

# Research Report

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



Prepared for:  
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Date: April 2024

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## Contents

Executive summary.....	4
1. Background, research objectives and research method.....	7
1.1 Background and objectives.....	7
1.2 Methodology.....	7
2. Key findings.....	13
2.1 Degree of importance attached to good mental health.....	13
2.2 Perceptions and attitudes towards mental health.....	16
2.3 Participants’ own mental health.....	19
2.4 Willingness to seek help and barriers to seeking help with mental health concerns.....	25
2.5 Attitudes and perceptions of mental health support offered by health professionals.....	30
2.6 Awareness of mental health charities.....	36
3. Conclusions.....	37
Appendix – Research questionnaire.....	39

## Executive summary

### Introduction

People from ethnic minority communities can face stigma and discrimination as well as additional challenges such as racism and inequalities that can negatively impact their mental health.

In 2024, Time to Change Wales (TtCW) commissioned Beaufort to repeat a survey, first undertaken in 2021, with people from Black, Asian and minority ethnic backgrounds who live in Wales to better understand their experiences, attitudes and beliefs about mental health, and to track any changes over time.

A total of 158 quantitative interviews with people from Black, Asian and minority ethnic communities across Wales were collected and analysed. As in 2021, these interviews were collected through a combination of online panel surveys (Beaufort Wales Omnibus survey and subsequent boost) and through an open link survey that was distributed by organisations that sit on Welsh Government's Wales Alliance for Mental Health Black Asian Minority Ethnic Group. To represent the Black, Asian and minority ethnic population as accurately as possible, data has been weighted by population proportions according to ethnicity and gender.

The same questionnaire was used in 2024 as in 2021. The questionnaire was originally designed by Beaufort based on findings from a literature review and qualitative work undertaken by Time to Change Wales. All interviews for the 2024 survey were conducted as self-completion online questionnaires between 15 January and 27 February 2024.

### Summary of findings

In 2024, Black, Asian and minority ethnic participants continued to rate *having good mental health and wellbeing* higher than other aspects of life such as financial security, physical health, and family support networks. Maintaining good mental health remained important to people from ethnic minority backgrounds in 2024, with 87% agreeing that *it is as important to look after your mental health as your physical health*.

The survey illustrates there continues to be stigma and negative perceptions of mental health conditions among a minority of Black Asian and minority ethnic

people. One in six of those interviewed (17%) agreed that *someone with a mental illness could not be trusted*, while a similar proportion agreed that *mental illness is something to keep quiet about or is a sign of weakness* (9% and 14% respectively), as in 2021. Moreover, in the 2024 survey there was a statistically significant increase in the proportion of respondents agreeing that *people with a mental illness are crazy and best avoided* (12% cf. 5% in 2021).

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), over half (54%) gave a positive score of four or five (similar to 2021 – 55%). Around one in eight (13%) gave a negative rating of one or two. Middle-aged and less affluent participants were most likely to give their mental health a negative rating. Middle-aged people were most likely to have spoken to their doctor about their mental health in the past.

Willingness to seek help if worried about their mental health remained high, with 87% of the Black, Asian and minority ethnic people surveyed saying they would look for help if concerned. However, the proportion unwilling to look for help if worried about their mental health increased significantly in 2024 (13% in 2024 cf. 6% in 2021). The most common channels that would be used for support were still health professionals and family. Two thirds (65%) agreed that their family would support them if they were struggling with mental health issues. However, the proportion saying they would discuss their mental health with their friends has decreased significantly since 2021 (from 51% cf. 38%).

15% (17 people) said they would be unlikely to talk to a GP or doctor about their mental health. This was mainly because of difficulties obtaining appointments, especially face to face appointments, with a GP.

To further examine the extent to which the barriers highlighted in previous Time to Change Wales research would deter participants from seeking help, survey participants were prompted with each barrier and asked whether it would put them off. The three most significant barriers were: not knowing where to go to get help; feeling ashamed or embarrassed; and not expecting their GP or health professional to understand their situation.

Previous research carried out by Time to Change Wales 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 2024 survey – four in ten (40%) of those diagnosed with a mental health condition felt they had been treated unfairly while accessing help for their mental health (NB small base size). Furthermore, almost six in ten (57% cf. 51% in 2021) agreed that *it is more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health*. A similar proportion (56%) agreed that *I would be more likely to talk about my mental health with a health professional who has a similar background to me*.

Nevertheless, seven in ten (71%) said they would be very or fairly likely to talk to doctors if they needed to. Trust in their GP or other health professional to keep discussions about their mental health confidential and confidence that doctors would take them seriously when discussing mental health remained high amongst minority ethnic communities.

# 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 of those report experiencing stigma and discrimination. In addition, a lack of mental health understanding 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 that 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.

In 2021, TtCW commissioned Beaufort to conduct a quantitative study with people from Black, Asian and minority ethnic backgrounds who live in Wales to better understand their experiences, attitudes and beliefs about mental health. Beaufort was then commissioned to repeat the survey again in 2024 to track any changes in knowledge, attitudes and experiences amongst ethnic minority communities in Wales.

## 1.2 Methodology

In 2024, a total of 158 quantitative interviews with people from Black, Asian and minority ethnic communities across Wales were collected and analysed.

As in the previous survey, a combination of methods was needed to reach as many Black, Asian and other minority ethnic participants as possible within the timeframe and budget available. Similar to 2021, the 2024 survey was distributed in the following ways:

- Including the questionnaire on the Beaufort Wales Omnibus survey that interviews a representative sample of the Welsh population and 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 organisations that sit on Welsh Government's Wales Alliance for Mental Health Black Asian Minority Ethnic Group, Race Equality newsletter and WhatsApp Groups.

73 of the interviews were obtained through the January 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 January Omnibus survey finished to increase the number of interviews with those eligible for the study. In this 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 50 interviews were obtained through this method. Both the January Wales Omnibus and the subsequent boost survey were conducted via Cint<sup>1</sup>, an online panel exchange platform.

A link to an online version of the questionnaire was provided to TtCW to pass to organisations that sit on Welsh Government's Wales Alliance for Mental Health Black Asian Minority Ethnic Group to distribute. The link was also included in the Race Equality newsletter and shared on WhatsApp Groups, to encourage other eligible people to participate in the survey. This helped to maximise the response rate further and added another 35 interviews to the overall total.

The open link survey 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.

To track any changes in the attitudes, experiences and perceptions of mental health since 2021, the same questionnaire was used in the 2024 survey. The

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<sup>1</sup> The Cint™ platform and its products comply with ESOMAR, MRS, ARF, MRIA, 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.



original survey questionnaire was designed by Beaufort and was based on findings from a literature review and qualitative work undertaken by Time to Change Wales<sup>2</sup>. 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. Everyone who took part in the survey opted to complete the questionnaire in English.

All interviews were conducted online between 15 January and 27 February 2024.

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>3</sup> In 2024, the same weighting factors were applied to the data to ensure comparability and to make it possible to observe any statistically significant differences over time.

The table overleaf shows the breakdown of the sample by the weighted characteristics – ethnic group and gender - in 2021 and 2024.

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<sup>2</sup> A literature review<sup>2</sup> was undertaken followed by a qualitative study<sup>2</sup> to better understand the experiences of Black, Asian and other ethnic minority people



Qualitative research  
report.pdf



TtCW Literature  
Review Final pdf.pdf

<sup>3</sup> <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/ethnicity-by-age>

**Table 1: Weighted demographic characteristics**

Characteristics	% of total sample		Weighted number of interviews conducted with this group		Unweighted number of interviews conducted with this group	
	2021	2024	2021	2024	2021	2024
<b>Ethnic group</b>						
Mixed	14%	15%	24	23	44	33
Asian	50%	51%	87	80	78	60
Black	18%	18%	31	28	33	53
Other	18%	17%	32	27	18	12
<b>Gender</b>						
Male	46%	46%	79	72	77	71
Female	53%	54%	92	85	94	86
Other / Prefer not to say	1%		2	-	2	1

The Table below shows the 2021 Census data for Black, Asian and minority ethnic population by age in 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) (2021 Census)	Black, Asian and minority ethnic communities in Wales (2021 Census)	Percentage of total sample in 2024	Number of interviews conducted with this group in 2024
<b>Age</b>	<b>Universe profile data</b>		<b>Survey sample profile</b>	
16-34	28%	46%	57%	90
35-54	30%	38%	32%	51
55+	42%	16%	11%	17
Prefer not to say	-	-	-	-

The table overleaf shows the demographic profile of the sample in 2021 and 2024, 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	
	2021	2024	2021	2024
<b>Socio-economic grade<sup>4</sup></b>				
ABC1	66%	58%	115	92
C2DE	31%	39%	54	61
Prefer not to say	3%	3%	4	5
<b>Religion</b>				
Christian (all denominations)	33%	46%	58	72
Muslim	26%	28%	46	44
No religion	23%	18%	40	28
Hindu	7%	3%	12	4
Buddhist	4%		7	-
Sikh	1%		2	-
Jewish	-		-	-
Other / Prefer not to say	6%	6%	10	10
<b>Region<sup>5</sup></b>				
North Wales	14%	9%	24	14
Mid/West Wales	12%	8%	20	12
South West Wales	21%	22%	37	35
The Valleys	8%	13%	13	21
Cardiff and South East Wales	41%	47%	71	75
Not answered	5%	1%	8	1

<sup>4</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>5</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

## Statistical error

As with any survey, findings for the sample of respondents interviewed provide estimates of attitudes, experiences and opinions held in the population of interest (in this case people from Black, Asian and other minority ethnic backgrounds). Consequently, all results are subject to sampling error.

Table 3 below illustrates the reliability of individual results for different sample sizes and percentage results at the 95% confidence level. For example, thinking about the overall sample of 158 respondents interviewed, if 50% agree with a statement, we could say that the true proportion lies between 42.2% and 57.8% (i.e. +/- 7.8%) 95% of the time. The specified confidence intervals should be used as an approximate guide given that this survey is based on quota sampling.

**Table 3: Statistical reliability (at 95% confidence level)**

Survey result	Ranges at the 95% confidence level (excluding survey design factors)		
	50%	70%/30%	90%/10%
<b>Sample size:</b>			
158	+/-7.8	+/-7.2	+/-4.7
100	+/-9.8	+/-9.0	+/-5.9
50	+/-13.9	+/-12.7	+/-8.3
10	+/-31.0	+/-28.4	+/-18.6

Whenever differences in the data in this report are commented on as significant, this refers to a statistically significant result from a significance test at the 0.05 level.

Although there are sometimes small differences in results between the two waves these are often not large enough to be statistically significant, given the relatively small number of respondents interviewed in each wave of the study.

## 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.

As in 2021, all aspects were considered important by participants, but the factor considered most important was *having good mental health and wellbeing* (4.70 out of 5 on average). Those participants who had themselves been diagnosed with a mental health condition were slightly more likely to agree that having good mental health and wellbeing was important than those who had someone close to them diagnosed with a mental health condition and those who did not know anyone with a mental health condition (4.80 cf. 4.72 and 4.63 respectively).

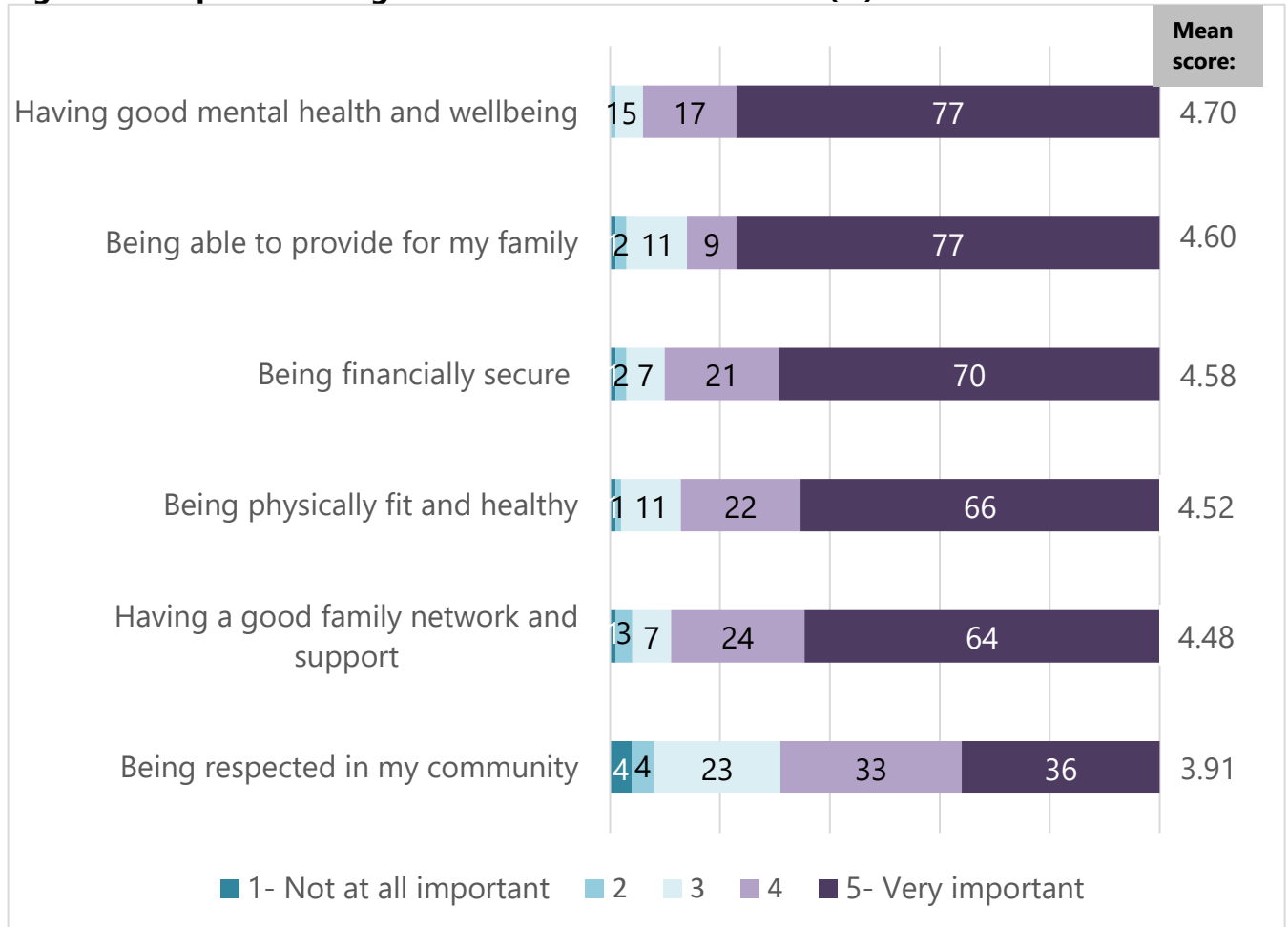
Older participants aged 55+ were most likely to agree that mental health was important, compared with younger and middle aged participants especially (4.90 cf. 4.74 and 4.57 respectively.)

Similar to 2021, *Being able to provide for my family* was the second most important factor to participants with a mean score of 4.60. Nevertheless, the proportion saying this was 'very important' was equal to the proportion believing good mental health and wellbeing was 'very important' (77% for each).

Seven in ten (70%) felt being *financially secure* were 'very important', while around two thirds believed being *physically fit and healthy* and having a *good family network and support* was 'very important' to their life (66% and 64% respectively).

Only around a third (36%) of participants felt *being respected in my community* was 'very important'. This was also the case in 2021 (when 35% said it was very important).

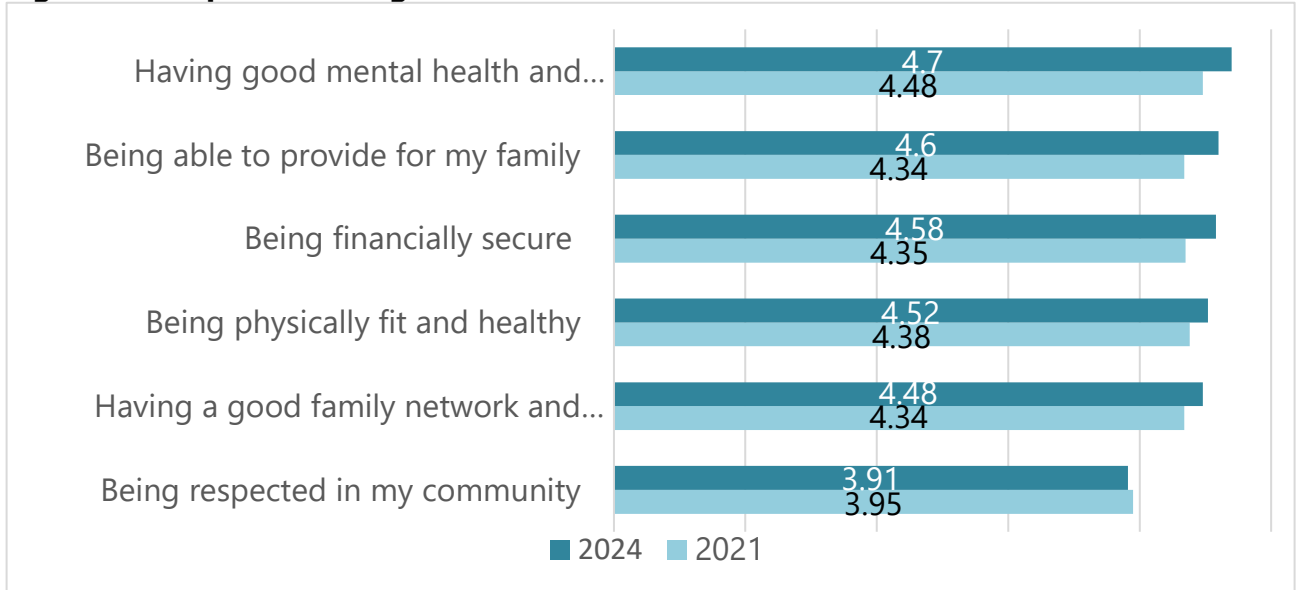
**Figure 1a: Importance of good mental health in their life (%)**



Base: All respondents (158)

Figure 1b overleaf compares the mean scores in 2024 with those of 2021. This figure shows that the importance attached by respondents to different aspects of their lives have stayed very consistent. None of the changes are statistically significant.

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

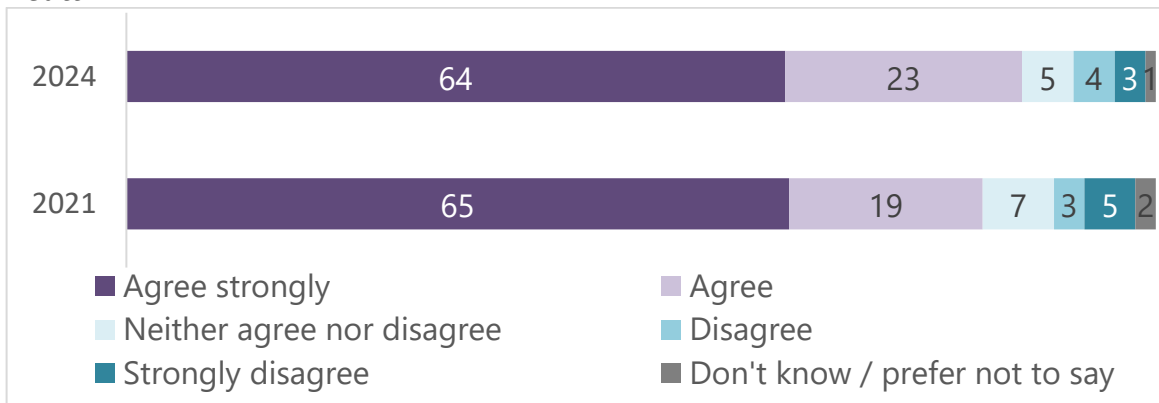


Base: All respondents 2024 (158), 2021 (173)

The importance of maintaining good mental health was as important to people from ethnic minority backgrounds in 2024 as in 2021. Almost nine in ten (87%) agreed that *it is as important to look after your mental health as your physical health* (84% in 2021). Two thirds of participants agreed strongly with this statement (64% cf. 65% in 2021).

As in 2021, only relatively small proportions disagreed with this statement (7% in 2024 cf. 8% in 2021) – see Figure 2 below.

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



Base: All respondents 2024 (158); 2021 (173)

## 2.2 Perceptions and attitudes towards mental health

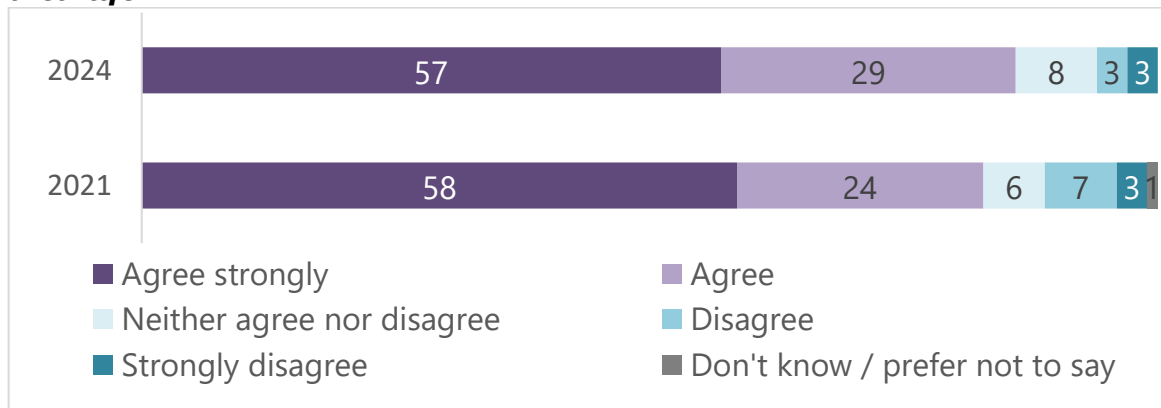
The original literature review and the qualitative study carried out by Time to Change Wales amongst Black, Asian and minority ethnic communities highlighted the stigma associated with having mental health issues and the lack of understanding on occasion about what mental health is.

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 expressed in these communities, highlighted by the previous Time to Change Wales research.

Over eight in ten (86%) agreed that *anyone could experience mental health problems at some point in their life* - 57% agreed strongly with this statement while 29% agreed. This was also the case in 2021 with a similar proportion agreeing with this statement (84% - 58% agreeing strongly and 24% agreeing).

Equally small proportions disagreed with this statement in 2024 compared with 2021 (6% cf. 10% in 2021) – see Figure 3a below.

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



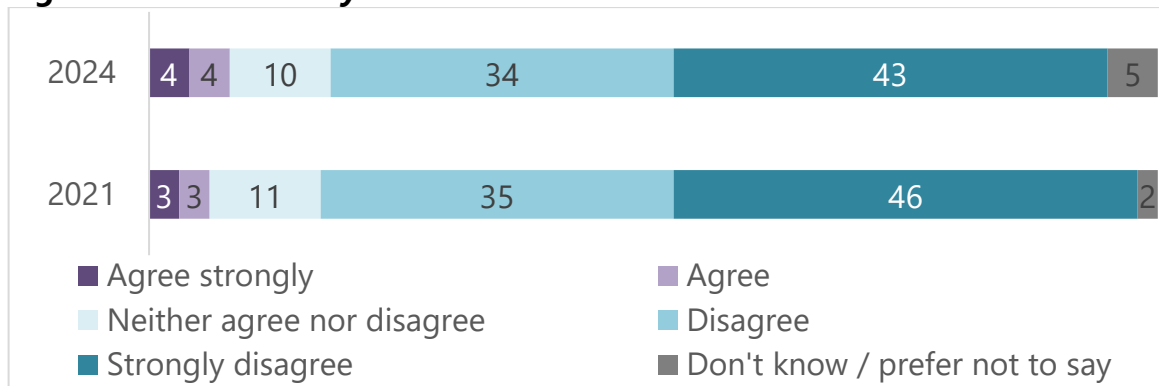
Base: All respondents 2024 (158), 2021 (173)

Understanding amongst Black, Asian and minority ethnic people of what mental health is remained high, with just over three quarters (77%) disagreeing *I don't really understand what mental health is*. A similarly high proportion disagreed with this statement in 2021 (81%).



In 2024, younger people felt less confident that they understood what mental health is compared to older and middle aged people, as they were the most likely to agree with this statement (at 11% of 16-34s cf. 6% of those aged 35-54 and none of those aged 55+). Understanding of mental health was broadly unchanged in 2024 compared with 2021 – see Figure 3b below.

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



Base: All respondents 2024 (158); 2021 (173)

As in 2021, the majority of Black, Asian and minority ethnic people interviewed disagreed with all the negative statements about mental health. Only a relatively small minority agreed with each and therefore endorsed the negative views highlighted in previous research.

One in six (17%) felt that *you can't trust someone with a mental illness*. A similar proportion (14%) agreed with this statement in 2021. Men and respondents who described their ethnicity as Black were more likely to agree (21% and 27% cf. 17% on average).

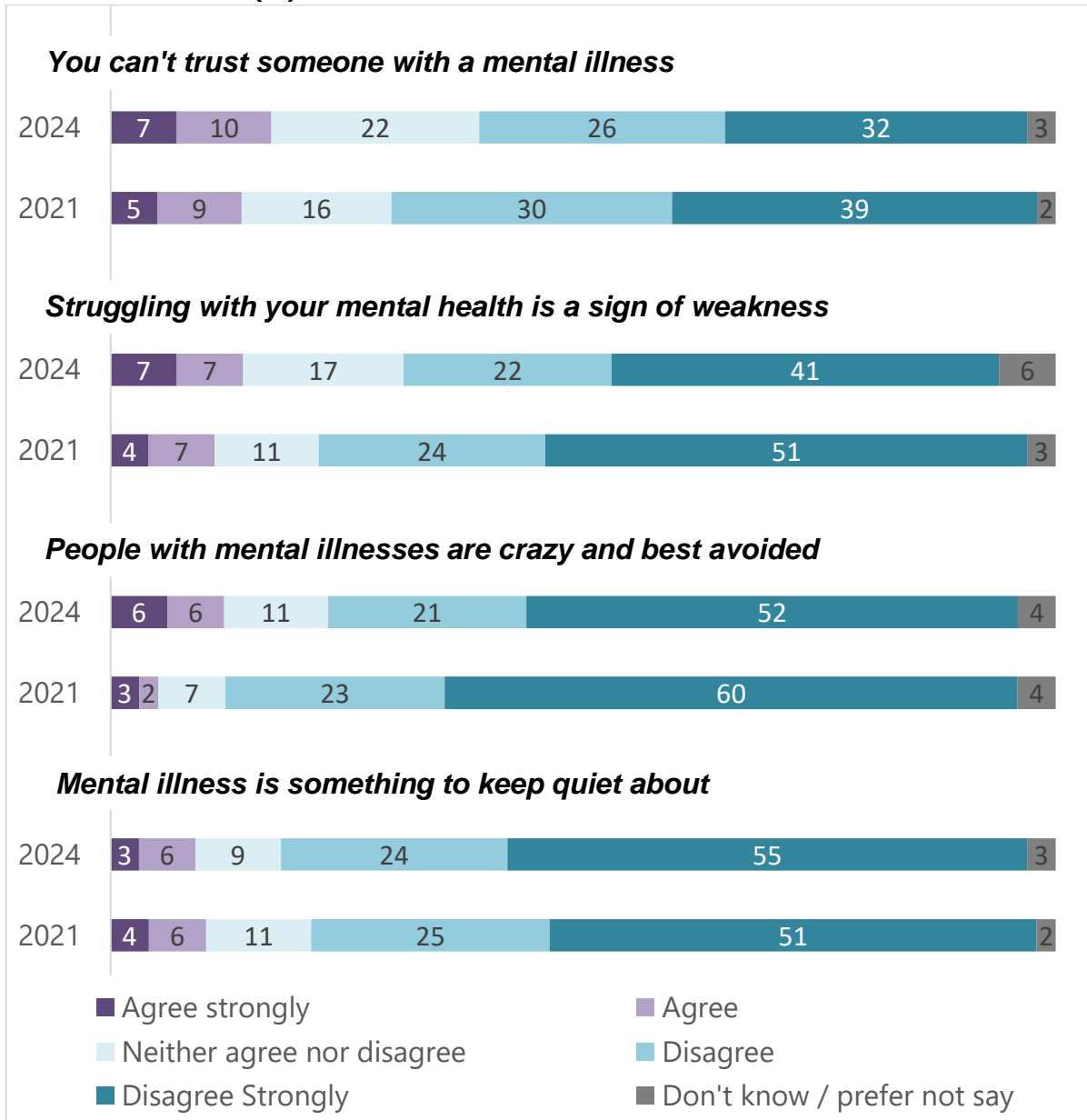
One in seven (14%) agreed that *struggling with mental health was a sign of weakness*, while 11% agreed with this statement in 2021. Again, men and respondents who described their ethnicity as Black were more likely to agree (18% and 22% respectively cf. 14% on average).

One in eight (12%) of Black, Asian and other minority ethnic participants agreed that *people with a mental illness are crazy and best avoided*. This proportion has doubled since 2021, when only 5% agreed with this statement. This change is statistically significant. Those from less affluent (C2DE) households and younger participants were more likely to agree (20% and 17% cf. 12% on average). However, this increase could possibly be attributed to the slightly different profile

of respondents in 2024 (e.g. smaller proportion of participants with diagnosed mental health conditions – 27% cf. 33% in 2021).

Just under one in ten (9%) agreed that *mental illness is something to keep quiet about*. Those from less affluent (C2DE) households were slightly more likely to agree (13% cf. 9% on average) – see Figure 3c below.

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



Base: All respondents 2024 (158); 2021 (173)

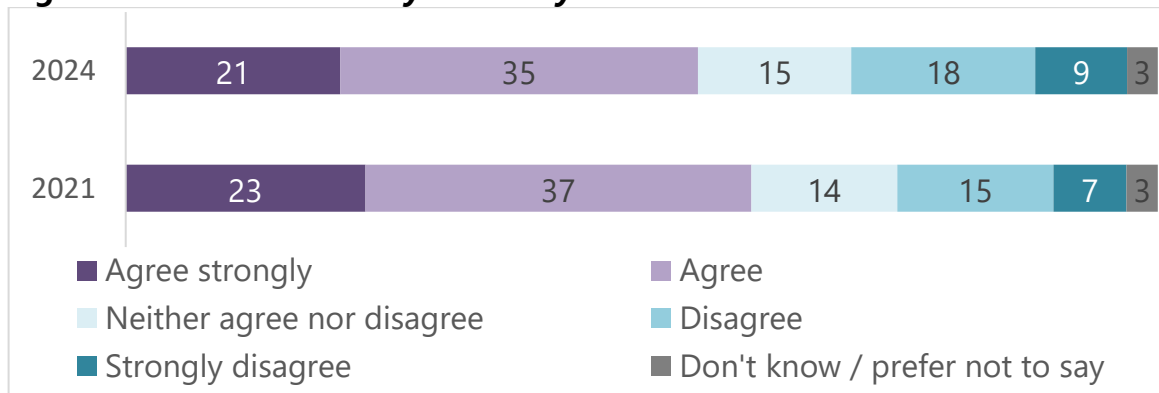
### 2.3 Participants' own mental health

Turning to participants' own situations, almost six in ten (56%) of the Black, Asian and minority ethnic people surveyed agreed that *I sometimes worry about my mental health*. This was slightly lower than in 2021 when 60% said they sometimes worried about their mental health, but the difference is not significant.

Over two thirds (68%) 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 48% of those who had not.

Around a quarter (27%) disagreed with this statement. Men were the most likely to say they did not worry about their mental health, with 34% disagreeing with the statement.

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



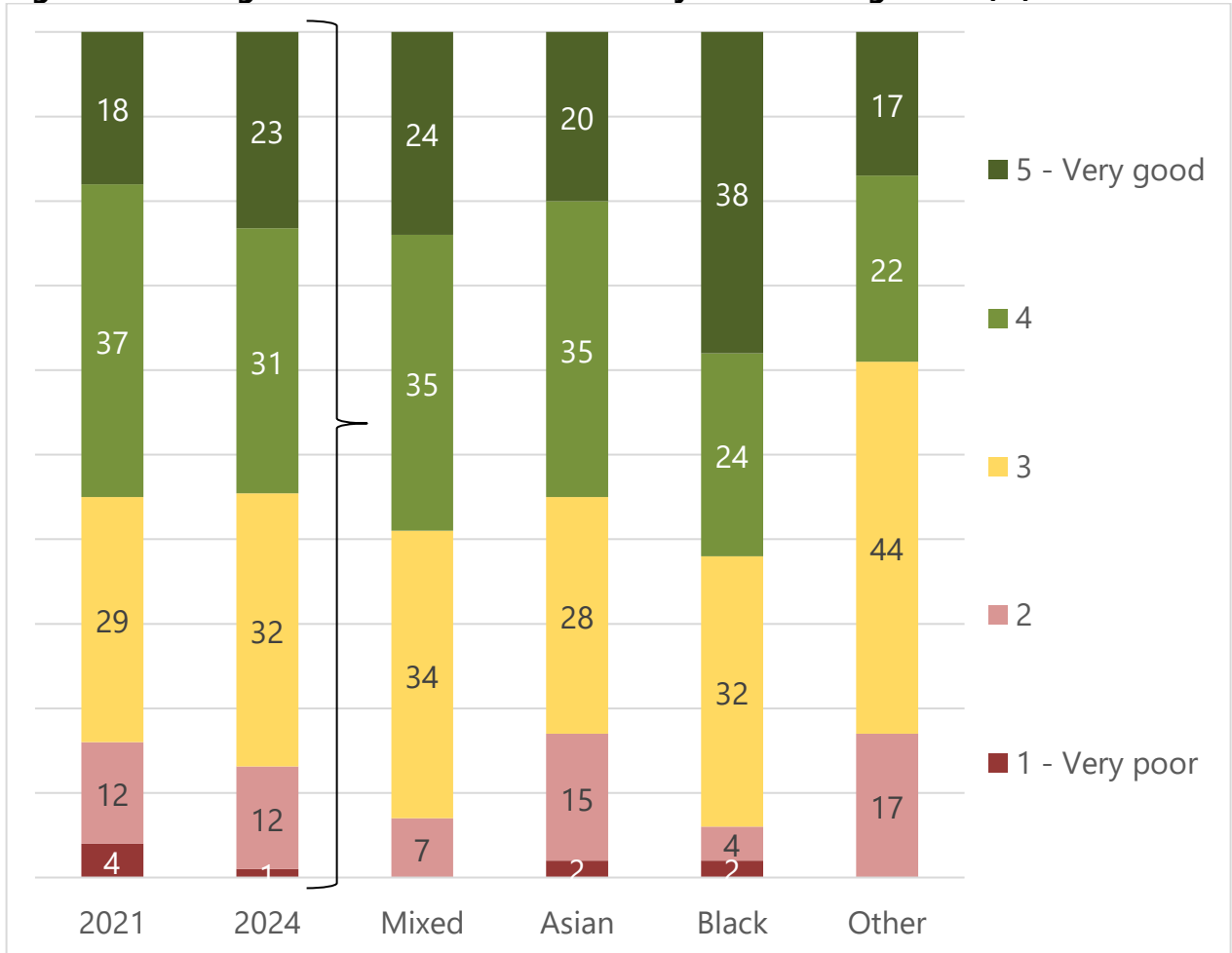
Base: All respondents 2024 (158); 2021 (173)

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 that moment using a scale of one to five, where one was very poor and five was very good.

Overall, almost one in four (23%) said their current mental health was 'very good', while a further 31% gave a positive score of four for their mental health. Three in ten (32%) gave a neutral score of three out of five, but around one in eight (13%) gave a negative rating of one or two out of five (at 1% and 12% respectively).

This self-reported measure of respondents' own mental health has remained broadly consistent since 2021 and has not changed significantly.

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



Base: All respondents 2021 (173), 2024 (158), Mixed (33), Asian (60), Black (53), Other (12) \* NB: small base size

People from Other and Asian ethnic backgrounds were the most likely to describe their mental health as poor (17% for both groups, compared to 7% of people from Mixed and multiple ethnic back grounds and 6% of people from Black ethnic backgrounds). Black people were considerably more likely to give the top score of five out of five for their mental health (38% compared to 23% on average).

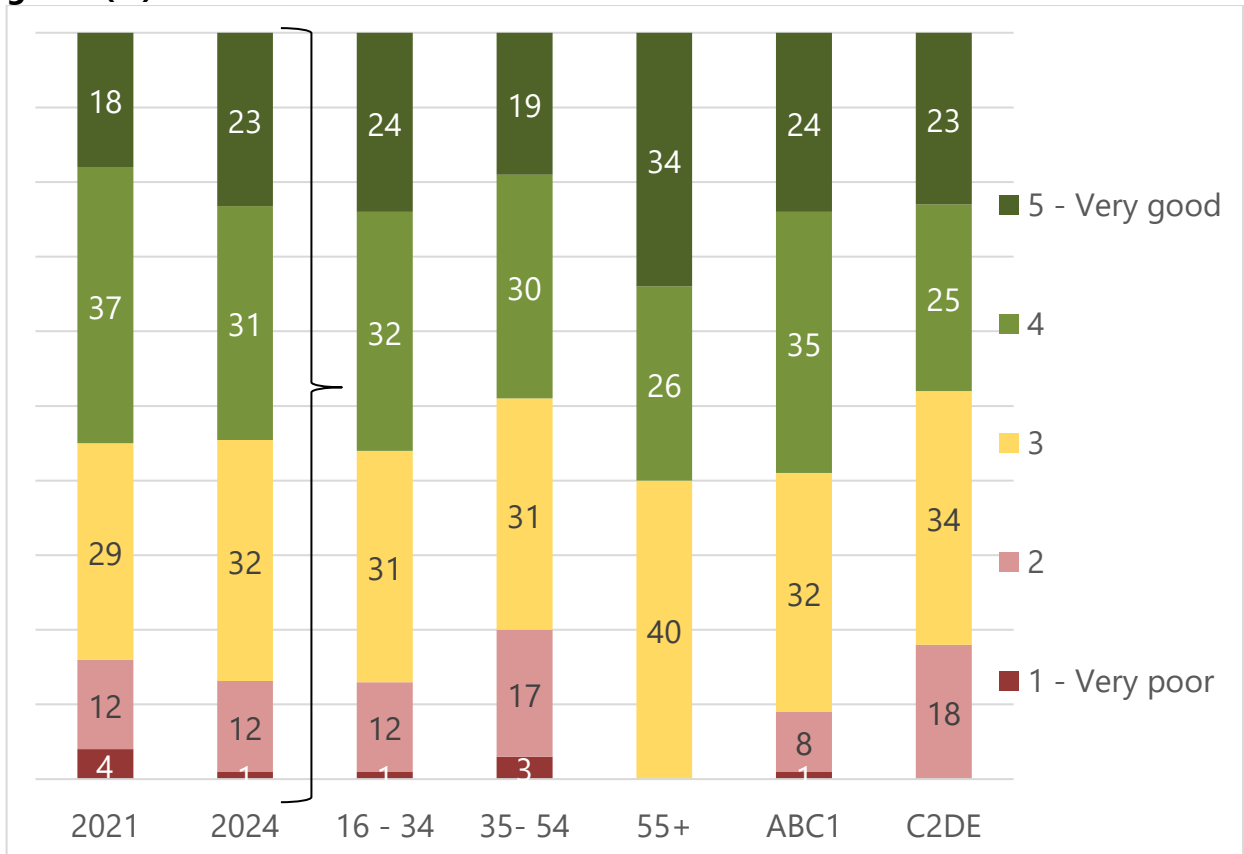
Looking at the same measure by age and socio-economic grade, middle-aged participants were least likely to say their mental health was currently 'very good'

compared to older participants and younger participants (at 19% of 35-54s, compared with 24% of those aged 16-34 and 34% of those aged 55+).

Middle-aged participants were also most likely to give their mental health a negative score of one or two out of five (at 20% of 35-54s compared with 13% of 16-34s respectively). None of the older participants aged 55+ gave their mental health a negative score.

Those from lower socio-economic grades were twice as likely to say their mental health was 'poor' (at 18% of C2DEs cf. 9% of ABC1s), but were just as likely to describe it as 'very good' (at 23% of C2DEs cf. 24% of ABC1s).

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



Base: All respondents 2021 (173), 2024 (158), Mixed (33), Asian (60), Black (53), Other (12) \* NB: small base size ABC1 (92) C2DE (61)

Over a third (36%) of participants said they had spoken to their GP or a doctor at some point about their mental health. The proportion was higher in 2021 (at 45%) but this change is not statistically significant.

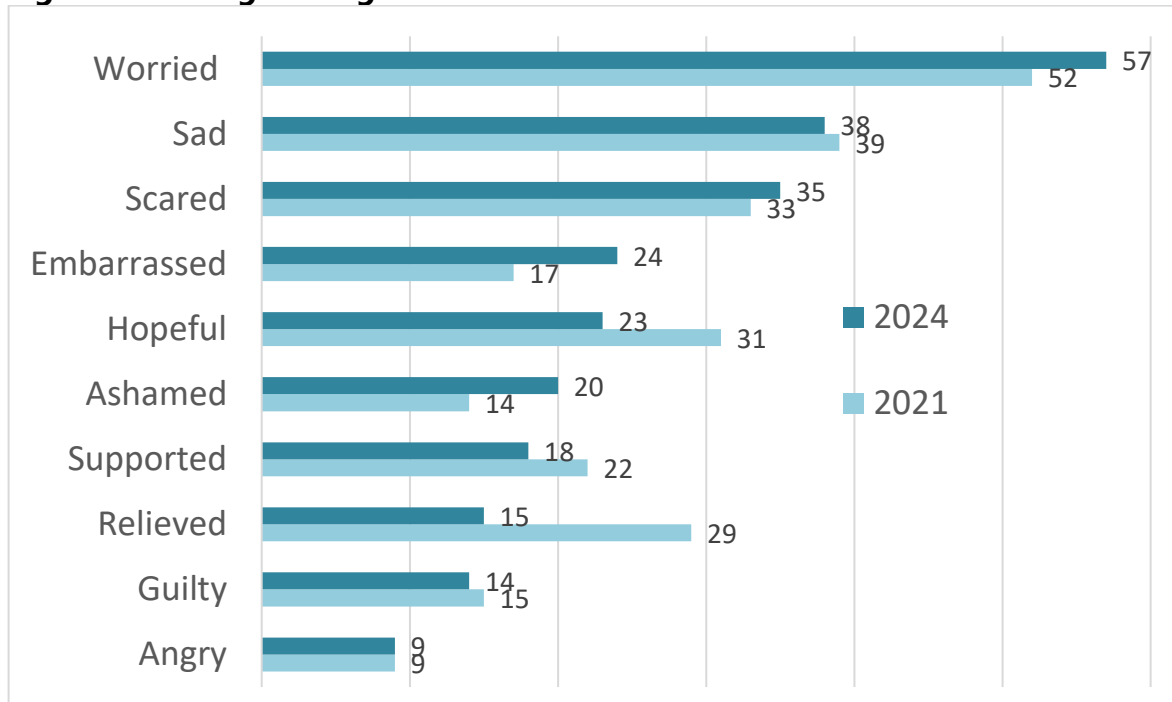
In 2024, middle-aged participants were most likely to have spoken to their GP or a doctor about their mental health (at 41% of 35-54s, compared to 33% of 16-34 year olds and 35% of those aged 55+).

People from Black ethnic backgrounds were least likely to have consulted a health professional about their mental health (84% cf. 64% on average), while participants from other ethnic backgrounds and from mixed or multiple ethnic backgrounds were more likely to have done so (44% and 40% respectively cf. 36% on average). There was no difference by gender or socioeconomic grade.

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. Similarly to 2021, the adjectives chosen were primarily negative ones, such as *worried* (57%), *sad* (38%), *scared* (35%) and *embarrassed* (24%). Positive feelings were mentioned by smaller proportions: *hopeful* (23%), *supported* (18%) and *relieved* (15%).

The proportion of participants who would feel *embarrassed* and *ashamed* has increased over time, while the proportion anticipating they would feel *hopeful* and *relieved* has decreased – the latter has decreased significantly.

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



Base: all participants: 2024 (158); 2021 (173)

Over a quarter (27%) of the Black, Asian and other minority ethnic participants who took part in the survey in 2024 said they had personally at some point been diagnosed with a mental health condition. This proportion has fallen since 2021 when a third (33%) of respondents said it applied to them. The 2024 figure is closer to the one in four adults in Wales reported to have personally experienced a mental health problem at some time during their lives.<sup>6</sup> Four in ten (41%) said someone close to them had been diagnosed with a mental health condition, again slightly lower than in 2021 (48%).

As in 2021, Depression and Anxiety were by far the most common mental health conditions experienced. Seven in ten (71%) of those who had themselves been diagnosed with a mental health condition mentioned they had personal experience of Depression and Anxiety. The proportion of respondents with a diagnosis of Anxiety had increased since 2021 (to 71%, up from 56%) but the change was not statistically significant. The proportion diagnosed with Depression had remained consistent across both surveys.

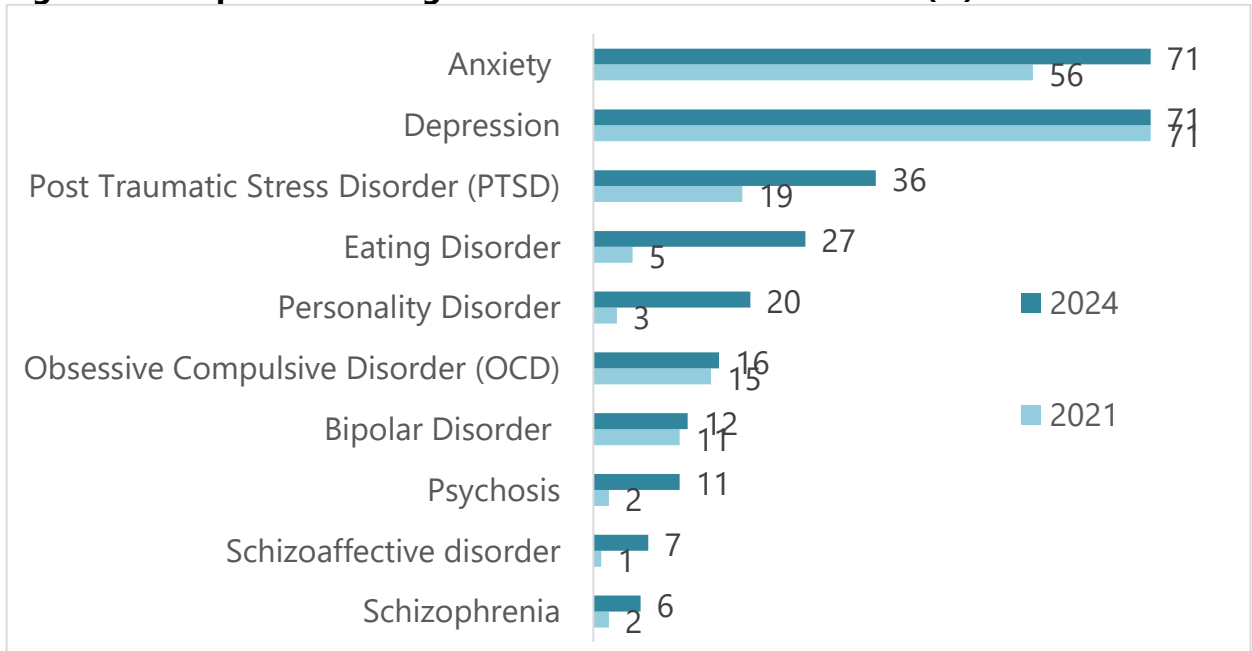
The proportion of respondents diagnosed with PTSD (Post Traumatic Stress Disorder), an Eating Disorder and Personality Disorder had also increased from 2021 (at 36%, 27% and 20% compared to 19%, 5% and 3% in 2021).

A further one in six (16%) had been diagnosed with Obsessive Compulsive Disorder and one in eight (12%) had been diagnosed with Bipolar Disorder. These proportions were very consistent with the last survey. All the other conditions were mentioned by fewer than one in ten of this group.

The data for those who said they knew of someone who had been diagnosed with each of the mental health conditions was very consistent with the 2021 data – see figure 7b overleaf for more details.

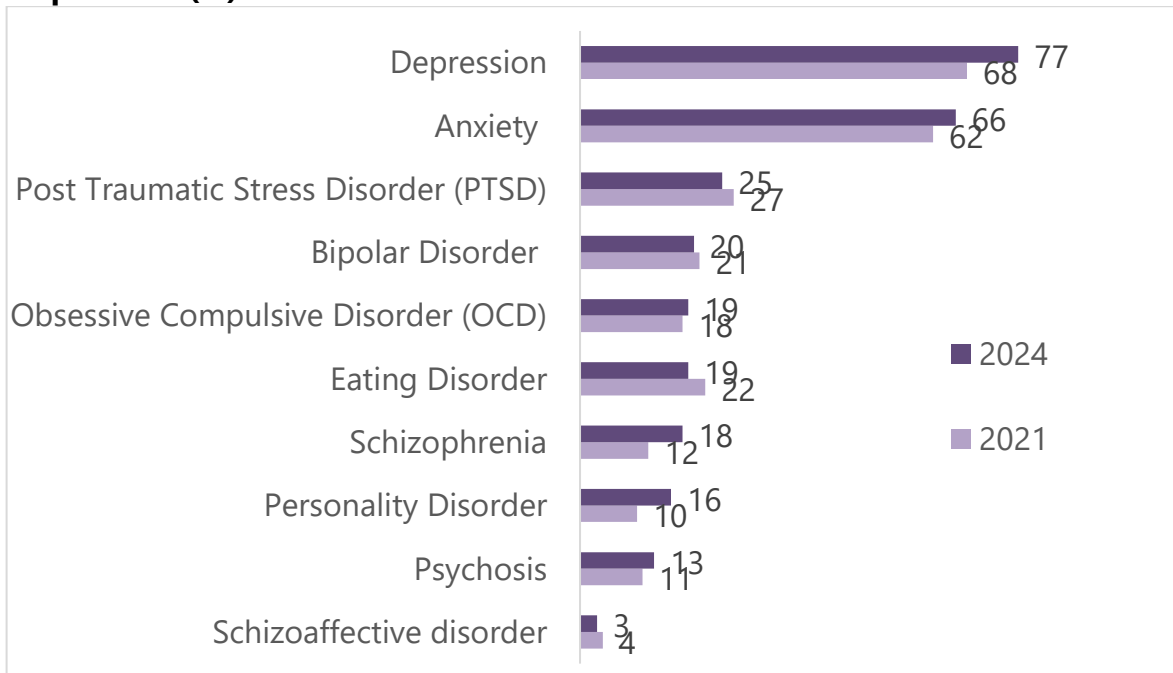


**Figure 7a: Respondent's diagnosed mental health conditions (%)**



Base: Respondents diagnosed with a mental health condition themselves 2024 (39), 2021 (57) **small base numbers**

**Figure 7b: Diagnosed mental health conditions of someone close to the respondent (%)**



Base: Respondents with someone close to them diagnosed with a mental health condition 2024 (64), 2021 (85)



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

As in 2021, the survey included questions to gauge Black, Asian and minority ethnic participants' willingness to seek help should they become worried about their mental health. It is worth noting that these intentions would not necessarily translate into them taking action to address any concerns they had about their mental health. In relation to this, the survey explored the possible barriers that could hinder them from accessing help.

Willingness to seek help if worried about their mental health remained high. However, the proportion saying they would seek help in 2024 had decreased significantly, from 94% in 2021 to 87% in 2024. 46% of the Black, Asian and minority ethnic people surveyed said they would definitely seek support, with 41% saying they would possibly do so.

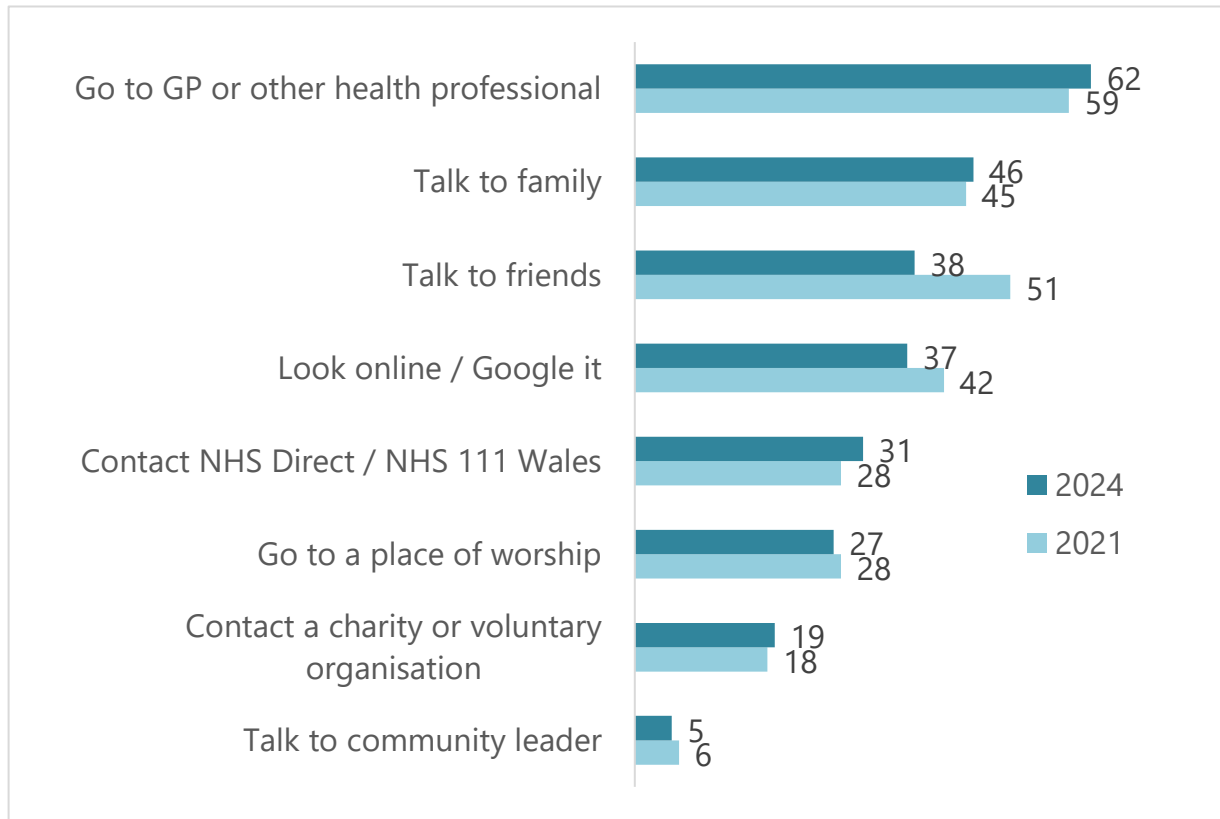
Black participants and those from Other ethnic backgrounds were more likely to say they would definitely look for help if worried about their mental health (53% and 56% cf. 46% on average) and male participants were significantly more likely to say they would definitely seek help (56% cf. 38% of women). Middle-aged participants were least likely to say they would definitely seek help compared to other age groups (38% of 35-54s cf. 50% of 16-34s and 50% of those aged 55+).

As in 2021, the most common channel for obtaining help with mental health concerns was GPs and health professionals (62% cf. 59% in 2021). This was followed by talking to family members (46% cf. 45% in 2021) and talking to friends (38% cf. 51% in 2021). The proportion saying they would turn to their friends for help with their mental health has decreased significantly since 2021. This might be partly because there was an increase in the proportion saying they would feel *embarrassed* and *ashamed* to have mental health issues.

Smaller proportions of younger people would turn to a GP or health professional for help with their mental health compared to the other age groups (56% cf. 72% of 35-54s and 69% of 55+). Older respondents were less likely to seek help from family (34% cf. 49% of 16-34s and 46% of 35-54s).

Over a third overall (37%) would look online / Google it if they were concerned about their mental health – down slightly from 2021 (42%). Almost three in ten would contact NHS 111 or NHS Direct (31%) while over a quarter would go to a place of worship (27%) – 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)

One in eight (13%) said they would not look for help if they were worried about their mental health. This represents a statistically significant increase since 2021 when only 6% would not seek help.

When asked why they would not do so, nine people said they had had a negative experience in the past or they did not believe there was good quality support available. Six people believed they would want to overcome any mental health problems themselves, while three people were concerned it would make it difficult for them in the workplace. One person said they were healthy and were unlikely to ever need help while another person felt there was stigma in the community about seeking help.

Although the numbers expressing these views spontaneously are very small, the concerns voiced reflect some of the barriers mentioned in other research 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 these 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:

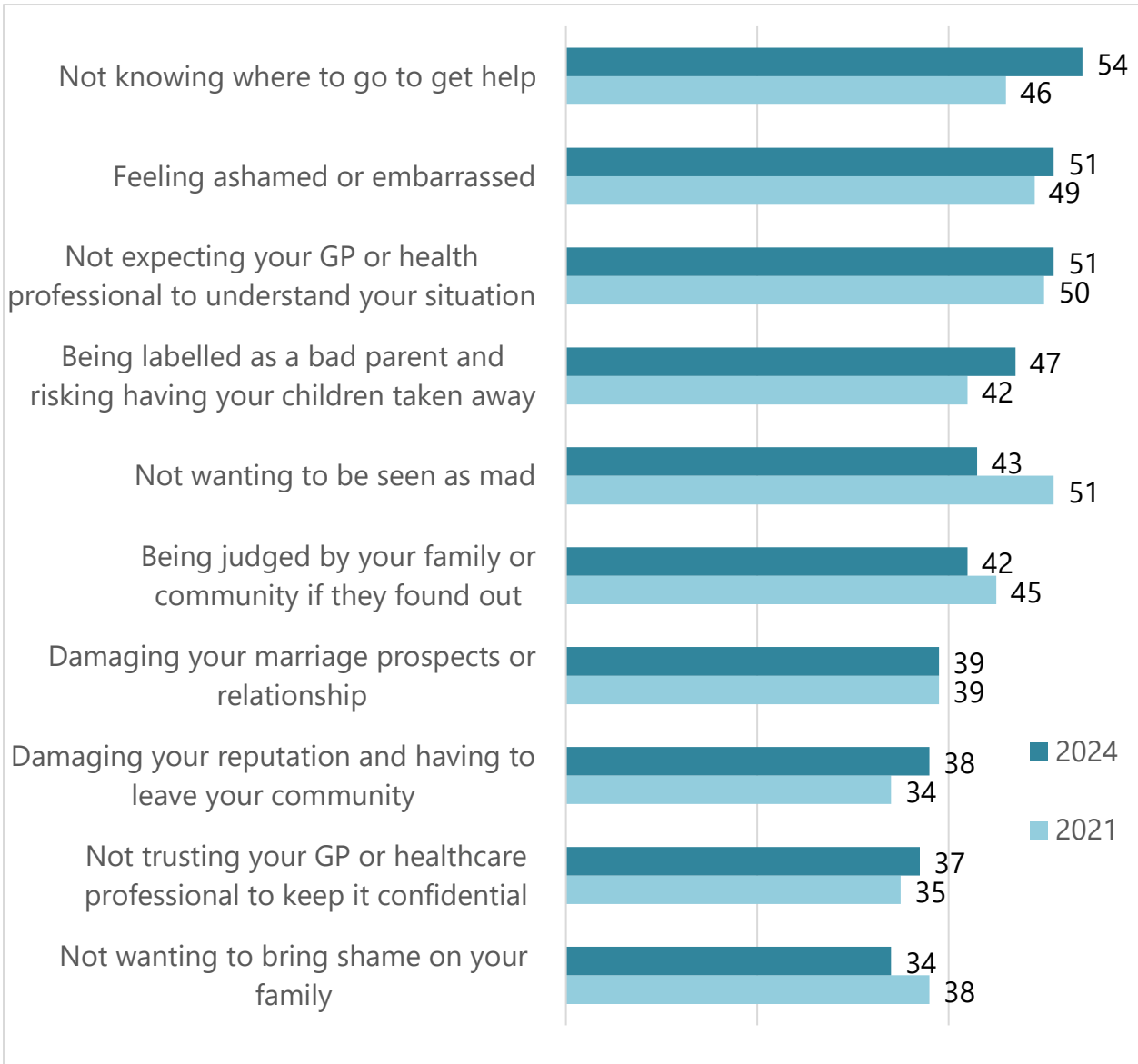
- **not knowing where to go to get help** (at 54% up from 46% in 2021)
- **feeling ashamed or embarrassed** (at 51% cf. 49% in 2021)
- **not expecting their GP or health professional to understand their situation** (at 51% cf. 50% in 2021)

The prevalence of each barrier in 2024 was consistent with 2021 results, although the proportion saying they were not sure where to go to get help had increased (although not to a statistically significant extent).

Almost half of those surveyed (47%) said **being labelled as a bad parent and risk having their children taken away** was a barrier to seeking help, while four in ten would **not want to be seen as mad** or would fear **being judged by their family or community** (at 43% and 42% respectively).

Although the proportions endorsing the other barriers were lower, all were relevant to around a third of those interviewed. Figure 9 overleaf shows the proportion saying yes to each possible barrier.

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



Base: all respondents 2024 (158); 2021(173) Data has been rebased to exclude those saying don't know.

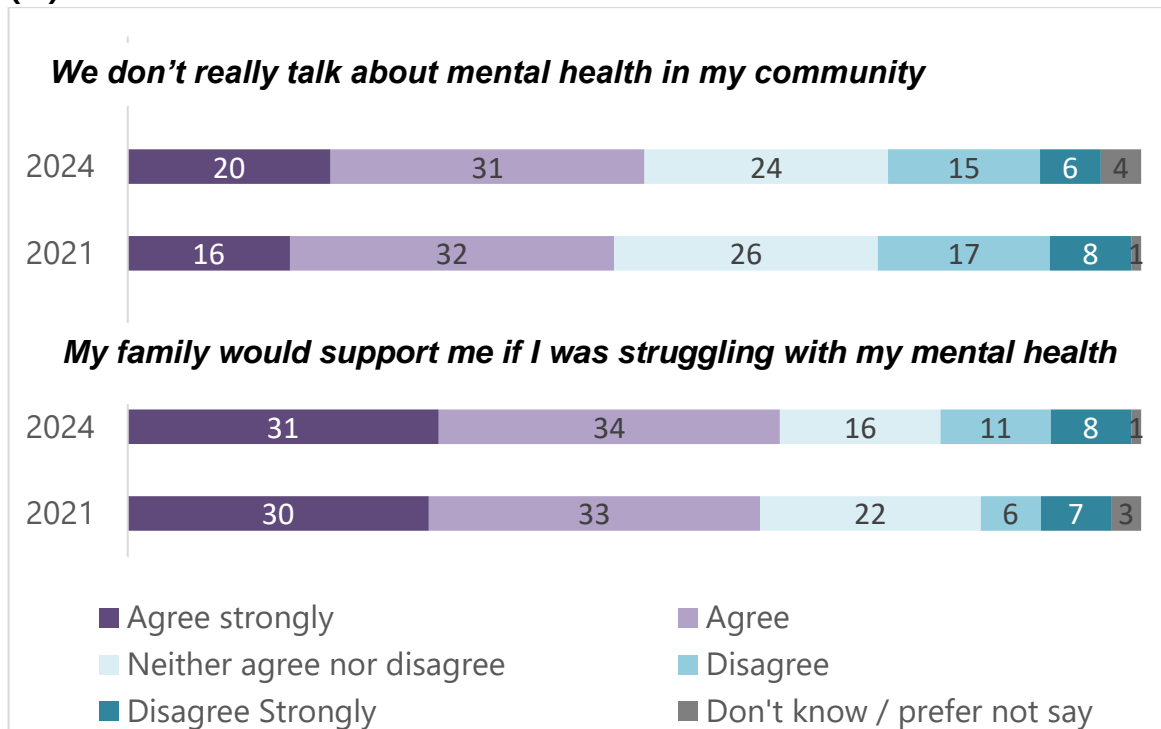
The literature review highlighted a study amongst Black and minority ethnic communities in South-West England where participants stated that coping mechanisms were defined by culture and identity, suggesting that in their community people expected to deal with mental health concerns by themselves. This was also the case in the 2024 quantitative survey, where half (51%) of Black, Asian and minority ethnic participants agreed to some extent that mental health was not talked about in their community. This was also the case in 2021 (48%).

Those from Asian ethnic backgrounds were the most likely to agree that *we don't really talk about mental health in my community* (at 62%), while participants from Mixed and multiple ethnic backgrounds were least likely to agree (at 23%).

At the same time, two thirds (65%) of participants agreed that *my family would support me if I was struggling with my mental health*. This was also true in 2021, when 63% of participants agreed with this statement. Around one in five (19%) disagreed that their family would support them in this situation, up slightly since 2021 (13%) - although not statistically significant.

Those from Asian and other ethnic backgrounds were more likely to disagree with this statement (24% and 27% respectively). Middle-aged participants were also more likely to disagree (27% cf. 16% 15-34s and 4% 55+).

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



Base: All respondents 2024 (158), 2021 (173)

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

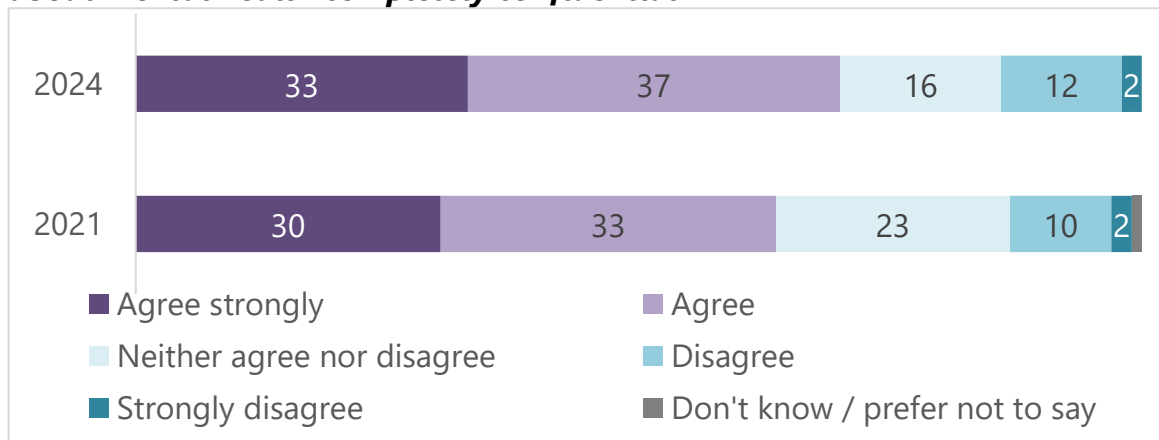
The literature review and the qualitative study carried out amongst Black, Asian and minority ethnic participants found there was some mistrust of health professionals and services. This mainly centred on concerns about whether GPs would keep mental health problems confidential and whether people from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

In 2024, seven in ten (70%) 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; 33% strongly agreed while 37% agreed. This has increased since 2021 (when 63% agreed) but the change is not statistically significant.

One in seven (14%) disagreed with this statement, with 2% disagreeing strongly. As in 2021, women were more likely than men to lack trust in health professionals to keep discussions confidential (19% cf. 8% respectively).

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

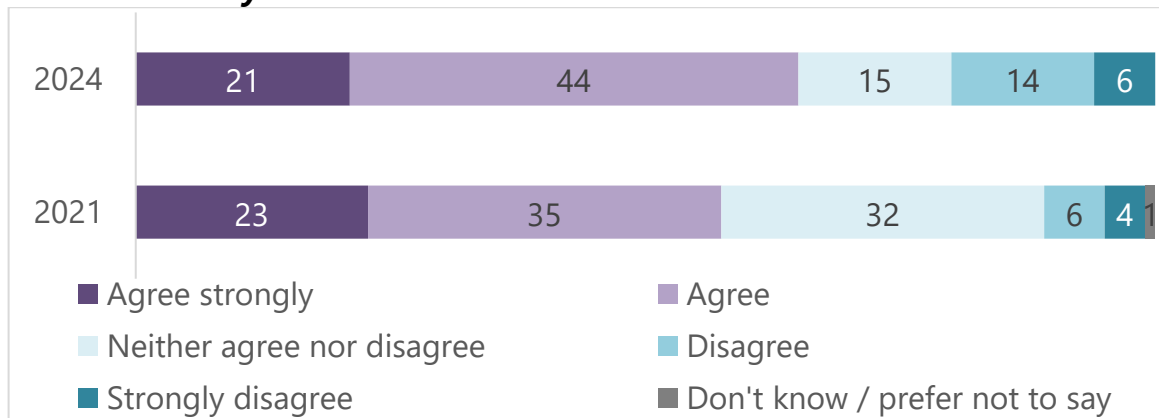


Base: all respondents 2024 (158); 2021(173)

Two thirds (65%) agreed that *I'm confident I would be taken seriously if I spoke to a GP / Doctor about my mental health*; 21% agreed strongly while 44% agreed.

This was slightly higher than in 2021 (when 58% agreed) but the change was not statistically significant. One in five (20%) disagreed, with a small proportion (6%) disagreeing strongly. The proportion disagreeing with this statement has increased significantly since 2021 when only 10% disagreed. Women were significantly more likely to feel they would not be taken seriously if they consulted a health professional than men (28% cf. 10% respectively).

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



Base: all respondents 2024 (158); 2021(173)

When looking at the negatively positioned statements, over half (57%) agreed that it was *more difficult for people from Black, Asian and minority ethnic backgrounds to get help with their mental health*. This was also the case in 2021 (51% agreed). Women and those diagnosed with a mental health condition themselves were most likely to agree with this (at 72% and 79% respectively). One in five (19%) disagreed it was harder for people from ethnic minority backgrounds to get help with their mental health.

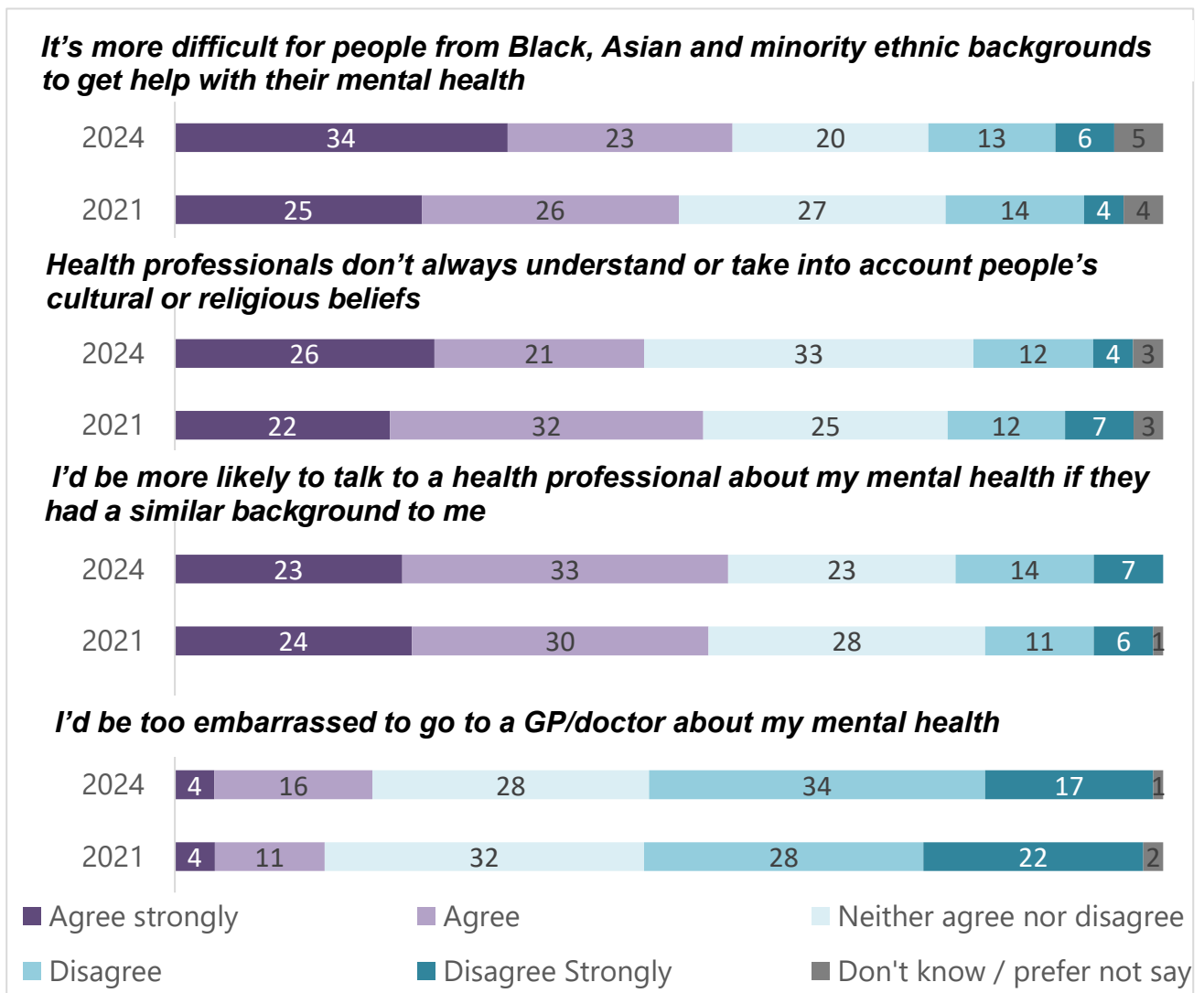
As in 2021, around half (47%) agreed that *health professionals don't always understand or take into account people's cultural or religious beliefs*. In 2024, a quarter (26%) agreed strongly with this statement. Those who had themselves been diagnosed with a mental health condition and those from Black ethnic backgrounds were more likely to agree with this statement (69% and 68%). Only one in six (16%) 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 (56%) 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*. This

was also the case in 2021 (when 54% agreed). Older participants and participants from Mixed or multiple ethnic backgrounds were most likely to disagree with this statement (34% and 31% cf. 21% on average).

One in five (20%) agreed that *I would be too embarrassed to go to a GP or health professional about my mental health* - up slightly from 15% in 2021. Women were most likely to agree with this statement (25% cf. 13% of men). Half (51%) said they would not be too embarrassed to go to a health professional about their mental health.

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



Base: All respondents 2024 (158); 2021(173)

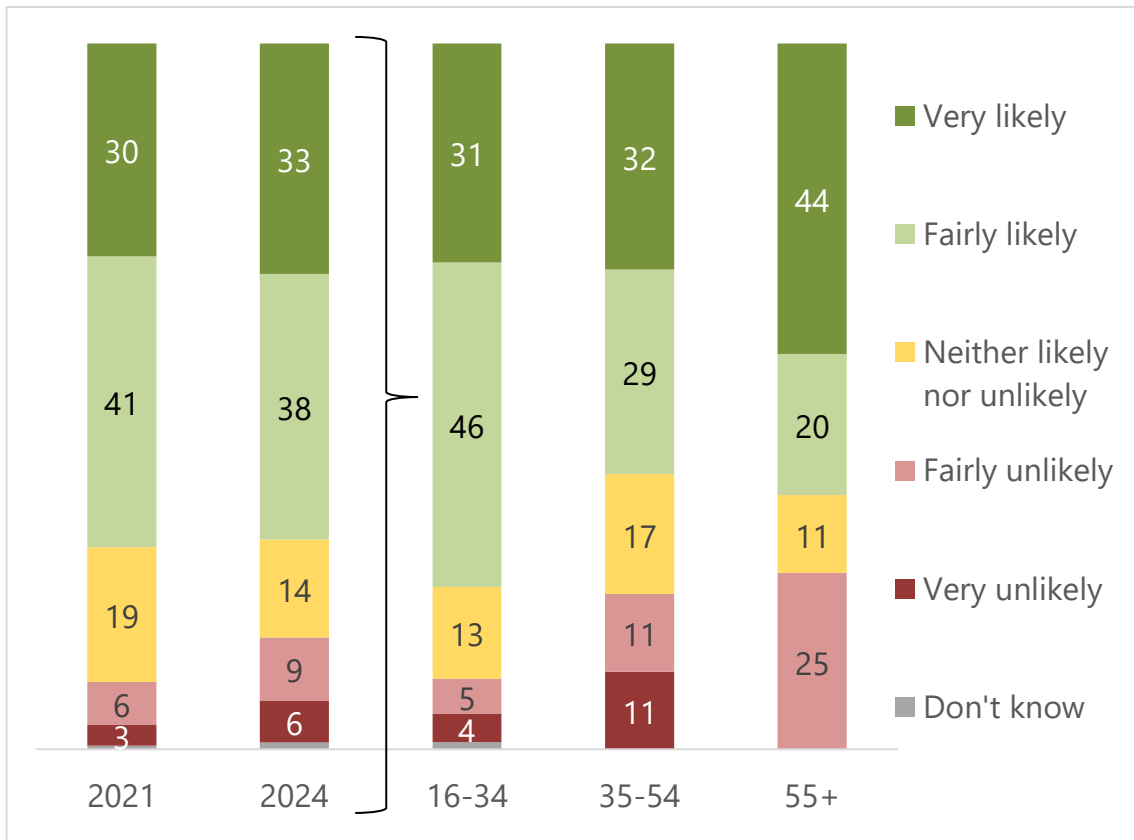


Nevertheless, despite the misgivings some participants had about discussing their mental health with health professionals, seven in ten (71%) said they would be very or fairly likely to talk to a GP or health professional if they needed to. This was also the case in 2021 (71%).

A third would be very likely to speak to a GP (33%); this rose to over four in ten (44%) of those aged 55+.

15% said they would be unlikely to speak to a GP, however, with around one in twenty (6%) saying they would be very unlikely to do so; this rose to one in ten (11%) of 35-54 year olds.

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



Base: all respondents (173)

The 17 people (15%) 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 4 below shows the spontaneous reasons given in 2024.

**Table 4: Reasons for being unlikely to speak to a GP about mental health**

Reason	Number of people giving each comment
<b>Difficult to get appointments / face to face appointments with GP</b>	<b>5</b>
They can't relate to me / understand me (including cultural / religious reasons)	4
Don't think they would help / want to help	3
I would want to deal with it myself	3
They don't listen	2
Not necessary I'm fine	2
Not the first place I would go for help / I'd rather talk to others	2
It would be on my record and would negatively affect my career / job prospects	2
Lack of trust (regarding confidentiality)	1

Base: those unlikely to speak to a GP about mental health (17)

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** (17%) which remains unchanged since 2021 (16%). This proportion rose to 40% 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 by their **friends or partner** (28%), whilst a quarter (25%) felt they had been treated unfairly whilst **getting help for physical health** (at 25% cf. 17% - not a statistically significant decrease). Around a quarter

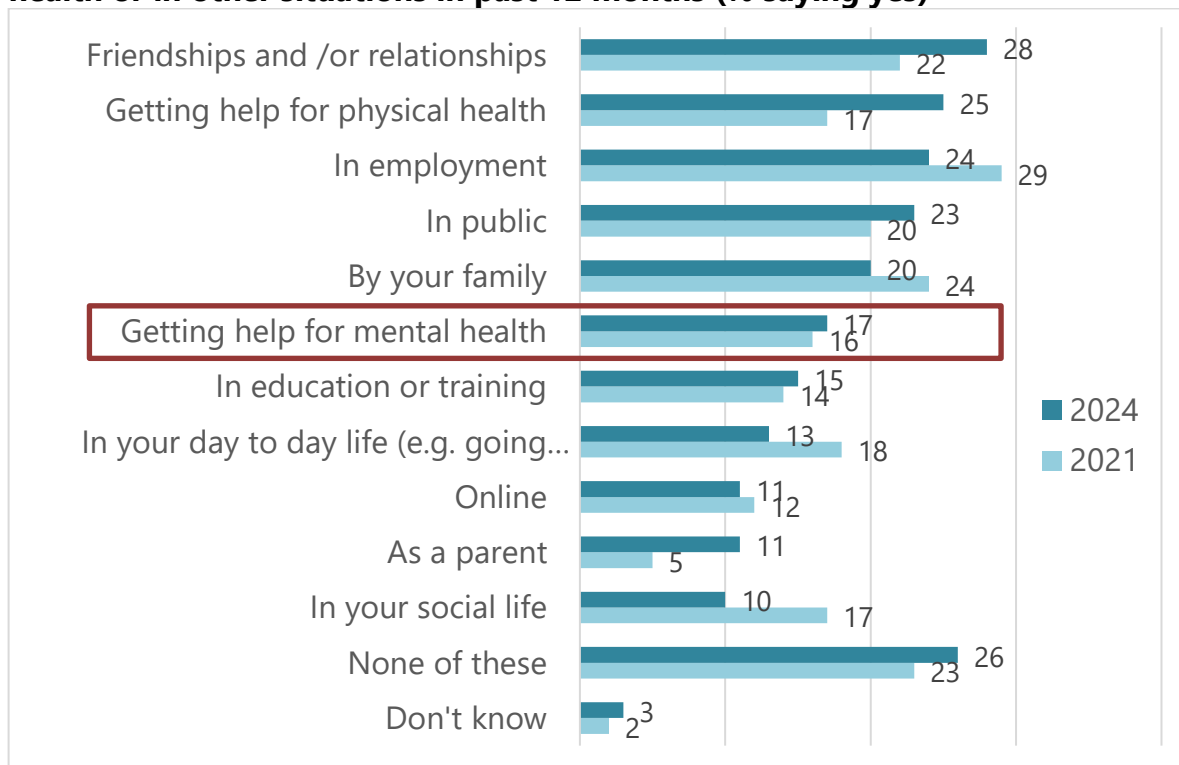
felt they had been treated unfairly **in employment** (at 24%) **in public** (23%) or **by family** (at 20%).

Women were more likely to feel they had been treated unfairly than men in their friendships or relationships (37% cf. 17% of men), with getting help with physical health (30% cf. 20% of men) and at work (29% cf. 19% of men).

Less affluent (C2DE) participants were more likely to feel they had been treated unfairly when accessing help for mental health (22% cf. 13% ABC1). This was also true for those with a diagnosed mental health condition (40% cf. 9% of those who did not).

A quarter (26%) of participants did not feel they had experienced any unfair treatment in any of these situations in the last 12 months, similar to 2021. This was more likely to be the case for those from Mixed or multiple ethnicity backgrounds, men and older participants aged 55+ (at 38%, 37% and 35% respectively) – 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 2024 (158), 2021 (173)

## 2.6 Awareness of mental health charities

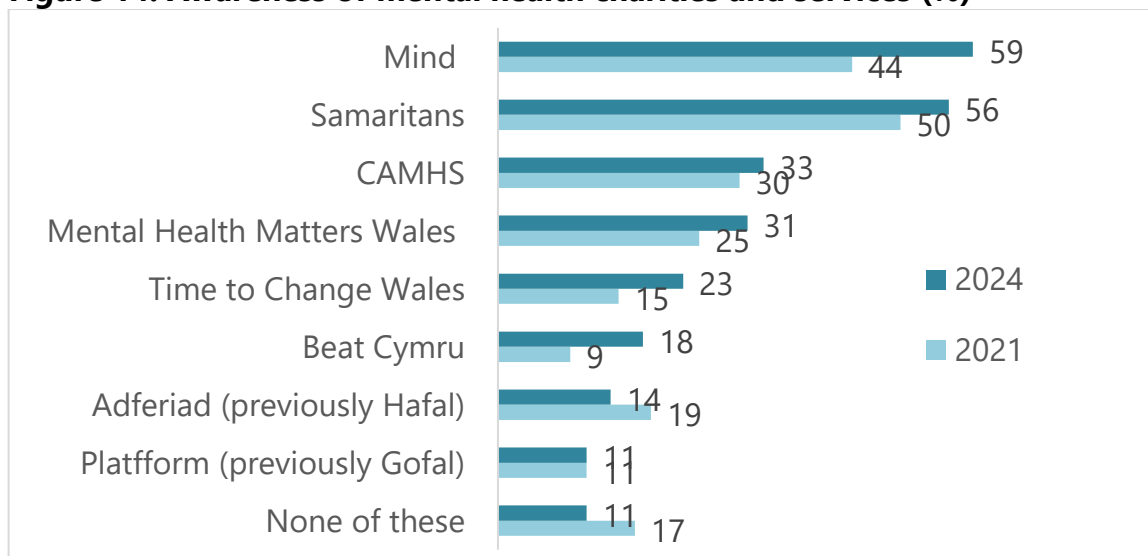
When prompted with a list of mental health charities and services, almost nine in ten (89%) of the Black, Asian and minority ethnic people surveyed had heard of at least one of the organisations. Awareness of any of the organisations was highest among individuals of Mixed or multiple and Other ethnic backgrounds (93% for both) and lowest amongst Black participants (88%). As might be expected, awareness of mental health charities was higher amongst participants who had themselves been diagnosed with mental health conditions, or had someone close to them that had, compared with those who had not (97% for both cf. 89%).

In 2024, the most widely recognised organisation was Mind, with around six in ten (59%) saying they had heard of it. Awareness of Mind has increased significantly since 2021, when 44% said they had heard of the organisation.

Over half had heard of Samaritans (56%), while around a third (33%) were aware of CAMHS (Child and Adolescent Mental Health Services) and Mental Health Matters Wales (31%). These awareness levels were similar to the awareness levels seen in 2021 (50%, 30% and 25% respectively).

Awareness of Time to Change Wales had increased from 15% in 2021 to 23% in 2024, but this change was not statistically significant. Awareness was highest among participants living in Cardiff and South East Wales (31% for each) and amongst respondents from Asian ethnic backgrounds.

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



Base: All respondents 2024 (158), 2021 (173)

### 3. Conclusions

Overall attitudes, beliefs and experiences of Black, Asian and minority ethnic people with regard to mental health have remained broadly consistent since the 2021 survey, with few statistically significant changes recorded in 2024.

While willingness to seek help was high overall amongst Black, Asian and minority ethnic people interviewed in 2024 (at 87%), the proportion unwilling to look for help with their mental health has increased significantly from the 2021 survey (13% in 2024 cf. 6% in 2021). Although it remains a small minority of this audience, it is disappointing to see it move in the wrong direction.

Barriers to seeking help with mental health still persist amongst Black, Asian and minority ethnic people. The three most prevalent prompted barriers, each relevant to around half of the people surveyed, were: not knowing where to go to get help; feeling ashamed or embarrassed; and not expecting their GP or health professional to understand their situation. 15% said they were unlikely to talk to a GP or doctor about their mental health. The most frequently given reasons for not doing so centred around difficulties obtaining appointments with GPs (especially face to face appointments), the belief that GPs would not be able to relate to or understand them and the view they would be unable or unwilling to help.

Nevertheless, despite the misgivings of some, seven in ten (71%) said they would be very or fairly likely to talk to doctors if they needed to. Trust in their GP or other health professional to keep discussions about their mental health confidential, and confidence that doctors would take them seriously when discussing mental health remained high overall amongst those interviewed from minority ethnic communities. That said, women were considerably less likely than men to trust GPs regarding confidentiality or believe that they would be taken seriously. Women were also more likely to agree that they would feel too embarrassed to talk to GPs or other health professionals about their mental health. This would suggest that more work needs to be done to reassure women specifically that their concerns around mental health will be taken seriously and will be kept confidential by health professionals.

In 2024, half (51%) of Black, Asian and minority ethnic participants agreed mental health was not talked about in their community. In addition, the proportion saying they would turn to their friends for help with their mental health had

decreased significantly since 2021. Therefore, more needs to be done to encourage open discussions about mental health issues within ethnic minority communities so people feel more comfortable discussing these topics with friends and with others in their community.

To facilitate more open discussions, the stigma and negative perceptions about mental health issues that persist among a sizeable minority of people within Black Asian and minority ethnic communities need to be overcome. One in six of those interviewed (17%) 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* (9% and 14% respectively). This was also the case in 2021. Moreover, in the 2024 survey there was a statistically significant increase in the proportion of respondents agreeing that *people with a mental illness are crazy and best avoided* (12% cf. 5% in 2021).

## Appendix – 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