

THE UNMISTAKABLES X TIME TO CHANGE WALES REPORT - FINAL

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1 The Objective

Time to Change Wales (TtCW), a national campaign for Wales to end stigma and discrimination faced by people with mental health problems, has recently been awarded funding from the Welsh Government to gather nuanced insight from ethnic minority communities in Wales to understand:

1. Whether mental health stigmas are an issue within each community in focus
2. What forms of stigmas are experienced and how they manifest
3. What should/ can TtCW do to address this issue and how best to reach different communities
4. What activity should be prioritised and how it should be delivered

Time to Change Wales commissioned The Unmistakables in partnership with Spark & Co. to conduct human-centred design research with ethnic minority communities in Wales to unearth insights to deliver against the project's objectives.

2 The Research Methodology

2.1 Overview

The Unmistakables and Spark & Co. designed an inclusive approach to the project, with the project team composed of people with lived and learnt experience of mental health, stigmatisation and racism in Wales.

Spark & Co. methodology

The Unmistakables in partnership with Spark & Co. has developed a mixed methodology research programme with a bespoke delivery team with lived and learnt subject matter experience and expertise, underpinned by human centred design principles to surface the i) experience, ii) preference, and iii) recommendations of people and communities experiencing mental health problems, and those delivering mental health support (Small & Large Voluntary Community and Social Enterprises, and grassroots and community organisations).

In terms of recruiting people with lived experience to participate in the Stakeholder Interviews, Focus Group and Round Table Discussions, Spark & Co. worked collaboratively with the TtCW core project team and Ethnic Minorities and Youth Support Team Wales (EYST) to combine networks of partners representative of the following:

- Grassroots organisations, charities and social enterprises working in the mental health space
- People from focus communities who have experienced mental health problems

2.2 Sampling approach

Given the breadth of subject matter, The Unmistakables and Spark & Co. chose to focus on six ethnic minority communities (based on the best available evidence today including and existing research to date within Mind, specifically the 'Rapid Evidence Review: Mental health needs of people from racialised communities', contextualised within the 2011 Census data) who are all currently known to have particularly high mental health support needs in Wales.

- Black women, particularly younger* women
- Young* men from ethnic minority communities, particularly Black communities
- People from South Asian communities, particularly Bangladeshi and Pakistani (with particular issues around poverty & poor housing)
- East / South-East Asian communities
- Vulnerable migrants
- Traveller communities and White minorities (Welsh, Other)

**Young is defined as 16-25 with Mind's RER and Young People mental health research stream.*

2.3 Sampling breakdown

In total, **65 people from ethnic minority communities participated in the research.**

- **33** individuals from ethnic minority communities participated in the Focus Group Discussions, Interviews and Round Tables. The breakdown of participation was as follows:
 - **24** in Focus Group Discussions
 - **2** in Grassroots Stakeholder Interviews
 - **3** in Grassroots Stakeholder Round Tables
 - **3** in Larger Organisations Interviews
 - **1** in Larger Organisation Round Table

In parallel with this research, National Mind commissioned The Unmistakables to conduct a wider piece of research covering both England and Wales on the lived experiences and preferences of people with mental health problems from ethnic minority communities, and people with lived experience and expertise in designing and delivering current services to these communities, across small and large Voluntary, Community and Social Enterprises to community grassroots organisations.

Within this National Mind research, c.580 people from ethnic minority communities with mental health problems across England and Wales took part in a Lived Experience Survey, of which:

- **32** individuals were based in Wales, predominantly South Wales **15** of these 32 individuals are Welsh-speaking.

A section of this survey explored experiences with stigma and discrimination, and where relevant insights from this have been incorporated into this Wales / Time to Change Wales specific report.

	Stakeholder Interviews	Round Tables
Grassroots / smaller organisations	<ul style="list-style-type: none"> → Glitter Cymru → Chinese In Wales 	<ul style="list-style-type: none"> → Glitter Cymru → Chinese In Wales → African Community Centre → India Centre
Larger organisations	<ul style="list-style-type: none"> → EYST Wales → Diverse Cymru → Race Equality First → EYST / All Wales BAME Engagement Programme 	<ul style="list-style-type: none"> → EYST Wales → Race Equality First → Diverse Cymru
Total number of individuals that identified as ethnic minority	5	4

Focus Group Discussion communities

Focus Group Discussion	Total number of participants	Ethnic minorities identified
Females	13	Chinese (7%) Bangladeshi (14%) African (29%) Caribbean (29%) Other Black / African / Caribbean (7%) Other (7%)
Males	10	Bangladeshi (30 %) Pakistani (10%) African (20%) Other Black / African / Caribbean (10%) Mixed (10%) Other (20%)
Non Binary, Non gender conforming	1	
Total number of participants	24	

Focus Groups had participants from 3 regions of Wales: Southeast Wales, North Wales and South West Wales.

Most of the Focus Group attendees were mostly located in Southeast Wales (80%), the remaining 20% were located in North Wales (10%) and South West Wales (10%).

3 Executive Summary

Owing to the **small population size of ethnic minority communities in Wales it is challenging to identify distinct cultural nuances specific to mental health** for each community without oversimplifying the experience of ethnic minority people and accounting for specific nuances and cultural differences.

The relatively small population sizes of ethnic minority communities means that many mental health services in Wales tend **to cover a wider demographic of ethnic minority people or issues area, e.g. support groups and networks may be targeted at “BAME” people** more generally rather than specific to Black men or Asian women, or may cover multiple issue areas in addition to mental health.

The grouping together of **ethnic minority communities in Wales can make people feel they are being ‘objectified’ and not seen at an individual level:**

“I think there's a danger in cultural competence that you start looking at cultures as boxes, and you actually objectify people...people end up getting objectified based upon their social, their religious identity, or racial categorisation rather than being looked at as a whole person.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

Ethnic minority communities expressed a **desire for higher levels of cultural competence in mental health to better understand specific experiences at an individual and intersectional level** rather than being categorised broadly by ethnicity alone. This is an important insight for TtCW to keep in mind when designing campaigns:

“You can't group Black experience together - everyone needs training to understand distinctions.” [TtCW, Lived Experience Focus Groups, Female, Black]

In terms of addressing stigma, research findings highlight the importance of TtCW **understanding the three distinct layers of stigma** and how they intersect and manifest within ethnic minority communities, **to avoid placing the onus of stigma on the communities themselves - itself a form of stigmatisation** experienced by people we spoke to:

“The stigma is, I think from the perspective of like, people of colour don't know about mental health, and they don't know how to use mental health services, and mental health is not...important to them.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

From exploring the three types of stigma with ethnic minority communities (outlined below) people commonly spoke to how **stigma from outside the community (often linked to structural racism) intersects with stigma within communities and can lead to internalised self stigma.**

1. Stigmas that are attached to a community or culture **from the outside**, e.g. common misconceptions / external understanding or preconceptions
2. Stigmas that **exist within your community or culture** when it comes to mental health, e.g. common understanding, perspectives or experiences within that group
3. Stigmas that **come from within yourself** when it comes to mental health, e.g. an individual's own understanding, perspectives or experiences

At a broad level, ethnic minority communities identified a number of ways the mental health sector in Wales can better address stigma. This research highlights what ethnic minority communities themselves would like and need in terms of support and as such can inspire future ways of working and campaign development by TtCW to ensure thinking is joined up across the sector to maximise efficiencies and impact :

1. **Signposting communities to local community-led organisations**
2. **Signpost communities to specific mental health grassroots services**
3. **Promote better pathways between community and mental health organisations**
4. **Champion cultural understanding of mental health across Wales**
5. **Demonstrate allyship**

In terms of Time to Change Wales specifically, key recommendations from the research are to:

1. **Recognise there is 'no silver bullet' to tackling mental health stigma** with ethnic minority communities in Wales - it is by its nature a complex and nuanced undertaking and any attempts to shortcut doing the depth of work required runs a reputational risk for TtCW. Campaigns need to be developed through an intersectional lens rather than grouping and simplifying the experience of ethnic minority communities
2. **Acknowledge that TtCW currently has low awareness and at a broad level is perceived to lack inclusivity and cultural nuance** - few of the stakeholders and people with lived experience we spoke with had an awareness and understanding of TtCW and therefore growing awareness is a critical next step for TtCW. To be receptive to TtCW's campaign messaging audiences need to understand who TtCW is; why it is tackling stigma and discrimination and how it has credibility to do so especially with ethnic minority communities who have lower trust levels with establishments and officials¹
3. **Acknowledge that TtCW sits within a landscape of mental health support and services** - whilst TtCW's remit is developing national campaigns to end stigma and discrimination, it needs to collaborate with service providers and other organisations across Wales so ethnic minority communities know where and how they can find the most fitting support to address their mental health needs

1

<https://yougov.co.uk/topics/politics/articles-reports/2021/03/17/who-do-bame-britons-trust-when-it-comes-covid-19>

4. **Prioritise building trust and relationships with grassroots organisations in Wales** who have depth of credibility (lived experience at origin) and knowledge of the communities (being representative of the community) **to build credibility in the space and to co-produce campaigns** in an equitable way to:
 - a. **Improve language, tone and relatability**
 - b. **Develop nuanced and culturally relevant materials**
 - c. **Better represent the breadth of mental health problems in campaigns**
 - d. **Build media channel strategy around people's existing behaviours and habits**

4 Key Research Findings

4.1 Stigma from outside communities

4.1.1 Intersection of UK racism and mental health discourse is extremely nuanced

A key research finding in relation to stigma from the outside is that ethnic minority communities frequently feel they are grouped together and objectified in relation to mental health rather than treated as individuals with intersectional and specific needs and as such, 'othered' with regards to mental health:

"I think there's a danger in cultural competence that you start looking at cultures as boxes, and you actually objectify people...people end up getting objectified based upon their social, their religious identity, or racial categorisation rather than being looked at as a whole person." [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

"The stigma is, I think from the perspective of like, people of colour don't know about mental health, and they don't know how to use mental health services, and mental health is not, it's not important to them." [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

Key take out and recommendation for TtCW:

Appreciate the complexity and nuance this work needs, and invest time and resource to develop campaigns that are intersectional to ensure TtCW does not risk its reputation.

4.1.2 Ethnic communities 'othered' by eurocentric frame of mainstream mental health services

Structurally, people accounted for the eurocentric, heteronormative and White frame that mainstream mental health care is designed and delivered in, which 'others' ethnic minority communities.

Broadly, people felt that mental health services are always delivered from a White and often middle class lens adapted only at a tokenistic level for ethnic minority communities:

"[The mental health experience] is so white, white washed, you know what I mean? Even if it's not, then the message is not for an ethnic person. It's just like, oh, we're gonna use the same messaging. But instead of putting a White person, we're gonna want a person of colour in those ads." [TtCW External Stakeholder Interview]

“Most of the sources of distress for ethnic minority tends to be different from those that are not from ethnic minority background, these sources of distress sometimes can be common, when we've seen over time that there are so many unique sources of distress such as immigration issues, you know, people on their asylum journeys, refugees, discrimination, racism, these are clear cut distinct sources of distress for a lot of people from ethnic minority background. And so many times they don't feel comfortable sharing those sources of distress with these mainstream organisations because they felt they might be judged.” [TtCW Lived Experience Focus Groups, Male, Black]

“It's like, when people judge a book by a cover, then isn't it, because they don't know what's behind the cover... you get judged all the time in mental health - that prevents a person from getting help or even speaking about it.” [TtCW Lived Experience Focus Groups, Male, South Asian]

This qualitative research finding aligned with our survey results from the quantitative survey we ran for the National Mind research project. Whilst the sample size of 32 Welsh respondents is not statistically robust to account for ethnic minority experience on discrimination / stigma, it serves as a guide to their experience when triangulated with qualitative research findings:

- **1 in 2 people** feel they have been treated differently due to their mental health
- People state they are most likely to be **treated differently** due to their mental health within their **family (41%)**, followed by the **workplace (18%)**
- **1 in 2** people stated experiencing **stigma or discrimination from a healthcare professional whilst receiving mental health support**
- Most people (1 in 4, 25%) stated experiencing this stigma and/or discrimination from a **therapist / mental health worker** and 1 in 5 people from their **GP (22%)** or from another type of **medical professional (19%)** [National Mind Lived Experience Survey, c.585 respondents]

Key take out and recommendation for TtCW:

Review and reflect upon how TtCW is compliant within this eurocentric frame of mental health, i.e. what are they doing that contributes to this as an organisation and what could they change to serve ethnic minority communities better.

For instance, TtCW could review campaigns developed to date and assess what the campaign/s has achieved and who has determined the value of this outcome. For example, some of the existing TtCW campaigns have been focused on talking but people in the research highlighted that talking about mental health is not always the most helpful path for them (see Section 6 for more details).

4.1.3 Ethnic minority communities stigmatised as ‘tough’ and reluctant to ask for help

Additionally, findings indicate that people from ethnic minority backgrounds are frequently stereotyped as ‘tough’ and reluctant to ask for help:

“We assume that people of colour are tough...are strong, are resilient. All that and, you know, I mean, that they are not a delicate flower.” [TtCW External Stakeholder Interview]

“Yeah. And well, as you know, there are lots of stigmas around. And one of the main ones is this reluctance to ask for help or to get treatment. Because people are afraid as to what it would lead to.” [TtCW Lived Experience Focus Groups, Female, Black]

“People's perception of Black women - incapable of being upset or functioning, don't understand the role Black women play in their family - creates an issue. I have to work hard when I see the doctor to be taken seriously - don't match my criteria because they don't have my experience - stigma from health professionals...I have to prove I'm suffering. Process of getting help when you need help is so inaccessible.” [TtCW Lived Experience Focus Groups, Female, Black]

Key take out and recommendation for TtCW:

To review the representation of ethnic minorities in campaigns to ensure they are not reinforcing any stereotypes such as ‘strong’ or ‘resilient’, or perpetuating stigma from outside, i.e. that people from ethnic minorities are afraid to ask for help and get treatment.

4.1.4 Lived experience of structural race inequality prevents people from seeking support

People across the research spoke to the fear and mistrust of ‘the establishment’ shared by ethnic minority communities based on negative direct or indirect experience of friends and family. These instances prevent ethnic minority communities from seeking mainstream mental health support out of fear of long-term negative consequences for themselves, their family and community as a whole:

“Nobody wants to go to their health, mental health because they think if they've been signed like a health problem, like a mental problem, they're going to have social service on their bag. They're gonna have all these people coming. Like if...you're a mother, you think if you're labelled as not being as stable as a mother, if you got like depression, anxiety, things like that. They feel like their children is going to be taken away.” [TtCW Lived Experience Focus Groups, Female, South Asian]

“I'm at extreme risk of getting picked up by the police [describing experience of how bipolar mental health needs intersect with the criminal justice system].” [TtCW Lived Experience Focus Groups, Male, Mixed]

“I remember, one of my nephew’s was experiencing mental health issues. And he actually booked himself into hospital because he couldn’t cope. But the rest of the family were afraid, didn’t want him to do that. Because someone else who had a previous mental health issue, they felt that it wasn’t dealt with properly. So there was that issue, where they tried to get him out of there as quickly as possible.” [TtCW Lived Experience Focus Groups, Female, Black]

Key take out and recommendation for TtCW:

Recognise and understand the high levels of mistrust ethnic minorities have with regards to mainstream services and how it intersects with their experience of structural racism in the UK.

Ensure that this is approached with sensitivity and reflected in the development of any future TtCW campaigns or materials.

4.1.5 Vulnerable migrants and people seeking asylum most marginalised from mainstream support

Out of all the communities, mental health problems fell furthest down the list of priorities for vulnerable migrants, not surprisingly when daily survival needs take precedence.

“I couldn’t find a mental health session that I could access. One because I really didn’t know how to talk about what I was feeling as a queer woman who just came out to her mom. ...And I didn’t know if there was any service that I could talk about how I was feeling and all that. So I had to deal with the internalised homophobia I was feeling, because the depression, for the fact that I wasn’t talking to my mom and every other thing. So I feel like this all this added to my stigma of not wanting to access any mental health support from any service...I have even tried going to Mind. But I really didn’t have the courage to actually access the services because of that stigma that I felt.” [TtCW Lived Experience Focus Groups, Female, Vulnerable Migrant]

Key take out and recommendation for TtCW:

Recognise why vulnerable migrants are often most marginalised in relation to mental health support.

Adapt materials and campaigns to recognise the differences in ethnic minority people who have experienced being vulnerable migrants versus those that haven’t, i.e. people who have been settled in the UK for several generations.

4.1.6 Lack of cultural nuance in mainstream support directly linked to lack of representation

Repeatedly, people with lived experience shared examples of how mainstream mental health services are not culturally nuanced and link it directly to the lack of internal representation with the design of marketing, communication and services.

“You try and seek help, because there isn't someone who looks like you, who understands your culture, who understands where you're coming from, it ultimately stops you from actually engaging with the services.” [TtCW Lived Experience Focus Groups, Male, South Asian]

[Have you come across support that is culturally or racially aware?] “No I haven't - it's always been White people that are diagnosing - the other thing I find sometimes is they don't understand because obviously their culture and their everything is totally different, when you do explain, they try to empathise but that doesn't actually mean they understand.” [TtCW Lived Experience Focus Groups, Female, South Asian]

“I think a person a person centred kind of support. Something that relates, that I can relate to, I think, for me, I don't know if everyone thinks like, the way I do, I felt that it helped me when I spoke to a queer woman. Last time, I had a therapy session, and I realised that some of the things I feel, I could relate to some of the things she said, so I think it's a mental health service that is relatable, and especially person centred, would help.” [TtCW Lived Experience Focus Groups, Female, Vulnerable Migrant]

Key take out and recommendation for TtCW:

Ensure depth of cultural nuance in campaign development and representation to engage communities by co-producing campaigns with people of the community who have lived experience of mental health problems.

TtCW could potentially share 'behind the scenes' of campaign development to reveal how it arrived at an insight with the community it is seeking to engage and co-produced every element with the community to build awareness and credibility with ethnic minority communities in Wales.

4.1.7 External pressures of gender roles can lead to internalised expectations

A number of men spoke to the pressure they feel as the 'provider' within their families to be strong at all times on behalf of their families: "If I'm not good enough, I'm not 100%, that they're not getting 100% for me, from me. So how can I then, you know, lift them up." [TtCW Lived Experience Focus Groups, Male, South Asian]

Men described how they have been taught not to show any kind of weakness, including mental health problems which are stigmatised both within and outside their communities. In some instances this becomes internalised as self-stigma.

"I'm comfortable now, however, the challenges I faced was meeting the sort of expectations of those around you. And sort of the dynamic that the family dynamics or like the community dynamics of what people perceive you to be. So sometimes you're looked at as the leader or like the head of the house, or the head of the family. So you take on everything. And it's difficult, because if you show that you crumble, then others around, you may crumble, so that's why you hide it, and you try and, you know, power through, whereas in the long term you can burn up." [TtCW Lived Experience Focus Groups, Male, South Asian].

"The men often feel like this kind of role is put on them as the kind of breadwinner. This macho figure where speaking of any mental health issues is a form of weakness. And so men wouldn't do that." [TtCW Lived Experience Focus Groups, Male, South Asian]

"You cannot just bring it up to everyone. Because society has shamed the man or almost everyone when it comes to well being. You're supposed to be strong." [TtCW Lived Experience Focus Groups, Male, South Asian]

"You feel everything is harder than usual. As you carry all that pressure on you, as the men are supposed to be the go-getter, boss, you know." [TtCW Lived Experience Focus Groups, Male, South Asian]

Key take out and recommendation for TtCW:

Consider how stigma from outside and within communities often intersect and lead to self-stigmas - in this instance this was most notable with internalised gender perceptions with men we spoke to.

TtCW always need to take an intersectional approach to campaign development vs looking through any one lens such as ethnicity alone to ensure they are not inadvertently reinforcing any tropes or stereotypes.

4.1.8 Negative experiences serve to reinforce mistrust in mainstream mental health ‘system’

Across the research, people with lived experience of mental health accounted for instances of where mental health services have failed their needs. The failure of the service was often linked to the lack of cultural understanding on the part of the mental health professionals who are perceived as being majority White and middle class.

This experience leads people to seek alternative options (when they have agency to do so).

“I struggled with some of the mainstream support systems and have ‘gone my own way’. A couple of years ago I did go to the doctor and it was the kind of thing I tried not to do much. I did get medication which was useful but some of the attitude I got wasn’t, the mental health nurse didn’t understand the extra level of what I was managing. I found better support from communities, speaking to people who resonated with me, doing own research... mainstream professional bodies did not pick up on my needs (have bipolar but more subtle type) whereas could identify with communities who have experienced it.” [TtCW Lived Experience Focus Groups, Male, Black]

“[Speaking of experience with a counselor] Actually, I feel that I wasted that time, my time and public resources funding. Honestly, going to those number of sessions, it’s a waste of money... I wasted the taxpayers money. Because I didn’t gain anything, neither did they, they didn’t achieve anything... it comes back down to the individual, you know, and obviously depends on the culture and faith they come from, and then willing to have those options available for them.” [TtCW Lived Experience Focus Groups, Male, South Asian]

“Sometimes you may not want external people outside of your culture to be aware of your mental health” “when you’re talking to colleagues or friends outside of the culture, they really, it’s difficult to get them to understand where you’re coming from.” [TtCW Lived Experience Focus Groups, Male, South Asian]

“Often the GP, there’s a power balance, if clients have had a bad experience with GPs, or even maybe the receptionist in the GP, they’re very likely not to go back.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

Owing to lack of representation and the barriers ethnic minorities experience from stigma attached and stigma within communities, we heard that mental health support can be perceived as something ‘not for me’ as an ethnic minority:

“Therapy is not for me. Because whoever I’m going to speak with, doesn’t... know my needs perfectly, especially as someone who is an immigrant coming to the country, I have first, I have to explain to the therapist, my culture, and the nuances of my culture, before I start speaking about what bothers me about it.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

Key take out and recommendation for TtCW:

Always co-produce campaigns with people representative of the communities TtCW is seeking to engage to create authentic, insightful and inspiring campaigns.

As part of this recommendation TtCW should seek to build relationships, especially with grassroots organisations in Wales who have higher levels of trust and engagement with ethnic minority communities because of greater internal representation and lived experience.

4.2 Stigma from within communities:

4.2.1 Eurocentric frame means concept of mental health not shared by ethnic minority communities

The concept of mental health sits within a eurocentric frame and as such, was often described as something outside the cultures of ethnic minority communities, often not perceived to really exist as a concept.

“The way we see mental health is totally different from the way they see it in this country, a western country - we see it as a disgrace ,as a taboo - nobody wants to go close to the person [who has a mental health problem] because the stigma is too much. The way we see mental health is a big issue.” [TtCW Lived Experience Focus Groups, Female, Black]

“Created by the ‘White man’, if it does exist means there's something spiritually wrong with you.” [TtCW Lived Experience Focus Groups, Female, South Asian]

“So I just felt like before everybody spoke [in the Focus Group Discussion], I just thought I was the only one who was going to mention that I was growing up in a culture where mental health didn't exist.” [TtCW Lived Experience Focus Groups, Female, South Asian]

Key take out and recommendation for TtCW:

Recognise that mental health at a conceptual level is often ‘othering’ for ethnic minority communities because it sits within a eurocentric frame.

Recognise that there are different conceptual ‘starting points’ for individuals within ethnic minority communities.

4.2.2 Mental health often perceived as a religious / spiritual sickness

Some people talked about how mental health problems are associated directly with a lack of spirituality in a person and that you can be judged especially by the religious community becoming “branded” for life [TtCW Lived Experience Focus Groups, Female, Black]

“You’re crazy. Or demonic? My mom used to say, I’m the devil. You’re dancing to the devil’s tune or something like that. That’s what she would say.” [TtCW Lived Experience Focus Groups, Female, Vulnerable Migrant]

“I know what they say, always pray to God, God is always the answer. Well, I did that. But I felt like I still needed to talk to someone. But I could not because there was nobody to talk to, not even a counsellor to talk to you. Even when I go to school, there’s no one that will advise you on depression or anything.” [TtCW Lived Experience Focus Groups, Female, Black]

One person described how for her and her family mental health problems are associated with danger and as such she has been taught to distance herself from anyone with mental health problems: “So and then the next one is to protect yourself. Stigma can show up like fear that the person is dangerous - someone holding a knife.” [TtCW Lived Experience Focus Groups, Female, East South East Asian]

Key take out and recommendation for TtCW:

Understand why ethnic minority communities often fear opening up about mental health and be sensitive to experience in designing campaigns and outcomes to ensure TtCW’s ‘call to action’ is appropriate.

For instance, asking ethnic minority communities to open up and talk about mental health directly might be extremely challenging due to stigmas faced from within and attached to communities. Trust, privacy and confidentiality were paramount precursors to many people we spoke with feeling comfortable to open up about mental health.

4.2.3 Mental health problems often perceived to be a weakness that brings shame on family and culture

Talking about mental health can be perceived as a weakness: “Brought up to believe better to ‘keep things to self’, a sign of strength not to share.” [TtCW Lived Experience Focus Groups, Female, Black]

In the research this was especially pronounced in the generational divide between parents and their children, with parents perceived as judging their children: “Younger generation don’t know how to cope like the older generation.” [TtCW Lived Experience Focus Groups, Female, East South East Asian]

Children felt if they revealed they had any mental health problems they would be perceived to be a burden on their family and by extension bring shame: **"I'm a problem, burden, will bring you problems."** [TtCW Lived Experience Focus Groups, Female, Black].

One person spoke to how mental health can be perceived as an immaturity or lack of spiritual development: **"Like, they [your family] will ask you, why is your mind troubled? You're still a young child, what are you thinking about that your mind is going troubles?"** [TtCW Lived Experience Focus Groups, Female, South Asian].

Another person spoke of mental health problems being perceived as a form of laziness: **"You're perceived as being lazy if you describe yourself as depressed."** [TtCW Lived Experience Focus Groups, Female, South Asian].

Key take out and recommendation for TtCW:

In terms of campaign development, appreciate that within one nuclear family, people can have differing views of mental health owing to generational divides which can be challenging for each person to navigate within their family life.

4.2.4 Trust and privacy are key to making people more open to talking about mental health

Across the conversations, trust and privacy were vital in helping people feel comfortable enough to open up about their mental health.

"We didn't used to talk about mental health before, from a family and culture perspective there was a sense 'you should deal with it' but now I'm in the UK I feel more comfortable talking and sharing." [TtCW Lived Experience Focus Groups, Female, Vulnerable Migrant]

"I would say friends, definitely. The friends that I found here abroad. I wouldn't say in my country they do that because every time that I tried to do that, then the people were going really away. Yeah, we the EU, the internationals, I would say they are more easy to talk about stuff and they are more accepting in terms of these things." [TtCW Lived Experience Focus Groups, Female, Black]

"But the thing is, nobody talks about the feelings to someone else, they think they're going to be labelled as being crazy or someone who's just lost it. It's never been talked in the community, not even sure even religious leader or anybody there, there, there is help out there. But they won't, they won't go and ask for it. They just scared that it's going to come out in the community, if they're going to speak to anybody they think is gonna come out, but they don't understand when you go speak to someone who's in that profession, is their duty to keep it confidential which people don't understand that we are fine." [TtCW Lived Experience Focus Groups, Male, South Asian]

“If it's around family, 100% I probably won't say anything. But if it's with a really close friend, then I might say I'm having a bad day, or I'm feeling anxious today. And on social media, I feel like I'm becoming a bit more open about it and I think it does help.” [TtCW Lived Experience Focus Groups, Female, East South East Asian]

Key take out and recommendation for TtCW:

Understand that privacy, confidentiality and trust are critical to creating an environment where ethnic minority communities feel safe to open up about mental health.

Understand that while some individuals prefer to speak in spaces where they do not need to explain or validate their lived experiences and prefer to speak to others who understand these experiences, privacy remains paramount and a degree of separation is still required.

5 Opportunities areas to address mental health stigma and reach communities

5.1 Signpost communities to local community-led organisations

Across the lived experience discussions, people talked about the benefit of engaging in local, community-based activities as a way to connect and get to know others. Socialising and engaging in an activity were recognised as promoting broader positive mental health as well as creating organic opportunities for people to open up and talk about mental health problems.

“They should do more activities like to support the communities, like sports, artists, music, dancing, so the people can get more involved. People they are not used to going out, they can interact with other people while talking about their problems, you know, like they are drained themselves and try to get out of reality, you know, so that's what I do sometimes. I just go and play football, and I forget about everything... share your time with other people that have the same backgrounds... feel like you're in a place, there people is going to support you, and they're going to listen to you, or they're going to help you, having a laugh or whatever” [TtCW Lived Experience Focus Groups, Male, Latin American]

“Just finding a hobby or something that I can attach myself to so that I wouldn't, wouldn't have to worry about work stresses.” [TtCW Lived Experience Focus Groups, Female, East South East Asian]

“Engaging yourself in different activities..because isolating yourself will increase it.” [TtCW Lived Experience Focus Groups, Male, Black]

“One of the biggest things where I learn about mental health is from the people around me if they are open to share it with me.” [TtCW Lived Experience Focus Groups, Male, Black]

“What actually leads to depression is when you feel...no one cares about you. It is when you feel worthless... Try to encourage the person, try to make the person see good in themselves.” [TtCW Lived Experience Focus Groups, Female, Black]

TtCW opportunity area:

TtCW could signpost people to local communities, groups and activities that promote mental health and wellbeing in a more informal and holistic manner, e.g. arts and crafts, sports, music or cooking across channels.

5.2 Signpost communities to specific mental health grassroots services

People with lived experience expressed a desire for mental health services that can offer day-to-day support versus one-off interventions that don't address the root causes of mental health problems.

Community-led organisations were felt best placed to deliver cultural and specific mental health needs where someone could be seen and heard as an individual without judgement or fear because they are more trusted than mainstream services by ethnic minority people and offer a range of services and support:

“Having safe spaces to express feelings.” [TtCW External Stakeholder Interview]

“[What does good quality mental health service look like?] Checking up on the person ... constant checking upon.” [TtCW Lived Experience Focus Groups, Female, Black]

People with lived experience of mental health shared many examples of how grassroots organisations had been transformational with regards to their health as safe and trustworthy spaces:

“I found that community groups as a campaign run for a community by a community, that would be the best to talk about myself.” [TtCW Lived Experience Focus Groups, Female, Black]

“[Attending a support group] that is how I recovered from being a weak person... [When attending a local community group in my community twice a week] You're free, people don't judge you because you're in the same situation.” [TtCW Lived Experience Focus Groups, Male, Black]

“And the only way I have to overcome this, I have to go to, to where ... like, I can call it the world, I belong in the world where people are really like me. And they cannot judge me. I will be free there. And I can talk about all my issues without fear... I don't feel excluded.” [TtCW Lived Experience Focus Groups, Male, Black]

“[The African community centre] saved my life, it made me better and to look forward to the future.” [TtCW Lived Experience Focus Groups, Female, Black]

TtCW opportunity area:

TtCW could work closely with and signpost organisations who have specific expertise and understanding with ethnic minority communities.

5.3 Promote better pathways between community and mental health organisations

Across Stakeholder Interviews and Round Table discussions especially, people talked about the need to create better pathways between community organisations and mental health organisations so people with lived experience can be directed to local specific services tailored to their needs.

Stakeholders acknowledged that community-led organisations are best placed to provide ethnic minority communities with broader low level support given high degrees of trust, understanding and knowledge of communities, but they can't always deliver specialised provision for those presenting with higher mental health needs.

“But there probably needs to be better pathways between community organisations and mental health organisations to make that, to facilitate that access.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

“Sometimes there might be quite a lot of...third sector services, which are maybe for quite low level mental health needs, but not enough specialised provision for those presenting with higher mental health needs.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

Both stakeholders and people with lived experience identified an opportunity to better signpost community specific services in Wales as it can be complex to self-navigate, especially when English isn't a first language.

“Better signposting... We are so blessed in this country. Actually, I always say that. We have so much help out there. But it's knowing how to access it.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

TtCW opportunity area:

TtCW could promote better pathways between community and mental health organisations in Wales to improve outcomes for ethnic minority communities as a sector, by working in collaboration and partnership with other organisations.

5.4 Champion cultural understanding of mental health across Wales

Stakeholders identified a need to help support and upskill community-led organisations in their understanding of mental health so they are better placed to signpost people to specific and tailored services as needed.

“And for sure, not solutions like there are plenty of pages online to take a look. Well, I know, there are plenty of pages, but could you recommend me something that you know, it's a good page that has helped maybe somebody previously not me going to Google and find whatever Yahoo pages? Because I might not, not be aware how to seek pages?” [TtCW Lived Experience Focus Groups, Female, Black]

Stakeholders also spoke to the need to create training for existing organisations and people working in the sector or working with ethnic minority people in order to develop a deeper level of cultural understanding

TtCW opportunity area:

TtCW could champion cultural education across the sector to promote better understanding of cultural nuances and intersectionality when delivering services, support or campaigns about the issues facing ethnic minority people.

5.5 Demonstrate allyship

In discussions, it was noted that community groups are currently absorbing a lot of the needs of ethnic minority communities with very limited funding and expertise, which can be quite risky in terms of the outcomes for that individual.

“[Professionals in the NHS] They're on very good salaries, right, well done, you're qualified etc. However, then they look for us to volunteer our own spare time on, you know, while not paying these individuals that have the cultural understanding to help out. So if this is the case, why didn't you just employ somebody that does have the standard?” [TtCW Lived Experience Focus Groups, Male, South Asian]

People also expressed a desire to see greater employment pathways to improve representation within the sector, empower communities and offer schemes that go beyond just voluntary work.

“This organisation says they want to make changes, they want to make differences. They need to again, talk about actual research, they need to work from the bottom up, they need to go into communities, advertise their services and communities, encourage people to enter the services and make it so that you know, they can access apprenticeships or some kind of work scheme that can get them into the services, you know, think so they're working towards a qualification to get into the these jobs.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

TtCW opportunity area:

Whilst this role might live outside TtCW direct remit, TtCW could demonstrate knowledge and allyship through its approach to work to empower ethnic minority communities and grassroots organisations working in the space to build relationships

6 Recommendations: What activity should TtCW prioritise and how should it be delivered?

6.1 Key Barriers for TtCW to address

6.1.1 Low awareness of TtCW across stakeholders and people with lived experience

It was notable that the majority of people we spoke with had little or no knowledge of Time to Change Wales and its work. Therefore, raising awareness is a critical first step:

“This is the first time I’ve heard about it and especially me, working with the BAME community in the voluntary sector for the last nearly 20 years hearing this for the first time” [TtCW Lived Experience Focus Groups, Male, South East Asian]

Following our Focus Group Discussions which centred on understanding mental health stigma, a follow-up survey was sent to all participants with questions specifically on TtCW. Only two people in the Focus Groups responded that they had come across the campaign before.

Of the Focus Group participants, only one in ten were familiar with the TtCW campaign. “Time To Talk Day” and “Time to Change Wales National Launch Campaign” were specifically mentioned as familiar.

6.1.2 TtCW perceived to lack inclusivity and cultural nuance

The majority of people we spoke with had little or no prior knowledge of TtCW, so our research captured mostly spontaneous thoughts on TtCW's website as opposed to its campaign work more broadly.

People were supportive of TtCW's mission at a high level from what they saw on the website, for example: **"I think the campaign is great and its message should be spread around more"** [Focus Group Discussion TtCW feedback survey, Black]. However, the majority of people viewed the website as feeling 'generic' with feedback centred on functionality: easy website navigation, clear mission campaign and useful information available. The feedback did not reveal any deeper engagement or emotional connection to TtCW's work.

Additionally, the subject of accessibility arose, with people from Focus Group Discussions commenting that the content is not very accessible for neurodivergent individuals and the mobile version of the site is difficult to navigate in terms of font size. The limitation of language options was also raised and this was highlighted as challenging for people whose first languages are not Welsh or English.

Lack of localised signposting was also commented on, with one person sharing: **"I checked for events near me (Rhondda Cynon Taf) and there are none. I checked Cardiff which is slightly further, but there is not a variety of activities where different personalities could participate in."** [Focus Group Discussion TtCW feedback survey, White Minority]

Another opportunity mentioned was: **"It would be great to see you partner with schools."** [Focus Group Discussion TtCW feedback survey, Black]

Another person commented more broadly about wanting to see mental health needs being addressed preventatively in Wales when asked to share any other broader feedback on the TtCW campaign: **"Mental health needs to be addressed in a way that it's not only that you have to be crazy before going for help. People are just trying very hard to get on with every day but suffering with mental health issues. The GP is the biggest problems nowadays because they are not really bothered at all unless you do something crazy. I feel that mental health needs to keep up when it is still small because when gets too that it's too late."** [Focus Group Discussion TtCW feedback survey, South Asian]

What was most positively received on the website from the survey was the 'Personal stories' section which was repeatedly identified as helpful and engaging.

The survey findings were consistent with what we heard in the Focus Group Discussions where people with lived experience felt the campaign felt representative or inclusive to the audiences TtCW is seeking to reach.

“Yes. By just the, I mean, I saw the flyer [campaign]. And yeah, it's just, it's just out there. But I haven't approached the service before. So I don't really know how it can be more accessible, I would say, if I'm, if I'm not mistaken, the campaign is quite generic. If I see maybe if it's more inclusive and diverse, then I would feel that, like, people of all walks of life, from all ages can join, you know, can use and utilise the service of Time to Change Wales. Instead of just, you know, a regular pamphlet or handout, which doesn't really showcase the diversity in everything that you know, even gender, sexuality, religion, cultures, if that is that that's this big whole bunch of things in that flyer then that I know, it's truly inclusive, and I would be feeling safe. I mean, feeling welcomed in that space.” [TtCW Lived Experience Focus Groups, Female, Black]

One woman perceived the website as feeling “very western” and commented on the need for TtCW to better diversify and represent communities in Wales so everyone feels they belong: “You can't group Black experience together - everyone needs training to understand distinctions.” [TtCW Lived Experience Focus Groups, Female, Black]

One man commented on the need to have more languages available rather than English and Welsh: “We [Wales] are small, perhaps 10-20 years behind England, London... but we are diverse - need to have other language options not just English or Welsh.” [TtCW Lived Experience Focus Groups, Male, South East Asian]

Another prominent theme arising from the focus group discussions was the perceived onus TtCW had given to talking due to mention of the Time to Talk campaign:

“I think the Time to Talk campaigns are really good. I also feel like it would be good if people kind of knew how to listen... I feel like there's a lot of ideas about talking, but I think, I think, you know, listening is really important. And it would help.” [TtCW Lived Experience Focus Groups, Male, Black]

The perceived focus on talking in relation to mental health support was discussed as something that can be particularly challenging for ethnic minority communities given stigmas within and attached communities with people welcoming alternative forms of support where the onus is not automatically placed on the individual with mental health needs - in the above instance, the ability to be heard and understood.

6.2 Key opportunities for TtCW to priorities

6.2.1 Build trust and partnerships with communities in Wales to build credibility

Establishing long-term relationships built on trust over time with specialist mental health groups and organisations across Wales is critical given the high mistrust ethnic minority communities have with mainstream mental health experiences and the wider institution and the high degree of stigmas experienced by communities.

In engaging with grassroots organisations, our research partner Spark & Co. experienced a high number of declines predominantly centred around their lack of time, capacity and interest in the work. Some organisations felt that they were not in the right place to speak to the topic and that TtCW needs to diversify its contact base. This suggests there is an opportunity for TtCW to further build relationships with partners across Wales to successfully create a social movement.

Stakeholders and people with lived experience spoke repeatedly to the need for TtCW to have diverse internal representation to be in a position to authentically and credibly design and deliver campaigns to ethnic minority communities:

“Employ diverse staff and run services targeted at minority groups, with their input.” [External Stakeholder Interview]

“Often trust and you know, showing that it's a long term concern for us, it's not, we're not just, you know, only interested in it for this workshop, or for this short term project, or for this piece of funding, you know, it's part of a longer term plan and piece of work.” [External Stakeholder Interview]

“Visibility is key, going to the community itself and having a peer support [system] is also key and having role models as well is really key.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

“To educate people, we need to utilise the people that they do trust within the communities.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

Stakeholders felt that too often larger organisations behave in a transactional and extractive way with smaller and grassroots organisations and they need to see a change in behaviours and attitudes to develop trusted partnerships:

“[In general] it tends to feel transactional, working groups where there is more of a relationship with the community. It should be long term, sustained and equitable as much as possible. Costs of engagements versus the benefits of engagement, should be equally you know, should be primarily benefiting the intended beneficiaries.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

Stakeholders want to see more equitable relationships across the sector with communities having greater ownership and control: **“working freely, rather than working down”.** [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

6.2.2 Co-produce with communities to create culturally nuanced campaigns

Language inequality surfaced as a key barrier for ethnic minority communities being able to access mental health as a subject.

"I first I have to explain to the therapist, my culture, and the nuances of my culture, before I start speaking about what bothers me about it." [TtCW External Stakeholder Interviews]

Language appears to be an even more complex issue in Wales given the country has two official languages, Welsh and English. From Welsh nationals we spoke to, there was a dominant perception that the prevalent language (and therefore power dynamic) is English not Welsh. One Welsh participant spoke to her experience of navigating locally nuanced support via Mind's website:

"[Looking at Mind's website live] there's quite a bit available in Welsh but feels [like a] subset of English site, when you go to 'get help now' directs you to an English page." [Mind Lived Experience Focus Groups, Female, White Minority]

People with lived experience expressed a need for communications to be designed and delivered in a culturally nuanced way beyond translation alone which can be limiting.

People expressed a desire to see communications and services designed by people from the community TtCW are seeking to reach with lived experience of mental health problems who have a deep insight of the culture to be able to tailor all elements of the design so not to unintentionally reinforce stigmas or victimise people.

"So they [campaigns] have to be dynamic. There are people being involved, people who understand it, and those who, who will be able to teach and talk to people and tell people how they, how people are going to be treated. So don't like victimise people, don't like stigmatise people, just because of their health condition." [TtCW Lived Experience Focus Groups, Male, Black]

"We need to find a way where we bring it out and give confidence to our people to be able to take that stepping stone to talk about it." [TtCW Lived Experience Focus Groups, Male, South East Asian]

"Go out with a clear message that this has been done with people not for people." [TtCW External Stakeholder Interviews]

"The problem is people think that like, Oh, you speak English, then you should be fine. But the fact that like, if you have to describe your own feeling, like feeling, sorry, feeling and also like, what do you feel like at that moment, there is quite challenging is not really something that comes with, like, the package, off the, you know, daily life vocabulary, it's, that's not sufficient for you to describe it." [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

“People do need mental health [support]. And when they do reach out, they face this block, that they just can't communicate, you know, they just want to express themselves. And these organisations aren't providing the right, you know, means for them to communicate with them. And it's really frustrating.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

“The existing resources, there are lots of them, they are very useful, which are great. But the thing is, like is always being described, or like being phrased or like prepared in a Western narrative.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

“Interpreters can be adding their bias/stigma in their translations if they don't also have the context-background of mental health.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

People with lived experience also spoke to the need to ensure that cultural nuance and representation presented on the outside, i.e. marketing materials should be consistent with the service received. This is a key consideration for TtCW in thinking about how raising awareness about mental stigma and discrimination ‘demand’ can link to services on the ‘supply’ side.

“So when we do a campaign, we need to make sure that there is resource available when people start calling that helpline or phone in, accessing certain organisation. It's not a brick wall. It's actually an opportunity. It's actually there's a number of doors for you to go through.” [TtCW Lived Experience Focus Groups, Male, Black]

6.2.3 Improve language, tonality and representation

Throughout the research we heard how language and tone is critical to engaging people on the subject of mental health: “The language you use with people is dynamite for their wellness.” [TtCW Lived Experience Focus Groups, Male, White Minority]

The majority of people we spoke with preferred ‘human’ mental health language versus medical terms which can reinforce stigma, reduce relatability and ultimately ‘other’. Peer to peer was especially popular and felt to be fitting with social media content.

“It's usually the post which catches my eye. It's like those which are not saying in a third person point of view, it's more saying like, kind of how every day each, each one of us every single day would say, such as I feel tired and overwhelmed. And that is okay. That kind of thing is more like, you know, every day, what is it not like somebody teaching you from a higher stance, not like, not like telling you, okay, if you have depression, do this, that kind of thing. It's more like a peer to peer voice where it's like, I don't feel like getting out of bed. And that feeling is completely valid...instead of, maybe somebody who is highly qualified, or a really high PhD person telling me what to do I get frustrated that like, I would be thinking, I know, you know, this stuff, but you don't truly understand what I'm going through now I need somebody who is the same as in just a regular person.” [TtCW Lived Experience Focus Groups, Female, Black]

This finding links to earlier recommendations on co-production of campaign content with people representative of communities with lived experience of mental health that TtCW are seeking to reach and also feedback on TtCW website where the personal stories section was one of the most popular and perceived as helpful.

6.2.4 Better represent the breadth of mental health problems

People with lived experience expressed the need to see the range and nuance of mental health problems presented to reflect the full spectrum, from more mild through to severe conditions, to help improve people's awareness and understanding of mental health.

"Having more representation of the scale of, of different kinds of mental health? Because I think some people see mental health as quite black and white you know, you don't have it or you do, to see more representation in any way of people who have mental health issues and are just fine. They're just coping, you know, it's day to day, it's not an issue. But then some people might have some issues, and somebody might have more. So it's more of like a gradient scale." [TtCW Lived Experience Focus Groups, Male, South Asian]

"I've had mental health stuff going on my whole life, but I've only really, really understood it in the last couple of years. And that's, that made it really complex as well, because it's like, well, like I was managing, okay, before and on one hand, it did look like I was managing that doesn't mean I was and there's, you know, it's complex, and it's nuanced. And there's a lot going on. And sometimes people do mean well, but also they're looking at it from a very flat perspective, because they don't understand. So it's like, oh, I see this, and they'll think, Oh, this means that it's like, No, no, it's complex. You know, this means lots of different things." [TtCW Lived Experience Focus Groups, Male, South Asian]

This might extend to developing campaigns that are not solely focused directly on topics such as stigma and talking, but more holistically on wellbeing and things that help, e.g. soul food, nature and community.

6.2.5 Build media channel strategy around people's existing behaviours and habits

People we spoke with recommended that TtCW needs to have a multiple channel strategy to ensure it is reaching people across the communities. People talked about the need to reach people where they are in terms of daily media and social habits versus asking them to develop new habits.

"I feel first of all, you know, nowadays, like, young adults, or young people, like normally go on Facebook, and Instagram and all that. So you know, this thing whereby you get ads before you do whatever you got to do on your phone? I feel like something like that should be put on it. And I feel like it should be free. Do you get what I mean? I don't feel like people should pay to talk about the problem. Like, no, no, I don't think that's the right way. I feel like is the organisation that should pay you, not people paying you to like talk about, like, their problem." [TtCW Lived Experience Focus Groups, Female, Black]

[What channels are good to reach people?] “Soaps bringing up issues, e.g. FGM on Eastenders; supermarkets because people go there very often - posters, info, subway or train.” [TtCW Lived Experience Focus Groups, Female, Black]

[Going into the community] “Delivering their services in Doctor surgeries, community centres, libraries, that kind of model. So very much just turning it inside out.” [TtCW Round Tables, Small Voluntary, Community and Social Enterprises and Grassroots]

“I think religion for communities is very important. Having conversations through religion as well. And in religious spaces, whether it would be church or a mosque, or I don't know, temple can be more approachable.” [TtCW Round Tables, Large Voluntary, Community and Social Enterprises and Grassroots]

“But I think as long as it's a good website, and you know that it's a good one then, and you know, young people are always online.” [TtCW Lived Experience Focus Groups, Male, South Asian]

Again, we heard how vital the role of trust is to reach ethnic minority communities and to encourage them to act on guidance - they are more likely to take guidance from people within their communities vs ‘outsiders’:

“You know, so a lot of time the community hears from people like ourselves, not because it's on the radio or on the TV channel, because they don't use, watch those channels. And, you know, they may be doing like something on Twitter. Well, they're now following who you're following, for them to have that in the timeline or whatnot.” [TtCW Lived Experience Focus Groups, Male, South Asian]

Some people noted that it is important for TtCW to understand the nuance of each channel so that every channel can play a distinct but complementary role to the overall strategy to optimise engagement with communities.

“Instagram is a really, really great gateway in terms of like resources. And you might find people who you've never met before in your, in your life, and you might not ever meet but just finding that support group, I guess.” [Social media as a resource and community building channel, but not where you receive mental health care] [TtCW Lived Experience Focus Groups, Female, Black]

7. Summary recommendations

1. **Recognise there is 'no silver bullet' to tackling mental health stigma** with ethnic minority communities in Wales - it is by its nature a complex and nuanced undertaking and any attempts to shortcut doing the depth of work required runs a reputational risk
2. **Acknowledge that TtCW currently has low awareness and at a broad level is perceived to lack inclusivity and cultural nuance** - few of the stakeholders and people with lived experience we spoke with had an awareness and understanding of TtCW
3. **Acknowledge that TtCW sits within a landscape of mental health support and services** - whilst TtCW has a clearly defined remit within its existing campaigns, collaboration with service providers and other organisations is required in order to deliver campaigns that build meaningful and sustainable engagement with ethnic minority people in Wales
4. **Prioritise building trust and relationships with grassroots organisations in Wales** who have depth of credibility (lived experience at origin) and knowledge of the communities (being representative of the community) **to build credibility in the space and to co-produce campaigns** in an equitable way to:
 - e. **Improve language, tone and relatability**
 - f. **Develop nuanced and culturally relevant materials**
 - g. **Better represent the breadth of mental health problems in campaigns**
 - h. **Build media channel strategy around people's existing behaviours and habits**