UNIVERSITY OF WESTMINSTER

'MENTAL HEALTH IN BLACK MEN' – THE ROLE OF TALKING THERAPISTS

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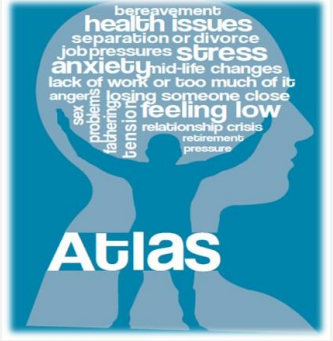
BACKGROUND

SUrvivors' Rehabilitation Evaluation after CANcer



- **Atlas:** Male positive, talking therapy service for stress/distress, free at point of access in the NHS
- **SURECAN** – New psychological therapy trial for those living with or beyond cancer, informed by a 'meta-ethnography' of BME experiences of psychological & cancer care
- Despite ongoing debates about the exact role of institutionalised forms of racism* in healthcare (Weich et al., 2012), we know that it contributes to adverse care experiences for racially minoritised people (Nazroo et al., 2020).

**Institutionalised racism = hidden values and practices systematically undermining the prospects of racially minoritised people (Patel, 2016).*

BACKGROUND

iapt
Improving Access to Psychological Therapies

- Increasing Access to Psychological Therapies (IAPT) programme - those from Black, Asian and Ethnic Minority communities are less likely to use IAPT services & complete treatment (Baker, 2018).
- 2 out of 5 **Atlas** practitioners we originally hired were Black, 23% patients BME (8% patients were Black/African/ Caribbean, cf. 7% registered at VMC)
- As **Atlas** became embedded in NHS, only 12% BME (6% identified as 'mixed', but not Black/African/Caribbean)
- Currently planning a Black men's Atlas clinic, taking up Black Minds Matter call of connecting black men with free services "….removing the stigma and remodelling the services to be relevant" to Black men.

BACKGROUND

Prof Frank Keating

'Stalled cycle of recovery' for Black men to do with reticence to engage with services, stigma, absence of trust, social networks lacking (Frank Keating):

- Acknowledge the cumulative effects of racism on mental health
- Accept that everyone has a duty to combat racism
- Adopt practice that is inclusive of diverse traditions
- Adopt a life course approach

'Hegemonic masculinity' (most honoured way of being male), assumes power of men

But intersections of low income, systemic racism and gender create "the struggle" (Bowleg et al. 2013).

It's hard to see how Black subjectivity is reflected in hegemonic masculinity (Ridge, 2019).

THINKING RELATIONALLY

SURecan
SUrvivors' Rehabilitation Evaluation after CANcer

- The aim of the SURECAN meta-ethnography is to examine potential **cultural issues in providing psychological interventions** in the UK.
- Search resulted in 11,142 unique citations > 28 UK **BME** qualitative papers
- Meaning is not innate to people, it is emergent (Dépelteau, 2018), and there is a sense that people come ***into being*** through their relationships, we are not entities ('relational turn')
- Feelings may be individually experienced, but they are *social produced*, e.g. sense of failure/shame amongst suicidal men (Ridge et al. 2020)
- Black men want to tell their stories and have them heard, but they are *denied* opportunities to have their accounts *legitimised* (Keating, 2020).

THINKING RELATIONALLY

SureCan
SUrvivors' Rehabilitation Evaluation after CANcer

- Difficulties relating to white practitioners e.g. "White people don't have any real understanding of the experience of not being white…" (Caribbean mixed participant, Dos Santos & Dallos, 2012).
- There is often an assumption in therapy that "open conversations about race and culture between people of different cultural backgrounds" should be discouraged (Dos Santos and Dallos, 2012)
- Thus, practitioners frequently close down discussions of racism/culture, risking patient disengagement (Rathod et al., 2010), and patients having to compensate for their failures e.g. humouring practitioners to get what they need (Memon et al., 2016).

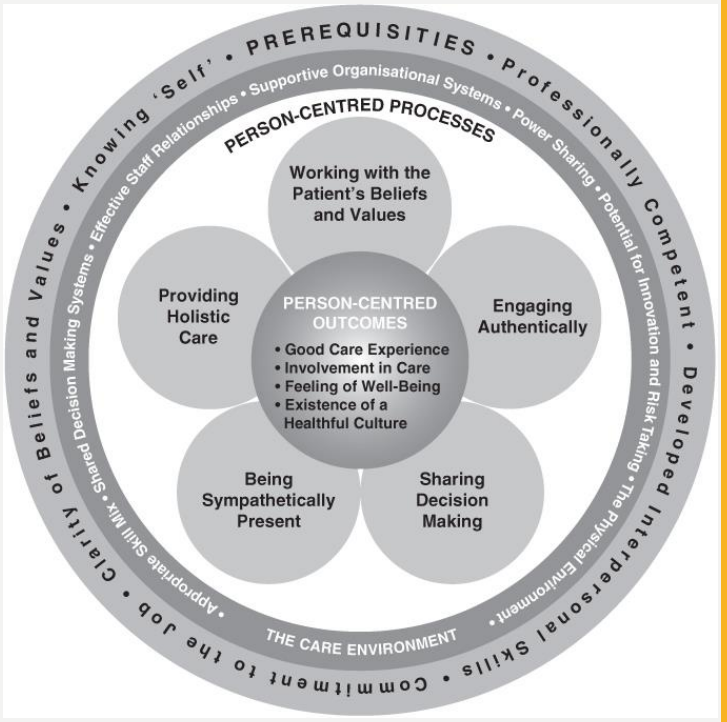
RELATIONALITY

SureCan
SUrvivors' Rehabilitation Evaluation after CANcer

- Understandably, self-reliance often prized, and Black participants may relate to themselves as "strong" (Edge and MacKian, 2010; Rathod et al., 2010; Memon et al., 2016).
- Positive 'self' approaches, e.g. "…I can get it [help] but you have to help yourself…" (Edge and MacKian, 2010, Black Caribbean woman).
- Professionals reserved for serious issues, when self-help & lay networks fail (Edge and MacKian, 2010)
- Relationally, the "deficit model" of racially minoritised participants is resisted, e.g. 'superstition' becomes, "we can't blame them [white professionals] because they're upbringing is like westernised, they can't understand if we talk about Jinns…" (British Pakistani male) (Islam et al., 2015).

RELATIONALITY

- Person-centred approaches that allow participants to be seen, and bring into being their whole person, are particularly valued, but not readily available
- One Bangladeshi participant described their practitioner, "Even though she is a White person, I know that she sympathises with me…When I am uncomfortable, you can tell that she feels my pain…" (Lovell et al., 2014, participant, p. 12).
- Whether there is cultural matching or not in therapy, practitioner awareness of their *cultural positioning* is important.



CONCLUSIONS

- Centring 'affective relationality' in this way uncovers the responsibilities of healthcare to nurture subjective wellbeing of racially minoritised people
- It challenges existing hegemonic approaches, that might discount diverse types of knowledge, culturally shaped preferences, and so on.
- Caring for the whole person, taking a person-centred approach, can be a radical act, as it involves recognition, and practitioners understanding their "positioning", so it is political
- Do we need to de-colonise care?

Affective relationality:

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you ***made them feel****."*

"There is no greater agony than bearing an ***untold*** *story inside you."*

US Poet, Maya Angelou

SURECAN META-ETHNOGRAPHY

SUrvivors' Rehabilitation Evaluation after CANcer

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- On behalf of the SURECAN Investigators
- **Funder acknowledgement (100 words):** Funded by the National Institute of Health Research (NIHR) Programme Grants for Applied Research (Programme reference: RP-PG-0616-20002). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.