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Socially-oriented approaches to recovery for African and Caribbean men

RESEARCH FINDINGS

Social recovery is intimately linked to the re-negotiations of what it means to be an African or Caribbean man.

African and Caribbean men should be able to define recovery in their own terms as part of a much more inclusive dialogue.

There was some divergence in how recovery was conceptualised between men, supporters and care providers.

Mental health experiences contained accounts of the role of culture in their emotional wellbeing, overly medicalised and depersonalised approaches to care and lack of discharge planning.

Mental health services need to consider how they can move towards the co-production of services with African and Caribbean men.

Safe spaces are required to support social recovery, and are needed before men can develop relationships of equality, authenticity and trust.



BACKGROUND

Despite several initiatives, notably the Department of Health and Social Care's 2005 'Delivering Race Equality' national policy, designed to reduce persistent racial disparities in mental health services, people from African and Caribbean, Asian, and Minority Ethnic (BAME) communities continue to have poorer experiences and outcomes. This disparity is most significant for African and Caribbean men. The recent review of the Mental Health Act was specifically focused on addressing the disparities for African and Caribbean communities in the use of the Act.

Recent approaches to supporting individuals with mental health difficulties shifted to the concept of recovery. African and Caribbean men, however, can often become stuck in a stalled cycle of recovery if the services and support they receive are not tailored to their unique needs as both individuals of African and Caribbean heritage and as men.

There are persistent racial disparities in mental health services:

- BAME communities have more adverse pathways to mental health care
- They are more likely to be given a diagnosis of schizophrenia.

People from BAME communities have poorer experiences and outcomes:

- They are more likely to be compulsorily detained under the Mental Health Act
- They are less likely to receive talking therapies.

This disparity is most significant for African and Caribbean men.

This study sought to examine what socially-oriented approaches to recovery in mental health mean for African and Caribbean men, and what was felt to help to support such recovery. It explored the perspectives of African and Caribbean men, their supporters/carers and care providers on socially-oriented recovery and mental health care.



Methods

Fifty-nine in-depth interviews were conducted with African and Caribbean men with experience of mental ill-health (n=30), supporters/family-carers (n=15) and non-statutory service providers (n=12) and (n=2) statutory providers, across two sites (London and Leeds). Participants were recruited with the assistance of community partner agencies. Data were analysed following interpretative phenomenological analysis.

The research team also held a co-creation event at each site, in which service user participants were invited to reflect on emerging findings as well as an expert symposium in London. In the participatory research tradition, the research was guided by a steering group of relevant stakeholders, including ex-service users, carers, citizen-activists, and service providers.



FINDINGS

The findings from this study are in four inter-related themes. From a life-course perspective three of the four themes are African and Caribbean men's early life experiences, their mental health experiences, and what 'recovery' is for them, their supporters and service providers. From this analysis a fourth theme, what supports recovery for African and Caribbean men, is discussed.

EARLY LIFE EXPERIENCES

Overlapping and interacting factors played a significant role in the early life experiences of African and Caribbean men, including family structure, migration, separation, violence and/or conflict, racism, bullying, and cultural differences. Masculine identities were also reported to have affected their sense of strengths and vulnerabilities. These experiences helped form the foundation for the men's mental health experiences and have shaped their trajectories into mental health services.

MENTAL HEALTH EXPERIENCES

Socio-cultural and economic factors were thought to be a cause of, and continue to exert influence on, African and Caribbean men's mental health and recovery. Men placed great emphasis on cultural aspects (i.e. religion, spirituality, identity) as causes of – and solutions to – their mental health problems. Practitioners generally did not discount these issues, but some adhered more closely to individualistic discourses in which, for example, substance misuse and self-management were thought to be key to the men's mental health.

Entry into mental health services for men was often characterised as coercive and treatment was generally perceived as overly medicalised and depersonalised, causing detrimental effects for their recovery. Men also talked about the lack of support in the community once they were discharged from hospital – termed 'the discharge gap' by the research team. Where support was offered it was provided by black voluntary sector

agencies and was perceived to provide a more understanding and nurturing environment tailored to their cultural and gendered needs.

WHAT IS SOCIALLY-ORIENTED RECOVERY?

There was some divergence in how recovery was understood by men, supporters and service providers, being seen as a complex, dynamic concept. Interconnected and overlapping factors were identified that contributed to recovery, including medically-oriented (i.e. medication reduction, symptom control, staying out of hospital), socially-oriented (i.e. social interaction, employment, authentic relationships), personal (i.e.

good health, wellbeing, valuing identity), and material factors (i.e. money, housing). Collectively, these constitute recovery, rather than any in isolation.

In general, men placed greater emphasis on not returning to hospital and exerting agency, whereas providers of care described recovery more in terms of outcome measures to be achieved before formal support could end. Ultimately, recovery was not an end state but an ongoing journey.

This conceptualisation of recovery is similar to that used by other groups of service users. What is unique for African and Caribbean men is how

pathways to recovery need to take account of the life courses and experiences of African and Caribbean men at the intersection of ethnicity and gender in a racialised society.

WHAT SUPPORTS RECOVERY FOR AFRICAN AND CARIBBEAN MEN?

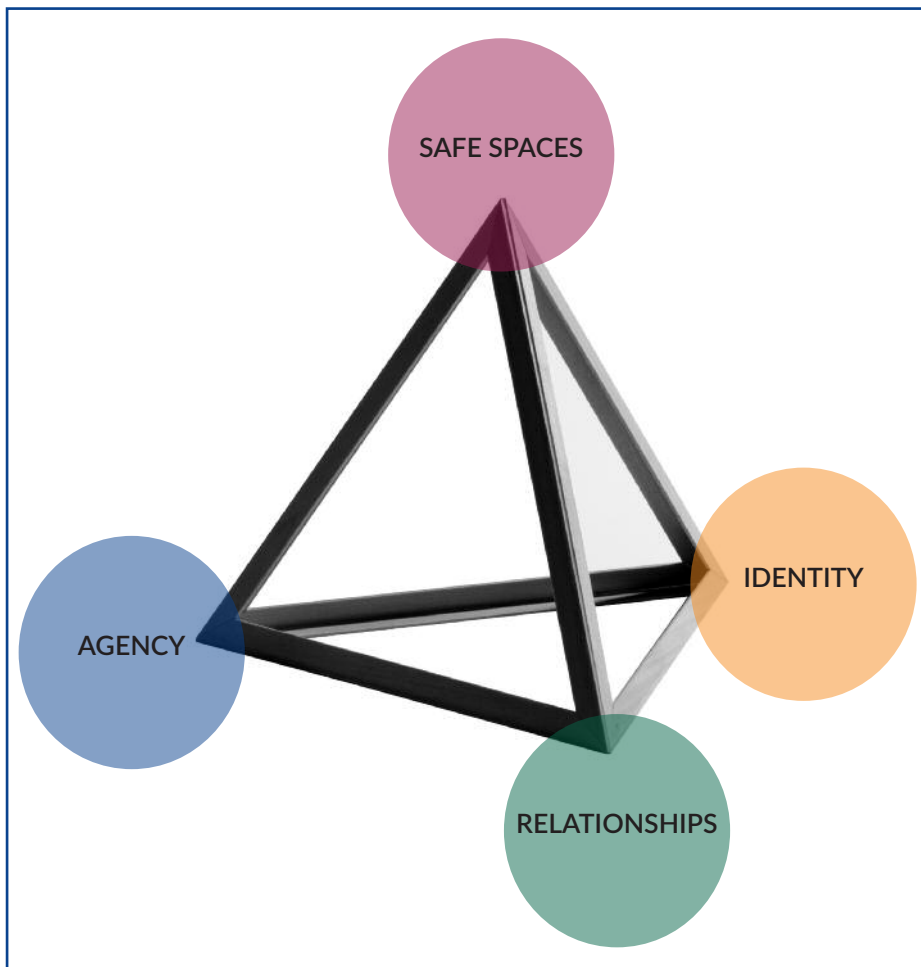
From the analysis of the data across all phases of the study the research team identified what supports recovery in this context. A model comprising the interconnectivity of safe spaces, agency, identity, and relationships (see Figure 1) is proposed. Recovery is about men (re)gaining capability across these four.

Safe spaces

Adverse socio-cultural contexts shape the lives of many African and Caribbean men so it is unsurprising that recovery requires a safe space in which those in recovery can shelter from the personal, social, emotional and physical challenges that undermine positive senses of self and of control, and supportive relationships. Safe spaces are required to enable African and Caribbean men to acquire a positive sense of self, (re)gain agency, and (re)form relationships that are central to recovery. This is a need across many mental health service user groups, but African and Caribbean men appear to experience a unique mix of social and cultural threats, such as practitioners not acknowledging/valuing the needs that derive from their ethnic and racial backgrounds.

'Safety' was a multi-layered concept, representing the absence of external threats and the presence of trust and mutual understanding. Being of African and Caribbean heritage, being a man, and experiencing mental health difficulties interact to mean that safest spaces are those where shared lived experience and understanding is maximised and stigma minimised (see Figure 2). Men's groups and peer

Figure 1 The four components of socially-oriented recovery for African and Caribbean men



FINDINGS

support with closely shared experiences were highlighted as examples of safe spaces. For example when the men talked about joining groups of other African and Caribbean men with experience of mental distress, they highlighted that their recovery was supported by being with other men who “understand where I come from, my heritage, who knows what I'm talking about and who can relate to me, what I talk about’.

Agency

African and Caribbean men in recovery aspired to gain agency and a sense of being able to act on the world. Their experiences of powerlessness, however, were consistently reinforced by the stigma of mental health in communities and through interactions with service providers (e.g. not being listened to by service providers). For some men, agency was defined as avoiding further involvement with mental health services, which was to be achieved through spotting triggers that induce mental distress and taking action to control/reduce its impact. Other goals of agency were related to aspirations for a ‘normal’ life relating to

work, housing and relationships. The men’s strategies for gaining control were diverse, but were often associated with engagement in meaningful activities.

Identity

The men in this study commonly struggled to negotiate an identity impacted by gendered and cultural expectations, and (re)negotiating identity necessitated courage to move away from ‘rugged individualism’ towards a more relational orientation in which autonomy is found within relationships of interdependence. Environments allowing African and Caribbean men to experience open engagement with others may best support recovery, e.g. men’s groups. Positive engagement with children in schools and the broader community about mental health and emotional vulnerability were highlighted as areas for action.

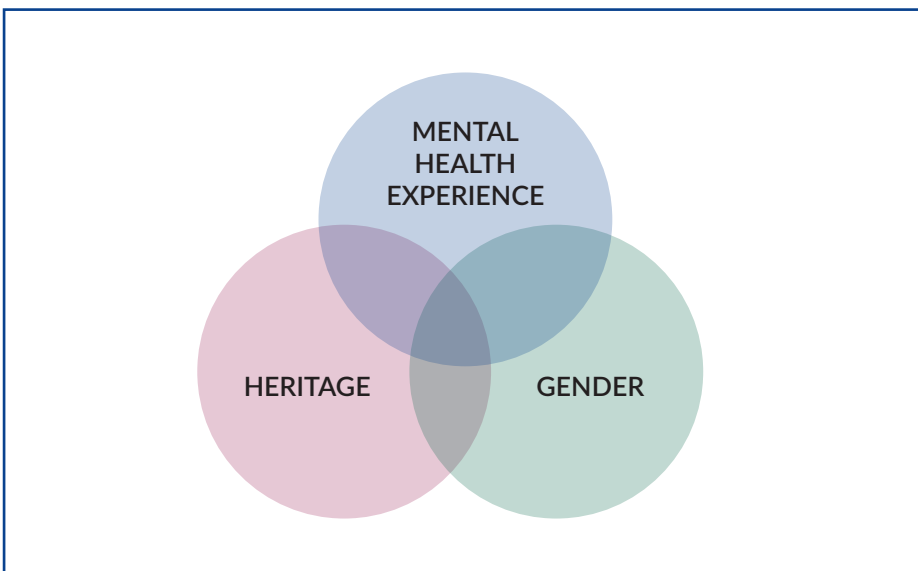
Relationships

Men sought social, romantic, and professional relationships to support their recovery – something they were often denied through their life course.

Supportive relationships were those based on trust, in which men can open up and be themselves without risk of fear, discrimination or stigma. The relationships should also be ‘authentic’ rather than from a professionally driven script or task-based approach. Finally, African and Caribbean men gained support from relationships that were non-hierarchical.

The men in this study emphasised the value of relationships with others with similar life histories. Peer support and groups were consistently cited as examples of supportive relationships, whilst relationships with professionals were generally seen as disengaged ones. Whilst relationships are important to all service user groups, these findings emphasise the difficulty African and Caribbean men experience establishing relationships with professional service providers, which are often based on mistrusted institutionalised care and a sense of devaluing their identities.

Figure 2 Safe spaces – intersections of heritage, gender, and mental health experience



CONCLUSIONS & RECOMMENDATIONS

- Social recovery for African and Caribbean men is intimately linked to the re-negotiations of what it means to be an African or Caribbean man. The positive re-negotiation of personal and collective identities requires safe spaces, and cannot be achieved in isolation and/or in hierarchical and depersonalised contexts.
- Safe spaces are required to support African and Caribbean men's social recovery. Safe spaces are needed before men can develop relationships of equality, authenticity and trust. Within these relationships men can heal the injuries associated with racism and exclusion that significantly contribute to poor mental health.
- Safe spaces should provide opportunities for engaging in a range of meaningful activities. Safe spaces could be organised around, for example, men's groups.
- Continuity of support is required, and safe spaces should be available to men on a long-term basis throughout their journey towards recovery, including in the immediate period after being discharged from mental health services.
- African and Caribbean men should be able to define recovery in their own terms as part of a much more inclusive dialogue rather than being obliged to comply with a particular template for recovery.
- Mental health services need to consider how they can move towards the co-production of services with African and Caribbean men. Co-production should highlight the value of expertise by experience associated with the particular life trajectories of African and Caribbean men.
- The points above need to be in place to enable African and Caribbean men to (re-)gain a sense of agency, which is a central component of social recovery
- Wider education should be aimed at understanding how mental distress requires a focus on broader societal issues and not solely on individual deficiencies. African and Caribbean men could, for example, be encouraged to share their journeys of social recovery and identity re-negotiation with others, including to children in schools.
- Policy directives are needed aimed at reducing racial inequalities, including a focus on men.

COMMENT

"The findings of this study have significant implications for Social and Health Care services given the over-representation of African and Caribbean men in mental health services. The findings make an important contribution to how we understood recovery from a social perspective and how this can be achieved at the intersections of ethnicity and masculinity in a racialised society."

Professor Frank Keating, study lead.

"The experience of sharing in the project research as a professional, was beneficial as the researcher valued my input, I was able to give an honest reflective account of project, interventions in the past up to the present day."

Professional participant

"I thoroughly enjoyed being able to give feedback as a carer of a family member where I was able to share my frustrations and also successes in the mental health journey from statutory and voluntary service perspectives."

Carer participant

"I kind of gained a new kind of sense of identity out of it ... Also being able to share my experiences. I never really got that opportunity to in terms of talking with a professional or anything like that in my experience. That was quite useful and therapeutic in that sense. So the therapeutic value, there is no price tag on it. Being involved in the study, being asked about things that I never thought anyone will be interested in was very valuable."

Service user participant

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