly when **getting help for their mental health** (16%). This proportion rose to 31% among those who had been diagnosed with a mental health condition.

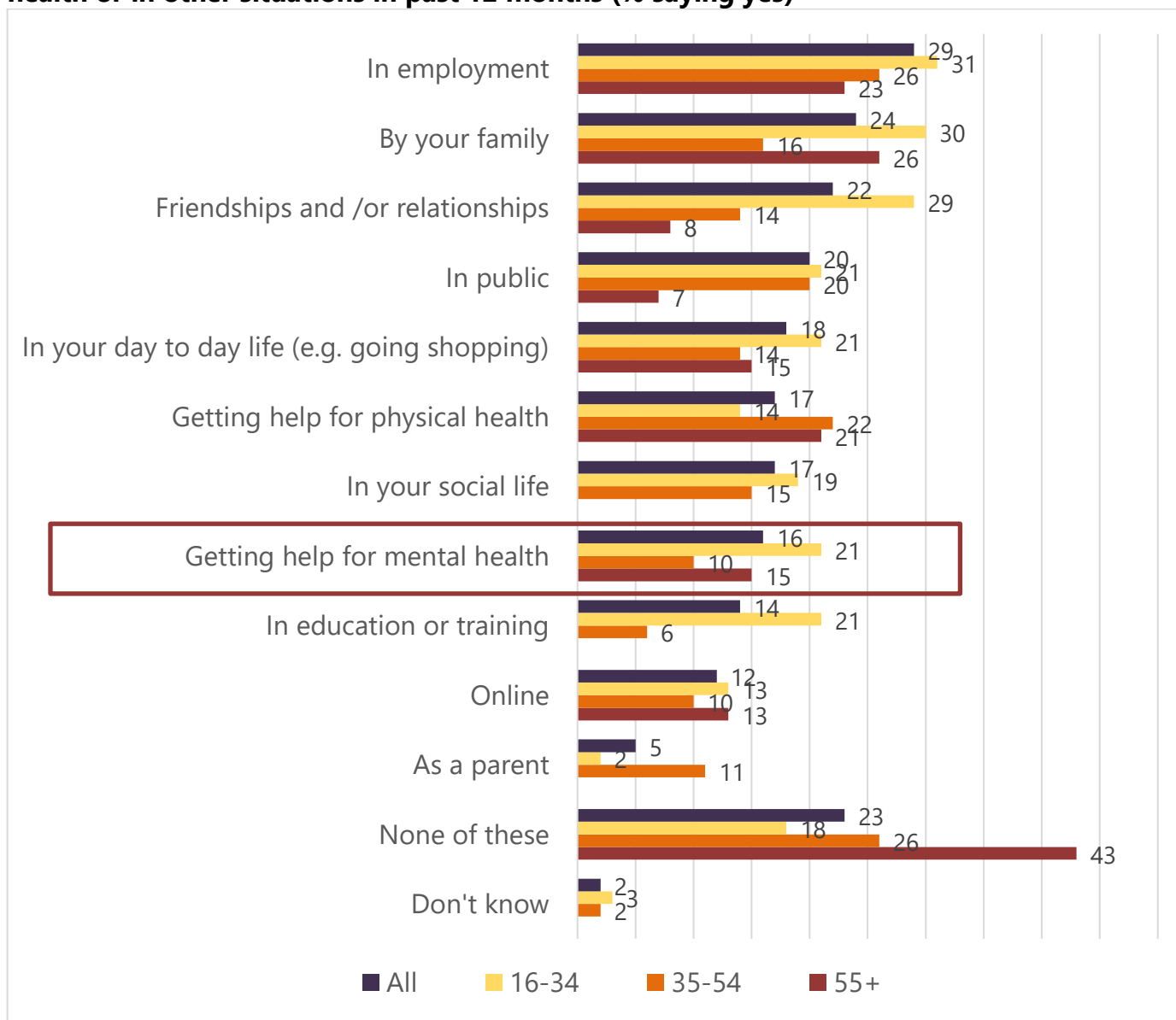
More commonly, however, Black, Asian and minority ethnic people interviewed felt they had been treated unfairly **in the workplace** (either paid or voluntary) (at 29%), **by their family** (at 24%) and **by friends or their partner** (at 22%). Approximately one in five said they had been treated unfairly **in public** or in **their day-to-day life** such as whilst going shopping (20% and 18% respectively).

Women were more likely to feel they had been treated unfairly at work than men (34% of females cf. 21% of males), as did those from more affluent backgrounds (31% of ABC1s compared with 25% of C2DEs). Those with a diagnosed mental health condition were particularly likely to say they had been treated unfairly at work recently (at 43% cf. 19% of those who had not).

Younger people aged 16-34 were most likely to feel they had been treated unfairly by their family or in friendships / relationships.

Around a quarter (23%) of participants did not feel they had experienced any unfair treatment in any of these situations in the last 12 months. Older participants aged 55+ were considerably more likely than younger people to say they had not been treated unfairly (43%) – See Figure 13 below for more details.

**Figure 13: Whether experienced discrimination in getting help for mental health or in other situations in past 12 months (% saying yes)**



Base: All respondents (173), 16-34 (95), 35-54 (61), 55+ (16) \* NB: small base size

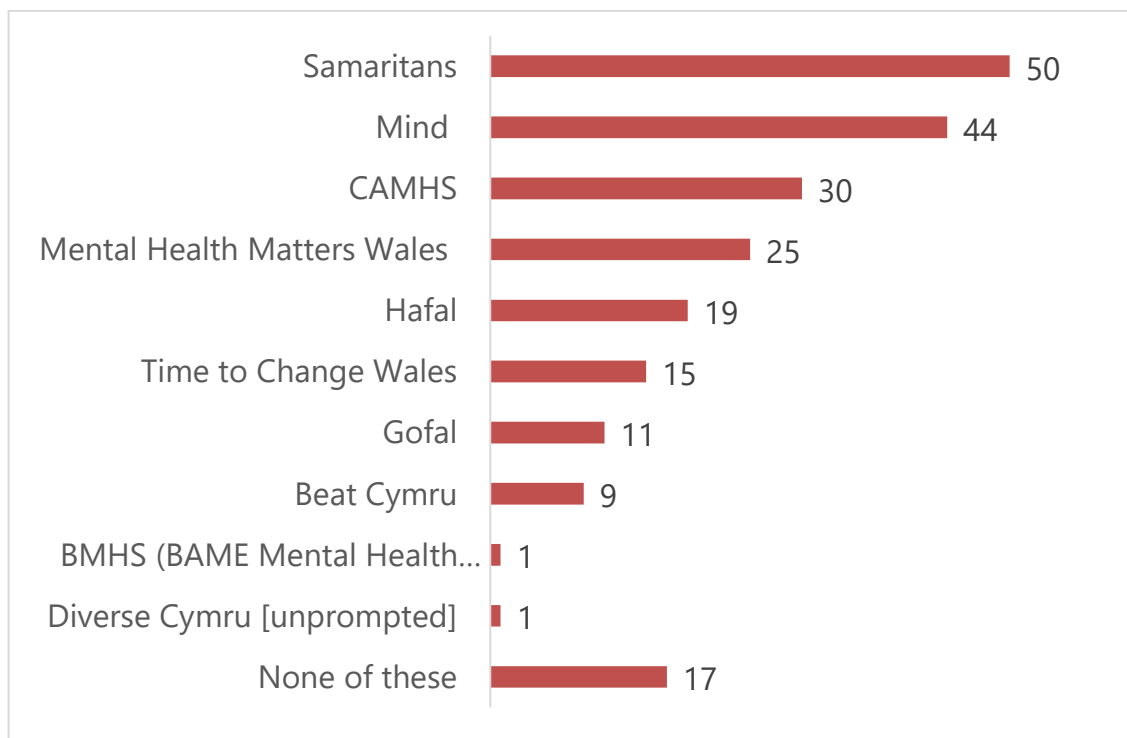
## 2.6 Awareness of mental health charities

When prompted with a list of mental health charities and services, over eight in ten (83%) of the Black, Asian and minority ethnic people surveyed had heard of at least one of the organisations. Awareness of any of the organisations was highest among individuals of mixed or multiple ethnic backgrounds (95%) and lowest amongst Black participants (73%). As might be expected, awareness of mental health charities was higher amongst participants who had themselves been diagnosed with mental health conditions compared with those who had not (91% cf. 70%).

The most widely recognised organisation was Samaritans, with half the sample (50%) saying they had heard of it, followed by Mind (at 44%). Three in ten (30%) were aware of CAMHS (Child and Adolescent Mental Health Services) while a quarter (25%) had heard of Mental Health Matters Wales.

15% had heard of Time to Change Wales. Awareness was highest among participants living in the Valleys and Cardiff and South East Wales (21% for each) and lowest in Mid and North Wales (at 6% and 2% respectively).

**Figure 14: Awareness of mental health charities and services (%)**



Base: All respondents (173)

### 3. Conclusions

The qualitative study and the literature review suggested that people from ethnic minority backgrounds could be reluctant to seek help with their mental health due to their own negative experiences or those of friends and family. However, this quantitative study showed that willingness to seek help was high amongst Black, Asian and minority ethnic people (94%). Nevertheless, the barriers discussed in the literature review and the qualitative study could deter between half and a third of participants in the survey from seeking help. The most prevalent barriers were not wanting to be seen as mad (51%), not expecting their GP or health professional to understand their situation (50%) and feeling ashamed or embarrassed (49%).

The qualitative study stated that Black, Asian and minority ethnic people with mental health conditions had recounted instances where they felt mental health services had failed them and that they often attributed this failure to lack of cultural understanding on the part of the mental health professionals, perceived as being majority White and middle class. This was supported by the quantitative survey, as almost a third (31%) of those diagnosed with a mental health condition felt they had been treated unfairly while accessing help for their mental health. Furthermore, around half (51%) agreed that it was more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health and a similar proportion (54%) agreed that *health professionals did not always understand or take into account people's cultural or religious beliefs*. Reflecting this, it is perhaps not surprising that over half of participants (54%) agreed that they would be *more likely to talk about their mental health with a health professional who had a similar background to them*.

Mistrust of health professionals and their likelihood of keeping patients' mental health records confidential was a key theme of the literature review and the qualitative study. However, in the quantitative study this was less of an issue - almost two thirds (63%) of Black, Asian and other minority ethnic people agreed that they would *trust their GP or other health professional to keep any discussions they had with them about their mental health confidential*. Around a quarter of participants neither agreed nor disagreed, while only one in eight (12%) disagreed with this statement. Women surveyed were more likely to have reservations about the confidentiality of mental health discussion with health professionals. The literature review suggested mistrust was high amongst Pakistani women and South Asian women who were concerned that health care

professionals from within their own community would disclose their condition to their family or other members of the community.

More generally, the stigma and negative perceptions of mental health conditions highlighted in the literature review were only prevalent amongst a small minority of Black, Asian and minority ethnic people across Wales in the survey. For example, only around one in seven participants (14%) agreed that *someone with a mental illness can't be trusted* and similarly small proportions (10% and 11%) agreed that *mental illness is something to keep quiet about* and that *struggling with your mental health is a sign of weakness*. Likewise, only one in twenty (5%) agreed that *people with mental illnesses are crazy and best avoided*.

## Appendix I – Research questionnaire

**Mind Cymru**  
**Quantitative Survey with Black, Asian and Minority Ethnic Communities**  
**in Wales**  
**Survey questionnaire – FINAL**

**S1. What is your ethnic group? *Select one***

White

Welsh, English, Scottish, Northern Irish or British  
 Irish  
 Gypsy or Irish Traveller  
 Roma  
 Any other White background



Thank & close

- Continue
- Continue
- Thank & close

Mixed or Multiple ethnic groups

White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other Mixed or Multiple background

Asian, Asian Welsh or Asian British

Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Any other Asian background

Black, Black Welsh, Black British, Caribbean or African

Caribbean  
 African  
 Any other Black, Black Welsh, Black British or Caribbean or African background

Other ethnic group

Arab  
 Any other ethnic group

---

Don't know / Prefer not to say

- Thank & close

**CONTINUE IF ETHNIC GROUP IS ANYTHING OTHER THAN WHITE**

**Q1. Firstly, on a scale of 1-5, where 1 is not at all important and 5 is very important, how important are each of the following to your life? (Randomise order)**

- Being financially secure
- Having a good family network and support
- Being physically fit and healthy
- Having good mental health and wellbeing
- Being respected in my community
- Being able to provide for my family

1 - Not at all important    2    3    4    5 – Very important

**Q2. In the past 12 months do you feel you have been treated unfairly in any of the areas listed below? Select all that apply**

By your family  
 Friendships and / or relationships  
 Getting help for mental health  
 Getting help for physical health  
 In education or training  
 In employment (paid or voluntary)  
 In public  
 In your day to day life (e.g. going to the shops)  
 In your role as a parent  
 In your social life  
 Online

No, none of these  
 Don't know

**Q3. Here are some statements that people have made about mental health. To what extent would you agree or disagree with them? (Randomise order)**

- It's as important to look after your mental health as your physical health
- Mental illness is something to keep quiet about
- I don't really understand what mental health is
- I sometimes worry about my mental health
- We don't really talk about mental health in my community
- My family would support me if I was struggling with my mental health
- You can't trust someone with a mental illness
- Struggling with your mental health is a sign of weakness
- Anyone can experience mental health problems at some time in their life
- People with mental illnesses are crazy and best avoided

*Response scale: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know / Prefer not to say*

**Q4. How would you describe your mental health at the moment, using a scale of 1 to 5, where 1 is very poor and 5 is very good?**

**Mental health affects how we think, feel and act. It includes our emotional, psychological and social well-being.**

1 – *Very poor*                      2    3    4    5 – *Very good*

**Q5. If you were worried about your mental health, would you look for help?**

Yes – definitely                      - Go to Q7  
 Yes – possibly                              - Go to Q7  
 No    - Ask Q6

***If would not look for help***

**Q6. Why not? Write in**

---

***If would look for help***

**Q7. Where would you go or what would you do to get help with your mental health? Select all that apply**

Contact a charity or voluntary organisation – please specify which \_\_\_\_\_

Contact NHS Direct / NHS 111 Wales

Go to a GP / doctor or other health professional

Go to a place of worship

Look online / Google it

Talk to family members

Talk to friends

Talk to a community leader

Other (please specify) \_\_\_\_\_

Don't know

***Ask all***

**Q8. Do you think the following might put you off seeking help if you were experiencing mental health problems? Please answer yes / no to each.**

Being judged by your family or community if they found out

Being labelled as a bad mother or father and risking having your children taken away

Damaging your marriage prospects or relationships



Feeling ashamed or embarrassed  
 Damaging your reputation and having to leave / move out of the community  
 Not expecting your GP or healthcare professional to understand your situation  
 Not knowing where to go to get help  
 Not trusting your GP or healthcare professional to keep it confidential  
 Not wanting to be seen as mad  
 Not wanting to bring shame on your family

*Response options: Yes / No / Don't know*

**Q9. How likely would you be to talk to a GP / doctor about your mental health, if you needed to?**

Very likely  
 Fairly likely  
 Neither likely nor unlikely  
 Fairly unlikely - Ask Q10  
 Very unlikely - Ask Q10

Don't know

***Ask those who say they'd be unlikely***

**Q10. Why do you say that? Please write in**

---

***Ask all***

**Q11. Have you ever spoken to a GP / doctor about your mental health?**

Yes  
 No

***Ask all***

**Q12. To what extent do you agree or disagree with the following statements about mental health support?**

- I'm confident I would be taken seriously if I spoke to a GP / doctor about my mental health
- I'd be too embarrassed to go to a GP / doctor about my mental health
- It's more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health
- Health professionals don't always understand or take into account people's cultural or religious beliefs
- I'd trust a GP / doctor / health professional to keep any discussions about my mental health completely confidential

- I'd be more likely to talk to a health professional about my mental health if they had a similar background to me

*Response scale: Strongly agree / Agree / Neither agree nor disagree / Disagree / Strongly disagree / Don't know / Prefer not to say*

**Q13. If you were diagnosed with a mental health condition, how would you feel?**  
*Select all that apply*

Angry  
Ashamed  
Embarrassed  
Guilty  
Hopeful  
Relieved  
Sad  
Scared  
Supported  
Worried

Other (please specify) \_\_\_\_\_

**Q14. Have you personally, or has anyone close to you like a family member or friend, ever been diagnosed with a mental health condition?** *Select all that apply*

Yes – I have - Ask Q15  
Yes – someone close to me has - Ask Q16  
No - Go to Q17

***If personally diagnosed with a mental health condition***

**Q15. Which of the following mental health conditions have you been diagnosed with?** *Select all that apply*

Anxiety  
Bipolar disorder  
Depression  
Eating disorder  
Obsessive Compulsive Disorder (OCD)  
Personality disorder  
Post Traumatic Stress Disorder (PTSD)  
Psychosis  
Schizoaffective disorder  
Schizophrenia  
Other (please specify \_\_\_\_\_)

None of these  
 Don't know  
 Prefer not to say

***If family / friend has been diagnosed with a mental health condition***

**Q16. Which of the following mental health conditions has someone close to you been diagnosed with? *Select all that apply***

Anxiety  
 Bipolar disorder  
 Depression  
 Eating disorder  
 Obsessive Compulsive Disorder (OCD)  
 Personality disorder  
 Post Traumatic Stress Disorder (PTSD)  
 Psychosis  
 Schizoaffective disorder  
 Schizophrenia  
 Other (please specify \_\_\_\_\_)

None of these  
 Don't know  
 Prefer not to say

***Ask all***

**Q17. Before today, which of these mental health charities and services, if any, had you heard of? *Select all you've heard of***

Beat Cymru  
 Child and Adolescent Mental Health Services (CAMHS)  
 Gofal  
 Hafal  
 Mental Health Matters Wales  
 Mind  
 Samaritans  
 Time to Change Wales  
 Other (please specify \_\_\_\_\_)

None of these

**If you have any concerns about your mental health and would like free and confidential support you can contact Mind Infoline: 0300 123 3393, [info@mind.org.uk](mailto:info@mind.org.uk)**

***Suggested additional classification question***

**Q18. What is your religion?**

No religion

Christian (all denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please specify) \_\_\_\_\_

Prefer not to say