



## Equality Improvement Learning Exchange between Leeds Mind and Mind in Bradford

### Acknowledgements:

We would like to thank Better Leeds Communities and Sharing Voices for working with local Minds on this project. They have been enthusiastic and supportive partners who have been instrumental in recruiting participants, providing resources, and delivering the sessions. We would like to thank Mel Thomas, Uzma Kazi and the volunteers who co-delivered the sessions in particular. We feel this project shows the power of organisations working together to achieve the same goal – better mental health for all.

### Why did Leeds Mind and Mind in Bradford choose to work together?

Both local Minds are at the same stage in developing their engagement with culturally diverse communities. The project would enable both organisations to share and develop their Equality and Diversity policies and they would work together on a scoping exercise to improve engagement with ethnically diverse communities by identifying the gaps in support in Leeds and Bradford, understanding what communities would like, and how best to engage. Leeds and Bradford are the two largest cities in West Yorkshire and have a higher proportion of people from ethnically diverse communities than the national average and we are neighbouring cities in West Yorkshire.

### What did we set out to achieve and why?

Research shows people from ethnically diverse communities are hiding mental health issues because of cultural stigmas. The 2011 census reports a high proportion of culturally diverse communities in Leeds (18.9%) and Bradford (32.56%) compared to Yorkshire/Humber (14.2%) and England (20.2%). Our records of clients' demographics demonstrate a gap in supporting these communities. We want to break down barriers by going to communities rather than expecting communities to come to us. The activity will allow us to extend our reach, diversify our approach and understand how communities would like us to engage with them so they feel confident to seek support.

### Approach

The funding required a minimum of six days activity over six months. Due to the pandemic the project was put on hold for several months as we recognise the importance of face-to-face contact and meeting people in spaces they feel safe. Therefore, we agreed to wait

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until the sessions could be delivered face to face. Please find below a summary of the project:

### Step 1: Understanding our data

We knew that the Asian/Asian British community were underrepresented at Leeds Mind and Mind in Bradford, however it was important to better understand whether any communities within the Asian/Asian British group were disproportionately affected. Therefore, we spent the first day analysing local census data and local Mind data. We also compared the *number of people* as well as percentages. Within this there are differences between male and female, too.

At the start of the project, based on data we had planned to approach the Pakistani community only to deliver focused sessions. However, we realised this was not the best approach and changed the brief to engage with the British South Asian/South Asian community. We did this to ensure communities weren't excluded, to be able to encourage attendance but also as we recognised by only inviting the Pakistani community, due to the worldly political climate, segregation, and colonialism, this could cause offence. Examples include, Kashmir being seen as an independent country to Pakistan and India, second and third generation South Asians identifying as British amongst others. This knowledge had arisen from personal and professional experiences of those involved in the Learning Exchange.

### Step 2: Identifying the gaps

We agreed on a two-step approach to identifying gaps:

1. To review our own service data to see which services aren't being accessed by ethnically diverse communities. We found that those services co-located in the community were better represented.
2. To review what is on offer in Leeds and Bradford for ethnically diverse groups. We can then discuss at the focus groups why people aren't accessing these groups; were they aware what services are available, what are the barriers, and what would they like to see instead? We found there are several mental health services available specifically for culturally diverse communities. We then considered whether people aren't accessing Mind because they have a more suitable offer elsewhere. The services that are available tend to be targeted to specific groups within the community, i.e. men, women, elders.

We recognised that identifying the gaps in support may not be the most effective approach. For example, there may be a lack of counselling for culturally diverse communities, however this could be due to there not being a demand for this. Therefore, just because a service is not available it does mean it is 'missing' or needed. At this stage we agreed it was useful to understand available services so we can discuss with focus groups why or why they would not access this service. However, rather than reviewing to

see what is not there, we thought it was best to leave this to discuss with the focus groups to identify barriers and then discuss what could be done instead.

### [Step 3: Planning session with service users and volunteers](#)

We met with three volunteers and service users from Mind in Bradford to plan the best way to approach and engage with communities. A summary of their feedback is below:

Session plan	<ul style="list-style-type: none"> <li>• Start with introductions – who we are, what we aim to achieve, expectations.</li> <li>• Start with discussing what does mental health mean to you. People can write this down if find it difficult to talk about.</li> <li>• Consider language – i.e. mental health has a lot of stigma. Perhaps use terms such as ‘wellbeing’. Ask community leaders and those in the existing organisations how we should refer to mental health</li> <li>• Need to be respectful with the venue we choose – i.e. provide a prayer room, suitable clothing</li> <li>• There is stigma around mental health within Asian communities – i.e. black magic, the jin.</li> <li>• Have an open circle and suggestion box in case people want to leave comments. Everybody’s voice will be heard</li> </ul>
Terms of Reference	<p>To make sure it’s a safe space where people able to talk openly have a Terms of Reference that people must sign up to. This could be included on the consent form. The ToR could include:</p> <ul style="list-style-type: none"> <li>• Make clear there is no judgement.</li> <li>• What the group is and is not.</li> <li>• Everybody should respect each other’s beliefs and should not enforce their beliefs on others.</li> <li>• Anything shared in the session must be kept confidential.</li> <li>• There is no pressure to speak. It is ok to sit and listen.</li> <li>• Participants are free to leave at any time.</li> <li>• Racist behaviour should be challenged.</li> <li>• Everybody is equal – leave the class system at the door.</li> </ul>
Suggested questions to ask on the day:	<ul style="list-style-type: none"> <li>• If you are feeling low or depressed who would you go to (if anybody)? Why them?</li> <li>• Do you know what is available to you?</li> <li>• Do community leaders know where to sign post?</li> <li>• Those who have accessed MH services – did they go back? If yes, why? If not, why?</li> <li>• If never accessed, why not?</li> <li>• What do you do when you’re happy? What stops you from doing this?</li> <li>• What makes you happy / sad? Use the list to inform services i.e. cooking, music, welfare advice</li> <li>• Questions around multiple barriers i.e. LGBTQ+, disability, religion</li> </ul>

	<ul style="list-style-type: none"> <li>• Does racism come into this?</li> <li>• What is the best way to hear about services</li> </ul>
Suggestions on who to approach to co-facilitate the sessions and to promote the focus groups:	<ul style="list-style-type: none"> <li>• Community centres</li> <li>• Link in with events i.e. Interfaith Week</li> <li>• Local TV stations, radio</li> <li>• Hospitals/GPs</li> <li>• Schools/nurseries – for parents</li> <li>• Town hall/Library</li> <li>• Unis/Colleges</li> <li>• Carers</li> <li>• Nursing homes</li> <li>• Not everybody uses social media and so it's important not all communications are digital</li> <li>• Recommended approaching Imams – however discussed this could mean non-Muslims excluded.</li> <li>• Approach existing organisations to work with them and they gave examples of local organisations to approach.</li> </ul>
Follow up and reimbursement	<p>The group feel it is important to follow up with those who take part to say thank you and to provide them with a summary of what we have learned.</p> <p>It is also important to reimburse people for their time and input.</p>

#### Step 4: Approach existing organisations to co-facilitate the sessions

We decided to hold two focus groups; one with men and one with women. We had decided to hold two gendered focus groups, being aware of the cultural importance of separate gendered sessions and prior knowledge of engagement work with South Asian communities. We had also wished to cultivate a safe space for participants in order to generate meaningful discussions and provide further tangible solutions.

We felt we could then identify whether there needs to be different approaches based on gender. We approached two organisations who support the South Asian community:

- Better Leeds Communities in Leeds to co-facilitate the women's group: <https://betterleeds.org.uk/>
- Sharing Voices in Bradford to co-facilitate the men's group: <https://sharingvoices.net/>

Both organisations were keen to work in partnership and helped at each stage of the process, such as recruitment, planning and delivery.. This was helpful as their volunteers could take part to help with translation, and in Leeds they could provide a space free of charge. The costs saved on room hire and translators was then used to reimburse participants for their time (£15 voucher).

We felt strongly that participants should be reimbursed for their time. Providing a voucher shows we value their time and input, and shows how serious we are about improving mental health services for all communities. Reimbursing people for their time shows we are investing our resources in hearing from communities and this is not a one off session; we are here continue working to improve services. In hindsight we feel this should have been included in the initial application and we have learned to account for this in the future as standard. This is also in line with National Minds I&P values.

The session plans for both groups can be found in appendix A and appendix B. Please note the facilitators were flexible with this session plan to respond to the needs of the women on the day, therefore the session plan is a guide but there is scope to adapt during the session. We feel being flexible is important but also appreciate this is a skill, and therefore shows the importance of recruiting the best person for the role; the facilitator needs to be able to read the room and respond to needs in real time, as well as ensuring all participants remain respectful to each other and manage conflict of ideas to ensure the session remains a safe space.

Examples of the flags created during the women's group can be seen in appendix E.

A copy of the consent form can be found in Appendix F.

## Participants

As stipulated earlier, we had conducted two focus groups. One focus group with South Asian Males and one focus group with South Asian Females. We had chosen to carry out gendered sessions, following previous experiences of staff involved in the learning exchange. Previous experience had dictated to retain gendered sessions in order to remain trauma informed, adhere to cultural norms as well as retain a safe space for participants.

We had aimed to recruit a maximum of fifteen people per focus group as part of the learning exchange. We had contained the number to ensure we are able to cultivate meaningful conversations and retain a safe space whereby participants felt comfortable enough to openly discuss the barriers to accessing mental health services.

Both focus groups, aimed to answer four key questions regarding barriers and solutions. The key questions had been formulated by volunteers and service users involved in the planning of the learning exchange.

However, the focus group took upon a semi-structured approach, whereby a plan for the session with specific questions were stipulated – these were amended depending upon the reaction from participants and the interaction received.

This method was largely successful, resulting in rich and detailed feedback further highlighting the importance of skilled engagement facilitators and the value they bring to organisations.

## Findings

**Topic:** Learning Exchange (Leeds Mind)

**Date:** 07.07.2021

**Time:** 9.30am- 11.30am

**Location:** Better Leeds Communities (BLC)

The session had a total of 10 people attending. Recruitment of this focus group, was carried out by Better Leeds Communities.

Participants of this group, were already familiar with one another as they would regularly meet as part of a pre-existing group prior to the pandemic. For two of the participants however, this was their first session.

Nonetheless, 10/10 participants found the session to be useful and thought provoking. 10/10 participants also agreed they would be happy to continue conversations outside of the session.

This session was led by Mind in Bradford, Leeds Mind with support from volunteers at Better Leeds Communities.

## **Question one**

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### **What are the barriers Asian Women face that prevent them from accessing services?**

- Family pressures that exist – having to act as a caregiver for others within the home and to ensure they do not appear as though they are unable to do so.
- The primary concern was the fear of children being taken away and/or the involvement of social services should they admit they needed further emotional support.
- There is also the fear of how upon asking for help, or feeling emotionally vulnerable it would affect the wider family and specifically the children.
- Stigma that is attached to asking for help – as requesting further support creates the perception of vulnerability and the risk of judgement from community members is very high.
- One participant shared how women were ‘Not allowed to ask for help’. When queried this was because when they know of women who have, they have been vilified, made to feel inferior or as though they were inadequate.
- Language barriers – not being able to explain your circumstances, your experiences or support required due to not being able to effectively converse.
- There is less information about the services and the support that is out there, or the information is not accessible.
- Not knowing in what capacity, they are able to access support.
- Can’t separate children from their own self – they have to appear to be well for the sake of their children.
- There is an unspoken rule in the community at how ‘A good mum means good woman, good wife’

### **Question two**

#### **How do we make sure we are offering you the support we need/ How do we amend our approach?**

- By carrying out outreach work.
- Visiting places of worships.
- Visiting supermarkets, schools and local shops where people congregate to make yourselves known/seen.
- Trust building is really important and this can be enabled by using community leaders as advocates.
- By providing accessible information – utilising audio, visual and video format as opposed to written.



- To offer a safe space and confidentiality with a strong emphasis upon boundaries. I.e., to not ask probing questions.
- By not expecting services to be within Leeds Mind, the safe spaces can be in alternative locations.
- For Leeds Mind, the branding and logo to be more visible in community settings and in a subtle way.

### **Question three**

#### **What activities and groups would make you want to access our support?**

- For the sessions to be wellbeing focused rather than mental health focused.
- The sessions to be skill based, such as cooking or sewing, gardening, interior design.
- The activities and groups do not necessarily have to be at Leeds Mind, to be in space that feels safe to the community.
- To have a strong sense of confidentiality in the group sessions as well as in the wider networks.
- To treat us holistically, I.e., as individuals as well as part of a family- to involve family in our care.

### **Question four**

#### **How can we be culturally appropriate when engaging with South Asian Communities?**

- Providing support in an accessible format.
- Taking time to build relationships and trust to ensure familiarity.
- Understanding cultural values and family expectations.
- The service does not have to be provided by a member of the South Asian community, they would simply need to take the time to understand our limitations, expectations and values.
- By providing support in open spaces.

**Topic:** Learning Exchange (Mind in Bradford)

**Date:** 10.08.2021

**Location:** Kala Sangam

The session had a total of 13 South Asian males attending, who were recruited via social media, organisational referrals, colleagues and partnering organisations. Attendees were a mixture of professionals and non-professionals who felt comfortable enough to share

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personal experiences of mental ill health. It is to be noted, recruitment of participants was considered challenging, and again relied on pre-existing relationships and networks.

Although we were unable to generate tangible feedback, all 13 participants vocalised an interest in conducting another session and partaking in further conversations and sessions pertaining to South Asian male mental health.

This session was led by Mind in Bradford, Sharing Voices Bradford, with support from Bradford District Care Trust and Carers Resource (the latter two were present on the day). It is important to note at this stage; the session was to be led by South Asian male facilitators with engagement experience. Due to unforeseen circumstances, the session was led by a South Asian female. Despite initial reservations/barrier, the presence of a South Asian female did not prove to be a hinderance as initially feared. This had been addressed within the session and feedback was sought – which detailed the need for empathy, compassion and curiosity.

### **Question one**

#### **What are the barriers South Asian Men face that prevent them from accessing mental health services?**

- Lack of role models of a South Asian heritage, who look and sound like people from within the communities – there was emphasis upon how South Asian males within services are often ‘white-washed’ or ‘out of touch with issues on the ground’ hence are no longer relatable or approachable.
- Institutional racism – it feels as though the odds are constantly stacked against South Asian men. Participants had commented how they are either ‘Sexual groomers, like the Rotherham gang or terrorists’.
- No specialist approach for South Asian men. Participants had commented upon how there appears to be many spaces for women to be vulnerable and share concerns and worries however there are no known spaces for South Asian men. Services also do not encompass religious and spiritual needs hence services do not appear to be accessible to them.
- Family pressure (having to be strong) hence reluctant to share vulnerabilities.
- Services are not accessible – participants were not aware of services they felt they could approach or speak with regarding mental ill health.
- Mental health is stigmatised and not spoken of within communities or in the wider context.
- Labelling that occurs once admitting one has mental ill-health. Participants shared how they knew of others who had opened up about their mental ill health or feelings of depression and were instantly labelled as being ‘Less than’ ‘Unworthy’ or ‘Not a man’.
- Lack of tangible solutions/answers to distress. Participants shared as males they would often like to have instant solutions and answers to distress or worries. A ‘Quick fix’ so they could move along, however there does not appear to be one for mental ill-health.

- Family not understanding/listening to your worries and distress. The worries of men are often 'Downplayed' or 'Not taken seriously'.
- Pressure to perform as the stereotypical protective male who is to look after families and those who are vulnerable.
- No support for the middle/nomad generation who are not migrants but have also not assimilated fully into British culture. I.e. males who are between the ages of 25-40. Participants had shared how being second or third generation migrants, they were not able to fully relate to their fathers and grandfathers opinions and they were also not able to relate to those who were currently teenagers, who as being fourth generation were further assimilated into British culture.
- The effect suffering from mental ill health has on your credibility as a male and your standing within society.
- Wanting to keep the family happy – if a male was to share they were feeling distressed and were struggling when other family members were, it would add to their worries hence it was easier for them to remain quiet.
- Self-imposed barriers (not feeling comfortable enough to discuss mental ill health). This could relate to internalised racism, stigma and patriarchy.
- Lack of information regarding services that are available. Participants were not aware of services they could access to support their mental ill-health.
- Lack of promotion regarding mental health services for South Asian men.
- The focus appears to be on females or 'Mental health for all' rather than a bespoke service.
- People not listening and valuing the distress South Asian males have – participants felt when they had opened up about their distress, it was not taken as seriously hence they had not broached the topic again.
- Blaming taweez and jin (lack of understanding within the South Asian culture what mental ill health is)
- Gender defined roles (males are the breadwinners, to be strong, to provide, to handle and not show weakness)
- Lack of aspirations – the emphasis is on males to provide and act as breadwinners, if they wanted to follow their hopes and dreams, they were not given the safe space to do so.
- The entanglement of religion and cultures – not knowing what religion says about mental health, what culture says and how to differentiate between the two.

## **Question two**

Amber Reid, Leeds Mind

Masira Hans, Mind in Bradford

### **How do we make sure we are offering you the support we need/ How do we amend our approach?**

- Education to the younger generation regarding what mental health is, how men can show emotion and one does not always need to portray a persona.
- Outreach into the communities regarding services that are available and how to access this support.
- Promotion and advertisement regarding services that are available across different mediums.
- Recruiting South Asian Male champions
- Holistic family support is required
- Training for faith-based organisations regarding what mental health is
- Regular, consistent and semi structured safe spaces and groups that are not catered specifically for cis white men.
- Incorporation of faith and culture into ones mental ill health
- Peer support and the ability/help to access peer support groups.
- Utilise open spaces such as the outdoors and other leisurely establishments in order to destigmatise mental ill health.
- Joined up working amongst differing organisations – ‘Stop sending us from one place to the next to re-share our experiences’.
- Incorporating mental health into the wider agenda and making the discussion a part of one’s daily life.

### **Question three**

#### **What activities and groups would make you want to access our support?**

- Activities are not required; a safe space is all that is needed
- Joined up working amongst organisations
- De-stigma programmes
- The offer of one-to-one support is necessary, males do not always feel comfortable sharing in group settings due to stigma that is attached – having a confidential safe space really helps.

### **Question four**

#### **How can we be culturally appropriate when engaging with South Asian Communities?**

- Groups not to be held when events such as football or prayer are taking place.
- Understanding stigma and how it affects accessing mental health support
- Offering a safe space
- The service does not have to be provided by a member of the South Asian community, they would simply need to take the time to understand our limitations, expectations and values.

## **Themes**

<b><u>Themes that arose from the session with females</u></b>	<b><u>Themes that arose from the session with males</u></b>
<ul style="list-style-type: none"><li>• Stigma</li></ul>	<ul style="list-style-type: none"><li>• Stigma</li></ul>
<ul style="list-style-type: none"><li>• Shame</li></ul>	<ul style="list-style-type: none"><li>• Shame</li></ul>
<ul style="list-style-type: none"><li>• Guilt</li></ul>	<ul style="list-style-type: none"><li>• Guilt</li></ul>
<ul style="list-style-type: none"><li>• Embarrassment</li></ul>	<ul style="list-style-type: none"><li>• Embarrassment</li></ul>
<ul style="list-style-type: none"><li>• Requirement for outreach support</li></ul>	<ul style="list-style-type: none"><li>• Requirement for outreach support</li></ul>
<ul style="list-style-type: none"><li>• Family</li></ul>	<ul style="list-style-type: none"><li>• Ego</li></ul>
<ul style="list-style-type: none"><li>• Culture</li></ul>	<ul style="list-style-type: none"><li>• Culture</li></ul>
	<ul style="list-style-type: none"><li>• Bias</li></ul>

## **Recommendations**

Following this project and conversations with all involved we would recommend the below.

### **South Asian Women**

1. Begin to provide support to parents in school settings (or other children and young people's settings i.e. youth clubs) in order to de-stigmatise mental health and retain a holistic approach to wellbeing.
2. Utilise community champions – people who are willing to discuss their own battles with mental ill health in order to motivate and inspire others.
3. Provide skills based support such as cooking, sewing, gardening, interior design as part of service delivery to reduce the stigma attached to mental ill health.
4. Utilise the concept of peer support in mental wellbeing recovery
5. Highlight how disclosing ill mental health does not correlate to being an unfit mother.

### **South Asian Men**

1. Encourage and utilise South Asian role models
2. Hold more South Asian male safe spaces and peer support groups
3. Offer one to one support for those who feel unable to access peer support
4. Disable toxic masculinity

### **For Mind in Bradford and Leeds Mind to be more inclusive**

1. Conduct more outreach work in places of worship, local community centres, pharmacies, or other non-clinical spaces.
2. Become more visible in inner city areas via a myriad of marketing techniques.
3. Actively reduce the stigma of mental health by discussing issues that affect mental ill-health. This would be particularly helpful if introduced at a young age.
4. To set aside staff time and energies into cultivating stronger networks and partnerships with other community organisations.
5. Value the time and energy it takes to build networks with differing organisations and include this time and money into funding applications
6. Cultivate a culture of holistic and systemic support whereby each member of the family is consulted with.
7. Commence long term projects with members of the community which are consistent and semi-structured.
8. Invest in training for staff to be trauma informed and skilled in community engagement to create a safe space.
9. Actively discuss the effects of systemic racism upon mental wellbeing.

[Appendix A: Session plan for the women's group with Better Leeds Communities.](#)

<b><u>Order of discussion</u></b>	<b><u>Time</u></b>	<b><u>Details</u></b>	<b><u>Resources Needed</u></b>
Arrival of BLC/Mind staff	9am	Room is booked from 9am to allow for set up.	Flipchart paper
Arrival of members/participants	Up to 9.30		Refreshments
Participant and facilitator introduction	9.30-9.40	<p>Verbal</p> <p>Outline what we hope to achieve individually and collectively.</p> <p>People feel more valued if they know something will happen with their views and opinions. It's about empowering people to share their experience, not just 'consulting' or 'telling'.</p> <p>If gathering information explain what will happen to it, how it will be used, shared with whom, protect confidentiality etc</p>	
Ice breaker	9.40-9.50	<p>Order yourselves in a line:</p> <ul style="list-style-type: none"> <li>• Who lives closest to BLC</li> <li>• Who was born furthest away</li> <li>• Whose name has most letters to least letters</li> </ul>	
Main task: Flag exercise	9.50-10.40	<p>Resources to be made available: paper, pens, magazines, scissors, glue sticks</p> <p>Flag/piece of paper per question – using pictures or words:</p>	

		<ul style="list-style-type: none"> <li>• What makes us feel good? (I thought this might be a nice one to start with to introduce the task).</li> <li>• What activities and groups would make you want to access our support?</li> <li>• How do we make sure we are offering you the support that you need?</li> <li>• What are the barriers Pakistani women face that prevent them from accessing mental health services?</li> <li>• How can we be culturally appropriate when engaging with Pakistani communities?</li> </ul> <p>Could then either collect all and make a 'quilt' of flags, or have a break, come back and as a group pick out things we agree on to make one big flag?</p> <p>Mindful not everybody can speak or write in English. Don't need to write in English or write at all – use pictures, magazines etc. Also it's optional to do a flag, invite people to take a pack.</p>	
Break	10.40-10.50		Provided by Mind, refreshments provided in the room.
Main task: feedback	10.50-11.20	Feedback: make one combined flag, pick out themes, discussion	
Summary And close	11.20-11.30am	Thank everyone for attending the session, provide vouchers provided.	Vouchers



		Explain we will get back with how we will use this task to help design future services	
End	11.30am	<p>Flipchart evaluation</p> <p>How do you feel leaving the session? Have a flipchart with smiley / sad faces, and everybody has a dot sticker – place on the flipchart where they feel.</p>	Flipchart Sticky dots
Post-meeting	(if room is free)	Facilitators to be on hand in case anybody has any questions?	

[Appendix B: Session plan for the men's group with Sharing Voices](#)

<b><u>Order of discussion</u></b>	<b><u>Time</u></b>	<b><u>Details</u></b>	<b><u>Resources Needed</u></b>
Arrival of SVB/Mind staff	12.15pm-12.30pm	We are able to access the room/building beforehand.	Refreshments, consent forms to be printed out and bought to the venue.
Arrival of members/participants	1pm-1.30pm	To advertise the refreshments and allow participants to help themselves (all refreshments are individually wrapped)	One member of staff to be located at the entrance to welcome participants and sign in. To direct participants to the main hall, once all are gathered to take them through to the clock tower.
Icebreaker activity 1	1.30pm-1.40pm	All to stand in a circle (socially distanced of 1 metre) - Once participants have a soft ball thrown to them, they are to share their names with an adjective starting with first initial.  Once everyone has shared their name, to throw the ball around once again and those receiving the ball to be asked to repeat the name and adjective the person on their right used.	Soft ball.
Icebreaker activity 2	1.40pm - 1.50pm	To remain in the circle Participants to share what postcode in Bradford they currently reside in and if they have always lived in that area.	Soft ball.

<p>Highlight aim and plan for the session</p>	<p>1.50pm-2.00pm</p>	<p>Verbal</p>	<p>Ask everyone to then take a seat and outline what we hope to achieve individually and collectively.</p> <p>People feel more valued if they know something will happen with their views and opinions. It's about empowering people to share their experience, not just 'consulting' or 'telling'.</p> <p>Share notes may be taken by staff and scribing also taking place on the flipchart – ask everyone to refer to the information sheets and if any questions they can ask now or in the break.</p>
<p>Main Discussion</p>	<p>2.00pm-2.30pm</p>	<p><b><u>What are the barriers and challenges Pakistani men face in regards to their mental health/stop people accessing support?</u></b></p> <p>Lead with the question –</p> <ol style="list-style-type: none"> <li>1. What is the best thing you have done for your mental health? (I feel this will lead us to discussing challenges)</li> </ol>	<p>Flipchart if wish to scribe? Staff to take notes.</p>

		<ol style="list-style-type: none"> <li>2. What are the barriers Pakistani men face that prevent them from accessing mental health services?</li> <li>3. How can we be culturally appropriate when engaging with Pakistani communities?</li> </ol>	
<b>Break</b>	<b>2.30pm-2.40pm</b>	Provided by MiB, refreshments provided in the room. Participants can leave and return should they wish	Refreshments
Return from break	2.40pm		
Activity two	2.45pm - 3.15pm	<p><b><u>What are the solutions?</u></b></p> <ol style="list-style-type: none"> <li>1. How do we make sure we are offering you the support that you need?</li> <li>2. What activities and groups would make you want to access our support?</li> <li>3. How do we make sure we are offering you the support that you need?</li> </ol>	Flipchart if wish to scribe? Staff to take notes.
Summary And close	3.45pm - 4pm	<p>Pick out the main themes and short and long term goals</p> <p>Explain we will get back with how we will use this task to help design future services.</p>	Flipchart if wish to scribe? Staff to take notes.
End	4pm	Signal end of the session and distribute the vouchers.	
Evaluation and further questions.	4pm-4.30pm	<p>Opportunity for participants to ask further questions should they have any.</p> <p>Opportunity for participants to have one to one conversations with staff present should they wish to or were unable to in the group.</p> <p>Collate in-depth video/voice feedback of thoughts for future comms/marketing work</p>	(flipchart with smiley faces which people are to tick upon leaving)
End	4.30pm - 5pm	For team to have a debrief in regards to the session and pick out main themes.	

Appendix C & D: Posters used to advertise the sessions



**Are you a South Asian female?**  
**Would you like to help us improve our mental health services?**  
**Come and be a part of our fun, interactive workshops!**

Join us on Wednesday 7 July at 9:30am-11:30am to share your thoughts on local mental health support services.

We want to hear from you- your opinion counts!

The workshop will be held at: Better Leeds Communities, 42-46 Burley Lodge Road, Leeds, LS6 1QF.

Refreshments will be provided and you will receive a voucher for your time.

 **Mind Leeds**  
 **Mind in Bradford**  
[www.mindinbradford.org.uk](http://www.mindinbradford.org.uk)  
Registered charity no. 742357

 **1 BURLEY : 170 VOICES**

 **bfc**  
Better Leeds Communities

 **Skills, Culture & Inclusion**

 **Support & Development**

 **MIND**

 **Partners & Communities**



**Are you a South Asian male?**  
**Would you like to help us improve our mental health services?**  
**Come and be a part of our fun, interactive workshops!**

Join us on Tuesday 13 July at 10:15am-1:30pm to share your thoughts on local mental health support services.

We want to hear from you- your opinion counts!

The workshop will be held at: Mind in Bradford, Kenburgh House, 28 Manor Row, Bradford, BD1 4QU.

Refreshments will be provided and you will receive a voucher for your time.

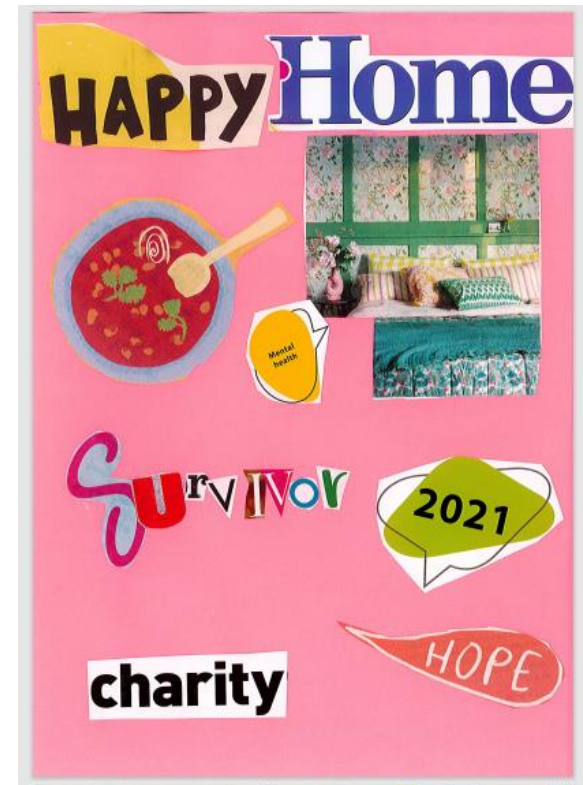
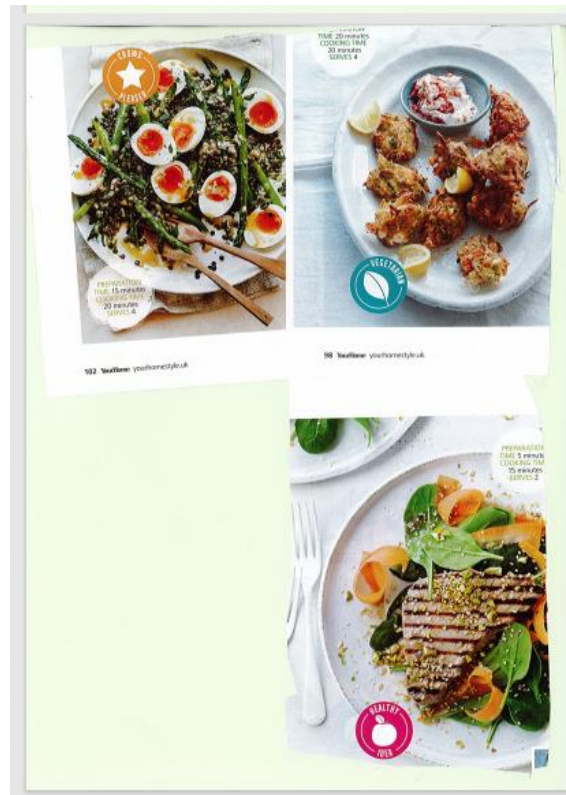
 **Mind Leeds**  
 **Mind in Bradford**  
[www.mindinbradford.org.uk](http://www.mindinbradford.org.uk)  
Registered charity no. 742357



**To book your place, please call 01274 730815 or email [admin@mindinbradford.org.uk](mailto:admin@mindinbradford.org.uk).**

Amber Reid, Leeds Mind  
Masira Hans, Mind in Bradford

Appendix E: Examples of the some of the flags created during the women's focus group



Amber Reid, Leeds Mind  
Masira Hans, Mind in Bradford

## **Information Sheet**

### **Who Are We?**

Leeds Mind, Mind in Bradford and Sharing Voices Bradford are independent charities that promote positive mental health and wellbeing and provide help and support to those who need it.

More information can be found on our websites here:

Leeds Mind: [www.leedsmind.org.uk](http://www.leedsmind.org.uk)

[Mind in Bradford: www.mindinbradford.org.uk](http://www.mindinbradford.org.uk)

[Sharing Voices Bradford: www.sharingvoices.net](http://www.sharingvoices.net)

### **What Would We Like To Do?**

We want to make sure everybody in Leeds and Bradford receive mental health support if they need it. This includes the South Asian community, who do not often use our services.

We want to know why this is, and what we can do to help people feel comfortable enough to access our services.

To do this, we would like to meet with you in a safe space so you can talk about what types of support you would like. We will then use your feedback to make our services better.

### **What Would We Request From You?**

We want to make sure everybody feels comfortable and free from judgement at the meeting. Therefore, we request the following:

- To respect each other's beliefs
- To not share the discussions from the meeting, to anyone who is not part of the group
- To know there is no pressure to speak. If you want to sit and listen, that is fine
- To know you can leave at any time without having to explain why you are leaving
- Allow us to write notes from the meeting to help shape our services. The notes will not include any names or information that could identify you.
- We may also take pictures, videos and/or sound bites on the day to use for future promotion purposes. You do not have to consent to this if you do not feel comfortable.

If you are happy with the above information, please complete the consent form on the next page.

### Consent Form

The purpose and requirements of this group have been explained to me and more specifically;

- It has been explained to me that any photos/footage taken of me could be made available through Leeds Mind, Mind in Bradford and Sharing Voices Bradford for the purpose of improving mental health services.
- It has also been explained, all or part of the photographs/footage maybe used with other forms of illustration and text within written resources, websites, social media sites, and in any other form or medium for distribution Therefore, the general public may see the photographs.
- I know I will not be paid for allowing the photos to be taken and used.
- It has also been explained to me, that staff and volunteers from Leeds Mind and Mind in Bradford might make notes during the meeting. These notes will be summarised and shared with colleagues but I will not be identified in any way, even if quotes of mine are used within the report.
- The notes will be saved electronically on computers at our offices. Only staff and volunteers working on the project will have access to these notes.

If you would like to take part and consent to us making notes, please tick each of the boxes overleaf and sign your name.

You do not have to give consent to take part – it is completely optional.



I understand I will not be identified in any reports by staff or volunteers. Things I have said might be quoted but my name will not be included

I understand my consent form and notes about what I have said will be stored securely on Leeds Mind and Mind in Bradford computers, and can only be seen by those working on the project.

I give my informed consent for photographs/footage to be taken of me and used by the organisation as set out above.

I am giving this consent freely and understand it is optional

Name:.....

Date:.....

If you would like to hear the key learning points from the meetings, please leave your email address or home address below and we will send you a copy (optional):

Email:.....

Home address: .....