Mind over matter

A report on why some people do not access mental health support or services in Salford

January 2023

healthwatch Salford

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Who are we

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

Summary

Throughout this project we have learnt how certain barriers prevent people from different backgrounds from making the first steps in accessing mental health support.

Across the different backgrounds and characteristics, people seemed to lack the trust and confidence in mental health professionals and would prefer to see more representation from people who reflect their particular backgrounds or beliefs.

There was a concern from people about the possibility of being administered medication with its side effects, backed up by myths and misinformation from others in their communities of becoming dependent on this medication.

Community groups and faith based organisations were talked about as strong pillars of support for the communities they served and there was an appetite to expand upon this.

We heard how people wanted to have more knowledge and understanding of mental health support services, and for it to be presented to them in a way that was easy to read and representative of our diverse communities.

Overall, people feel that societal attitudes towards mental health seem to be more accepting and that there was a general willingness to understand and support others more. However, this differed across the different marginalised groups, the topic of stigma and how people would be perceived by their peers was a common thread, with many commenting on how this alone can be the first hurdle that needs to be overcome before someone can seek support.

This report lends itself as an ideal foundation for commissioners and providers of mental health services to use in further exploring how they can make their services fully accessible to all. From this viewpoint, we make the following recommendations:

1. Commissioners and providers of mental health services in Salford to use this report as a foundation for understanding some of the barriers that people from different backgrounds face and further explore some of the solutions that have been highlighted throughout this report, in particular:

    a. The need for clinical staff to be more culturally aware and understanding of people's backgrounds, cultures and beliefs.

    b. Marketing and communications to be representative of Salford's diverse communities.

    c. Mental health services to work more closely with community groups representing people from marginalised backgrounds, to help their

communities understand mental health and help to dispel myths around medication.

2. Community groups in Salford to develop more learning and understanding amongst their members as to methods of self help and to reduce the stigma of mental health.

3. Commissioners and local community groups to look into tackling the huge issue around loneliness by supporting social interactions between people, helping to alleviate mental health referrals in the first instance.

Introduction

Adult mental health was one of the four main areas that the public asked us to look at over the course of this year. For this project, we wanted to understand some of the barriers that prevented people from seeking initial help and support when they experienced mental health difficulties. We aimed to find out why services may not appear accessible to people and learn of ways in which they can be improved to make them more inclusive.

Methodology

During April of 2022, we hosted a scoping workshop, inviting members of the public to come along and chat about mental health matters that were important to them. From this, we were able to compile a list of 7 possible projects, that would allow us to gather further insight on the subject of mental health in Salford.

We took these projects ideas along to individual meetings with commissioners and providers to gather their feedback on how a project around mental health would support their improvement of overall patient and service user experience.

It was decided that the focus needed to be around the barriers that seemingly prevent certain communities in society from accessing mental health support in the first instance of feeling unwell. We were told that statistically, lower numbers of people from marginalised groups had accessed these services, but it was not fully understood why.

We put together a working group comprising of volunteers and staff from Healthwatch Salford to design a project brief which was agreed by providers and commissioners.

The working group designed a survey and a focus group template, as well as other marketing literature (social media posts, posters etc).

The survey was made available for all Salford residents to complete online, with paper copies also distributed to the 16 Salford libraries. Posters were shared amongst Salford's 48 GP practices, pharmacies and other public places to help promote the project. To enable us to be more accessible, people were also invited to phone us in the office and chat through their answers.

Community groups representing people from marginalised backgrounds were invited to come forward and assist us with gathering data from their members as well as hosting focus groups themselves.

The engagement phase was held across August and September 2022 with a total of 272 people contributing towards this project, comprising of 219 completed surveys and 53 people from focus groups. In addition, there were another 35 surveys partially completed but upon evaluation of these, there was little data to harvest so these extras were discounted.

Analysis

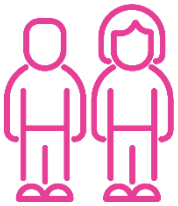
The focus of analysis for this project, centred around the reasons why some people from different backgrounds struggle to access mental health support and services.

Feedback from our focus groups gave us detailed insight into some of the barriers that faced their communities, and we wanted to support this with intelligence gathered from the surveyed participants. In order to achieve this, we filtered out survey responses based on how participants answered their demographic questions, with ethnicity, sexual orientation, pregnancy status, gender, age and religion as the main topics.

Throughout analysis, we were mindful that some of the answers given by participants may not be directly related to their background or characteristic. It does, nevertheless, give us a snapshot of how these groups of people felt at the time about mental health.

Demographics

87% of the people who took part in the survey went on to give us more details about their backgrounds. They told us:



133 Women
34 Men
2 Non binary

10 people identified as being asexual, 5 as bisexual, 4 as gay men, 128 as straight, 3 as lesbian/gay women and 5 as pansexual

30 people told us that their gender was different to what they were assigned with at birth

84 people said that they had a long term physical or mental impairment or condition

30 people identified themselves as being a carer

Their ages

13-17	2
18-24	7
25-49	86
50-64	52
65-79	27
80+	4

Top 5 long term health conditions

1 – Mental health (45)
2 – Respiratory (23)
2 – Hypertension (23)
4 – Diabetes (11)
5 – Cardiovascular (9)

Their religion/ belief system

Buddhist - 2
Christian – 77
Jewish - 20
Muslim - 10
Sikh – 1
Pagan - 1

Arab	
Arab	1
Asian or Asian British	
Bangladeshi	2
Chinese	3
Indian	3
Iranian	1
Pakistani	4
Black/African/Black British/Caribbean	
African	23
Caribbean	2
Other Black background	2
Mixed/Multiple ethnicity	
Asian and White	2
Black African and White	2
Black Caribbean and White	2

White	
British, English, Northern Irish, Scottish and Welsh	113
Jewish	1
Irish	4
Any other White background	3
Any other ethnic or national group	
Canadian	1
European	1
Jewish/European	4
Kurdish	1
Romanian	1
White/Asian mixed	1

80 people owned their home (or mortgaged)
45 people rented from housing association
19 people rented privately
15 people lived with family or friends
5 people were homeless or sleeping rough
2 people were in Home Office accommodation
1 person was living in a hotel
1 person lived in a shared ownership house

What the people said

Across these next sections we will explore in more detail the results of both our survey and focus group discussions.

Analysis has been split to differentiate between the two with reference to the number of surveyed participants displayed in brackets e.g. (3), and focus group data highlighted within a yellow box.

Overall data from the survey

Over half the people that took part in our survey told us that they had experienced the following feelings or situations: stressed (145), anxiety (132), depression (122), more worried than usual (119), not able to sleep (116) & tired all the time (110).

- **Nearly half** (106) of the people that took part in our survey told us that they had experienced loneliness during the last 2 years.
- **92 people** said that had not wanted to get involved with things that they used to enjoy.
- **79 people** had found it difficult to cope.
- **1 in 4 people** (57) had experienced nightmares or flashbacks from traumatic past events.
- **47 people** had experienced bereavement.
- Just over **1 in 5 people** (49) had felt suicidal or that life wasn't worth living.
- Nearly **1 in 5 people** (41) had experienced a loss of appetite.
- **42 people** had felt unsafe.
- **33 people** had felt confused.
- **27 people** told us that they had been drinking too much or used substances (drugs etc).
- **23 people** had felt like hurting themselves.
- **20 people** had experienced feelings of extreme happiness or felt energized.
- **17 people** had experienced paranoid thoughts.
- **10 people** had been hearing voices.

- **13 people** described other feelings of hopelessness, overwhelmed, vulnerable, overeating, panic attacks and feeling bullied.

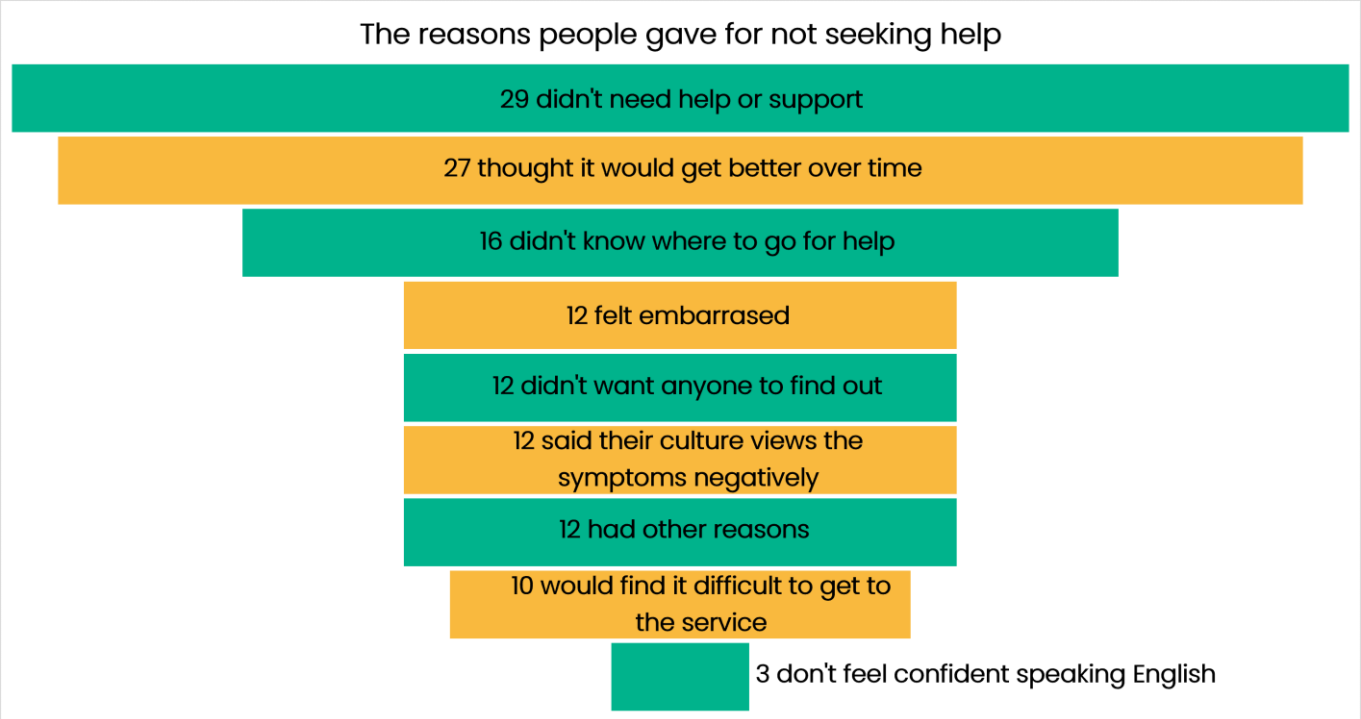
Our next survey question asked if anybody had used support services for their feelings during the last 2 years. Out of the 214 responses we received, just over a third of them (73) had used the NHS as a support service with another third (80) telling us that they had not used any support service at all.

Support that people from all backgrounds had accessed	
They haven't used/didn't need to use any support service	80
They got support through the NHS	73
They got support from my family and/or friends	61
They got support through some other service	39
They got support through a community group	35
They got support through an online platform	7

The barriers

When asked why people had not used any support service, 97 people answered this question with the majority of people (29) saying that 'they didn't need to' and a further 27 who 'thought it would get better over time'.

Other reasons that people gave for not accessing services included the perception that waiting lists were too long as well as negative experiences with service interventions from the past.



The solutions

We further went on to ask people what would make services more accessible to them. 102 people responded to this question and from their answers, we were able to pull out 4 themes based around: communication; how people could use the services; service improvements and money.

One of the most frequently mentioned suggestions, was the need for better advertising of mental health services. A lot of people felt they didn't know where to turn to for support with many telling us of the difficulty in navigating referral pathways.

Some people talked about how mental health services seemed inaccessible, with support often being held during working hours. They suggested that by making these services available outside of these times, it would enable more people to access support without them feeling compromised with employment constraints.

People from across different backgrounds also suggested that services needed to become more culturally aware and by having staff who identify within these backgrounds, it would make services appear more representative and therefore more accessible.

Theme	
Communication (22 people)	• marketing to show people of all nationalities • more advertising about what help is available • explanation about what happens at services • leaflets to people's homes • information on help for young people • streamlining communications – making referral pathways more navigable • more joining up of services using technology
How people use services (47 people)	• more options for self referral • services by text or WhatsApp • services to come to libraries • services by telephone • more online services • services closer to home • more face to face support • easier access to the crisis team • more availability out of hours

Service improvements (29 people)	• reduce waiting lists • services more understanding to individual conditions (Autism etc) • timely help • not having to give GP receptionist so much detail about private matters • services to be more culturally appropriate, possibly using staff from within different communities • GP surgeries to be more proactive and encourage discussion about mental health when presenting with physical problems
Money (4 people)	• more funding to local community groups to enable them to support members • help with travel costs getting to services

Where people would go to for help if they needed it in the future

Our next question explored where surveyed participants would go to, if in the future they had feelings of mental ill health. 189 people answered this question with the majority (70), telling us that they would go to their GP, Samaritans, Mind in Salford, local community group, Six Degrees, Life Centre, Cromwell House, A&E (if in crisis) or their faith organisation for help and support.

39 people felt that whilst they didn't know where they would go, they would be able to find out if they needed to.

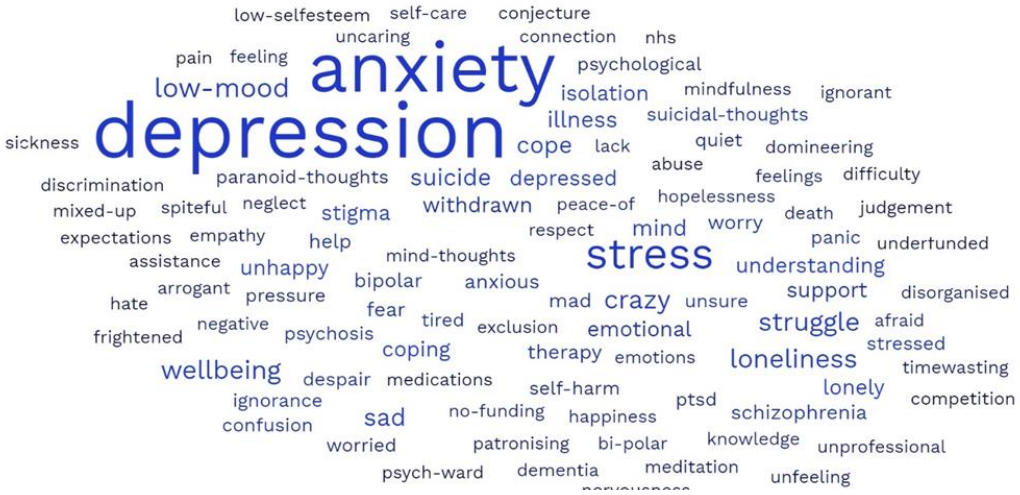
42 people told us that they weren't sure where to get help, with 28 others saying they wouldn't know where to start looking and another 10 answering that they wouldn't want to contact services.

We asked people to give us further comments on these answer choices, with the most common theme being around long waiting times. Some people also felt mistrusting of NHS services following previous experiences and feeling that it was all a waste of time. A few people also talked about private support and counselling being too expensive to afford.

How people felt societal attitudes had changed towards mental health

More accepting	110
The same	30
Less accepting	20
Not sure	*26*

We asked people what words they use to describe the term 'mental health' and received 410 suggestions:

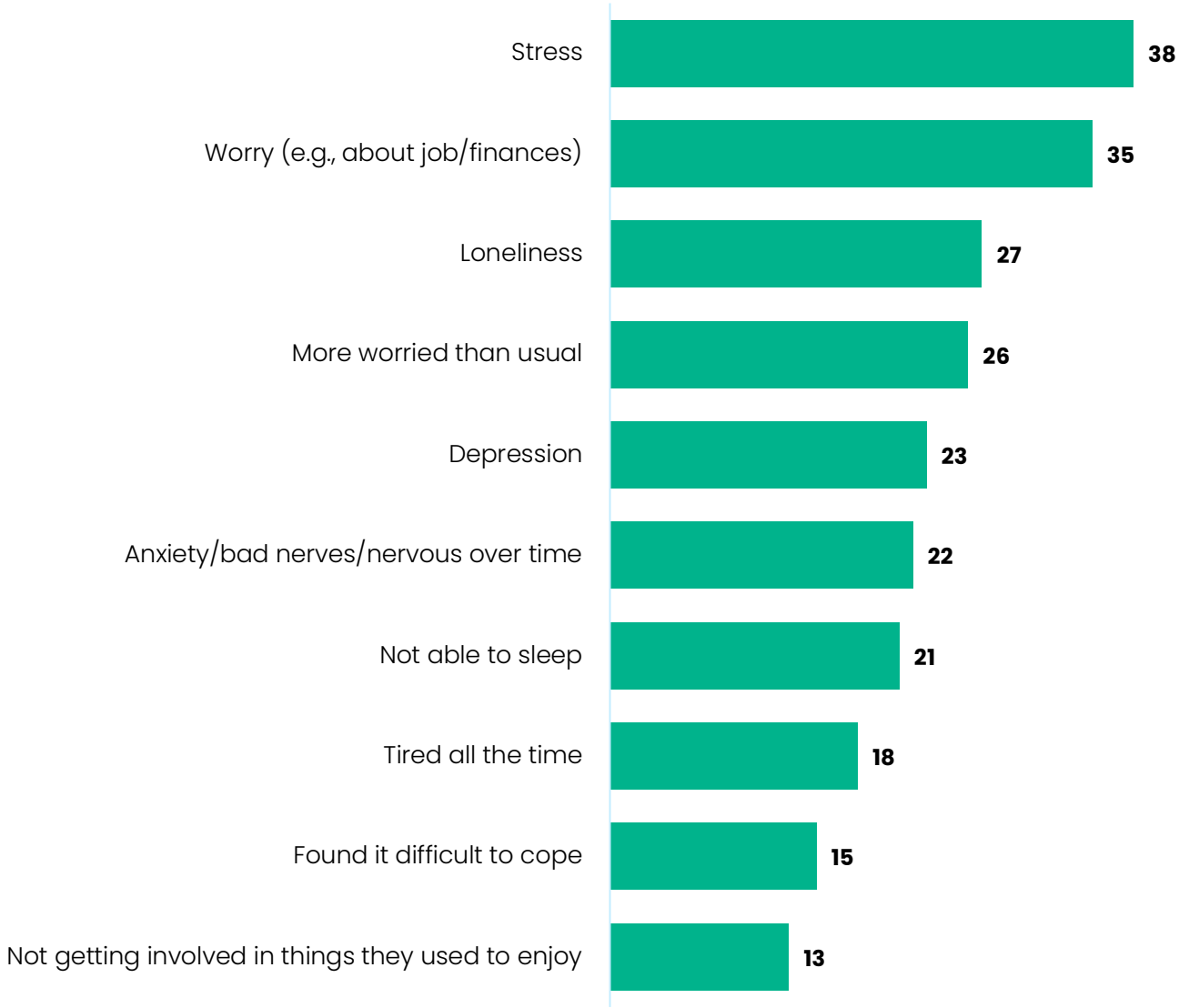


People from ethnic minority backgrounds

59 people who took part in our survey identified as coming from a background other than white. In addition, 15 people attended focus groups which were held on our behalf by CAHN (Caribbean and African Health Network).

From our survey responses we found that over half of the people had experienced feelings of stress (38) and worry (35) during the last 2 years, with feelings of loneliness experienced by just under half (27).

Top 10 feelings or situations experienced by people from ethnic minorities over the last 2 years



Nearly half (24) of these people when asked, told us that they hadn't used any support services for their feelings with just 14 saying that they had used NHS services.

Support that people from ethnic minority backgrounds had accessed	
They haven't used/didn't need to use any support service	24
They got support from family and/or friends	20
They got support through the NHS	14
They got support through a community group	13
They got support through some other service	7
They got support through an online platform	1

Participants of the focus groups told us that they were aware of the following organisations they could go to when seeking help about mental health: Healthwatch Salford, Salford Children's Right's, A&E, Mind in Salford, The Samaritans, other NHS organisations and their GP.

The barriers

We asked people why they hadn't used any support services with 10 of them telling us that they didn't need to and nearly a third (10) telling us that in their culture, having such symptoms would be viewed as negatively. Other reasons why they hadn't sought help included: feeling it would get better over time (8), not knowing where to go (6), not wanting anybody they knew to find out (3), not feeling confident speaking English (3), finding it difficult to get to the service (3) and feeling embarrassed (2).

In the focus groups, we asked participants what would prevent them (or people from a similar background) from accessing support and they told us that there is a stigma attached to mental health crisis within the black community, with stigmatisation around mental health issues stemming from family and friends with the fear of being labelled as mentally unstable. There is also the concern of shame and embarrassment which can lead to further struggles in disclosing any symptoms.

They further went on to say that the black community principally relied upon religious beliefs for solutions and support with mental health issues. If people do not have the right knowledge or perspective about mental health, and the importance of mental health services, they will not engage and benefit from the services available. Most people of the black community do not trust the health and social care services (including mental health services) due to several reasons, some of which include: bad experiences, long standing systemic biases, the inability for government services to understand the struggles and challenges of the minority communities, the notion that the support services available were initially designed without factoring in ethnic minorities.

Many people in the black community are unaware and not well informed about the realities of mental health crisis. This lack or awareness is one of the root

causes because they have no knowledge of the first point of call for mental health issues or who is eligible to access such services.

The language barrier that exists in the interaction with mental health services and the fear of being misunderstood is also a major challenge.

Some people have a fear of becoming fully dependent on medications. For example, antidepressants are usually prescribed by the GP and from some peoples experience, these drugs make them feel worse, but because they want to get better, they fear becoming addicted to them in the long-run.

Immigration status can also be seen as a barrier. People who do not have the right documentation to stay in the country avoid engaging or interacting with services for fear of being deported, which further exacerbates their situation leaving them worse off. This leaves people in the asylum system at particular risk of negatively impacting on their mental health.

Culturally, people from the black community do not prioritise mental health, and are not mindful of factors that could result in mental health issues. For example; they are not aware that stress could cause depression, that healthy living affects their mental health, that taking annual leave or a break away from work is important to stay mentally healthy, instead these are usually overlooked.

People in the black community are often highly religious or follow a faith base and can resort to religious exercises or engagements to cover up their mental health issues. They usually remain in denial of any mental health issue, which can result in serious and irreversible mental disorders in some cases.

Cultural background can also cause people from the black community to neglect their own mental health. From experience, a member of the focus group said that people from their community (Africa) have been told not to complain while growing up and to handle whatever challenge there is without making a big deal out of it. This made them grow up accepting overwhelming situations as the normal. From this, mental health support services are not readily accepted in the black community.

There was a general feeling of lack of awareness about mental ill health within communities, often coupled by myths and misinformation from family members and friends (many of whom do not have the knowledge of what support is out there) further putting at risk the isolation of those people who really need the support.

The solutions

Throughout the survey, respondents echoed the sentiments of those in our focus groups, calling for more cultural awareness within services and the different ways in which they would like to access these (online, face to face etc). Several people talked of the benefits of attending community groups, with peers from similar backgrounds who were able to provide timely sensitive support.

> "There needs to be diversity and understanding of different cultures"
>
> Survey respondent

Participants at our focus groups further went on to suggest creating mental health awareness through workshops, testimonials, case studies and culturally sensitive flyers.

Application of culturally appropriate means of communication - such as the use of different languages in adverts and flyers of these mental health services in the community. This would also help with signposting people to get the help they need (for example, a mental health help line managed by a black mental health professional), someone that members from the community can identify with and feel confident to engage with.

There should be adequate strategy and sensitisation put in place to make people aware of the services and exactly what the services are meant to achieve. The testimonies of patients who were once faced with such crisis and have benefitted from these mental health services could greatly reach out to the black community and thereby increase engagement with these services (this can be achieved via focus groups discussions).

Making the services more available and accessible through GPs or organisations in the community. Hence, health workers should have cultural appropriate training, which will enable them to have better understanding of different cultures and allow them to be aware of the challenges that are faced by people from the black community.

Educational enlightening will be a great way to help the black community. Being aware of these services and the proper approach towards individuals with mental health issues creates a safe environment where services are inclusive and welcoming.

Mental health awareness programs that address the prevalence of mental health crisis in our communities. Providing these sessions in partnership with faith based and religious organisations, in addition to culturally appropriate referral pathways, such as counselling services managed by professionals from the religious organisations.

Effective Communication:

- **Prompt response** of the services, free of jargon, keeping it simple and easy to access.
- **Using digital means** to advertise these services such as the social media.

- **Utilising different mediums** to educate our people about existing mental health institutions by passing on adequate information from trusted sources on mental health issues.

Representation: Encouraging more people from the minority community to get into the mental health sector to generate buy in from the community.

Financial challenges: The fear of high medical bills tend to deter most people from accessing this support. Even though the information out there says the services are free, when they attempt to engage with some services, they are presented with bills, which leave them uninterested. As such students with a limited stay to remain would be mostly affected.

Black-led organisations should be empowered to hold events and awareness campaigns for new immigrants from Africa and the Caribbean, as these organisations have the right information about mental health services and can signpost new people when they experience any inconsistencies in their mental health.

Awareness of mental health issues and services should be taught in schools as well so that children are being enlightened from a young age.

Organise group discussion and sessions with professionals from the various mental health support services that are from the black community. This creates a space where people can be free and confidently express themselves.

Making more use of technology for people to have informal chats and conversations online.

Empowering charity organisations that have mental health support hubs also creates a safe space for ethnic minorities to walk in and express themselves, be listened to, be understood, and eventually get the help they need.

Create forums for black children and students in universities in the community where they are shown how to manage stress, heavy workload, finances and family issues, which for a black person, can often be overwhelming and lead to depression.

Commissioners could support local charity and grass root organisations to be more involved in mental health support, as these groups are trusted and often respected by people in their community, often making them the first point of contact for people of a similar background.

Using testimonials from people that have gone through mental health crisis is an effective way to reach out to people in the black community facing similar mental health issues.

Supporting people financially to travel to services where they can't be delivered closer to home.

> "I visit my community organisation for counselling and I find this really useful, having more groups like this is important"
>
> Survey respondent

Nearly half (28) of our survey respondents who identify as coming from an ethnic minority background felt that societal attitudes have become more accepting with regards to mental health, with just 4 feeling that they have become less accepting. 9 people thought that attitudes have remained the same and 17 were not sure.

How people felt societal attitudes had changed towards mental health

More accepting	28
The same	9
Less accepting	4
Not sure	*17*

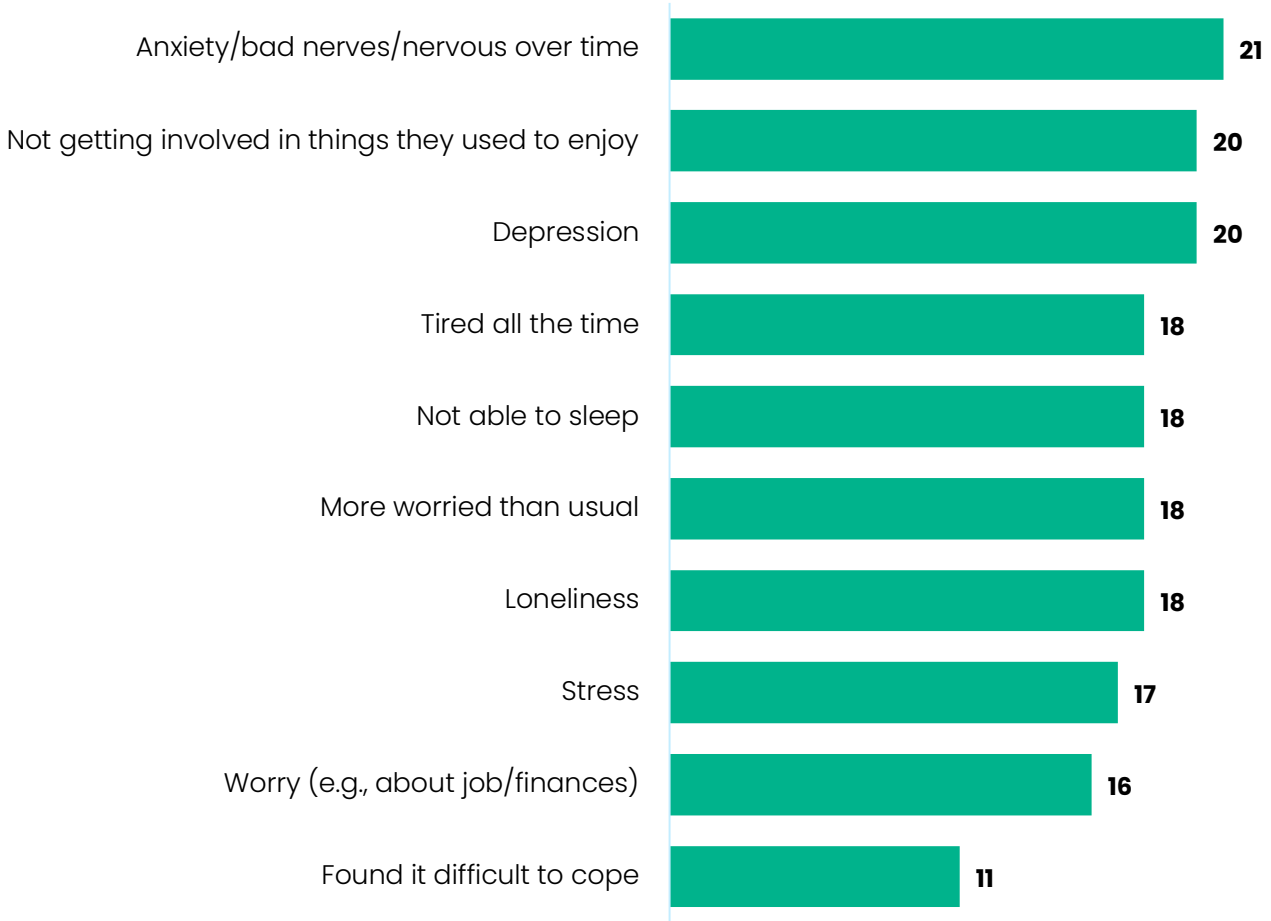
Some of the words that people from ethnic minority backgrounds used to describe the term 'mental health':

People who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex plus others (LGBTQI+)

34 people who took part in our survey identified as coming from an LGBTQI+ background. In addition, 7 people attended a focus group which were held on our behalf by This Is Me Salford.

From our survey responses we found that nearly three quarters of the people over the last couple of years had experienced feelings of anxiety or nervousness (21), depression (20) and were not getting involved with things they used to like doing (20).

Feelings or situations experienced by people who identified as LGBTQI+ over the last 2 years



Just over a quarter (9) of these people when asked, told us that they hadn't used any support services for their feelings with nearly half (16) saying that they had used NHS services.

Support that people who identified as LGBTQI+ had accessed	
They got support through the NHS	16
They haven't used/didn't need to use any support service	9
They got support from my family and/or friends	9
They got support through some other service	8
They got support through an online platform	3
They got support through a community group	2

Other support services that people had used included private counselling, SHOUT, The Samaritans and local church groups.

In our focus group, members told us the following places they had been to for support: their GP, 6 Degrees, services at St James' House, services at Cromwell House, Rainbow Mind, Proud Trust, online support groups, other people within the community, religious leaders, mindfulness phone app and LGBT Foundation counselling.

The barriers

We then asked LGBTQI+ people who said they hadn't used any support services their reasons for this. 4 of them told us that they 'thought it would get better over time', 4 also didn't want anybody they knew to find out, 3 people told us that they didn't know where to go, 2 people said that in their culture, having symptoms of mental ill health was viewed negatively, 2 people would find it difficult to get to the service, 1 person didn't have confidence in speaking English, 1 person felt embarrassed and another said they didn't need support.

> "Other than my GP, I don't know of any other services. Wouldn't want to contact the Samaritans as they get a lot of calls. LGBT Foundation helpline is inundated with calls"
>
> Survey respondent

From the focus group we learnt that there was a perceived fear amongst the LGBTQI+ community that they would be ridiculed, discriminated against or judged. Rejection from the community leading to further isolation was a concern that some members felt if people knew about their mental health.

Others also had concerns about the possible medication that could be prescribed.

The lack of awareness of what services were out there to help, what their processes would involve, coupled with the negative knowledge of how some services are, were also seen as a barrier.

There was also a concern that people would be offered the easiest option for the service provider.

Group members also felt that there was a lack of service providers who used visible LGBTQI+ peers for people to talk to (not heterosexual people) and also the lack of local access to services, with many having to travel into Manchester for peer support, which could have financial consequences.

The solutions

Participants at our focus group told us that peer support organisations are vital to providing real time support and advocacy to the LGBTQI+ community.

Another way that would make services more accessible, would be for people to see healthcare staff as visible leads and allies (wearing NHS rainbow badge, making pledges etc.).

Having more localised services so that people don't have the financial burden of travel costs when accessing services outside of Salford.

Timely access to services is also important so that people do not have to wait long lengths of time.

Some participants mentioned negative experiences when using services at Cromwell House, so felt that better, kinder services should be provided.

Having a crisis team that works was also seen as a way to make services more accessible, as well as hospital emergency departments providing an environment that helps to reduce an already stressful situation.

Services should undergo more training from the LGBTQI+ community to ensure that they understand the issues that affect the different groups within this diverse community.

Communication could be improved between services to alleviate the need for people to repeat their stories, and more information should be readily at

peoples fingertips about what services are out there to help people (advertised in libraries, GP surgeries, other public places etc).

More resources through staff and money, should be given to the NHS to tackle the mental health crisis.

Participants at the focus group, found the questions interesting but felt that there was a definite need to lock down the meaning of mental health.

There was a repetition of the words “fear” or “scared” and this was of the mental health service itself, rejection by the LGBTQ+ community and family, as well as, being misunderstood or caricatured.

An example was given by a participant that a friend who was transsexual had to find another doctor because their female GP was fascinated by the fact they identified as transsexual not transgender and it made them feel like a “freak”.

At several points, isolation in the LGBTQI+ community was referenced as a barrier to recovery. Some people felt that when they have no one to support them, who understands their background, then the work to get better becomes increasingly hard.

Another point that was also raised, was that when you don’t have a community that cares, it is difficult to notice how bad things may have become. This point was referenced by a few people who mentioned having self-harmed and lost interest in their hygiene and appearance.

There are also historical pressures that come with being LGBTQI+. The group kept returning to these points and the reasons that ‘bad’ mental health can become something you either just live with or resort to self-medicating. The pressures to conform inside the LGBTQI+ community, to fight for a unique identity while trying to still be acceptable, to deal with external pressures and prejudice while young, and to also find companionship or sexual contact, all leave long term stresses that make people live in ways which work for them.

The return to acceptance by the LGBTQI+ community was summed up by a participant who said “who’d love you if you’re crazy? No one wants someone who needs help.” This was part of the reason they gave for staying silent and only seeking trusted community leaders. A couple of other participants also said this was a big fear from them as they felt they were “too old for the community”. They felt that there was no hope if they were to admit to their problems, so tended to look for support among heterosexual friends or by attending groups such as ‘This is Me Salford’ for acceptance.

One member of the focus group mentioned how they couldn’t afford bus fares and felt they wouldn’t try if they were referred somewhere not local. The constraints of living on benefits meant that they felt the pressure of simply living could never include needing longer term support.

Another member who identified as bisexual, said they were too scared to be seen as anything but heterosexual by their peers or family so felt if they ever needed help, there wouldn't be any help.

> "Services should be more anonymous"
>
> Survey respondent

How people felt societal attitudes had changed towards mental health

More accepting	21
The same	4
Less accepting	5
Not sure	*4*

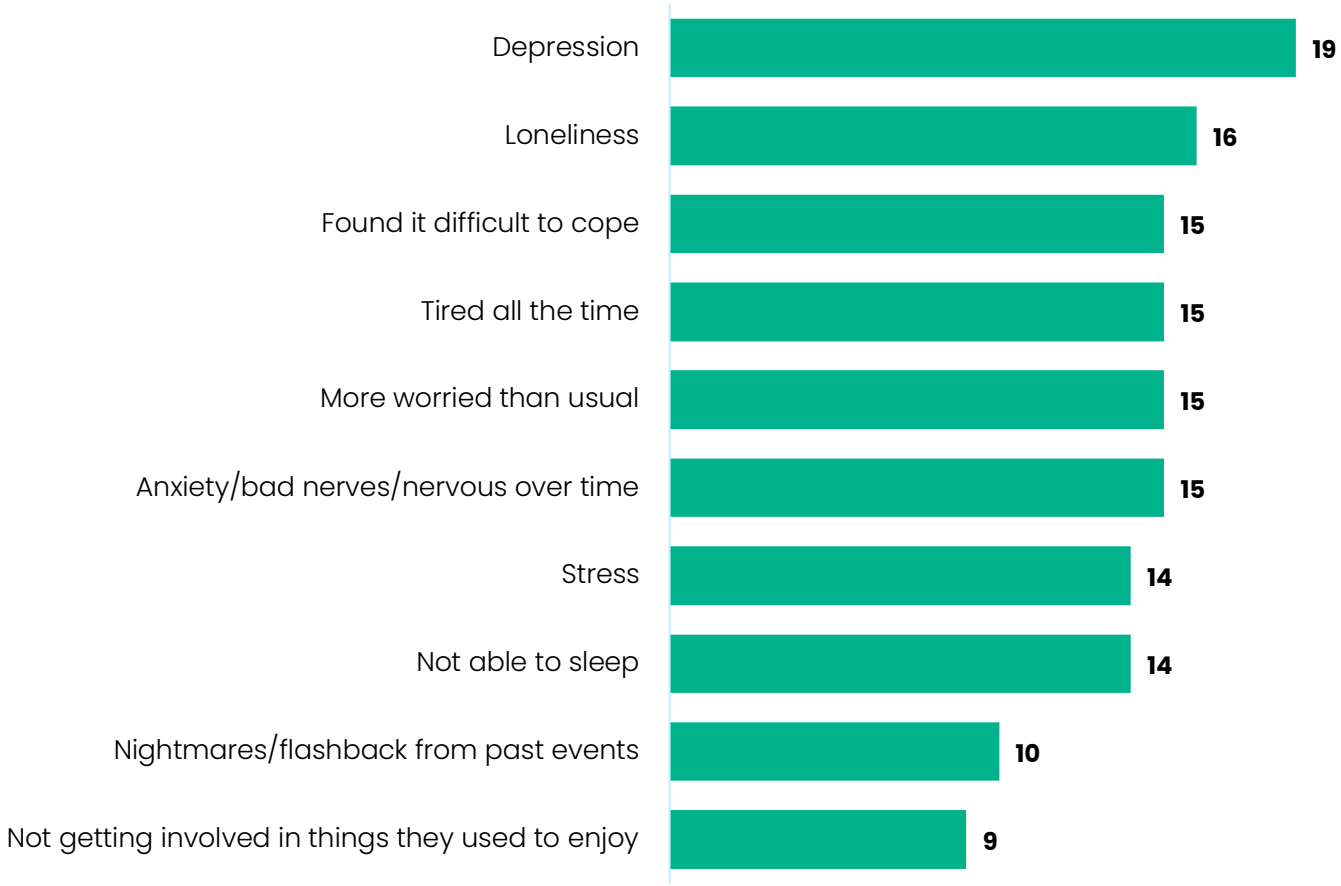
Some of the words that people from a LGBTQI+ background used to describe the term 'mental health' included:

People aged over 65 years

31 people who took part in our survey identified as being over the age of 65 years. In addition, 10 people attended a focus group which consisted of members from the Age Friendly Salford Ready to Go Group.

From our survey responses we found that over half of these people had experienced feelings of depression (19) and loneliness (16) during the last 2 years, with feelings of anxiety, being more worried than usual, tiredness and finding it difficult to cope being experienced by just under half (15).

Feelings or situations experienced by people aged over 65 years during the last 2 years



Nearly a third (8) of these people when asked, told us that they hadn't used any support services for their feelings with 12 saying that they had used NHS services.

Support that people over the age of 65 years had accessed	
They got support through the NHS	12
They got support from my family and/or friends	9
They haven't used/didn't need to use any support service	8
They got support through some other service	4
They got support through a community group	3

In our focus group, members told us of the places they were aware of that offered support included: Mind in Salford; Al-Anon, a group which supports people living with someone who has problems with alcoholism; Alcoholics Anonymous: and this Ready To Go online group.

Most reported not knowing what services existed to support with mental health. People felt there are not enough resources or funding to provide the level of support needed in the community.

The barriers

The reasons from the survey given for those who hadn't used support services included: not knowing where to go for help (4), thinking it would get better over time (3), finding it difficult to travel to the service (2) and believing that in their culture, having those symptoms would be viewed negatively (2).

In the focus group, people told us that not knowing where to go for help and not wanting to go to see their GP (as they thought they would be offered medication as a treatment rather than getting to the source of the issue), were seen as barriers. The group also felt this would result in them 'being labelled' as someone with clinical mental health issues on their medical records.

Participants felt there was preconceived negative ideas, and assumptions of people with a mental health diagnosis, and labels like 'schizo', 'psycho, 'crazy' and 'nut job', can prevent open frank discussions with others who may otherwise be in a position to help.

One person had experience of patients being flagged up as 'a possible nuisance' on the care system when working in a GP surgery.

A few of the group had experienced bereavement during the pandemic, which they felt resulted in additional issues and complications, lengthening the grieving process. They didn't think there should be a time limit or expectation to how long it would take for someone to overcome or learn to live with

bereavement. All participants lived alone and had experienced the death of their partner. One person said they felt they had been 'tested' whilst grieving during the pandemic, and was fearful for the future.

Another said that they do things to push thoughts of reality away, stating 'living alone was difficult, yes we get visitors but they leave, then you're back on your own with long empty voids in the day'.

Other participants stated having the same thoughts and worries around being alone and how their death will happen.

Some shared concerns regarding the inexperience of some physiologists and counsellors in supporting people, when they haven't experienced similar situations, especially if they were younger with less life experience.

The group felt that 'being in control' was vital to maintain good mental health, and often during the pandemic this was something they didn't feel they had.

There was also some confusion regarding the process for referring into mental health support.

The group shared the consensus that when trauma is experienced, it stays with you throughout life, which can be revisited, and often people can lose the ability to rationalise reality. Some people reported having nightmares and flashbacks, and stated that having coping strategies is essential in this situation.

Some had attended online bereavement support sessions, which didn't work for them. They found it difficult to engage with strangers in this type of forum.

> "Family come for my birthday and then the door shuts and I'm on my own"
>
> Focus group participant

The solutions

In the focus group, participants said word of mouth from friends and neighbours was a good way to encourage people to access services.

People also felt that having a good relationship with the clinician was essential as well as for people to understand that they have the right to ask to see someone else if this relationship isn't working.

Information of existing community and online groups needs to be improved, with more help for people to become digitally connected, and benefit from online support groups like Age Friendly Salford's Ready to go group.

Another possible solution was for GP's to prescribe a 'digital kit', which would provide broadband in the home and help people to access more services online. This could help to prevent more serious mental health issues in the future due to loneliness or isolation.

It was felt that non mental health clinicians should be more aware of mental health issues and how this can impact and escalate, going beyond the physical illness patients often present with (strengths based practice). It was acknowledged that GP's are often overwhelmed, due to numbers of patients, with a perception they have to measure the number of people they see, rather than outcomes.

There was concern with the maximum number of mental health support sessions, usually around a maximum of 6, with the calling for more flexibility to extend these. As the group queried: 'how can someone feel better after just 6 sessions'?

Mental health services should be set up to support people from all diverse communities. When it comes to using interpreters, services should be aware that the person translating (if not from a professional agency), may be in control and the possible root cause of the presenting issue (through cohesion, gas lighting etc).

There needs to be more support for people with learning disabilities, and those who are neurodivergent.

One participant shared their experience of supporting people in the past, and found that often people didn't want to talk or were not ready to access talking therapies for about 3 to 4 years following a bereavement, or trauma.

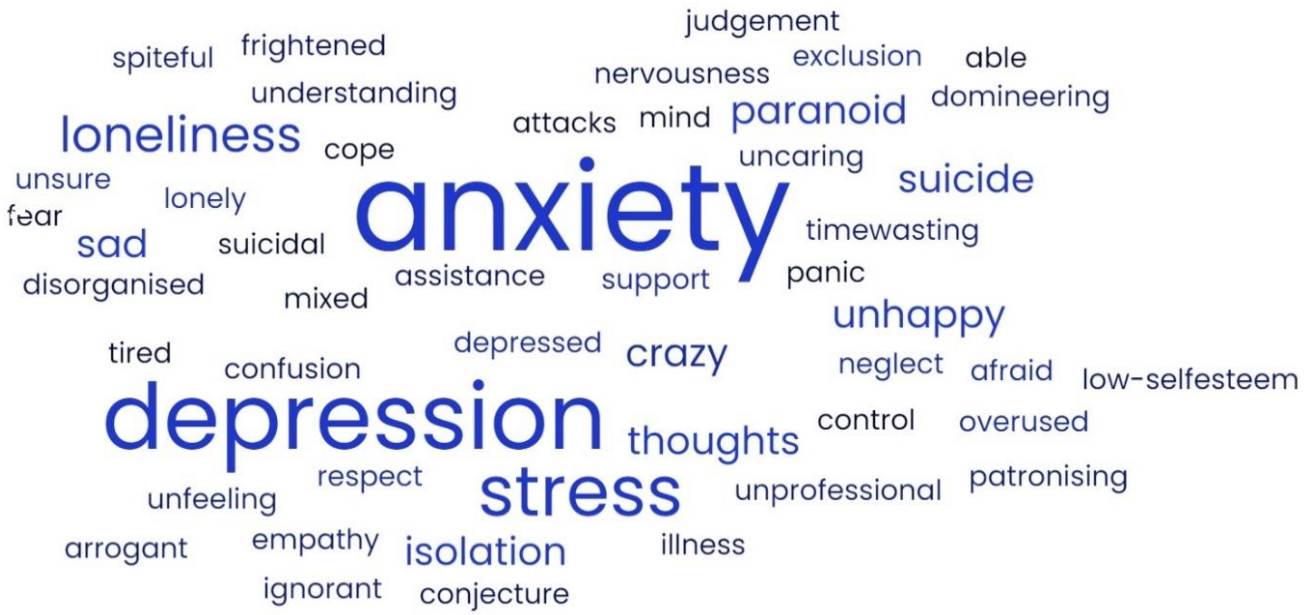
Face to face groups could be run in local Gateways, libraries or community centres, making services more local and accessible.

The group collectively felt that online Zoom sessions had been a source of support. There was a collective opinion from the group, that the online Zoom sessions had been a great source of comfort, allowing the members to get to know each other, and giving them confidence to share personal and sometimes traumatic stories and experiences. Through doing this, they felt the sessions together with the participants, became a support group, often providing information and tips and coping strategies. Participants felt that community groups and online friendship forums should be included in the lists of accessible support services.

How people felt societal attitudes had changed towards mental health

More accepting	18
The same	2
Less accepting	4
Not sure	*6*

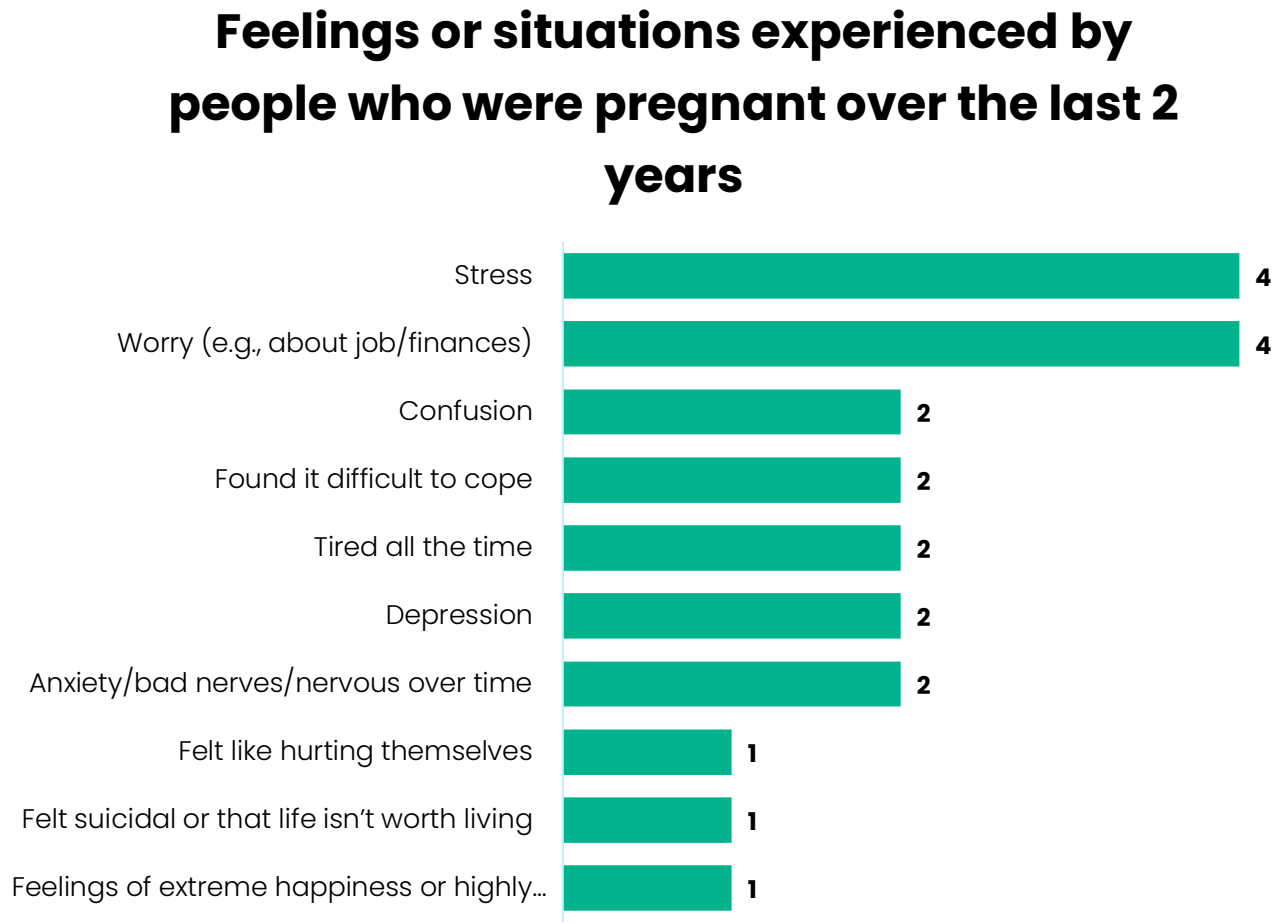
Some of the words that people over the age of 65 used to describe the term 'mental health':



Pregnancy and maternity

5 people who took part in our survey identified as being pregnant or had recently given birth. In addition, 5 people attended a focus group which were held on our behalf by Yaran North West.

From our survey responses we found that 4 out of 5 people had experienced feelings of worry and stress during the last 2 years. 2 out of the 5 people had also experienced anxiety, depression, tiredness, confusion and found it difficult to cope.



2 out of 5 of these people when asked, told us that they hadn't used any support services for their feelings with 2 saying that they had used NHS services.

Our focus group told us that services they were aware of for mental health support included: their GP , Accident & Emergency and their community group, Yaran.

The barriers

The reasons from the survey given for those who hadn't used support services included one person that didn't need to and another who felt that it would get better over time.

The focus group consisted of ladies from Iran, Afghanistan and Kurdistan, whose first language wasn't English. They told us that one of their main worries for accessing mental health services, was the fear of losing their children.

The group commented on how many have heard stories of women looking for support after giving birth, only to have their children taken because they are deemed to not be coping.

Participants also reflected that in their communities, there is an expectation of an abundance of support after childbirth, but now a distrust of asking for help.

Lack of language, fear, cultural and ethnic differences are the main block at this particular point.

The group also said that within their culture there is a fear of being seen as mentally unstable and being stigmatised as 'mad'. For some people it may affect their chances of a 'good marriage match'.

People in the group also talked about the worry many people have about having their stories overheard by interpreters, which can leave them feeling exposed. Sometimes the concern about confidentiality can itself create a barrier, for instance there is little understanding of whether the Home Office can access this private and sensitive medical information.

The solutions

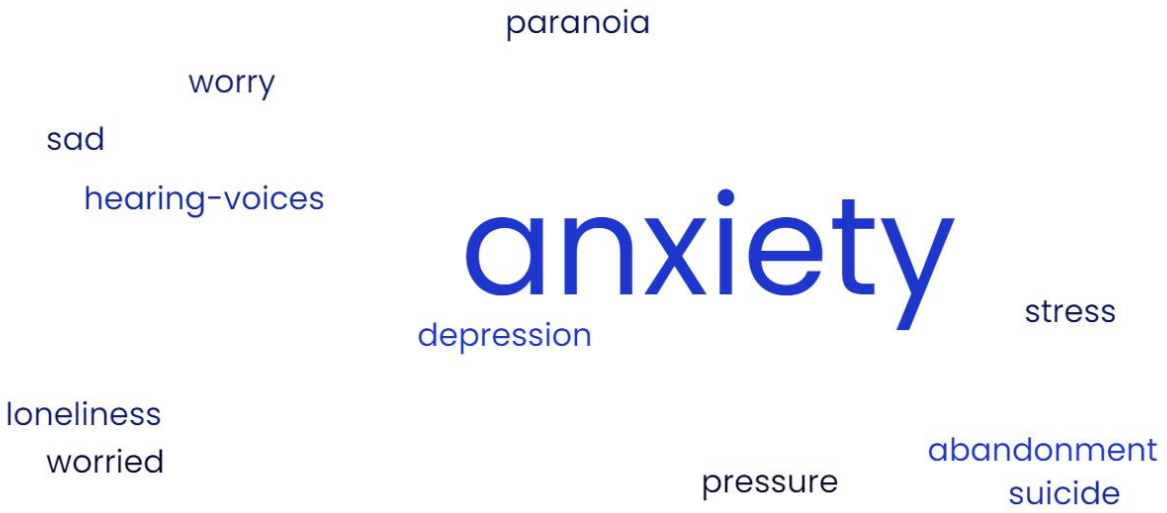
We further went onto ask survey participants what things would make services more accessible to them and they told us that services should be more inclusive to diversity.

Our focus group attendees said that being able to go somewhere that offers a broader service, and doesn't just focus on mental illness, for example like this community group, where you might be getting help with housing or an art class, is essential to make services help accessible.

Being able to trust the clinician and service is very important. People should feel comfortable in telephoning the service to make appointments without the worry of language barriers.

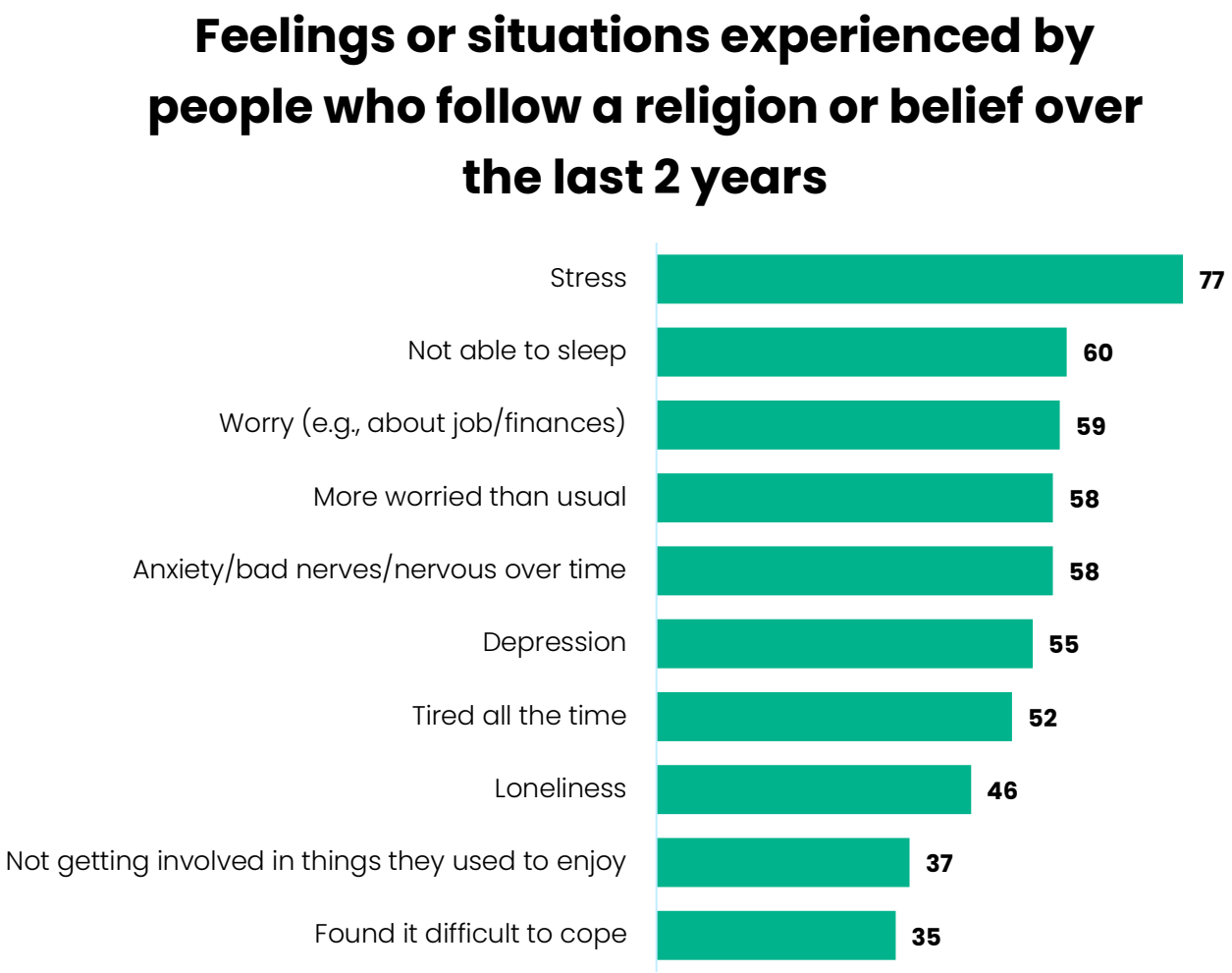
Barriers need to be broken down so that people feel they can ask for support without fear.

Some of the words that people who were pregnant or recently given birth used to describe the term ‘mental health’:



People from different religious or belief backgrounds

114 people identified as following one of the following religion or belief systems: Buddhism, Christianity, Judaism, Islam, Paganism and Sikhism.



These people told us that they had accessed support from their local place of worship over the last 2 years for feelings of mental ill health with only a few others mentioning that they would use this route in future, should they feel unwell.

Support that people from different religion and beliefs had accessed	
They haven't used/didn't need to use any support service	42
They got support from my family and/or friends	33
They got support through the NHS	30
They got support through a community group	25
They got support through some other service	22
They got support through an online platform	2

Jewish Action on Mental Health told us that members are often supported by other organisations, GP's etc. but they are aware of the long waiting list to access CAMHS. They also told us that if someone from their group talks about suicide, they are always asked if they have spoken to a GP and if they are a risk to themselves or others, whilst making it clear that as it's a safeguarding issue, their GP will be written to.

The barriers

We asked people why they hadn't used mental health services when they felt unwell with 57 of them answering. 17 people told us that they thought it would get better over time, 16 didn't feel they needed to get support, 12 didn't know where to go and 8 said that having such symptoms was seen as negative in their culture. 7 people also didn't want anyone else to find out with 4 mentioning that they would find it difficult to get the service.

Other reasons that people gave included not feeling confident in speaking English, waiting lists being too long and putting people off and not having spare money to pay for the service privately.

This was echoed in our conversations with JAMH, where we learnt that the costs of paying for private mental health support as well as long waiting lists for an NHS service, were particular barriers to members of the Jewish community. It was also felt that if members of the Jewish community were to go to the NHS for support, it is very unlikely that they'll get to see a Jewish therapist, so they would often spend the first few sessions explaining their culture.

English not being the first language with some Jewish people, was also seen as a barrier, often making complex conversations difficult.

In addition, we heard from people of a Christian background who felt that one of the main barriers to accessing services was due to the fact that if people are saying that they need mental health support, it is deemed as admitting failure on the part of their faith, when the faith should be bringing them peace or healing. Depending on the Christian tradition, there are people who view these barriers as in place for physical health complaints as well, but it was felt that most Christians find it easier to accept help with their physical health over their mental health.

The solutions

It was felt that services could be more accessible to people by sharing if there are practitioners available from a particular faith background. Many Christians appreciate prayer as part of the counselling process, and are more likely to access support if they feel someone will understand and share their beliefs and values.

> "Personally I feel being religious, I would need to access counselling from a professionally trained Jewish counsellor who understands my cultural needs"
>
> Survey respondent

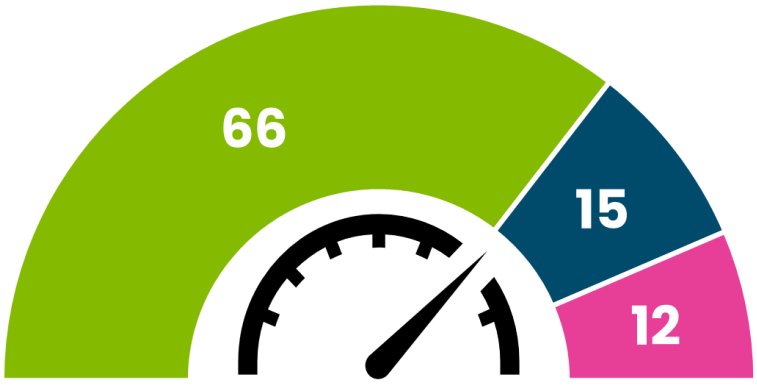
More could be done with faith leaders to talk and share their experiences of mental health, this is definitely happening more with organisations like Kintsugi Hope, a UK charity striving to make a difference to peoples mental wellbeing (https://kintsugihope.com).

Having services that are locally placed to enable those people who do not drive accessibility by foot or public transport.

Services should be culturally aware so that they understand different religious or belief backgrounds, e.g. religious festivals etc, and ensure that appointment times do not conflict with dates on religious calendars.

Services should also be mindful to limit possible gender conflicts that could occur when for example men are seen by a female clinician, in certain faiths, a female would be encouraged to dress appropriately (long sleeves etc).

Through the survey, people talked about how important their faith centres were to them, often having open doors during times of crisis.



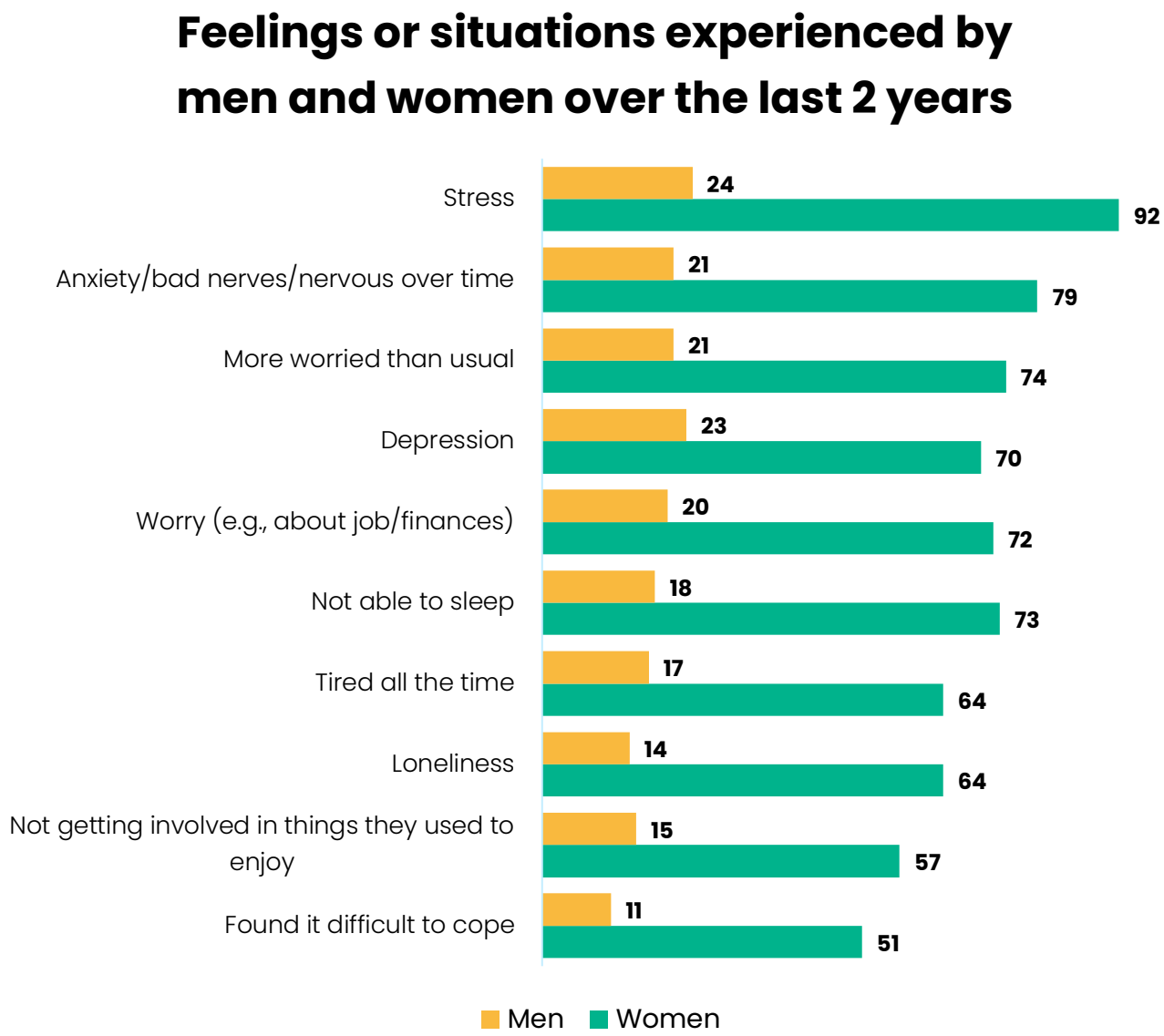
How people felt societal attitudes had changed towards mental health

More accepting	66
The same	15
Less accepting	12
Not sure	*19*

Sex (gender)

Through our survey we heard from 133 women, 34 men and 2 people who identified as non binary. 46 other respondents chose not to disclose these demographics.

Stress was the most experienced feeling with 69% of women and 73% of men having felt this over the last 2 years. This was closely followed by feelings of anxiety, bad nerves or nervousness over a period of time with 59% of women and 64% of men having experienced this.



When it came down to seeking support or help for these feelings, 35% of women and 38% of men had sought advice from NHS organisations with 35% of both women and men choosing not to use any support service.

The barriers

We asked respondents why they didn't seek help or advice with the majority of women (30%) telling us that they thought it would get better over time, and 40% of the men who felt they didn't need support.

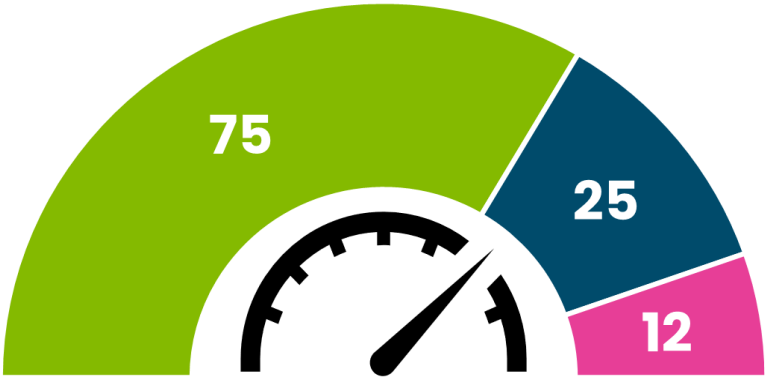
22% of women and 7% of the men told us that they didn't know where to go for accessing support.

15% of women felt embarrassment and not wanting other people to find out, compared with 13% of men who didn't want anybody to find out and 7% who felt embarrassed.

Throughout the survey results, there was little evidence to point towards any barriers that people felt were present because of their gender.

How men felt societal attitudes had changed towards mental health

More accepting	19
The same	3
Less accepting	6
Not sure	*6*



How women felt societal attitudes had changed towards mental health

More accepting	75
The same	25
Less accepting	12
Not sure	*19*

Conclusion and next steps

Throughout this project we have learnt how certain barriers prevent people from different backgrounds from making the first steps in accessing mental health support.

Across the different backgrounds and characteristics, people seemed to lack the trust and confidence in mental health professionals and would prefer to see more representation from people who reflect their particular backgrounds or beliefs.

There was a concern from people about the possibility of being administered medication with its side effects, backed up by myths and misinformation from others in their communities of becoming dependent on this medication.

Community groups and faith based organisations were talked about as strong pillars of support for the communities they served and there was an appetite to expand upon this.

We heard how people wanted to have more knowledge and understanding of mental health support services, and for it to be presented to them in a way that was easy to read and representative of our diverse communities.

Overall, people feel that societal attitudes towards mental health seem to be more accepting and that there was a general willingness to understand and support others more. However, across the different marginalised groups, the topic of stigma and how people would be perceived by their peers was a common thread, with many commenting on how this alone can be the first hurdle that needs to be overcome before someone can seek support.

This report lends itself as an ideal foundation for commissioners and providers of mental health services to use in further exploring how they can make their services fully accessible to all. From this viewpoint, we make the following recommendations:

1. Commissioners and providers of mental health services in Salford to use this report as a foundation for understanding some of the barriers that people from different backgrounds face and further explore some of the solutions that have been highlighted throughout this report, in particular:

    a. The need for clinical staff to be more culturally aware and understanding of people's backgrounds, cultures and beliefs.

    b. Marketing and communications to be representative of Salford's diverse communities.

c. Mental health services to work more closely with community groups representing people from marginalised backgrounds, to help their communities understand mental health and help to dispel myths around medication.

2. Community groups in Salford to develop more learning and understanding amongst their members as to methods of self help and to reduce the stigma of mental health.

3. Commissioners and local community groups to look into tackling the huge issue around loneliness by supporting social interactions between people, helping to alleviate mental health referrals in the first instance.

Responses from commissioners and providers

We shared our report with Greater Manchester Mental Health, Salford Integrated Commissioning and also Start Inspiring Minds, and they responded:

"Greater Manchester Mental Health very much welcomes this report from Healthwatch Salford and the insight it gives us into the needs of people living in Salford. We look forward to working with our commissioners and all service providers to plan more accessible, meaningful and effective services for local communities.

From a Trust perspective we will share the findings with various workstreams including:

- Community Transformation and mental health service re-design;
- Workforce Transformation noting people's comments about workers who reflect their particular backgrounds, experiences and beliefs;
- Communications particularly in response to the stigma associated with mental health services and medications, and accessible information for diverse communities;
- and Equality, Diversity & Inclusion feeding directly into our work on developing culturally appropriate services.

Thank you Healthwatch, we are looking forward to doing what we can to improve services in Salford, with the people of Salford, for the people of Salford."

Greater Manchester Mental Health NHS Foundation Trust

"The Mind Over Matter report from Healthwatch Salford provides a helpful and thought provoking insight into the lived experience of accessing mental health support and highlights the opportunities and challenges in ensuring that support offers meet the needs of Salford's communities. The report's recommendations, in particular the need to work closely with community groups representing people from marginalised backgrounds; the need for increased cultural awareness in support offers and the shared learning and understanding across systems and communities will be taken forward in our work to deliver against the adult mental health priorities in the NHS long term plan. In particular, Integrated Commissioning in Salford locality are committed to ensuring that lived experience voice is at the heart of design, co-production and delivery of community mental health transformation in Salford and we will look to share the learning from this report via our Adult Mental Health Collaborative and local communities, providers and partners to shape our approach for now and in the future."

Salford Integrated Commissioning.

"The Mind Over Matter report helps to highlight the work we still need to do to ensure that mental health services are accessible to everyone in our community. The VCSE sector are in a unique position to build trust and confidence in services and therefore it is essential to engage and empower those groups working within specific communities to ensure they have a voice and influence within service development and redesign. A new chapter is being written for mental health provision in Salford, and this report provides an opportunity to help us to learn from the past and do things differently in the future"

Start Inspiring Minds

Next steps

Healthwatch Salford welcome feedback from the commissioners and providers of mental health services in Salford, and invite any opportunity to work further towards the goal of improving overall patient experience.

The project will be revisited towards the end of 2023, with an addendum report published on the progress made against our recommendations.

Acknowledgements

Healthwatch Salford would like to thank Salford's public alongside the many individuals and organisations that supported us throughout this project, in particular:

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Healthwatch Salford staff team

Ali Macleod, Holly Mansoor, Mark Lupton, Sam Cook & Scarlett Ash.

NHS providers and commissioners

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