

# The Impact of Covid-19 on Mental Health of Ethnic Minority Men in Reading

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## Introduction

This research investigates the impact of Covid-19 on the mental health of men from black and Asian minority ethnic communities (BAME) in Reading. It was carried out as part of the Community Participatory Action Research (CPAR) programme, which was initiated and funded by Health Education England South-East and developed in collaboration with the Office for Health Improvement and Disparities (previously PHE), the Scottish Community Development Centre and NHS England and Improvement.

The CPAR programme offered training and mentoring to over 40 individuals from minority ethnic communities in South-East England, supporting them to carry out their own research projects into the impact of Covid-19 on minority ethnic communities as well as any related health and wellbeing issues.

In Reading, the research was supported by different partners such as Reading Borough Council (RBC), Reading Voluntary Action (RVA), Reading Community Learning Centre (RCLC), University of Reading (UoR) and Alliance cohesion and Racial Equality (ACRE). This research was conducted by the community local researcher from the beginning to the end through the support of training and mentoring sessions. The community played a great role in responding to the questionnaires.

## Research Background

Men are known to be reluctant to discuss health and wellbeing, and this can be a particular issue among ethnic minority communities. Culturally, men are often socialised into believing they have to be in control of their emotions and that to show emotion is a sign of weakness and failure.

It is also known that Covid-19 has had a disproportionate impact on ethnic minority communities in terms of higher mortality and hospitalisation.

This research aims to explore how men's reluctance to talk about health and wellbeing could be a factor in increasing the likelihood of being seriously ill or dying from Covid-19.

For instance, if men are reluctant to share their health and wellbeing concerns they may not seek help for Covid-19 or may avoid getting vaccinated. Alternatively, Covid-19 may be creating extra pressure on their mental health.

## Research method

The questionnaire focused on men from ethnic minority backgrounds. A total of 63 questionnaires were administered among different ethnic communities such as Sudanese, Nigerians, Bangladesh, Serialeon, Libyans, Eritrean Ghanaian, and Kenyans among others. A range of different ages took part in the survey with most being in the 41-59 age group (29) and the 31-40 age group (22). 9 respondents were aged 18-30 and 3 were 60 or over. 29 participants were employed, 23 self-employed, 6 were students and 5 were unemployed. More than half (34) were married, 21 were single and 8 categorised themselves as divorced. See figure 1 for a full breakdown.

**Figure 1: Demographic details of respondents**

<b>Age</b>	18-30	31-40	41-59	60 and over
	9	22	29	3
<b>Ethnicity</b>	Black African/Caribbean	Black/White	Arab/Asian	Others
	5	5	18	2

	37			
<b>Marital status</b>	Married 34	Single 21	Divorced 8	Civil Partnership 0
<b>Employment status</b>	Employed 29	Self-employed 23	Student 6	Unemployed 5

The survey is anonymous, not identifying anyone's personal details. In many cases the questionnaire was administered face-to-face, whereas other questionnaires were completed by participants in their own time and returned to the researcher.

Research respondents were reached via working as a taxi driver. It was possible to talk to customers, introducing the community research, explaining what was involved and asking if they were willing to participate by filling the questionnaire. Participants who agreed were then able to complete the questionnaire during the journey. They were then thanked and given a fare discount in appreciation, which was generally welcomed.

Another way in which respondents were reached was by using the taxi base office and message system service connected to all drivers of to ask fellow drivers to participate in the survey. Drivers were then able to complete the survey while in the office base during break times. A handful of additional respondents participated in the survey in this way.

Confidentiality was maintained on the data provided. All the respondents gave their consent to participate on the research. Research assistants from Reading Men's Group (We Men) supported administering of the questionnaire. The questionnaire was designed to cover four key areas:

- Impact of Covid-19
- Mental Health
- General Health
- Demographics

## Research findings

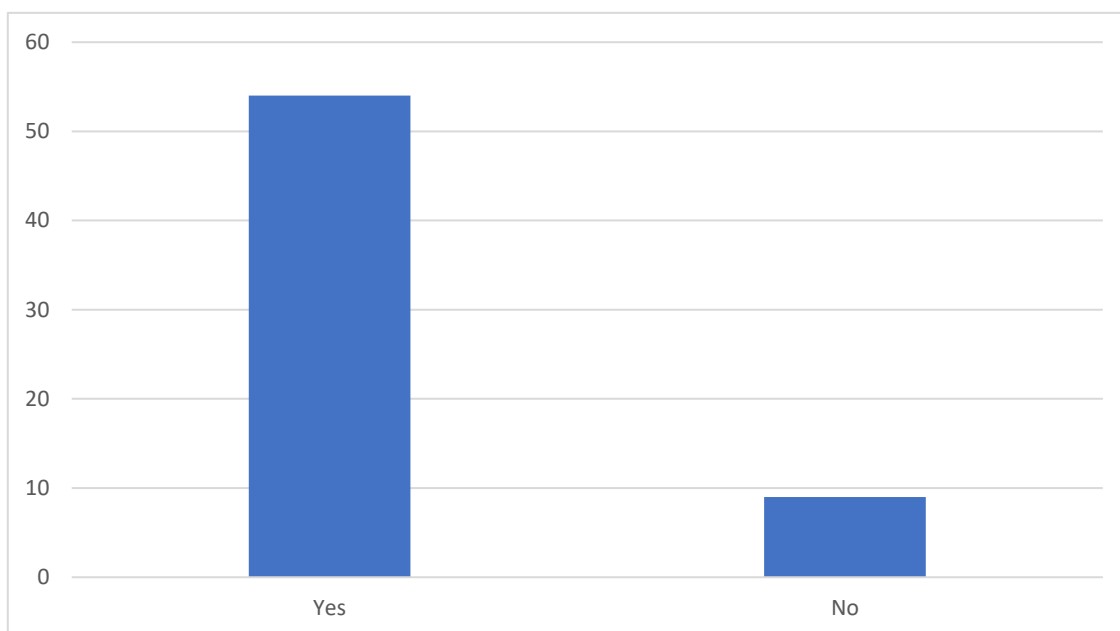
After analysing the data gathered from the questionnaires on how Covid-19 has affected BAME men’s mental health, the following findings were established:

### Negative effects

Most people were negatively affected either financially, mentally, psychologically or physically by Covid-19 and lockdown. 54 out of 63 respondents (86%) replied that they were affected by the pandemic. Only 9 people (14%) said they had not been affected (see figure 2).

Based on personal observation and some comments made by participants, respondents who were worst affected were people living alone and receiving social care services who had limited or no time from support or care workers, friends, and family members.

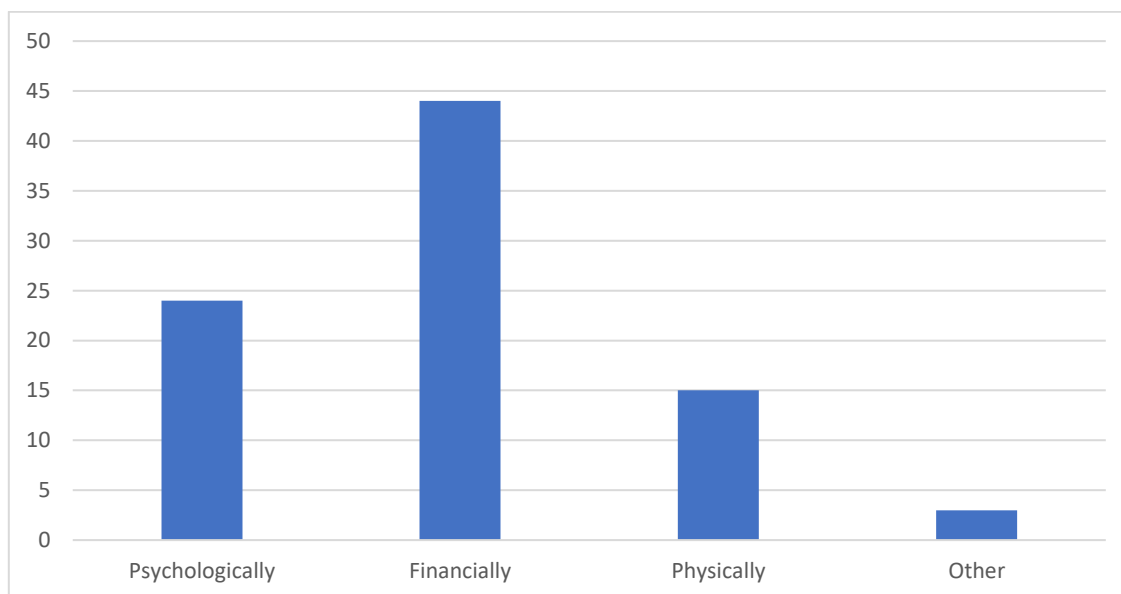
**Figure 2: Whether pandemic and lockdown affected respondents**



## How Covid and lockdown affected people

Figure 3 shows the ways in which men were affected by the pandemic and lockdown.

**Figure 3: How Covid affected people**



The survey asked people to say how they were affected by Covid-19. The most common way that people were affected by the pandemic was financially, followed by psychologically and physically.

### ***Financially***

Many people we interviewed lost their jobs or business and or had a reduction in their earnings during the lockdown. Some people who worked on zero-hour contracts or were self-employed could not benefit from government support either. This increased the stress individuals and families experienced because of the financial difficulties.

### ***Mentally***

There is no doubt that the last 2 years since the pandemic began in February 2020 have been very stressful. The lockdown and the restriction of movement intensified isolation and self-isolation especially for those who were shielding.

The situation was made worse about unmet needs especially those who are cared for, as a result of the lockdown, service closures and shielding rules.

Some people felt very isolated at home as individuals or as family with the caring roles largely absent or forgotten. Some people did not even have the opportunity to have someone to talk to at the time about their experiences.

At a more general level, news about the severity of the pandemic and the deaths experienced nationally and worldwide has made the last two years a worrying time for many people.

Generally, and for those with clinical symptoms, their mental health was regressing even more, because of the lack of preventative and maintenance services being withdrawn.

There is a strong correlation between mental illness and poverty. Financial worries, and living conditions such as housing and poor diet can adversely impact on mental health, while poor mental health can cause great deal of instability which will lead to people losing their jobs and poverty.

### ***Physically***

Some people experienced a psychological barrier to going out, and restrictions to movement resulted in people having to stay home and getting less exercise.

## **Support**

**Figure 4: Whether any help was received during lockdown**

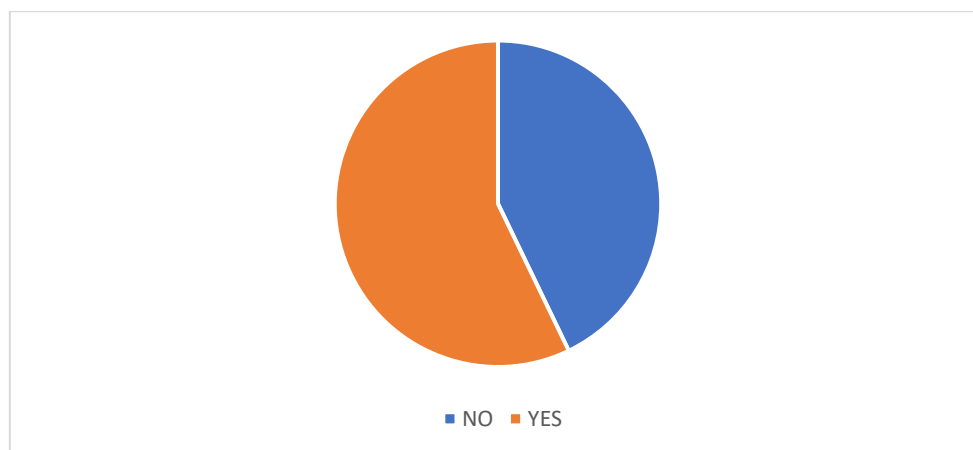


Figure 4 shows that slightly more than half of the participants (36 out of 63 responses) declared that they received help during lockdown.

**Figure 5: Sources of support**

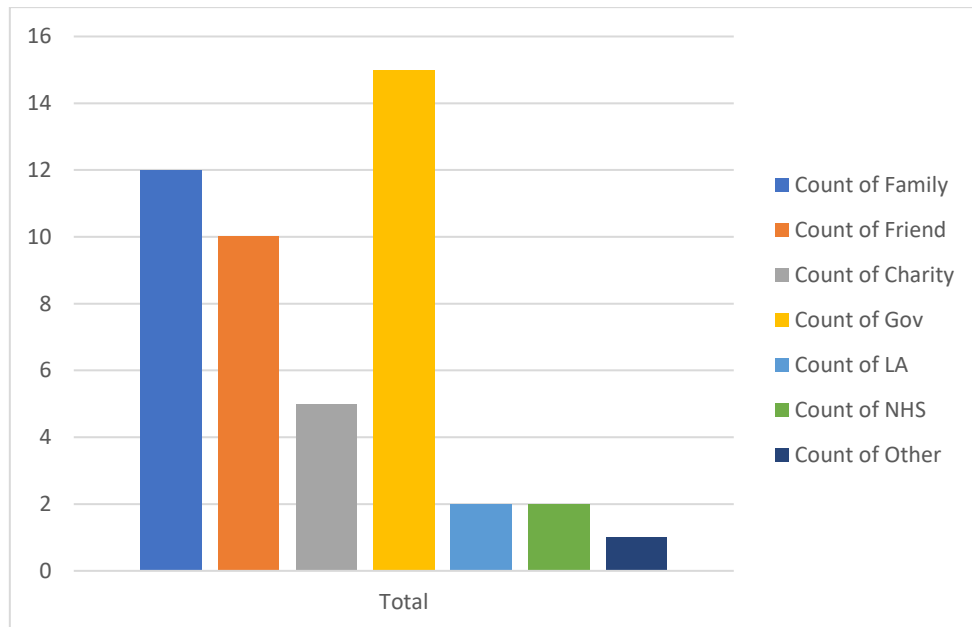


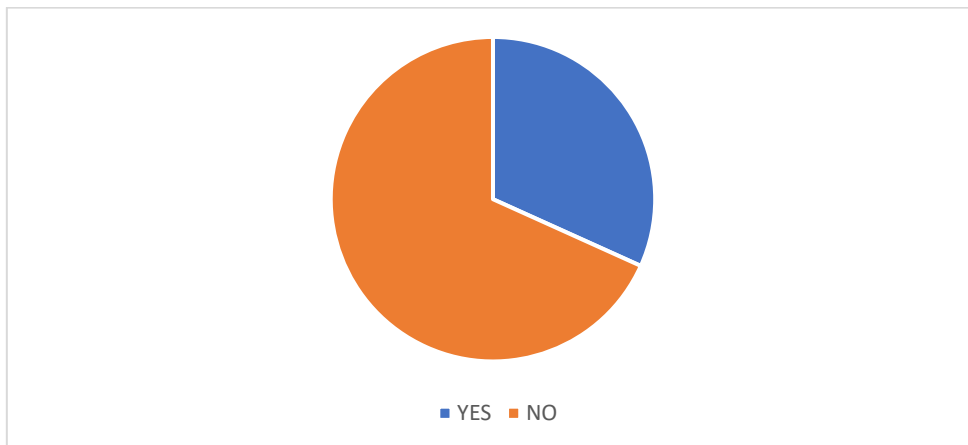
Figure 5 shows that the most common sources of support for participants were government, family, and friends. Fewer people said they received help from charities, local authorities and NHS.

## Accessing mental services

Figure 6 shows that there is a low awareness of mental health services among men who took part in the research. 43 said they didn't know how to seek or access mental health services, whereas 20 said they were aware of these services and how to contact them.



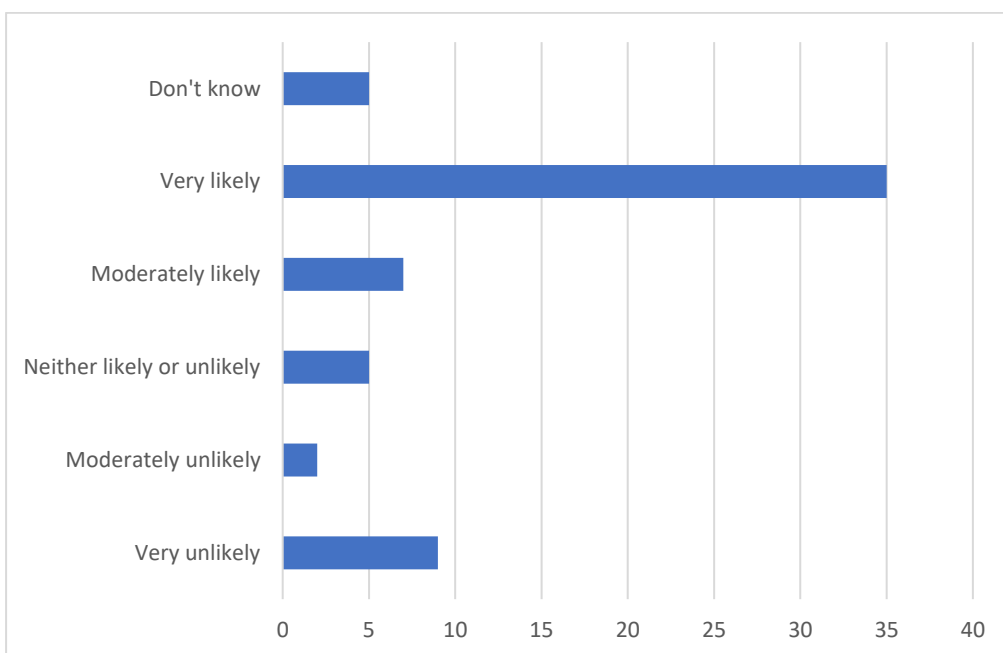
**Figure 6: Whether or not respondents are aware of mental health services.**



## Seeking help

Most respondents answered that they would seek professional help if experiencing mental health issues. Figure 7 shows that 35 out of 63 men said they were very likely to do this, which is over half of all respondents. However, 9 respondents said they were very unlikely to seek professional help, highlighting that a significant minority of men may be unwilling to get help when needed.

**Figure 7: Likelihood of seeking professional help if experiencing mental health issues.**

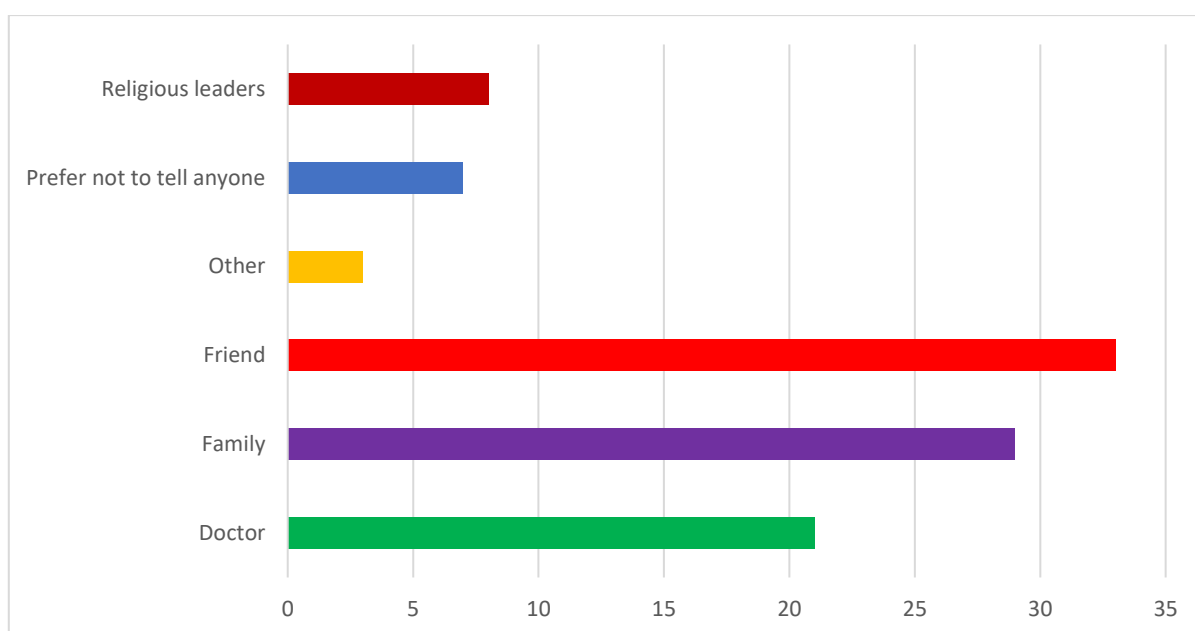


## Who respondents talk to about personal issues

The survey asked participants to indicate who they would talk to about personal issues. Figure 8 shows that 33 people said they would talk to friends and 29 said they would talk to family. This was followed by 21 who said they would talk to their doctor.

Out of the options presented, the least-selected answer was religious leader, which 8 people said they would contact. 7 people said they would prefer not to tell anyone, which reflects the earlier findings that some respondents said they would be unlikely to talk to someone about personal issues and that they would be unlikely to seek professional help if they experienced mental health issues.

**Figure 8: Who respondents talk to about personal issues**

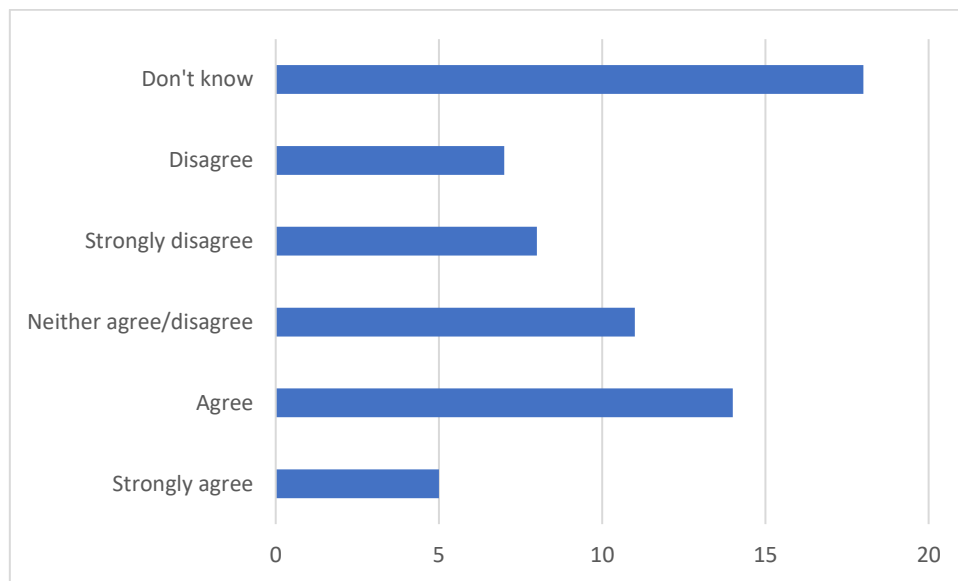


## Accessing mental health services

Respondents were asked to what extent they agreed that it is easy to access mental health services. They were also asked if they knew any mental health service. These questions were asked in order to help understand whether or not people were aware of what support was available, whether provided by the NHS, charities or any other sector.

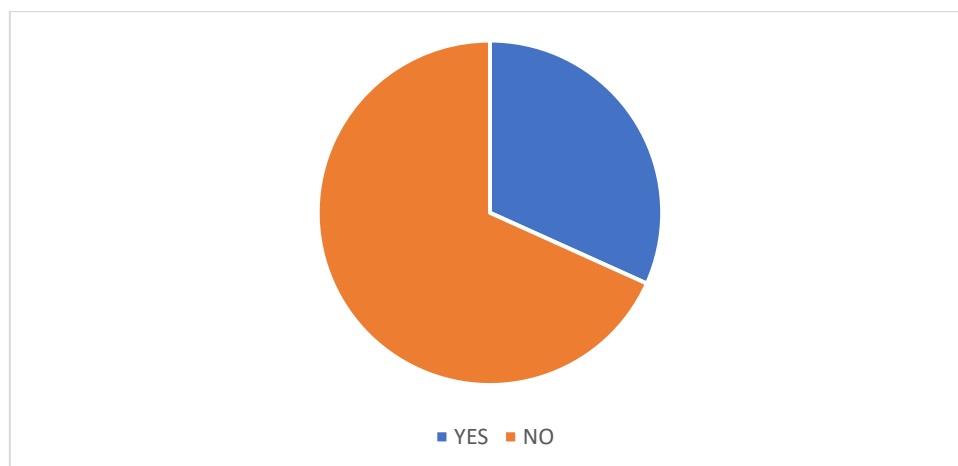
Figure 9 shows that 21 people either agreed or strongly agreed that mental health services are easy to access, whereas 15 disagreed or strongly disagreed. 18 out of 63 said they didn't know how much they agreed with the statement and 11 said they neither disagreed or agreed.

**Figure 9: How much respondents agree with the statement: It is easy to access mental health services**



This level of uncertainty about how easy services are to access can be explained by the finding shown in figure 10, with a large majority of respondents, 43 out of 63, saying they don't know any mental health services.

**Figure 10: Whether or not respondents know any mental health services**



## **Barriers to accessing mental health services**

The survey gave people the chance to describe any barriers that prevented them from accessing mental health services. Their answers can be categorised as follows:

### ***Language barriers, including appropriate access to interpreters.***

This highlights a need for translated information. Some respondents would like to see written information translated. However, others have difficulty reading or can't read at all and would prefer someone to talk to who can translate information for them or read them translated information. This could be done using videoconferencing such as Zoom or face-to-face.

### ***Difficulties in registering or making an appointment during the pandemic.***

Some respondents expressed frustration about how difficult it was to get an appointment with psychiatric doctors or mental health practitioners. They said that it wasn't easy to get a referral and, if they managed to get referred, it took a long time to see anyone.

### ***Lack of understanding of social care systems***

The research has already established that most respondents were unaware of what mental health services were available. A few respondents mentioned that there was a lack of clear guidance and information about how to access these services.

### ***Discrimination***

BAME people often feel the colour of their skin is a reason they are not offered services. They felt that white British people would be likely to receive mental health services ahead of them. Institutional racism is another barrier, with a lack of cultural sensitivity and adequately-trained staff.

### ***Stigma***

As this research has shown, there is a reluctance within many BAME communities to discuss the topic of mental health. A stigma around mental health exists, with people thinking it will bring shame on them, so they avoid talking about it altogether, and this may make it harder for them to access support.

## Conclusion

The findings of this research highlight the value of preventative approaches. They should make us think carefully about taking the early signs of mental ill-health seriously rather than only focusing on treating mental health when an individual's situation worsens.

On the 20<sup>th</sup> June 2020, a 25-year-old Libyan refugee attacked people with a knife in Forbury Gardens, Reading. Three people were killed in the incident and others injured. The young man who carried out the attack was known to mental health services in Reading.

Although this example is thankfully rare, it highlights what can happen if inadequate early intervention and support for mental health is available. It is the opinion of this researcher that tragic incidents can be avoided if relevant authorities take immediate action when the signs of mental ill-health are apparent.

The research has explored the fact that BAME men are particularly likely to hide their feelings from people, even those closest to them, avoiding showing signs of weakness. This can result in them becoming increasingly isolated, leading to worsening mental health, drugs/alcohol addiction, criminality and even suicide.

The research therefore sought to find out more about how BAME men Reading think about mental health and also how the Covid-19 pandemic and lockdown has impacted on men's mental health.

The research highlights the need for mental health providers and other services to offer help and support rather than simply challenging difficult behaviour. It should be easier for BAME men to get referred for mental health services, and service providers need to be aware that many BAME men will find it difficult to talk about mental health due to stigma and cultural beliefs about mental health.

At a practical level there is a need for clearer, easy-to-access information that reaches people where they are, and also for translation (both written and face-to-face).

For communities, it is important to talk about mental health and to look for signs that someone is struggling. Individuals should be able to talk to someone they trust, say how they feel and ask for help.

## Actions and recommendations

Based on the findings of this research, the following actions and recommendations can be made:

1. More funding from the UK Government, the NHS and Reading Borough Council towards mental health.
2. The NHS should make it easier and simpler to access mental health services.
3. The role of voluntary and community organisations in supporting people across all communities, and particularly those struggling with inequalities, should be recognised and appreciated. This sector should be supported as a key partner in terms of providing awareness, advocacy and education around mental health.
4. School, colleges and universities should promote mental health and raise awareness of mental health for all students and staff.
5. Support and conversation hubs, offering professional and peer support should be developed.
6. People should be kept informed and updated, and systems for doing so that can adapt quickly and responsively to changing needs in communities.
7. Staff in public services should be fully trained to identify mental health issues and provide immediate and appropriate intervention before the situation worsens.
8. Identifying early signs of mental health issues will prevent people's mental health from worsening, and is more effective than only treating mental illness further down the line.
9. Trained volunteers, with adequate screening checks, can help deliver services through local volunteer and community groups.
10. Talking about mental health issues in communities will increase the understanding of mental health.
11. Based on the early positive outcomes from the CPAR programme, community members should be supported to conduct their own

research into the issues that affect them to help improve services and bring further benefits to communities.

## Acknowledgements

First of all, I would like to express my sincere gratitude to CPAR and partner organisations RBC, RVA, RCLC, UoR and ACRE (see appendix 2 for a list of abbreviations), for letting me to be part of this incredible and unique research. Furthermore, I'm extremely grateful to Mr Victor Koroma at ACRE who arranged for me to do this research,

I would like to express my deepest thanks to my wonderful research mentors and advisors Andrew Paterson and Esther Oenga who provided ongoing support throughout the process. This research would not have been possible without their thoughtful comments and

I am also thankful to my fellow community researchers participating in the CPAR programme for their considered comments and for sharing their learning. I would like to extend my deepest gratitude to Harjeet and colleagues at RVA for all the unconditional support in this very unique and intense research.

I would also like to pay my special regards as well to Reading Men's Group (We Men) for their unlimited help and support provided during the research period. In particular, Chukwuemeka Obiora, Victor Besong and Anthony Darway from We Men were a great help in conducting the survey research.

To conclude, I cannot forget to thank all the participants who took time to complete the questionnaires and provided me with such useful comments and answers.

## Research Reflection

This CPAR research has been a great wakeup call for me during Covid-19 and lock down. It has opened doors and also great opportunities for me to discover myself and my potential. It started when Mr. Victor Koroma at ACRE gave me the opportunity to be a part of this research. At first, I was very nervous and many questions went through my head such as: was I the right person to do this

research? what am I going to investigate? how am I going to do that? and can I really do that? There were many questions and worries, but the biggest worry was that I wasn't equipped enough with knowledge to do this. My self-esteem was quite low, my confidence was zero, my motivation and self-belief was not there due to what I had gone through during the pandemic.

One day, hope came along from someone believing in me, who told me that everything is possible and nothing impossible under the sun. That person is Dr Esther Oenga the CPAR Advisor and facilitator, who motivated me to take the first step, she reassured me that support and guidance was available throughout the research process. That was a big step for me. Then Dr Andrew Paterson, the CPAR mentor, stepped in alongside Esther in the mission to guide me along the way. They were the real driving force and the brain behind all. These two wonderful people made it very easy for me, guided me, advised me, lifted me up and motivated me along the way. They helped me from the beginning until the end, from designing the questionnaire to writing this report. Their support at each stage gave me more confidence to move on to the next step.

I cannot describe the magnitude of experience I gained from doing this research. It taught me so many things and important lessons in life, including working according to your values and objectives. It taught me to always look ahead not back, look up not down, feel positive not negative. There is no impossible and there is always light and hope at the end of the tunnel. This research taught me to be strong and motivated and always look and think ahead. Because of that I decided to move further and learned more about the subject of mental health and the need to create awareness of mental health in BAME communities.

CPAR research gave me all the confidence I needed, and I decided to join West Lancashire college on online course, Mental Health and First Aid. I have learned so much that people in my community have started getting advice from me about the subject. For example, a friend of mine is so inspired by me doing the research, he decided that he will be more involved with volunteering with ACRE to do the same thing that I am doing. Furthermore, a woman at a local café which I regularly visit told me she had been through a tough time and had recently experience depression. When I had chat with her regarding mental health research with the CPAR project, she was touched by my experience and the useful information I shared. She decided to take the flyer that was developed during CPAR research and put it in the staff room to encourage other staff members to learn and seek help when needed. Finally, a group of Sudanese asylum seekers started feeling better and confident when I introduced them to



the Mental Health Hub sessions that are taking place at ACRE office in Reading every Tuesday.

CPAR research has made me realize the value of self-motivation and I'm hungry to learn more about mental health to be a better person for myself, my community and people in need. There is no shame in seeking help and it's never too late to take action. Small positive steps may change your life or someone's life.

## Appendix 1: Questionnaire

### A/ Covid19 Questions

**1. have you tested positive from Covid-19?**

- Yes*
- No*

**2a. Did you have any help during the lockdown?**

- Yes*
- No*

**2b. If yes, from whom?**

- Family*
- Friend*
- Charity*
- Government*
- Local authority*
- NHS*
- other (please describe)*

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**3a. Has the Pandemic and the lockdown affected you?**

- Yes*
- No*

**3b. If yes, how (please tick all that apply)**

- Psychologically*
- Financially*
- Physically*
- Other (please describe)*

### ***B. Mental Health Questions***

**4. Have you or someone close to you experienced episodes of mental health issues?**

- Yes*
- No*
- Prefer not to say*

**5. If you have a concern about your personal issues, how likely are you to talk to someone about it?**

- Very likely*
- Moderately likely*
- Neither likely or unlikely*
- Moderately unlikely*
- Very unlikely*
- Don't know*

**5a. Who would you talk to about personal issues? (Please tick all that apply)**

- Friend*
- Family*
- Doctor*
- Religious Leaders*
- Other (please describe)*
- Prefer not to tell anyone*

**6. If you are experiencing any sort of mental health issues, how likely are you to seek professional help? (for instance, therapy and Treatment)**

- Very likely*
- Moderately likely*
- Neither likely or unlikely*
- Moderately unlikely*
- Very unlikely*
- Don't know*

**7. What helps you to cope in terms of your mental health?**

- Taking part in physical exercise*

- Reading*
- Writing my dairies*
- Going to religious congregation*
- Smoking*
- Drinking*
- Traditional healers*
- Others (please describe)*

**8. What extent do you agree or disagree with the following statement? “It is easy to access mental health services”**

- Strongly agree*
- Agree*
- Neither agree nor disagree*
- Strongly disagree*
- Disagree*
- I don't know*

**9. Do you know any mental health services?**

- Yes*
- No*

**10. If applicable, what barriers do you experience when trying to access mental health services?**

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**11. Would you talk to your GP about any mental health concerns you have?**

- Yes*

- No*
- Don't know*

### ***C. General Health Questions***

**12a. Do you do any form of exercise?**

- Yes*
- No*

**12b. If yes, how often? (please tick one box)**

- At least once a day*
- More than once a week*
- Once a week*
- Once a month or less*

### ***D. Demographic Questions***

**14. Please circle which answers apply to you.**

<b>Age group</b>	<b>18-30</b>	<b>31-40</b>	<b>41-59</b>	<b>60 and over</b>
<b>Ethnic group</b>	<b>Black African/ Caribbean</b>	<b>Black/White</b>	<b>Arab/Asian</b>	<b>Other (please describe)</b>
<b>Marital status</b>	<b>Married</b>	<b>Single</b>	<b>Divorced/ separated</b>	<b>Civil partnership</b>
<b>Employment status</b>	<b>Employed</b>	<b>Self-employed</b>	<b>Student</b>	<b>Not employed</b>

**Thank you for completing this survey**

## Appendix 2: Abbreviations

ACRE	.....Alliance cohesion and Racial Equality
BAME	.....Black Asian Minority Ethnic
DKN	..... Don't Know
HEE	.....Health Education England
MH	.....Mental Health
ML	.....Moderately Likely
MU	.....Moderately Unlikely
NHS	.....National Health Service
PNT	.....Preferer Not to Say
RBC	.....Reading Borough Council
RCLC	.....Reading Community Learning Centre
RL	.....Religious Leaders
RVA	.....Reading Voluntary Action
SCDC	.....Scottish Community Development Centre
UoR	.....University of Reading
VL	.....Very Unlikely
VLU	.....Very Likely Unlikely

