Second Generation West African Men's experience of seeking therapy for the first time for psychological distress: An Interpretative Phenomenological Analysis

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By

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Declaration

I hereby declare that the work submitted in this thesis is the result of my own investigations, except where otherwise stated.

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Table of Contents

Title page 1

Declaration 2

Acknowledgments 3

Table of Contents 4

Abstract 7

1. Reflexive statement 8

1.1 My relationship with the chosen topic *8*

1.2 The impact of my position *9*

2. Introduction 11

2.1 Overview *11*

2.2 West African Immigrants in the UK *11*

2.3 Help-seeking within health *13*

2.4 Help-seeking in mental health *13*

2.4.1 The role of stigma in seeking help for mental ill health 13

2.5 Definition of terms *14*

3. Literature review 14

3.1 The role of identity in help-seeking *15*

3.2 Mental ill health and help seeking in men *16*

3.2.1 Vulnerability as stigmatising within masculinity *16*

3.3 Intersectional Masculinities *17*

3.3.1 Black Masculinity 17

3.3.2 African Masculinity 20

3.4 Mental health and help-seeking amongst immigrants *21*

3.4.1 Expression of distress as stigmatising amongst ethnic minorities 22

3.4.2 Informal support as less stigmatising *23*

3.4.3 Beyond stigma *24*

3.5 Help-seeking amongst African immigrants *25*

3.5.1 Mental health stigma amongst Black African immigrants *25*

3.5.2 Help seeking through religion 26

3.5.3 Help seeking in African men 28

3.5.4 Help seeking in Black West Africans *30*

3.5.5 Help-seeking behaviour amongst West African immigrants *31*

3.6 Research question, aims and rationale *33*

4. Methodology 37

4.1 Overview *37*

4.2. Research design *37*

4.3 Interpretative Phenomenological Analysis (IPA) *38*

4.3.1 The Features of IPA 38
4.3.2 Epistemological positioning of IPA 39
4.3.3 Rationale for IPA 40
4.4 Other qualitative methodologies considered *40*
4.5. Procedure *42*
4.5.1 Participants *42*
4.5.2 Recruitment *43*
4.5.3 Pilot study *43*
4.5.4 Interview schedule *44*
4.5.5 Interview procedure *44*
4.5.6 Ethical considerations *45*
4.5.7 Analytic process *46*
4.6 Methodological Reflexivity *49*
5. Analysis **51**
5.1. Superordinate theme one: Predisposing factors to not seeking help or expressing distress *54*
5.1.1 Sub-theme one: Raised to not express emotions 54
5.1.2 Sub-theme two: Culture of silence and avoidance 56
5.1.3 Sub-theme three: Modelling parents 58
5.2 Superordinate theme two: Manifestation of predisposing factors within the self *61*
5.2.1 Sub-theme one: Inaccessible Mental State 61
5.2.2 Sub-theme two: Men containing their own distress 63
5.2.3 Sub-theme three: Discounting distress. 66
5.3 Superordinate theme three: The journey to engaging with professional help *68*
5.3.1 Sub-theme one: A last resort 68
5.3.2 Sub-theme two: Searching for a mirror 70
5.3.3 Sub-theme three: A new perspective 74
6. Discussion **76**
6.1 Summary of findings *77*
6.2 Research findings and existing literature *78*
6.2.1 Superordinate theme one: Predisposing factors to not seeking help or expressing distress 78
6.2.2 Superordinate theme two- Manifestation of predisposing factors within the self *81*
6.2.3 Superordinate theme three- The journey to engaging with professional help *85*
6.3. Applications for research and practice *90*
6.4. Evaluation and future research *94*
7. Final reflections **99**
8. Conclusion **102**
9. References **104**

10. Appendices **132**

Appendix A- Interview schedule ***133***

Appendix B-Research poster ***134***

Appendix C: E-mail templates used in recruitment ***135***

Appendix D: Participant information sheet ***136***

Appendix E: Consent form ***138***

Appendix F: Debrief sheet ***139***

Appendix G: Distress protocol ***141***

Appendix H: Example of social media post ***142***

Appendix I: Patient Health Questionnaire PHQ9-Spitzer et al (2000) ***143***

Appendix J: An example of initial notes and emergent themes for David ***144***

Appendix K: Chronological themes for David ***149***

Appendix L: Clustering of themes for David ***159***

Appendix M: Ethical clearance email from the research ethics review panel, London Metropolitan University ***162***

11. Publishable article **163**

Abstract

Background and aim: The aim of the current research was to explore the experience of Second Generation West African Men (SGWAM) seeking therapy for the first time for psychological distress in the UK. This was as a response to the lack of data on how this rapidly growing population in the UK (Stahl et al, 2017), whose wellbeing have not been paid attention to (Abouguendia & Noels, 2001) seek professional help for psychological distress. The current study attempted to address the gap in research by looking at the experience of seeking professional help for the first time amongst SGWAM.

Methodology: Semi-structured interviews were carried out with six SGWAM aged 27 to 31 who had sought psychological therapies for emotional distress as adults. The interviews were analysed using Interpretative Phenomenological Analysis (IPA).

Findings: From the analysis, three superordinate themes emerged. These were "Predisposing factors to not seeking help or expressing distress" (which looks at the participants' upbringing and culture in relations to expressing emotional distress and seeking help), "Manifestation of predisposing factors within the self" (discusses how the predisposing factors may have played a role in delaying seeking help) and "Journey to engaging with professional help" (refers to factors that were considered by the participants before they engaged with a practitioner).

Conclusions: The findings suggest that the SGWAM's upbringing within West African households and their identity as men has the potential to make the expression of emotions and asking for help challenging. The importance of seeing a practitioner who is an African descended male that they can relate to is also stressed. Suggestions are made in regards to how practitioners and services can address other factors which makes seeking help early a challenge. The final section includes suggestions for future research as well as limitations of the current study.

1. Reflexive statement

According to Argyris and Schön (1974), being a successful practitioner requires the ability to develop one's own practice in real-time through reflexivity. Cortazzi and Jin (2006) also identified the importance of researchers reflecting on their identity, assumptions and expectations throughout the research process. Therefore as a trainee Counselling Psychologist and researcher, I deemed it fit to reflect on my relationship with my chosen topic, as well as the process of engaging in the literature review. Furthermore, as my decision to engage in this research is somewhat influenced by my own experience, which could be embedded within this thesis, I am reflecting on my own position in the early chapters of the thesis, as well as throughout the current research.

1.1 My relationship with the chosen topic

The chosen topic came about from my work with a mental health charity in London and my identity as an African immigrant. For a while, my assumption was that most African immigrants managed their emotional wellbeing really well through faith and therefore did not necessarily need therapy. I soon came to realise when I started working in a diverse part of London for a mental health charity how biased some of my thinking was. I began to see many African descended people who were acutely unwell, especially in mental health inpatient settings. Commissioners and professionals were also concerned about the poor access and quality of care within mental health for black and ethnic minorities in general (NHS Lambeth Clinical Commissioning Group, n.d).

Within my role, I would often visit the inpatient wards. During my initial visits to the wards, I felt a sense of sadness particularly when I saw African descended patients who were mostly men and were unwell. The sadness for me was what triggered my interest in this topic. I was able to identify with the immigrants in the wards as an African immigrant and a daughter of two immigrant parents. I thought about what it means to migrate to England, the pursuit of a better life, the drive to achieve more and progress, the hopes and

dreams that my parents had when they brought me and my siblings to England when I was 12 years old. This idea of a better life and progression sometimes felt quite far from the level of distress I saw people in when they became unwell.

Whilst my similarity with the immigrants was what influenced my decision to pursue this topic, there are also differences that I share with the immigrants which made it safe for me to pursue this topic. One of this being my own privilege in my state of emotional wellbeing and not being in the environment where people were receiving help in inpatient settings. Furthermore, my identity as a female also removes me from the reality of what it means to be a male and seeking help for emotional distress. This difference has helped with the level of emotional attachment I have with this topic. Though I have a form of relationship with this topic, the difference has made it so I am not so invested and I can approach the topic and what I hope to find with a level of openness, which I feel will benefit the participants.

1.2 The impact of my position

As I embarked on the literature review with the hope to conduct research on this topic, I am of the stance that the relationship that I have with this topic will impact the research process in some way. This was also acknowledged by Finlay and Gough (2003) as well as Willig (2008), who recognised the researcher's inability to separate themselves outside of their research. However, I have attempted to minimise this impact and engaged in the process of bracketing. In phenomenological research, the process of bracketing involves the researcher intentionally separating their experience and beliefs about a phenomenon from that of the participants (Carpenter, 2007). Some of the ways that I have engaged in the process of bracketing has been by writing this statement, keeping a reflexive journal, utilising supervision and personal therapy, whilst also speaking to colleagues at work and on the course. Whilst I attempted to engage with the process of bracketing, I also acknowledge that my attempt to bracket my experience and assumptions are limited and that I cannot completely separate my experience and beliefs from that of my participants.

This view has also been acknowledged by authors such as Crotty (1996). Therefore, I acknowledge that my biases around how African immigrants seek help for emotional distress may still be embedded within this thesis, which may not be completely excluded as this was one of the contributing factors to doing the research.

When I first started the literature review, I observed that my literature search was geared towards my new bias and my agenda to prove that ethnic minorities did not seek help. I looked at existing research around the underutilisation of services amongst ethnic minorities, and the high prevalence of mental health issues amongst ethnic minorities. I also held assumptions that services were not culturally responsive enough to facilitate the engagement of ethnic minorities. When approaching the review, I assumed that I would find a wealth of information about mental health stigma amongst Africans and how this mostly deters people from seeking help. I also thought that mental health distress may be made sense of by Africans within a spiritual context to be caused by some form of 'possession'. Furthermore, I also had assumptions that the role of families in helping individuals to cope will be quite significant; though I also assumed that individuals may widely feel misunderstood by their family members. Finally, I also assumed that race and identity will be prominent within the literature, that what it means to be African may not marry with the idea of going to ask for help, especially within a talking therapy context. An idea that was clouded by my experience of growing up as an African child who thought that being emotional was a weakness.

Upon reflection and a meeting with my supervisor, I began to reflect on how I was being led by my assumptions and instead began to engage with the process of bracketing (Finlay & Evans, 2009). I then decided to approach the data with a curious and critical mind, allowing myself to be open to whatever I found. At the same time, I was intentional about looking for ideas which refuted my assumptions and biases, though I found this to be overwhelming, yet liberating at times. It was liberating because it alleviated some of the

pressure I put on myself about getting the research topic for my doctorate right, especially knowing that I would have to engage with this topic for 2 to 3 years. However, the idea of letting what I found within the data inform my decision felt comfortable. At this point, I was searching more generally using key words in the databases such as 'help seeking' 'help seeking in health' 'help seeking in mental health' 'help seeking in men' 'help seeking in ethnic minorities'. The databases that I used were PsychInfo, Science Direct, Research Gate and National Center for Biotechnology Information.

2. Introduction

2.1 Overview

The current chapter will provide some background information about the population of immigrants in the United Kingdom, and the interest in how West African immigrants seek help. The concept of help-seeking in general will then be explored and the key terms within the review will be defined.

2.2 West African Immigrants in the UK

In the last 25 years in the United Kingdom (UK), immigration and emigration is said to have increased significantly, though the level of individuals migrating to the UK is said to have exceeded emigration since 1998 (Sturge, 2021). Between April 2019-March 2020, 715,000 people are recorded to have migrated to the UK with 6.2 million people recorded to be living in the UK with a different nationality (Sturge, 2021).

The 2011 census showed that there were 989,628 Black Africans living in the UK (GOV.UK, 2018), with the West African country Nigeria being the second largest African country of origin in the population between January-December 2019 (James, 2020) and the highest amount of migrants living in Europe (Connor, 2018). The migration of West Africans to the UK started around the late 80s and since has grown rapidly over decades

(Owen, n.d). With the increasing number of migration of West Africans, an increasing interest has also been paid to their mental health (Thomas, 2008), particularly in the context of post migration difficulties (Thomas, 2008; Onyigbuo et al; 2018). West Africans appear to deal with a number of post migration challenges, which has the potential to impact on their mental health (Thomas, 2008) and the current review explores how West Africans and other groups seek help for mental health difficulties on a whole.

In addition to the review focusing on the mental health of first generation West African migrants in the UK, it also acknowledges the lack of information on the mental health and help seeking behaviour of their second generation children. Whilst thinking about the migration of West African migrants in the UK, we cannot just think about migrants existing in the UK as distinct entities. It is important to highlight that family reasons are one of the main reasons for migration, with most non-EU migrants choosing long term family migration (Walsh, 2021). Furthermore, it is estimated that the percentage of children born in the UK who have parents who are born abroad to be 14% (Fernández-Reino, 2020). Amongst these children, second generation West African children are acknowledged within the review. They are said to be growing rapidly (Stahl et al, 2017), and within existing literature their wellbeing along with other second generation immigrants are said to have not been paid attention to compared to the first-generation (Abouguendia & Noels, 2001; Portes, 1996; Portes & Zhou, 1993). Furthermore, second generation immigrants are said to be at greater risk of having mental health issues such as psychosis (Cantor-Graee & Pedersen, 2007). Therefore in light of the data above regarding the large population of First generation West African migrants in the UK and their children who appear to be growing rapidly (Stahl et al, 2017; Pears, 2012), the review will explore the mental health and help seeking attitude and behaviour of second generation West African immigrants also.

2.3 Help-seeking within health

The study of help-seeking has gained strong momentum in recent years as a means of understanding patient delay and responding promptly to a number of health issues (Cornally & McCarthy, 2011). This includes conditions such as cancer, heart disease, diabetes, dementia and mental health issues as they require continuous management and coordination by the patient, their families, as well as health and social care professionals (World Health Organisation, 2002).

In the context of help-seeking, a health condition which is widely researched is talked about in the next section.

2.4 Help-seeking in mental health

Mental health conditions like depression are very common within places like the UK and as a result have become a public health concern (Mathers & Loncar, 2006; Steel et al, 2014). Treatments for psychological problems like depression are available, but the uptake for treatment is low (Boerema et al, 2016). According to the Mental Health Foundation (2016), in 2014 only 37.3% of people reported receiving treatment for a mental health issue, with an estimated 75% of people with a mental health issue not accessing treatment (Department of Health, 2014; Alonso et al, 2018).

2.4.1 The role of stigma in seeking help for mental ill health

When looking at help-seeking behaviour within mental health, stigma is a concept that emerges a number of times (Ben-Portath, 2002; Han et al, 2017) and will be explored within this section.

There are two major types of stigma within mental health, these are public or social stigma and self-stigma (Haddad & Haddad, 2015). According to Rusch et al (2005), public or social stigma involves holding negative beliefs and stereotypes about people with

psychological problems. Vogel et al (2006) defined self-stigma as a person's belief that they are not socially acceptable.

In order to prevent public stigma, individuals with psychological difficulties often hide their difficulties and do not seek help from professionals and family members (Reynders et al, 2014). In Reynders et al's (2014) study, it was assumed that if individuals were of the knowledge that their help-seeking could be hidden from others, then they would not worry about discrimination and the perceived stigma will not act as an obstacle to seeking help.

2.5 Definition of terms

The terms 'help-seeking' and 'seeking help' are used interchangeably within this review as a means of describing the act of seeking out help. 'Professional help' or 'formal support' in this context is described as an intervention offered by a Mental Health Professional within private practice, the National Health Service (NHS), NHS funded services provided by another organisation, or a voluntary sector counselling organisation. 'Informal support' is used to describe any support that is not offered by a Mental Health professional, including faith-based organisations and family members.

'Psychological distress', 'mental health distress' are also used interchangeably within the review to explain any form of 'emotional distress'.

3. Literature review

The literature review used various databases; these were mainly PsychInfo, ScienceDirect, Research Gate and National Center for Biotechnology Information. The search terms used were 'Help seeking theory', 'Help seeking' and 'Health' were paired together. 'Help seeking and 'Mental health' were paired with 'Men' 'Ethnic minorities' 'Africans' 'West Africans' and 'Second generation'.

In this chapter, a critical literature review of the relevant literature on the topic is highlighted. It looks at the social identities of masculinity, race and ethnicity in relations to help seeking for psychological distress. It explores how help seeking attitude and behaviour may be determined by an individual's social identities including culture. It puts forward the views of men and ethnic minorities on seeking help, as well as mental distress within these populations. Ethnicity and culture is then explored further by looking at the first-generation African population. First-generation West Africans are then identified as a sub-group within this population and gaps in the current literature looking at second-generation West Africans is then highlighted. From the gaps highlighted, a rationale is put forward for the current study.

3.1 The role of identity in help-seeking

The current literature review is looked at through the lens of the Social identity theory (Tajfel & Turner, 1979), Cultural determinism (Singh, 2014) and draws on concepts from the Critical race theory (Ladson-Billings, 1998). The literature review is presented from the view that the attitudes and behaviours around seeking help is determined by the social identity that the individual develops from their environment. It highlights how socially, when an identity has been identified and adopted, an individual will become socialised to acting in a way that is based on their group membership (Tajfel & Turner, 1979). Based on these theoretical frameworks, the review looks at the social identity of being a male and how this shapes how help is sought. At the same time, the Critical Race Theory (CRT; Ladson-Billings 1998) also helps to inform the intersectionality within masculinity and how these may impact help-seeking. It acknowledges the interaction between masculinity, ethnicity and race and how race will inevitably have an impact on how mental health issues are thought about and how help is sought for them.

In the next section of the review, mental ill health and help seeking in men is introduced, and the role of masculinity in help-seeking behaviour for mental distress is explained.

3.2 Mental ill health and help seeking in men

Men have poorer health outcomes for their physical and mental health (Courtenay, 2009; O'Brien & White, 2003) and the resistance to seek help has been suggested as one of the contributors to their poorer health outcomes (White, 2001). According to the Office for National Statistics (2019), men account for around three-quarters of suicide in the UK population. Because a large proportion of men do not seek help when they are experiencing psychological distress (Andrews et al, 2001), they may be left susceptible to developing mental health conditions including depression, anxiety, drug and alcohol abuse (O'Neil, 2008; Wester & Vogel, 2012).

3.2.1 Vulnerability as stigmatising within masculinity

One of the main reasons put forward for the resistance to seeking help amongst men is gender role socialisation (Robertson, 2001). According to Mahalik et al (2003), the traditional masculine stereotype expects men to be in control, stoic and self-reliant, attributes that are usually not classified to be in line with seeking help. Newberger (1999) explained that from a young age, boys are socialised to the message that "*boys don't cry*" (p.198) and are stigmatised, teased and sometimes bullied for showing a weakness. Seeking help on the other hand is associated with "*loss of status, loss of control and autonomy, incompetence, dependence, and damage of identity*" (Möller-Leimkuhler, 2002, p. 6). Men may then be accustomed to this social identity of masculinity (Mahalik et al, 2003) and as a result may be less likely than women to seek help.

In a study by Vogel et al (2011), education was suggested to be a neutralising factor to help seeking and compliance with the traditional gender role. This is consistent with studies that have found that men with higher education were less likely to be rigid about gender roles (Myers & Booth, 2002; Hammer et al, 2013). As a result, the stigma associated with seeking help appears to be less internalised in men with a higher education level.

Consequently, they do not see themselves as "less of a man" because of their decision to seek help.

Good et al (1989) in their study suggested a relationship between characteristics of the male gender role and help-seeking attitudes and behaviour amongst men. The authors proposed that less traditional views about the male gender role was associated with positive views about seeking help. Even though Good et al's (1989) study was conducted several years ago, the idea of traditional masculine ideologies being a predictor of attitudes towards help-seeking is suggested with more recent research (Cole & Ingram, 2019; Wasylkiw & Clairo, 2018; Powell et al, 2016). However, most of the studies assume a quantitative perspective which does not provide us with a detailed subjective account from men that a qualitative methodology could provide us with. A qualitative methodology as suggested by Willig (2013) would allow us to gain more insight into the meanings attached to masculinity and seeking help, as well as the experiences of men seeking help and their interpretations of masculinity. Furthermore, it is also important to highlight that the studies above do not acknowledge the intersectionality in masculinity. In the next section of the review, intersectional masculinity and race is explored.

3.3 Intersectional Masculinities

According to the Critical Race Theory (CRT; Ladson-Billings, 1998), race and racism interacts with every part of the person and masculinity is assumed to be part of this. In this section, the interaction between race and masculinity is explored. It particularly looks at black masculinity as the identity constructs of being "black" and a "man" is part of the identities of interest within the review and the study in the context of seeking help.

3.3.1 Black Masculinity

According to Craig (1992) and Goffman (1979), the construction of masculinity has its own distinct features across different cultures and society. Therefore, arguably how an

individual develops their male identity will be dependent on the social context they are in. Traditionally in the West, hegemonic masculinity has been the most favoured form of masculinity (Connell, 1998) and is mostly assumed by the ruling class, with another feature being about the subordination of women (Tan et al, 2013). Though hegemonic masculinity continues to be the standard that masculinity is predominantly measured against, changes in society over time including the feminist movement have led to masculinity being redefined in the West (Chapman 1988), moving towards features such as embracing femininity and prioritising love and relationships (Tan et al, 2013). Whilst hegemonic masculinity has been suggested to be a Western concept which may be associated mainly with White men (Hill Collins, 2005; Hooks, 2004), it has also been suggested in literature that men from collectivist cultures also assume this idea of masculinity. For example, it has been suggested that African American and Afro-Jamaican men adopt ideas of masculinity which often have features of hegemonic masculinity. This includes the demonstration of sexual behaviours as well as valuing procreation and aggression (Ramkissoon et al, 2017; Le Franc et al, 2008; Priestley, 2014). Anderson (1999) further suggested that young Black men identify mostly with social groups whereby "sexual prowess" (Anderson, 1999, p.147) that leads to conception is appraised as evidence of masculinity. However, it has been argued for example in the United States that hegemonic masculinity cannot be adopted by Black men as it conceptualises White men to be the "ideal man" and as a result, Black men cannot be this "ideal man" (Hill Collins, 2005; Hooks, 2004). At the same time, it is suggested that Black men for example may adopt the value of hegemonic masculinity of dominating women and this feature may be exaggerated due to the limited access that they may have to other features of hegemonic masculinity like the political and economic advantage (Ramkissoon, 2017). Furthermore, Harper (2004) and Harris et al (2011) also explained that racism may force Black men to act out their masculinity through behaviours characterised by aggression, sexual promiscuity, and violence. The conceptualisation of masculinity above is similar to

Whitehead's (1997) idea of the masculine attributes of 'masculine reputation' amongst Black men. It has been suggested by Avery et al (2017) that this view of masculinity is what has been portrayed in the media for example about Black men. At the same time, this is not the only view of masculinity that Black men hold. Whitehead (1997) also proposed that Black men also express their masculinity through the 'masculine respectability' attribute. This is characterised by the attainment of education to the highest level, having financial independence, getting married, having a reasonable amount of belonging and providing a home for one's family. The 'masculine respectability' attribute also shares features with other collectivistic cultures' idea of masculinity as well as the Confucian culture. For example, in Latin America, some of the features of 'machismo' which describes the ideal Latin American man includes being caring, protecting one's family and taking responsibility (Wood, 1997). In Confucian cultures for example, masculinity has been around intelligence and education, though financial attainment is also emphasised, similar to hegemonic masculinity (Tan et al, 2013).

Overall, the research presented in this section suggests that Black men may adopt some features of hegemonic masculinity (Ramkissoon, 2017; Priestley, 2014) and highlights the role of race and racism in the features that may be adopted (Hill Collins, 2005; Hooks, 2004). It also presents other views of masculinity adopted by Black men including the 'masculinity respectability' attribute. These differing views demonstrates how the conceptualisation of masculinity amongst Black men can be complex and non-homogenous. As a result, it is also important to acknowledge that there is further intersectionality across 'Black masculinity' in terms of country of origin and birth, ethnicity and region (Connell & Messerschmidt, 2005; Broqua & Doquet, 2013). This section has mostly looked at the conceptualisation of masculinity amongst Black men living in the West. Masculinity amongst Black men in different regions in Africa is explored in the next section.

3.3.2 African Masculinity

In this section the conceptualisation of masculinity amongst Black African men is explored. Black African men have been looked at in this section due to the interest in Black African men in this review and study. In studies that have looked at masculinity in African men, hegemonic masculinity has also been a concept that has come up (Ratele, 2008; Groes-Green, 2009; Hearn & Morrell, 2012; Luyt, 2012). For example in the West African country Ghana, Bochow (2012) suggested that men achieve status by being a provider, getting married and procreating. Furthermore, in Geoffrion's (2014) study two main types of masculinities were found which were perceived to be hegemonic amongst Ghanaian men. One of the masculine type is the "Rough boy" attribute which is more aligned with the typical attributes of hegemonic masculinity. It exemplifies attributes such as dominance, virility and lack of submission. The other type described is known as the "Proper Boy" who is a Christian and well dressed in traditional clothes. The "Proper Boy" values academic achievement and makes a good impression on his lecturers. Geoffrion (2014) describes that both types of masculinities achieve power in different ways. The "Rough Boy" may demonstrate his power by driving a "nice" car and have multiple women. For a "Proper Boy", his power is demonstrated through the positions he holds in education and church, as well as his faithfulness to his partner. Geoffrion (2014) also explains that these masculinity types in Ghana also integrate elements of femininity such as being "gentle" (Geoffrion, 2014, p.9) and in some ways demonstrates the flexibility in the male identity. The idea of the "Proper Boy" masculine type can also be seen in the concept of masculinity put forward through the Catholicism movement by Saint Joachim in Zambia (Van Klinken, 2012). It encourages a male identity which is based on loyalty, humility and hard work. Conversely, previous work on religion and masculinity in Africa have sometimes found elements of male domination over females (Broqua & Doquet, 2013). Other countries with a focus on hegemonic masculinity include Mali and Tanzania

(Broqua & Doquet, 2013). For example, in Tanzania a universal model of hegemonic masculinity is said to be imposed by large companies that are mostly led by men and hypermasculinized (Broqua & Doquet, 2013). Whilst studies looking at masculinity in Africa have found elements of hegemonic masculinity, Ratele (2013) suggests that masculinity cannot be studied through the lens of hegemonic identity in all countries in Africa. He considers the power imbalance Black men in South Africa may experience because of their race as they are dominated by 'White masculinity' (Ratele, 2013) for example, the same concept considered for Black men in the United States (Collins, 2005; Hooks, 2004). As a result, it is important to hold in mind once again the intersectionality between race and masculinity and how men may perceive their masculinity in relations to their race. At the same time, what has been clear from the literature is that cross-culturally there are elements of hegemonic masculinity that may be embedded across cultures. Therefore, if seeking help is associated with "loss of status, loss of control and autonomy, incompetence, dependence, and damage of identity" (Möller-Leimkuhler, 2002, p. 6), arguably seeking help may not be in line with the idea of hegemonic masculinity if this is the dominant view of male identity subscribed to within one's cultural context.

The review so far has provided a view on seeking help in relations to the social identity of being a male. Another social identity in relations to seeking help is explored in the next section of this review.

3.4 Mental health and help-seeking amongst immigrants

In the previous section, the review looked at how help-seeking for mental health issues are made sense of in the context of gender, specifically being a male. This section will look at ethnicity as another characteristic, specifically in the context of being an immigrant in a Western country and how expressing distress and seeking help is perceived.

In the UK, there is a high prevalence of mental ill health amongst ethnic minorities compared to the wider population (Public Health England, 2018). For example, compared to their white counterparts, mental health issues are more prevalent amongst Pakistani men between the ages of 35-54 (Public Health England, 2018). Furthermore, there is a higher rate of psychotic disorders reported in black men, in comparison to white men (Rees et al, 2016; McManus et al, 2009). Even though there is a high rate of mental health issues amongst ethnic minorities, there is a small likelihood of them seeking professional help or they terminate treatment early compared to the wider population (Owen et al, 2012; Sue & Chu, 2003; Wierzbicki & Pekarik, 1993). For example, in the Mental Health Statistics for England report, the ethnicity report for people who had contact with IAPT services in 2018/19 revealed that 86% of them were white (Baker, 2020). This seems to suggest that ethnic minorities access treatment significantly less than their white counterparts for mental distress, despite the prevalence of mental health issues amongst this population.

3.4.1 Expression of distress as stigmatising amongst ethnic minorities

Stigma around the expression of emotional distress is prevalent amongst immigrants (Han et al, 2017; Office of the Surgeon General, 2001; Jimenez et al, 2012) and in turn may lead to delay in seeking help. A study by Markus and Kitayama (1991) found that overtly expressing emotions is more aligned with individualistic societies like the West, in comparison to collectivist societies where immigrants come from. For example, Dzokoto et al (2018) looked at the concept of emotions within the West African culture of Ghana, through a thematic analysis of Akan proverbs. It was suggested that the proverbs seemed to have a focus on restricting emotions. Furthermore, showing emotions such as sadness publicly has also been found to be met with disapproval amongst minorities (Matsumoto, 1993; Dzokoto et al; 2018). Some of the reasons for this has been in order to uphold one's position in the social hierarchy (Dzokoto et al; 2018), as expressing emotions is viewed as a weakness (Rae, 2016). However, in Nelson et al's (2012) study, minority and majority

ethnic parents for example, did not differ in their perceived negative consequences for displaying negative emotions.

Overall, from the literature above, it can be concluded that if the expression of distress or emotions are perceived to be against cultural norms, this may potentially have an impact on seeking help.

3.4.2 Informal support as less stigmatising

Villatoro et al (2014) explored the role of family support, a concept known as "familismo" amongst Latinx and how it affects service use. Familismo was explored because of the strong expectation for the family to be a source of support within this culture. There is also the cultural value of not sharing problems like emotional distress outside of the family, in order to not bring shame to the family, a value also found in studies with other ethnic minorities (Han & Oliffe, 2015; Sabogal et al, 1987; Alvidrez, 1999; Ramos-Sánchez & Atkinson, 2009). In Villatoro et al's (2014) study, they suggested that individuals with high levels of family support utilised their family in order to deal with their psychological distress. 15% of the participants also utilised other informal support systems such as folk healers, self-help groups, religious leaders and online groups. Support systems such as these were suggested to be more culturally acceptable and less stigmatising, with religion and faith found to be highly important. Interestingly within Villatoro et al's (2014) study, it was also suggested that out of the people who sought help from religious leaders, 87% used mental health or medical services. This contradicts findings from Mantovani et al's (2016) study whereby religion was found to be a barrier to seeking help professionally. At the same time, Villatoro et al's (2014) study did not capture the length of treatment with services, therefore it cannot be determined whether seeking help from religious leaders proceeded and enabled accessing mental health and medical services.

Villatoro et al's (2014) study has been useful in providing more insight into the role of family in seeking help for emotional distress. However, it is also important to consider

some of the limitations of the study around its methodology and sampling. For example, the participants self-reported on their own need for mental health support. This could leave the reports vulnerable to social desirability bias (Kaminska & Foulsham, 2013) with participants underestimating their perceived level of mental distress, if they themselves or their family stigmatise mental ill health.

3.4.3 Beyond stigma

Whilst the difficulties around seeking formal help has been said to be down to stigma, sometimes it is not necessarily the case. For example, a study by Camacho (2016) explored the use of mental health services amongst ethnic minority college students in America. The students completed a survey which consisted of four open-ended questions asking them about their views and prior experience of counselling services. Their responses were then analysed using thematic analysis. It was found that participants did not access counselling services because they did not feel that their issues were severe enough for counselling and perceived it to be a choice for more acute circumstances like the experience of suicidal thoughts. This idea of mental health service use being more appropriate for acute mental health distress was also found in other studies within the Latinx community (Alvidrez, 1999; Interian et al, 2007). The participants also viewed counselling as a last resort after all other ways of coping have been considered and tried. This mainly involved seeking advice from family and friends. At other times within Camacho's (2016) study, participants did not consider professional help because they did not feel that they will be seen by an ethnic minority counsellor who could understand and relate to them.

Other reasons that ethnic minorities may not seek help apart from stigma may be due to an avoidance coping style. Onyigbuo et al (2018) proposed that migrating from a collectivist culture where families and religious groups form part of one's support system to an individualist society like the UK where this support is not available may lead to feelings of

frustration. As a result of not having their support network, people may employ an avoidant coping mechanism when they are experiencing distress.

Overall, it can be concluded from the review so far that there are various reasons why ethnic minorities might not seek help professionally for emotional distress, with stigma around emotional distress being one of the main reasons. These factors together seem a reasonable basis to explain why ethnic minorities may be more inclined to seek help informally.

3.5 Help-seeking amongst African immigrants

So far, the review has explored how men and immigrants are identified as having low engagement with mental health services and their attitudes and behaviour around seeking help. The next chapters of this review will continue to look at immigrants but specifically African immigrants and will then focus specifically on black West Africans. The proceeding sections of this review will provide a rationale for focusing on Africans and then black West Africans. It will contain a focused critical literature review of papers which are key in understanding the help-seeking behaviour of African immigrants and black West African immigrants specifically. The review of these papers will be useful in identifying the gaps in current literature and questions yet to be answered, which will inform my research question and help to further understand the needs of the group of interest.

3.5.1 Mental health stigma amongst Black African immigrants

Amongst immigrants, a particularly vulnerable sub-group to psychological distress who under use services are African immigrants living in the UK and other Western countries. This group was of particular interest to me because of the concern around the underutilisation of services and the prevalence of mental health issues amongst Africans in the UK (Bignall et al, 2019; Commission for Healthcare Audit and Inspection, 2007). Black Africans living in the UK are said to have poorer health and social outcomes and

statutory services' resources have often not been able to meet their needs (Bignall et al, 2019; Bowe, 2015; Young et al, 2003). The lack of engagement or delay in seeking help amongst Africans living in the UK may lead to individuals living with an untreated mental health condition for a long period of time, which may lead to their condition being more severe and chronic by the time they become known to services (McCann et al, 2016; Morgan et al, 2006; Kataoka et al, 2002).

The next couple of chapters will look at help-seeking amongst African born individuals in Western countries, including the UK. These chapters will also include studies with asylum seekers and refugees. Even though asylum seekers and refugees have different motivations for leaving their country compared to other types of immigrants (Rescue, 2018), there are similarities between all the groups. They all experience the shock of a new culture, language, society and system, which may present them with migration difficulties that might have an impact on their mental health (Sheath et al, 2020).

3.5.2 Help seeking through religion

Using both quantitative and qualitative methodology, Grupp et al (2019) explored the intention to seek help and beliefs about cure for Post-Traumatic Stress Disorder (PTSD) amongst Sub-Sahara African Asylum seekers living in Germany. I have chosen to focus on this study in my critique because it looks at the help seeking attitudes of African immigrants using both quantitative and qualitative methodology, with such triangulation highlighting various facets of help-seeking which will hopefully provide more depth and insight into the topic. Furthermore, it also observes help-seeking within a faith context, which has been described to be a strong preference, when it comes to sources of support for mental distress amongst this group (Mantovani et al, 2016; Edge, 2013).

For the quantitative part of the study, Sub-Sahara African asylum seekers and a German citizen comparison group completed the General Help Seeking Questionnaire (GHSQ; Wilson et al, 2005). The difference in help-seeking attitudes on the GHSQ amongst the two

groups were analysed using a one-way between-groups multivariate analysis of covariance. The qualitative part of the study involved 8 focus groups with participants discussing the results of the GHSQ. In total, 26 out of the 119 Sub-Sahara African asylum seekers who took part in the quantitative study took part in the focus group. The focus groups were made up of individuals from Eritrea, Cameroon and Somalia, and each focus group comprised of individuals from the same country. The data from the focus group was then analysed using IPA. Though both parts of the study revealed that the asylum seekers showed a preference for formal and religious help, there was a stronger preference for religious help. Whilst the German citizens demonstrated a greater preference for professional psychological help, religious helped was deemed to be vital for recovery amongst the asylum seekers. Religious help for PTSD included being prayed for by a religious leader, reading specific bible verses or Quran, as well as the use of holy water. The role of the community, parents and relatives in praying for the individual were also highlighted in the discussion about religious treatment. The need for professionals to understand and acknowledge the various cultural and religious context of recovery was highlighted.

The results from the study can be of use in order to better understand the role of religion in recovery amongst Africans. However, it is worth noting in the quantitative part of the study which compared German born citizens and Sub-Sahara African asylum seekers that there were other group differences. For example, the asylum seeker participants were younger than the German born citizens by an average of 10 years, therefore it makes it difficult to conclude whether the difference in the results between the two groups may be down to culture alone as it is possible that age might also be a factor accounting for the difference. For example, in a study by Farrer et al (2008), a difference was observed across different age groups around the effectiveness of various professional interventions for the treatment of mental distress, with older adults showing a greater preference for seeing their GP

compared to younger adults for example. Therefore, age may also be accounting for the difference found amongst the asylum seekers and German born citizens in Grupp et al's (2019) study. Furthermore, the overall sample size of 26 for the qualitative part of the study is considered to be on the larger size for IPA (Smith & Osborn, 2007) and as a result some key features of IPA may have been compromised within the study. For example, when quotes from participants were presented, a deep exploration and interpretation of the participants' quotes did not follow. Consequently, the analysis did not fully capture the participants' experience and give a voice to their claims (Larkin & Thompson, 2012), something which Smith and Osborn (2007) suggest is offered with a smaller sample. Such sample size could be important in helping us to have a specific look at the personal and social world of a Sub-Sahara African asylum seeker and the idea of seeking help for mental distress.

In the next chapter a study that has explored how African men in the UK seek help is presented.

3.5.3 Help seeking in African men

This study by Rae (2016) is of interest to this review as it incorporates the two characteristics of gender and culture previously explored separately. It looks at male refugees from Somalia living in the UK and how they made sense of depression, as well as their perceptions of professional help within the Western society.

Using a constructivist grounded theory (Charmaz, 2006), Rae (2016) conducted focus groups with 12 Somali men and 8 of the men went on to take part in a semi-structured individual interview. In the focus group, the men were read a vignette which portrayed Western views of depression and their views on the story was discussed. It was suggested that depression was seen to be an unfamiliar idea in Somalia, and became a new concept which was related to migration challenges. Just like with other ethnic minorities (Villatoro et al, 2014; Grupp et al, 2019), religion and spirituality played a vital role in how they

made sense of mental distress. Within the focus group, spiritual difficulties were seen to be a cause of mental distress.

The results also revealed that the display of emotional distress was perceived by the men to be a rare occurrence, which was frown upon and perceived as a sign of weakness, particularly for men in the Somali community. Because of this, the men worried about being judged and expressed the need to stay strong and positive. They also spoke about the need to endure distress and not share their issues with others.

In regards to seeking help for emotional distress, this was perceived as uncommon and was something feared due to the stigma they perceived from their community. Furthermore, participants felt that it was only appropriate to express physical and somatic ailments to health professionals. Professionals were generally perceived as untrustworthy, unhelpful and insensitive to cultural needs. This view that professionals will be insensitive to their cultural needs and will not understand them was also expressed amongst the ethnic minorities in Camacho's (2016) study.

Overall, the study provides useful insight into the barriers to seeking help as an African male in the UK. Nevertheless, some of the limitations of the study included the use of focus groups to gather some of the data in the study. Previous literature suggests that the topic of mental health is a taboo in these communities and there is a fear of judgement around it (Bentley & Owens, 2008; Pavlish et al, 2010). Therefore, the use of a focus group in parts of this study is questionable. For instance, it is possible that participants may have held back from speaking openly within the groups, which may have left some things unspoken in the focus groups. Finally, because this study only explored help-seeking attitudes, it does not tell us about individuals' willingness and preparedness to seek help through behaviour. This seems important as it could be argued that holding a certain attitude or belief around seeking help for psychological distress does not equate to the

action and behaviour of seeking help. A study that has explored help-seeking behaviour with West Africans specifically will be explored in the next section.

3.5.4 Help seeking in Black West Africans

Amongst Africans, Black West Africans have been focused on within this part of the review due to their large population across various Western countries, including the UK and my identity as a West African immigrant.

The migration of West Africans to the UK started around the late 80s and since has grown rapidly over decades (Owen, n.d). The 2011 census showed that there were 989,628 Black Africans living in the UK (GOV.UK, 2018), with the West African country Nigeria being the second largest African country of origin in the population between January-December 2019 (James, 2020). Furthermore, within the top ten African migrant countries across Europe, West African countries show up more times, with individuals from the West African country Nigeria again accounting for the highest amount of migrants living in Europe (Connor, 2018). Due to the population of Africans in the UK and Europe at large, it is important to understand the mental health needs and the help seeking attitude and behaviour of this population.

Research looking at the mental health needs and help seeking attitude of West African immigrants has found that the population appears to deal with a number of post migration challenges, which has the potential to have an impact on their mental health (Thomas, 2008). Despite these findings, West Africans are not open to disclosing psychological distress and tend to conceal distress within the immediate family (Thomas, 2008). Coping in this way and the help-seeking attitudes of immigrants is said to be linked to levels of acculturation and willingness to uphold one's cultural values above the host countries' (Chang & Subramaniam, 2008; Onyigbuo et al; 2018). The role of acculturation will be explored further in the section below.

3.5.5 Help-seeking behaviour amongst West African immigrants

Though the study reviewed in this section dates back to 2008, I deemed it important to review as the only study that has been observed in literature to look at the help-seeking behaviour of West Africans at the point of distress. All the studies reviewed so far have looked at the attitudes that Africans hold about seeking help in principle. Furthermore, though we may hold certain views and attitudes about what we think we might do in a situation, we cannot truly predict how we might react to the situation unless we have experienced it. Therefore, the study reviewed in the next section can give us more insight into how West Africans actually cope when they are distressed and the help is needed, rather than their attitudes around seeking help alone.

Using a multiple-regression analysis, Knipscheer and Kleber (2008) observed the effect that ethnicity had on help-seeking behaviour for psychosocial issues amongst a group of West Africans living in the Netherlands. Participants in this study were made up of users and non-users of mental health services and it was hypothesised that the variance in help-seeking will be strongly accounted for by acculturation.

Contrary to a large number of research on this topic (Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010), the results suggested that the West African immigrants in the study did seek help from mental health services, as well as culturally based services "*like an herbalist, priest or traditional healer"* (Knipscheer & Kleber, 2008, pp.11), though usage of culturally based services were quite low.

As predicted, individuals who were more integrated into the Dutch culture were more likely to seek help from professionals. Other factors that influenced service use included gender, education and social economic status. In regards to delay before seeking help, the median delay was lower than the 3 months originally hypothesised, with only 10% of the participants delaying help from a health professional by 2 years. Furthermore, individuals' assumptions about seeking help were generally positive. Most of the participants expressed

no concerns about asking for help, contrary to the authors' hypothesis as well as findings from other research (Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010). Overall, the findings from Knipscheer and Kleber's study (2008) are quite encouraging as they present positive beliefs around seeking help professionally amongst West Africans.

One of the strengths of the study was that key people from Africa who had good experience in research and mental health were involved in the development of measures for the study as well as interpreting the findings. However, even though the study demonstrated cultural sensitivity by involving key people from Africa who had a research background, the Western measures themselves were not validated for the West African population used. Therefore, potentially having an effect on the accuracy and validity of the results of the study. On the other hand, adopting a qualitative methodology could have been more appropriate for the study as qualitative methods have been found to be useful with ethnic minorities in exploring social and cultural factors, which is important within this group and may be overlooked in quantitative research (Al-Busaidi, 2008). For example, a qualitative methodology could have been useful in order to explore how mental distress and seeking help is made sense of in the context of being a West African immigrant living in the Netherlands. Such information can provide us with a rich and detailed account of the help-seeking attitudes and behaviours of West African immigrants. This knowledge may in turn inform practitioners about the provision of timely and culturally sensitive interventions.

Furthermore, though the study was conducted in a Western country, it took place in the Netherlands which has a different health system compared to that of the UK (NHS, 2018); therefore we cannot assume that the immigrants from both countries will have the same pathway to accessing services. There may be some variables which are unique to the context in the Netherlands that might facilitate help-seeking in ethnic minorities. For

example, people may become acculturated in a different way and they may be faced with different post-migration challenges depending on how similar their country of origin is to the country where they reside (Schwartz et al, 2010). Therefore, we cannot assume that the findings from this study will be entirely relevant to the UK due to the possible difference in the health system and how help is sought. Thus, a study specifically looking at West African immigrants in the UK seems needed to understand the needs of this population in the UK.

3.6 Research question, aims and rationale

From the review so far, there is evidence to suggest that African immigrants seem to hold negative and positive beliefs around seeking professional help for psychological distress (Grupp et al, 2019; Rae, 2016; Knipscheer & Kleber, 2008). Some of the gaps within the current literature include a focus on help-seeking attitudes and a lack of exploration of help-seeking behaviour (Grupp et al, 2019; Rae, 2016). Where help-seeking behaviour has been explored (Knipscheer & Kleber, 2008), there is no data from the UK. Furthermore, in Knipscheer and Kleber's (2008) study, there is also a lack of qualitative data which could be more appropriate for studies involving ethnic minorities in exploring social and cultural factors, that may be overlooked in quantitative research (Al-Busaidi, 2008). For example, a qualitative methodology could have been useful in order to explore how mental distress and seeking help is made sense of in the context of being a West African immigrant living in a Western country. This knowledge may in turn inform practitioners about providing timely and culturally sensitive interventions to this group at the point of distress.

In addition to the gaps mentioned above, what is quite strong within the literature reviewed is a lack of data on how second-generation West African immigrants seek professional help for psychological distress. This group is said to be growing rapidly (Stahl et al, 2017) and have a high rate of mental health issues (Goodman & Richards 1995; Cantor-Graee & Pedersen, 2007). This seems consistent with studies on immigrants in

general, whereby it has been acknowledged that the wellbeing of second-generation immigrants has not been paid attention to compared to the first-generation immigrants (Abouguendia & Noels, 2001; Portes, 1996; Portes & Zhou, 1993). It is suggested that second-generation immigrants may go through different life stressors and experience significant amount of in-group difficulties, along with lower self-esteem compared to the first-generation (Abouguendia & Noels, 2001). Knowing how the second-generation cope and seek help is of great importance in order for Counselling Psychologists and other allied health professionals to provide timely and effective interventions at the point of distress.

Furthermore, being a second-generation West African appears to be a complex and non-homogenous state. It is made up of having potentially absorbed a dominant UK culture, as well as having inherited their parents' culture, ethnicity and social background, as found with other studies with second-generation non-West Africans (Rong & Brown, 2002; Thomas, 2008; Chella, 2007; Beharry & Crozier, 2008; Tarabi et al, 2020). Therefore, an attempt needs to be made to understand how such unique and complex group seek help for mental health issues in the UK.

In addition, even though we know from literature how the first-generation seek help and we can assume that some of this may have been taught to their second-generation children (Garner et al, 1997), we don't know to what extent the second-generation may have adopted the help-seeking attitudes and behaviours of their first-generation parents and the impact of this on their mental health. It has also been suggested that the simultaneous presence of second-generation immigrant's dominant Western culture and their parent's culture usually leads to a conflict for the second-generation immigrants (Lay & Nguyen, 1998). Therefore, it is possible to argue that this group's experience will be a unique one, different from that of their first-generation parents and the UK majority.

Finally, from what we know about help-seeking in men and African immigrants in general, the current study proposes the need to look more into Second Generation West African

Men (SGWAM) as a sub-group. Looking at SGWAM is important as this group may present a "double stigma" (Jamar, 2013, pp.11) in the context of being an ethnic minority and a male. It is arguable that this double stigma may affect individuals' decision to seek help making them even more vulnerable to emotional distress and non-service engagement.

In order to respond to the gap in the current literature on second-generation West Africans, a qualitative study exploring help-seeking behaviour is proposed.

Therefore, in light of all of this information, the research question which the study presented in the current study is 'how do SGWAM in the UK experience seeking professional help for psychological distress for the first time?'

3.7 Relevance to Counselling Psychology

The question "how do SGWAM in the UK experience seeking professional help for psychological distress for the first time?" was proposed as an effort to fill the gap constituted by the lack of qualitative accounts from SGWAM around seeking professional help for psychological distress in the UK.

The current topic and research question is relevant within the CoP profession as well as other relevant professions like other applied Psychologists, General Practitioners, and Psychiatrists as a way of providing timely and culturally sensitive interventions at the point of distress.

Draghi-Lorenz (2010) stresses the importance of pluralism within CoP and the need for CoP work to not be about uniformity. Therefore, I believe that Counselling Psychologists are best positioned to look at topics such as these and explore the needs of this unique group within a pluralistic framework, taking into account their dominant UK culture, their parent's culture, as well as their positions as males within these cultures. At the strategic and system change level, Counselling Psychologists are able to contribute to steering away

from the "*one-sizefits-all*" approach that Mantovani et al (2016, pp.10) proposed is not able to meet the needs of such diverse group. Furthermore, due to the phenomenological and humanistic underpinnings of CoP (Drury, 2013), Counselling Psychologists are very well positioned to capture the unique lived experience of SGWAM and give a voice to them around their experience of emotional distress and seeking help, something that is currently limited within literature.

Within CoP, practitioners work in diverse settings, findings from this research could provide valuable information about how best to engage SGWAM immigrants within their practice. Furthermore, there is potential learning about what an appropriate therapeutic approach may look like when working with this client group (Kirmayer, 2012). In addition to this, the findings may also provide information about how individuals make sense of emotional distress and how best to formulate a client's presenting issue in this context, whilst taking into account culture. It may also be helpful to think about the existing western interventions and how clients from this group best fit or not fit. Most importantly, the BPS's Division of Counselling Psychology's vision is to meet the psychological needs of everyone (BPS, n.d), therefore SGWAM are a group of interest amongst the UK population. Learning from the participants can help shape service delivery and provision of appropriate interventions.

Finally, the current research could support learning for other Western countries in regards to facilitating good emotional health for immigrants.

4. Methodology

4.1 Overview

This chapter looks at the methodology for the current research. It highlights the research design and the rationale for the chosen design. It also presents the epistemological position that is adopted as well as the research method that is used and other methods considered.

Within the chapter, the procedures are also highlighted, along with information about the participants and recruitment.

4.2. Research design

The current research adopted a qualitative methodology with a case study design. Qualitative methodology is concerned with people's experiences and the meanings attached to those experiences (Willig, 2013), something which is of huge interest in this research and a case study design will allow for an in-depth account of these experiences (McLeod, 2019). Qualitative methodology allows for the study to capture the knowledge that is currently limited in the UK around the thoughts and the feelings of SGWAM seeking professional help for the first time, for psychological distress. It was thought that a qualitative methodology will facilitate the understanding of how SGWAM make sense of their experience, an account which cannot be captured through a quantitative methodology (Sutton & Austin, 2015). Furthermore, quantitative methodology is limited as it cannot facilitate the understanding of the social phenomena that influence how SGWAM seek help for psychological distress, in the context of their identity as both English and African descended.

Semi-structured interviews are carried out in order to capture the experience of the participants as it enabled for the collection of in-depth (Jamshed, 2014) and reflective

responses (Pietkiewicz & Smith, 2012). Finally, Interpretative Phenomenological Analysis was adopted for the analysis of the data.

4.3 Interpretative Phenomenological Analysis (IPA)

IPA is a phenomenological approach which acknowledges that directly accessing a participant's world is impossible (Willig, 2013). Though the researcher tries to grasp the texture and quality of the participant's experience, the analysis itself is the researcher's interpretation of this experience (Willig, 2013).

4.3.1 The Features of IPA

Phenomenology- IPA is concerned with describing and explaining a phenomenon. It focuses on how the phenomenon highlights the experiences as they are lived by the individual (Eatough & Smith, 2017). The main concern within IPA is the individual's experience and how they make sense of the phenomenon, instead of the process of the phenomenon. This feature of IPA is in line with Heidegger's (as cited in Eatough & Smith, 2017) explanation of human beings as *"Being-in-the-world"* (Spinelli, 1989, p.108). This means that an individual's sense of being is derived from their world (Merleau-Ponty, 2004) and the person along with the world they live in are depended and connected together (Eatough & Smith, 2017). Overall, an individual's experience is seen to be subjective and they are perceived to be a phenomenal, instead of an objective reality (Spinelli, 1989).

Hermeneutics is another key feature of IPA which is concerned with interpretations. Within the study of hermeneutics in IPA, there is the idea of double hermeneutics (Smith & Osborn, 2007). This highlights how interpretations involve different layers, one which involves the participants making sense of their experience and the researcher also trying to make sense of the participants' experience (Eatough & Smith, 2017). Within the layers, there is also a hermeneutic of empathy and suspicion (Ricoeur, 1970). Therefore, an

attempt to capture the literal meaning of the participants' accounts also involves capturing the hidden meaning that is not explicitly conveyed by the participant (Ricoeur, 1974).

Another feature of IPA is concerned with *idiography*. It looks at how the unique, concrete and specific is understood, whilst upholding the individual's integrity (Eatough & Smith, 2017). According to Allport (1940), psychology was increasingly paying less attention to the individual and their specific experience. He mentioned that psychology was preoccupied with looking at large populations which leads to the identity of the individual being lost (Allport, 1940). However, an idiographic approach like IPA offers a different way of doing things within psychology (Eatough & Smith, 2017) by looking at the unique and specific.

4.3.2 Epistemological positioning of IPA

IPA's epistemological position originates from Husserl's phenomenological approach. It recognises that through interpretation, the inner world of an individual can be accessed (Biggerstaff & Thompson, 2008). Though it can be said that this view demonstrates a realist epistemological stance, IPA acknowledges that there are other factors which influences the way a researcher understands the participant's world (Willig, 2013). This includes the researcher's *"own ways of thinking, assumptions and conceptions"* (Willig, 2013, p.96), which are seen to be necessary for the researcher to make sense of the participant's experience (Willig, 2013). It can be said that as a whole IPA as a critical realist stance (Bhaskar, 1978).

Overall, the analysis of IPA is phenomenological and interpretative (Willig, 2013) and has contributed to the decision to adopt it as the chosen methodology in this research. This will be explored further in the next section.

4.3.3 Rationale for IPA

As previously mentioned, IPA captures human experiences and explores how people make sense of their experiences through the epistemological basis of phenomenology, hermeneutics and idiography (Pietkiewicz & Smith, 2012). The phenomenon of interest in this study is the experience of seeking professional help, psychological therapies in particular for the first time and the meanings SGWAM attach to emotional distress. Therefore, IPA was deemed to be suitable for this topic of interest.

IPA's acknowledgement of subjectivity (Reid et al, 2005) fits well within the CoP framework and my own values. In my epistemological position, I acknowledge that there is a shared reality that exists in regards to what it means to be a SGWAM seeking therapy for the first time. However, I acknowledge that I cannot fully capture this reality and my accounts are subjective based on my own background, thoughts and assumptions, something which is also acknowledged by Willig (2013). Therefore, even though I am trying to capture the experience of the participants as much as possible, there is an acknowledgement that the participants' experiences cannot completely be captured and my own assumptions also complicates the process. In this respect, there is a critical realist position that I will be adopting in this study. At the same time, I will also be adopting a phenomenological epistemology alongside this. This is because I also believe that each person's experience is unique to them and this will have an impact on how they interpret and make sense of their experience. This belief is also in line with the concept of idiography within IPA (Eatough, 2017). Therefore, as I am attempting to capture the participants' shared realities, I will also be paying attention to the 'particular'.

4.4 Other qualitative methodologies considered

Before considering IPA as the most suitable methodology. Two other methodologies were considered. This section will discuss the two methods, the questions that the two methods

could have answered in regards to the study and the reason for choosing IPA instead of the other two.

The first methodology looked at was Grounded Theory (GT, Glaser & Strauss, 1967). GT is embedded within a social constructionism epistemological positioning (Willig, 2013) and stems from symbolic interactionism, which proposes that meaning making is understood from how individuals relate with each other in a social process (Jeon, 2004). Therefore, GT was considered as a way of developing a theory which will explore the process of seeking professional help for psychological distress as a social process amongst SGWAM within an environment (Glaser & Strauss, 1967), which in this case will be the UK. However, GT does not allow for a deep exploration of the human lived experience (Brand & Anderson, 1999). Therefore IPA was chosen as it puts the SGWAM at the core of the study and allows their subjective lived experience to be captured (Eatough, 2017).

Discourse analyses (DA; Potter & Wetherell, 1987) was another methodology that was considered for the current study. DA is interested in how language is used to attain political, social and personal ventures (Starks & Trinidad, 2007). DA also stems from a social constructionist epistemology as it renders language, signs and words useless unless it is shared and agreed (Starks & Trinidad, 2007). It proposes that our understanding of our reality is accessed through language (Starks & Trinidad, 2007). Therefore, DA was considered as a way of exploring how through language SGWAM construct the reality of seeking professional help for emotional distress for the first time. However, as a method, DA is not very interested in the "cognition behind the language" (Carpenter, 2009, p 9), therefore making it limited in highlighting the implicit thoughts of the SGWAM. As a result, IPA was considered to be the most suitable methodology as it is inclusive in understanding the individuals' world through cognition as well as language (Eatough, 2017).

4.5. Procedure

4.5.1 Participants

According to Smith and Osborn (2007), six to eight participants have been recommended as a sufficient and manageable number for conducting IPA research. Based on this recommendation, six participants who identified as UK born second-generation Black West African male immigrants between the ages of 25 to 34 were invited to take part in the study. The specific age group was chosen due to the high prevalence of common mental health issues in this age group (Stansfeld et al, 2016). Therefore, it was deemed useful to look at how 25-34 year olds make sense of seeking help for these issues. A second-generation West African in this study was anyone born in the UK to one or more parents who were born in any West African country and relocated to live in the UK (eurostat, 2016).

The age of the participants who actually took part in the study ranged from 27 to 32 with a mean age of 29. The participants were people who had sought formal help once or twice as adults for a mild to moderate "common mental health problem" (NICE, 2011, p.1). The decision to only look at those who have sought help no more than twice as adults was in order to make the sample homogeneous and aid better recall of the experience (Casey et al, 1991).

Table 1: Summary of participant's demographic

Name (*Pseudonym*)	Age	Country of descend	Number of times professional help was sought
Charles	27	Ghana	2
George	32	Ghana	1

David	27	Nigeria	2
Jason	29	Ghana	2
Kevin	30	Ghana	1
Richard	31	Ghana	1

4.5.2 Recruitment

Participants were recruited through purposive sampling (Daniel, 2012) by advertising the study within various counselling organisations and specific Black, Asian, and Minority Ethnic (BAME) organisations. This was achieved by asking permissions from the relevant organisations to place posters about the study in their waiting areas and share with relevant contacts (see Appendix B). Participants were also recruited by advertising the study on various BAME groups and organisations' Facebook and Twitter pages, as well as snowballing (Croucher & Cronn-Mills, 2015). Engaging in targeted recruitment like this is said to be effective for the recruitment of BAME communities (Mantovani et al, 2016, p.3).

In the advert, participants were asked to respond by calling or emailing me to express their interest. When they had expressed their interest, I emailed them an information sheet (Appendix D) and consent form (Appendix E).

After reading the information sheet, if they still wished to participate, I arranged to conduct the interview in a meeting room at a local community centre or library near them.

4.5.3 Pilot study

A pilot study was conducted with the first participant who responded to the advert as a way of testing the appropriateness of the interview schedule. The participant's response was included in the final analysis with no amendments made as there seemed to be a good flow

to the questioning and the participant seemed to understand the questions. Furthermore, the data from the participant's response was of good quality and in-depth. Doing the pilot study provided some level of confidence that potential problems that could arise with the interview schedule whilst carrying out the main research was eliminated as much as possible (Hassan et al, 2006).

4.5.4 Interview schedule

The interview schedule was compiled based on the existing literature critique and study aims and objectives. Recommendations made by Smith and Osborn (2007) on compiling questions for IPA was also followed. Because one of the main gaps in literature was around the limited account of people's subjective experience of seeking help, the interview questions aimed to address this. For example, in the GHSQ (Wilson et al, 2005) used by Grupp et al (2019), the likelihood that people will seek help was measured through questions such as "*Please circle the number that shows how likely it is that you would seek help from each of these people for a personal or emotional problem during the next 4 weeks?"* (Rickwood et al, 2005, pg.33). However, the questions in the current study explored help-seeking behaviour where help has been sought through questions such as *"Can you tell me about the first time you decided to seek help professionally for emotional distress?"* Open ended questions such as these were used along with the provision of prompts (see Appendix A for interview schedule).

4.5.5 Interview procedure

The participants were interviewed in a room at a community centre local to them. The interviews lasted between 50-90 minutes. Participants sent their signed consent forms (Appendix E) before the interview or gave it on the day of the interview. Before the interview commenced, the participants completed a PHQ9 (Spitzer et al, 2000). None of the participants scored 1 or more on question nine of the PHQ9 around risk and harm to self and were able to take part in the study. Questions about the information provided or

the study in general were answered before the interview commenced. At the end of the interview, participants were provided with some time to debrief and talk about how they found the interview and anything that came up for them. They were also provided with a debrief sheet (Appendix F).

4.5.6 Ethical considerations

The research was conducted in adherence to The British Psychological Society's (BPS, 2014) Code of Human Research Ethics and London Metropolitan University's (LMU) School of Psychology's ethical guidance. Ethical approval was acquired from LMU's Research Ethics Review Panel.

Informed consent

Before participation in the study, participants were provided with an information sheet (Appendix D) which included information about the title and aims of the study. It also had information about what they can expect from the interview and the benefits and potential risks associated with taking part. By signing a consent form (Appendix E), participants were acknowledging that they had read and understood the information provided, their questions had been answered satisfactorily and that they can withdraw their interview responses 6 weeks after the interview.

Distress protocol

The BPS (2014) describes research topics related to ethnicity and gender to be sensitive research topics. Furthermore, because participants were asked about the meanings that they attach to their emotional distress, the current research topic was identified to be a highly sensitive topic, which could potentially be distressing for participants. Therefore, a distress protocol was created (Appendix G). The protocol included signs of distress for me to look out for during the interview and what I will do to address this. As a trainee Counselling Psychologist, I was in a position to be able to observe and manage individuals' levels of

distress. During the interviews, the participants did not display any signs of distress and the interviews commenced as normal with no pauses or terminations.

Confidentiality and anonymity

Confidentiality and anonymity was upheld by assigning and identifying each participant with a unique number and giving them a pseudonym in the results write up. Audio recording and interview transcripts were also stored in a locked cabinet in my home. The participants' information were processed in accordance to the Data Protection Act 2018 guidelines on storage limitation (Information Commissioners Office, 2018) and will be discarded when it is no longer needed for the thesis.

Debrief

After the interview, the participants were allowed time to debrief and were given a debrief sheet (Appendix F). The space and time after the interview allowed the participants to ask further questions and express any concerns they had about the interview. The debrief sheet also contained further information about the study including the methodology, mine and my supervisor's contact details and a list of relevant services that may be able to support them, should they experience any distress due to the topics discussed during the interview.

4.5.7 Analytic process

The interview transcripts were analysed using the recommendations for IPA put forward by Larkin et al (2006). It is recommended for IPA not to be a prescribed method but rather the synthesis of the data should be approached with a healthy amount of flexibility (Smith et al, 2009). I engaged in the process of "double hermeneutic" (Smith & Osborn, 2007, p.53) with an attempt to make sense of the participants' attempt to make sense of their experience.

According to the guidelines provided by Smith et al (2009), the audio recorded interviews were listened to and the interview transcripts were read multiple times so that I could

become well acquainted with the participants' accounts. By doing this, I was making an attempt to understand the participants, their claims and concerns (Larkin et al, 2006).

At the next stage, I began to make descriptive notes on the left hand margin about what the participants were saying. Next the initial notes were transformed into emerging themes and written on the right hand margin. These emerging themes were made up of psychologically relevant themes with an advanced level of abstraction (Pietkiewicz & Smith, 2014).At this stage of the analysis, I started to make interpretations about what the participants are saying. After this, connections were then made and patterns were acknowledged between each theme that was emerging. Each theme was then written on a separate list in chronological order (Larkin et al, 2006). See Appendix K for a sample of the chronological list of themes.

At the next stage, the themes that were relevant were clustered together, by making connections between each theme, some of which became a superordinate theme (Smith & Osborn, 2007). The themes were then continuously refined and the themes that were not adequately represented were dropped. After this, the transcripts were checked against the patterns and clusters as a way of ensuring that the themes reflect the words of the participants in some way (Larkin et al, 2006). At the final stage, a table was generated which contained the superordinate themes and sub-themes with relevant quotes represented in table 2.

Validity

Yardley's (2000) core principles were adopted in order to ensure the validity of the research. The first principle is sensitivity to context, this was achieved from the outset from the literature review to recruitment. For example, because recruitment of participants from similar groups in previous studies have been considered to be more successful when it has been more targeted (Mantovani et al, 2016, p.3), I attempted to establish a relationship with

relevant organisations that will have access to the particular group as suggested by Smith et al (2009). I also showed sensitivity to context through the interview process by being sensitive to the participants' needs during the interview, being sensitive to their responses to any difficult questions, whether they were displaying any signs of distress and also being empathic (Smith et al, 2009). During the analysis, I engaged with the idiographic, trying to make sense of the participants making sense of their experience by paying close attention to the accounts and drawing direct quotes from the participants' accounts which illustrates my interpretations.

The second core principle is Commitment and Rigour (Yardley, 2000). This was achieved through triangulation by consulting with a colleague and my supervisor and getting them to check that the themes identified were present in the participants' accounts. I also shared the themes from their interview with each participant and had feedback from four of them confirming that the themes that were identified reflected what was said in their interview.

In order to ensure the third principle of Transparency and Coherence was adhered to, I provided a detailed narrative of the procedure and the analysis process and engaged in reflexivity throughout the research process. Furthermore, I kept a clear trail of the development of the initial research questions, research proposal, audio recording, transcripts, interview schedules and other relevant material to the study, as suggested by Smith et al (2009).

The principle of Impact and Importance was adhered to by constantly thinking about and stating how the study has an impact and can be useful to Counselling Psychologists and other health professionals working with SGWAM. How the study will inform the delivery and commissioning of services is also stated.

4.6 Methodological Reflexivity

Cortazzi and Jin (2006) identified the importance of researchers reflecting on their identity, assumptions and expectations, whilst doing the interview and interpreting the interviews. Therefore, I will be using this section to reflect on the recruitment and interview process.

During the recruitment process, I oscillated between feelings of anxiety, excitement and resentment. When the first participant first showed interest and the interview was completed as part of the pilot study, I was filled with a sense of excitement and fulfilment in regards to the meaningful things that came out of this interview. At the same time, I was aware that I found them meaningful because they were in line with my assumptions and therefore, I may have been swayed to continue to explore things that were similar to this line of inquiry. In order to ensure that I did not continue to explore things in line with my assumptions, I found it useful to revert back to the use of the interview schedule as a useful prompt, whilst also keeping the questions open and allowing the participants space for their own voice and reflections. I also found it useful to keep a reflective diary after each interview in order to continuously reflect on my assumptions, the way that I may have influenced each interview, in order to be aware of bracketing these in subsequent interviews.

After the first interview, many months went by and I did not have anyone else come forward, despite many efforts to recruit. This made me feel deflated and at other times resentful towards my own community as I approached relevant people who could help to recruit but did not because of their belief that people will not come forward because of the stigma. Through personal therapy, I was able to remind myself that this stigma was all the more reason why the research was needed. At the same time, I was also grateful for other people, particularly SGWAM who were not suitable for the study but advised me on how I could target my recruitment better on social media and then I started to see some light at the end of the tunnel and people started trickling in. However, because of this stigma, the

participants that came forward seemed to be people who were passionate about breaking down mental health stigma in the Black and African community and in a lot of ways shared some of my assumptions that mental distress is not talked about and the need for something to be done about it. Consequently, taking part in the interview seemed to be a way of speaking up and breaking down the stigma as well as other projects they have been involved in. This in some ways may have left the recruitment vulnerable to selection bias with a group of like-minded people who also shared similar views as me.

With the awareness that the recruitment process may have been subject to selection bias with participants who shared the same view as me, I also deemed it important to also reflect on my insider and outsider position further. As highlighted in chapter 1, part of the reason for engaging in this research was because of my identity as an immigrant. Throughout the recruitment and interview process, I was able to observe my insider position as a First-generation West African immigrant who shared a similar upbringing with the participants as someone who had spent most of her life in the UK and was brought up by West African immigrant parents. I was aware of my familiarity with some of the things that the participants shared in regards to how emotional distress and mental health difficulties were perceived in the West African culture. I was also familiar with and shared some of the views that they had about their first-generation parents. Overall, my sense was that this insider position allowed me to understand the participants' experience and build a good relationship with them. The participants were also aware of my position as an insider when they will say "we" (referring to me) in their interviews. At the same time, I am aware that this insider position may have also left the participants not sharing things with me in great detail if they assumed that I knew or understood. I also became aware of how this insider position affected the analysis of interviews, which is discussed in chapter 7.

As an outsider, I was aware of my role as a female and how this created some distance around what is means to be a man seeking help for emotional distress. At the same time,

this distance allowed me to be curious about what it means as a man to seek help for emotional distress as this was an experience that I did not understand and had not gone through. In addition, I was also aware of the power dynamic as a trainee Counselling psychologist and female researcher asking men about their experience around a sensitive topic. I kept in mind some of the concepts of hegemonic masculinity and how the participants may view me as a female if they held this view. I thought about whether they will want to open up to me as a female if they saw me as their subordinate or whether my position as a researcher may have led them to perceive me in a different way. As someone who values equality, I was aware of my need to not have a power imbalance in my interactions with the men, seeing myself as someone who is trying to acquire knowledge from the men about what it means to be a SGWAM seeking help, but who also had some knowledge around the research topic and methodology. Overall, I hoped that there was a sense of equality during the interviews and that my participants found this helpful. Furthermore, I hope that my outsider position as a female also allowed for more curiosity about the research topic.

5. Analysis

In the current chapter, the results of the analysis of the interview with six SGWAM, using IPA is presented. Three superordinate themes which relates to the research questions and captures the experience of seeking help as a SGWAM emerged from the analysis and are presented here. One of the features of IPA is the acknowledgment of the researcher's subjectivity (Smith, 2004). Therefore, it is important to note that my interpretations of these themes are subjective and the data could be looked at in different ways. The data is presented through my own lens below.

The first superordinate theme is "predisposing factors to not seeking help or expressing distress". Within this, three sub-themes are captured which highlights how the SGWAM's upbringing and culture had an impact on the idea of seeking help and expressing emotions.

The second superordinate theme, "manifestation of the predisposing factors within the self", explores how the predisposing factors mentioned above played out, at the point that the SGWAM were seeking help. The third superordinate theme "The journey to engaging with professional help" looks at the process the participants went through before they committed to therapy. Nine sub-themes emerged overall from the analysis, which are represented in the table below. Each sub-theme is accompanied with a quote from one of the participants that I felt best encapsulated the theme's meaning. In order to protect the anonymity of the participants, pseudonyms are used throughout the analysis, as well as in the summary of the participants' demographics presented in the methodology chapter. The pseudonym for each participant was chosen to reflect their Anglo-Saxon names.

Table 2: Summary of superordinate and sub-themes

Superordinate themes	Sub-theme	Relevant quote
Predisposing factors to not seeking help or expressing distress	Raised to not express emotions	"……we've just been raised to just not have any emotion" (Richard, 847)
	Culture of silence and avoidance	"I think my upbringing was something that was brought up in the therapy that I did have errrm cause there's a bit of a culture of silence really…" (Kevin, 56-58)
	Modelling parents	"I think I saw it, saw it as kind of weak before because obviously being like second-generation, we look at our parents and they are so strong…" (George, 41-42)

Manifestation of predisposing factors within the self	Inaccessible mental state	"…I wasn't really sure of the thoughts that I was having, I wasn't really sure of how I felt.." (Jason, 148-149)
	Men containing their own distress	"I just need to just..be a man as they say and just kind of deal with it…" (Jason, 269-270)
	Discounting distress	"…my first perception of counsellors is like..like your really going through it, life is tough for you right now and it was tough, but I weren't like..it wasn't, it wasn't the end of the world…" (Charles, 628-629)
The journey to engaging with professional help	A last resort	"I had to kind of, I had to do something like I tried everything else but I thought that maybe..maybe it would help …" (George, 152-153)
	Searching for a mirror	"…when I seeked counselling, had I had an option between African man and African woman, I would have gone for the African man..because I would see myself in them…" (Charles, 173-176)

	A new perspective	"….I use to think that it's just me being weak yeah but errm it it's definitely not that.." Richard, 651-652

5.1. Superordinate theme one: Predisposing factors to not seeking help or expressing distress

The first superordinate theme highlights factors in the participants' upbringing and culture which seemed to have played a role in how they see expressing emotions. It looks at how asking for help is viewed within the West African culture. Finally, the third theme looks at the influence of their parents as strong role models in relations to coping with distress. The proceeding section will explore each sub-theme in depth and draw upon quotes from the participants to highlight this theme.

5.1.1 Sub-theme one: Raised to not express emotions

This sub-theme explores the role of emotions within the participants' upbringing and the idea that emotions were not expressed or talked about within the family environment.

The participants talked about how emotions were not looked at growing up. This is demonstrated in Kevin's quote below:

> *"……in our culture, we don't really talk about our feelings errrm very much errm and we don't you know, for me anyway my personal experience is you know I'm one of four boys and errm in my family you know we are very, you know kind of standoffish in terms of our emotions" Kevin, 74-77*

Kevin appears to convey that culturally, emotions are not expressed or acknowledged perhaps because they are viewed to be a weakness. His family being "standoffish" about emotions denotes a sense of disapproval and distance around it. The disapproval of

emotions culturally also appears to be compounded by living in a male dominated environment.

Jason expresses a similar position in the following excerpt:

> *"I was reading like a message that my grandma had sent to my mum like errrm and kind of reading it obviously I was quite emotional cause this was the day after she died and I felt myself like about to cry like reading it and then my mum kind of like suddenly went straight faced and like don't cry and I was like wow like I mean of all the times I mean that I think that would be a situation where I thought I'd be allowed to have emotional distress…" Jason 697-701*

In the quote above from Jason, his mum's expression and instruction to not cry potentially highlights her disapproval of Jason's expression of distress. It appears that Jason felt that his distress would have been acceptable in the context of grief and his use of the word "wow" reflects his surprise that this was not the case. There seems to be something about expressing this emotion in the context of bereavement and loss which Jason might have felt was socially appropriate and that he could be permitted to do amongst his family. However, his mum's response may have left Jason feeling trapped as he has to contain the distress he wants to let out.

The participants also spoke about their observations of their friends and their parents from other cultures when it comes to the expression of emotions. This is demonstrated in Charles' quote below:

> *"……yes because have got erm, have also got friends from different cultures which is why as well they… I see the relationship they have with their parents for example, or their parents are always encouraging them to talk about things like I see it more in that culture…." Charles, 209-211*

Charles' observation of his friends' parents who are non-West African descended seems to be that they create a space for them to open up. There appears to be a feeling of envy perhaps for the openness that Charles notices his friends and their parents have. Charles also seems to be saying that the idea of children opening up to their parents about their internal world is not customary within the West African culture but instead this action belongs to another culture.

5.1.2 Sub-theme two: Culture of silence and avoidance

This theme explores how the participants' experience the concept of seeking help for emotional distress within their culture, both informally and professionally.

How David experiences the idea of asking for help in the African culture and Black community in general can be observed in the quotes below:

> "……*so a lot of Black people just sort of keep quiet upper lip and quiet about whatever they experience, whatever they go through and just say either religious or just God will handle it or either not, it is what it is, my life I will bear with it. As supposed to sourcing out things that will help you or benefit you, that you're entitled to, you're allowed to have, you're able to do..." David, 182-186*

David in his response talks about not just West Africans but his experience of Black people keeping a "quiet upper lip", a similar phrase to "a stiff upper lip", a term which denotes not showing your feelings, even when one is distressed, arguably in order not to show a weakness or vulnerability. David then appears to suggest that Black people resort to religion as a way of coping. However, he conveys coping through religion to be a passive stance whereby all the responsibility is relinquished to God. David also appears to feel frustrated with this way of coping as he perhaps feels that Black people are not maximising other ways of coping which are available to them beyond religion.

The idea of silence in relations to seeking help is also brought up in the excerpt from Kevin below:

> *"I think that's a very West African trait and I think it goes down to the whole communication thing you know, they don't talk about it, like they will just bury their heads in the sand and just get on with it and hope it goes away and that's one of the problems, so I think with being West African is that you just, you don't confront things head on sometimes, you just hope it goes away…." Kevin, 264-268*

In the excerpt above from Kevin, he seems to also share the same frustration that perhaps David felt regarding West Africans not seeking help or opening up about what they are experiencing. When Kevin says, "they will just bury their heads in the sand", he may be suggesting that they cope through avoidance, though he perceives it to be unhelpful. Furthermore, Kevin's use of the word "they" perhaps creates a distance between him and this trait, implying that perhaps this is not an issue that he has or wants to own, arguably because he perceives it to be negative.

When an intervention does occur, Richards states at which point that is in the quote below:

> *"…it's like they, we always wait till it gets to the melting point" Richard, 1009*

In the quote above from Richard, he talks about his parents and family. It seems an action is only taken until the issue becomes unbearable. Perhaps for Richard, the worsening of the situation to the point at which it becomes intolerable propels him and his family to locate a solution for the problem outside of themselves. Just like Kevin, the use of the word "they" also perhaps suggests a distancing or an unwillingness to acknowledge this trait as something that he also does, but this is quickly changed to "we" as perhaps an acknowledgement that he also copes in this way.

5.1.3 Sub-theme three: Modelling parents

The current sub-theme explores the role of the first-generation as strong role models for the SGWAM, when it comes to coping with distress. It looks at the way the first-generation parents cope and how the second-generation feel they cope in comparison to this.

Charles in the quote below talks about the influence of his parents as role models when it comes to coping with distress:

> *".....and naturally, we look at let's say for example our parents as uhm, as our heroes or super human, so to see them, it's very rare that we see them in emotional distress because they wanna put up a, this sort of façade that you know everything is okay and they wanna be strong for the family..." Charles, 15-17*

Charles appears to view his parents as strong role models who he admires. The admission of previously seeing them as super humans when it comes to coping with distress may be telling of the realisation of his own illusion about his parent's enhanced abilities and skills when it comes to dealing with distress. At the same time, Charles shows an understanding for the purpose of the "façade" perhaps as a way of providing safety for the children. It is possible that Charles thought that his parents overtly showing distress to him and his siblings may have been perceived by his parents to be less containing for the children.

The participants also spoke about one of the main difficulties they felt their parents had gone through in comparison to themselves. Amongst the difficult circumstances that were acknowledged for the first-generation to have gone through, immigration difficulties and racism was drawn upon. This can be observed in David's quote below:

> *"....I think the first-generation, I think they've experienced a lot, you know, people who came from you know Africa in general to UK in the 90s and they were like over 20s probably in their 20s to experience like racism outright, to experience*

rejection from a lot of opportunities, to experience struggle that we as second-generations haven't experienced..." David, 502-505

Overall, the sense of his parents as people who have gone through difficult circumstances appears to be strong within David's narrative. For David, he seems to be conveying that he has not faced the level of marginalisation and discrimination that he feels his parents have experienced. This in turn may make him feel that the difficulties that he has faced are not as severe as that of his first-generation parents. David probably feels fortunate to not have had these experiences, whilst at the same time maybe feels disenfranchised to express distress and ask for help because he has observed others who he perceives to have gone through more severe circumstances.

Whilst acknowledging the difficulties that their parents have experienced, the participants also acknowledged how their parents coped with these difficulties and the impact of this on how they themselves cope. This is illustrated through Kevin's quotes below:

"*….the way in which my mother's dealt with it has she's been able to grit her teeth and bare it, but I don't think I will be able to do that, errrm and you know..and I think it goes to show because the stress that I was dealing with when I did seek therapy was nowhere near what she has had to go through…" Kevin, 246-249*

In Kevin's quote, he highlights how his mother coped with emotional distress. He talks about his mum "gritting her teeth" which could imply his mother's resilience and determination, at the same time "gritting her teeth" may also signify resistance. The view that his mother has coped with more significant issues on her own may have an impact on how Kevin feels about the idea of asking for help, especially professional help. I wondered whether the sense that he may not be able to deal with what his mother has dealt with left Kevin feeling like he is not as strong as his mother. This might have brought up feelings of weakness and inadequacy, which may then further propel him not to ask for help and conceal his distress.

Despite the influence of their parents on how they feel they should cope with distress, the participants also acknowledge the influence of being born and raised in England as illustrated by the excerpt from Kevin:

> *"…they will never even have countenance going to seek therapy and that's a, that is a privilege that I'm afforded because I was born in this country and I am like second-generation West African you know. I errm have the privilege of also being English and you know living in a world where we are encouraged to talk about our emotions a little bit more openly than you know they would have done growing up.." Kevin, 225-229*

Kevin seems to suggest that the idea of going to therapy is one that is far removed from his parents' reality and one that his parents may not entertain. However, his own dual identity in the context of being English as well as West African almost gives him the permission to access therapy. This "privilege" and dual identity perhaps provides Kevin with a sense of relief and empowerment. This may be because he can make the choice and align his coping mechanism to that of his English culture as he may not have felt able to consider therapy if he did not also identify as English. Furthermore, choosing to cope in this way may not leave Kevin feeling like an anomaly as such coping is more normalised in his wider societal context in the UK.

In summary, superordinate theme one shows how the SGWAM may have been brought up to see the expression of emotions and distress to be one which is not acceptable socially. It demonstrates how seeking help for emotional distress is not customary within the culture, and how sometimes distress is perhaps dealt with through avoidance. The men also highlight their observations of their parents to be individuals who are strong and have been able to cope with significant distress on their own. They also touched on how they have not experienced such level of distress in comparison their parents. The next superordinate

theme looks at how the themes observed in their upbringing may have had an impact on them at the point of distress.

5.2 Superordinate theme two: Manifestation of predisposing factors within the self

Based on the predisposing factors around culture and upbringing highlighted in superordinate theme one, the current superordinate theme looks at the impact of these factors on the men as adults, at the point in which they were experiencing psychological distress.

The sub-themes within this includes "Inaccessible mental state" "Men containing their own distress" and "Discounting distress". Though this superordinate theme has some overlap with superordinate theme one, the current superordinate theme is concerned with their experience at the point that they were seeking help for the first time, whilst superordinate theme one is concerned with their early experience and upbringing.

5.2.1 Sub-theme one: Inaccessible Mental State

This sub-theme looks at the participant's difficulty labelling their emotional distress. The difficulty labelling emotional distress is made sense of in the analysis to be linked to the predisposing factor of being raised to not express emotions in theme one. It can be argued that if one has grown up in an environment where emotions were not encouraged or talked about, one's literacy around it will be affected.

This theme is demonstrated in Charles' quotes below:

> *"If we have a scar on us, if we bleed, you can see that, but if we have a mental scar, it's harder to see, when it's harder to see, it's harder to articulate yourself...." Charles, 305-306*

"…do you know what, at first I was confused, I didn't know what it was, like cause I never had a label for how I felt, it was just, I just felt like I was under pressure, I didn't realise it was emotional distress…" Charles, 331-332

The concreteness and visibility of a physical scar may have felt more comfortable for Charles as he can be decisive about his course of treatment for it. However, the invisible and less concrete nature of a mental pain may feel threatening because of its uncertainty, with its intangible nature making it difficult to know whether it's real. Therefore, it could perhaps leave him with doubt and a lack of confidence to confirm it to himself, let alone express it to others.

In his second quote, Charles appears to be talking about the confusion he experienced about his internal state as he did not have the language to label what he was feeling. This lack of label may have been what the feeling of confusion was about. Despite his state of confusion, Charles still attempted to make some meaning about his internal state and made sense of it to be him feeling "under pressure". Charles' attempt to make some meaning about his internal state amidst his state of confusion may be because of the comfort that comes from the certainty of knowing and putting labels towards his experience.

The impact of the lack of recognition and labels for their internal states is illustrated in the excerpt from David below:

"…so a lot of things were happening that I didn't realise, it was really affecting me and then until it was like, I was like what's going on like, this is, this is not who I am or what have been doing before, like how do I overcome this and so yeah, I think I had to hit like the bottom to realise oh okay I'm depressed." David, 312-315

David seems to be talking about the lack of recognition that he was experiencing psychological distress. It seems he was not aware that the circumstances that he was going through were affecting him psychologically. It may have been that the situation was

changing him gradually, but the change needed to get to a drastic point which David described as "bottom" before he noticed that he was experiencing psychological distress and was a different person as a result. This realisation that he was a different person appeared to be the awakening that triggered change and action to seek help.

What was also prevalent within the participants' accounts was the role of professionals in helping them to make sense of what they were experiencing:

> *"That's the problem, I didn't have like, I didn't have a label for it, it's just like, it was just like…an emotion. It was just emotion to me but I didn't, when the doctor finally said this is what you are going through….. there's a lot of things that I feel but I don't have words for it" Richard, 801-805*

For Richard, it appears that he could not classify what he was experiencing. When he says, "it was just an emotion", it may be that Richard is aware that he is feeling something, but these feelings perhaps did not have any meaning to him as he did not have the language or an understanding of them. His doctor helping him to find the words for how he felt may have provided him with a sense of relief, whilst also making his emotions more tangible and meaningful, thereby widening his understanding and function of his emotions.

5.2.2 Sub-theme two: Men containing their own distress

Once they became aware of their distress, the sub-theme "Men containing their own distress" looks at how the participants felt they should deal with it as men.

This is illustrated with a quote from Kevin below:

> *"I think that's been a man living in you know errrm the world we live in, you're supposed to be macho and keep your what yoouurr, it's, that's how it feels anyways, be macho and keep your thoughts to yourself of you know, if you're dealing with something, it's not really..a place, there's not really many places that you can go to kind of you know unburden yourself…Kevin, 10-13*

For Kevin, there appears to be a strong sense of the expectation of himself as a man to not voice to another that he is distressed, but instead to be self-reliant, keep it to himself and deal with it on his own. Therefore, for Kevin, at the point that he realised he was distressed, he may have felt like he needed to adhere to this gender role and not open up to others, but cope on his own, perhaps to not risk being scrutinised or judged as being less of a man. At the same time, when Kevin says there is not many places that you can go to unburden yourself, it seems that Kevin does want an outlet for his distress. Kevin perhaps feels trapped between the pressures of adhering to what he feels society and perhaps his family and upbringing expects of him as a man, as well as his own need to take his difficulties to someone for help. As a result, seeking help for emotional distress for Kevin as a SGWAM is experienced as something that he should not do, but rather, he should resolve his own distress on his own, perhaps because of the stigma attached to this. Kevin also appears to be conveying that the outlets to which he can seek help appear to be limited. This might be because he has to be careful and selective about where he can go in order to avoid the judgement that may come with seeking help.

Jason also shares how he feels he has been socialised as a man below:

> *"…men are taught to kind of have these, there's kind of bravado and to be able to..just get on with stuff..and that's something that have struggled with personally..have always been kind of sensitive.." Jason, 346-348*

Jason talks about how he has been socialised as a SGWAM perhaps by his family, as well as his wider environment in the UK. Though Jason acknowledges that he has been socialised like other men, it seems this expectation to display courage and carry on, despite what he is going through has been one he has found difficult to grapple with. It seems he sees himself as someone who is more easily affected by issues, which may show that he has not been able to successfully adopt the coping mechanism of supressing his emotions as a man. I wondered whether Jason has an image of himself that is incongruent with the

man that he feels society has socialised him to be. This in turn may leave Jason also feeling inadequate or even weak as a man, because he is not able to suppress his emotions and be unaffected by them. Therefore, as a SGWAM there appears to be a conflict between the way he sees himself and how he believes society requires him to be. It is possible that having a different view of himself as a man may have allowed him to seek help more as his sense of self does not appear to be completely congruent to how he feels he is expected to cope.

George also shares how he perceives asking for help in relations to his gender below:

> *"….but yeah, I feel like it will be easier for a woman, like if one of my erm women friend was to come up to me and say that they were seeking help, I'd be like okay, but if one of my mates came, like it sounds really bad, I would be like are you okay, people will (laughs), people will be joking (laughs), like we would be joking about it, which is quite bad, but that's how men are…" George, 64-66, 68-71.*

Interestingly, it seems that George as a view of a woman seeking help as one that is socially acceptable. It appears that the idea of a female friend seeking help is not one that George would give much thought about and he would accept. It also highlights perhaps for George how he views women as more vulnerable and maybe unable to deal with issues on their own. Therefore, because of this, they should be able to seek help in comparison to men. However, he along with his male friends may mock a man for doing the same. This perhaps suggests that when this gender norm is not adhered to, there is a punishment for it, which in this case for George is ridicule. When George says "but that's how men are", it could suggest an acknowledgment that though this mockery is not a positive thing to do, he has accepted it as the status quo which should probably not be challenged.

5.2.3 Sub-theme three: Discounting distress.

The current sub-theme explores the participants' view of their problems in relation to whether or not they feel these would warrant a need for therapy or professional help in general.

In the quote below, Charles talks about his response when a senior colleague recommended counselling to him after speaking to his colleague about his difficulties at work:

> *"…I was like, I just said I'm struggling, I didn't say I needed like counselling (laughs) ..but..cause when I, my first perception of counsellors is like..like your really going through it, life is tough for you right now and it was tough, but I weren't like..it wasn't, it wasn't the end of the world….." Charles, 628-630*

Charles seems to feel like the issues that he was going through did not warrant seeing a professional. His laughter may also suggest that he was still minimising the significance of his difficulties in relations to counselling. This might have been because he seems to have a view of counselling for issues that seem threatening and acute. It appears that though Charles recognised that what he was going through was tough, perhaps because he did not have a sense of hopelessness around what he was going through, he did not feel like counselling was needed.

For Jason, he made his decision about his suitability for professional help by comparing his problems with someone else's as shown in the excerpt below:

> *".....I mean, through what I was going through, looking at him like as you can't help doing, like he told me he actually, he was pretty open that he had a talk with his doctor and he was saying well you should consider going to counselling and he was saying to me that he wasn't really sure about it…..I was just thinking in my head that, like wow, if have decided to go for this I mean..I mean your problem is definitely worth going to for……" Jason, 272-279*

It appears that Jason's subjective evaluation of his distress in comparison to his friend's was that it was of less significance. This evaluation seems to be based on how serious he perceived the situation that caused the distress to be, rather than maybe how he was feeling in comparison to his friend. It appears that his friend's uncertainty about going to counselling was taken as confirmation that his own issue or perhaps he himself was not worthy of counselling. Jason's view that someone in a more severe situation than him is not considering professional help may have further discounted his need for therapy.

In comparison to other participants, Kevin had a different view of his problem:

> *"I kind of felt that I needed a professional to kind of see if there was errm there's something wrong with me maybe uuum and you know to diagnose if there was something wrong with me and actually what I found was errrm I was okay,…."*
> *Kevin, 104-105*

Whilst others did not feel like their issues were severe enough for therapy, Kevin seemed to feel like he had a mental illness that he wanted a professional to diagnose. This search for a diagnosis may have provided an opportunity to better make sense of an internal state which has not been all that accessible and maybe a sense of comfort and relief to know that what is going on in his mind has a name and it is real. When Kevin says "what I found was errrm I was okay", it appears that therapy may have helped him to acquire a sense of acceptance around his issues and himself.

The findings from superordinate theme two suggests that the SGWAM appear to notice a change in their internal state at the point of distress, though they did not have the labels for what they were experiencing. When they did have the labels, they also appeared to be faced with the pressure to then deal with their distress in the way that they felt society expected them to as men. Finally, when they did consider help, they appeared to not perceive their distress to be severe enough to warrant professional help. Once they decided

to seek professional help, the next section in superordinate theme three looks at the journey they took in engaging with the help.

5.3 Superordinate theme three: The journey to engaging with professional help

The final superordinate theme looks at the journey that the participants took on the road to engaging with professional help. It looks at the factors which enabled the men to go beyond seeking help to actually engaging with the therapeutic process. The sub-themes explored in this section include "A last resort", "Searching for a mirror" and "A new perspective".

5.3.1 Sub-theme one: A last resort

This sub-theme explores the participants' decision to seek professional help after other ways of coping were considered.

This theme came up for all six participants and is represented in the excerpt from Charles below:

> "*What helped me to go forward..I just, I had no more answers, I felt like..I felt like it was, I don't wanna say I know it sounds dramatic, but say it was the last straw but it was..where else do I go…." Charles, 595-597*

Charles seemed to express a sense of helplessness which may have been brought about from feeling like he was out of solutions and ways of coping. This sense of helplessness seemed to be the motivator for seeking professional help. It was as though Charles was experiencing a lack of direction in regards to how to deal with his issues. At the same time, Charles appeared to sound hesitant to voice his sense of helplessness. I also interpreted that his hesitation may be because he feels shame and embarrassment about running out of answers as the typical alpha male that he described himself to be during his interview. However, there seems to be a sense of desperation for solutions that has propelled him to engage with professional help.

For George, it wasn't that his other coping mechanisms had been completely ineffective:

> *"….the praying got me through a lot, but…I needed something else as well…" George, 159*

Praying seemed to have been effective for George and helped him cope with his feelings of distress, but it seemed this was only to an extent. George probably knew he still wasn't in a place of what full recovery would have looked like for him and needed therapy in addition to faith, to bring him to this place of recovery.

Charles and Jason spoke about how they experienced talking to family and friends before therapy:

> *"….with my dad especially, like it was kind of maybe like just do it really, kind of what his message was. He wasn't really kind of listening to what what is the difficulty in this why..kind of getting knocked down so many times is not ideal, yeah with my sister kind of it was..also a bit, I mean she didn't really understand why I was finding it so difficult…., Jason, 216-219*

> *"I try and talk to family..they don't fully understand..they wanna fix the issue..sometimes there's nothing to be fixed, you just need to speak, so when I was talking to the, my friends oh have you tried this, have you tried that, have have tried all of that bro, like trust me have tried..how about if you do this, I'm like okay cool but are you really listening to what I am saying, right now I said I'm struggling right now…." Charles, 660-665*

Jason and Charles' family and friends seemed to have taken a more solution focused approach by wanting to solve their problems. However, this seemed to have left them feeling unheard. It seems that their loved ones wanted to help them by fixing the situation that was causing them distress, rather than acknowledging and validating the feelings of distress itself. Jason and Charles may have felt like they would have benefitted more from

their feelings around the situation being validated, rather than the provision of solutions to fix the situation. This may have left Jason and Charles feeling misunderstood and frustrated, leading them to seek professional help as their need for validation was not met by their support network.

Whilst therapy was an afterthought for all the other participants, Kevin had a different experience:

> "*….therapy was at the forefront of my mind, errrm I mean, there wasn't, I didn't really, I wasn't really aware of any other routes that I could kind of go down to be honest, errrm apart from obviously confiding in friends and family but errrm therapy was the kind of thing that for a good number of years I thought you know would be helpful to have and I had a friend who errrm..was in therapy at the time as well…Kevin, 47-51*

For Kevin, therapy appeared to not have been the last option, but the first option considered and this appears to have been thought about even before he had the issue that he sought help for. Kevin may have felt like he could not speak to his family, coming from a home where he mentioned in superordinate theme one is "standoffish" about emotions. The thought of therapy being in the background as a space to take his issues for so long would have made this a natural choice for Kevin when he became distressed and felt unable to cope with his issues. Perhaps there was also something about having a friend in therapy at the time that gave him the final push. This is because even though he had thought about therapy before, this was the first time he was doing it. Having a friend in therapy might have normalised the experience and reduced the stigma around it.

5.3.2 Sub-theme two: Searching for a mirror

The sub-theme "searching for a mirror" looks at the type of therapist who they were willing to seek help from.

After deciding that they did want to engage with professional help, the participants spoke about who they preferred to have help from.

David talked about looking for a specific therapist below:

> *"....I said to them, I'm looking for a Black man who is Christian and errm yeah who understands sort of me and like my background, sort of the things that we go through as Black men…" David, 30-32*

In David's quote, he spoke about finding a therapist through a platform to find ethnic minority therapists. He appeared to be specific about the therapists' race, gender and religion, all the identities that David possessed. Having a therapist who had insight into David's world and could understand him and his background and perhaps the challenges encountered as a Black man seemed to be of importance to him. However, specifying people who shared the same characteristics as him in terms of race, ethnicity and gender was as though he is looking for himself in the room. David looking for himself in an unfamiliar situation would have made sense because there would have been safety in this.

Kevin also shared a similar view to David in the quote below:

> *"...I think the thing that helped me kind of like go through with it was finding someone who had similar background to me ……you know I wanted someone who..could get what it was like to be..a young Black Ghanaian British man and that was really important to me. When I found someone that ticked those boxes, I didn't think that I would find someone that ticked those boxes, but when I did, I was like, oh great, errrm it was really helpful to me …." Kevin 286-287, 308-311*

Kevin identified that finding a Ghanaian descended male therapist helped him to engage with receiving help beyond seeking it. When Kevin used the words someone who could "get what it was like", this may also illustrate what David was also talking about in regards to having a therapist who had insight into his world. In Kevin's case that was a young

Black Ghanaian British man, with his criteria also adding an extra layer of age. Whilst seeking a therapist who he shared specific identities with, Kevin also seemed uncertain about whether he would find such a therapist. This may be because Kevin does not feel that people like him are represented in the profession and with the knowledge that he cannot be easily found in the therapy room, he might feel like he will not be really seen or mirrored by his therapist, therefore potentially creating a further deterrence to seeking help.

David's quote below also highlights the process of finding such therapist:

> *"....they did provide me with a Black woman who was Christian or an Asian man who was Christian, but I was like thanks so much for your help but I'm I'm right now I'm looking for somebody who was literally fitting these pointers, I don't mind waiting a bit longer that person will come..." David, 87-90*

David talks about waiting before he could find someone who met his three criteria. At times, he was provided with other therapists who met two of his criteria at a time. David's willingness to wait longer may suggest how important having all three criteria was for him and to see himself represented in the room. It seems for David, if he was going to embark on the attempt to make himself vulnerable, he needed to feel very safe doing so. It appears that one was not more important than the other in terms of race, ethnicity, religion or gender, but these were all important parts of David's identity that needed to be present, seen and understood in the room. I also wondered whether David's rigidity about who he wanted to see may also highlight a defence against the anxiety of not being understood in therapy.

Apart from the need to be able to relate and have a shared experience with their therapist, the participants also shared other reasons about what it meant for them to have a therapist who was from a similar background as them. This is shown in the next excerpt from Richard:

"…they're living proof that you can succeed …" Richard, 418

For Richard, it seems having someone who he has a shared experience with that is like him instils a sense of hope about his ability to overcome what he is going through. This may suggest that there is probably a perception of therapists from Richard's point of view as people who have their life together, perhaps without any challenges. Therefore, seeing someone who is similar to him doing well may leave him with a sense that his recovery is within reach and possible. Furthermore, it may be that Richard did not have a sense of hope or believe about his own recovery and needed external evidence of someone like him who is doing well for him to be hopeful about his situation.

Whilst the need for representation was important in order to seek help professionally, the participants also spoke about how representation had an impact on their ability to seek help from other informal networks like the various institutions they belonged to at the time.

Jason talks about his experience whilst studying below:

"…I think it may have been easier if I was white and I kind of maybe assimilated more there easily and was able to kind of ask people that I needed to help me with certain things easily and also even be more open about..asking for help emotionally…Jason, 393-396

"I had no way of maybe opening up about that because I guess I didn't feel that these people had the same…it felt like I was kind of I mean outside from what everybody was…." Jason, 398-400

It appears that Jason did not feel he had a sense of belonging being a different race and ethnicity to his peers and as a result, did not feel he could solicit their support and seek help from them. This sense of being different and not being around others who had a shared experience to him probably meant that Jason did not feel safe to be vulnerable with others who did not reflect who he is. He also maybe felt because his identities were not

reflected, he will not be understood by others, which in turn may have caused Jason to not open up about what he was going through.

5.3.3 Sub-theme three: A new perspective

This final sub-theme looks at how emotional distress and asking for help is now viewed in the present by the participants.

Charles spoke about how he now perceives emotional distress below:

> *"....I looked at it as a flaw when I should just, I shouldn't have looked at it like that, that's why I was in denial. Do you know what I mean, I just looked at it as an area for development, that's how I see it. It's not a weakness, it's an area for development." Charles, 448-450*

For Charles, there appears to be a change in how he perceives himself in relations to experiencing distress. It seemed like Charles saw it as a fault within himself and this perhaps led to him denying his distress initially. This may be because this view of himself appeared to be threatening to how he thought he should be as a man. Furthermore, Charles may have wanted to deny his distress because of the shame that came with his sense of himself as weak. He then seems to be conveying that he no longer sees it as a fault but perhaps an opportunity for growth. Charles' reflection seems to be packed with compassion and optimism in the way distress is viewed, which may help him in the future to seek help quicker.

Richard also shares a similar reflection to Charles:

> *"...I use to think that it's just me being weak yeah but errm it it's definitely not that, it's cause we are human beings, we've been built with all of these emotions and what not, I feel like to suppress it is like the worst thing in the world..." Richard, 651-654*

Richard also seems to share the shift in the way that he sees himself. He seems to have gained insight from the view of being raised without emotions to an acceptance that it is human to have emotions and bottling it can have catastrophic consequences. Richard's view also highlights a shift from how he has been socialised as a SGWAM that the way to cope is by bottling up one's emotions. He seems to have gained insight that this is not the best way to cope and when he experiences distress in the future, one can imagine that he will not have a sense of himself as weak and feel able to express how he feels.

Jason also spoke about the shift in how he perceives himself in relations to seeking help:

> *"…so I think, maybe originally, I'd think, I will have thought that people will see me as being weak after doing it, but now maybe that's reduced somewhat, I wouldn't say it's completely gone…" Jason, 15-16*

Though Jason does not appear to have a complete change in his perception of himself as weak for seeking help, he also appears to acknowledge that this is minimised. It may be that he is aware that others may not have gained his new perspective as they haven't been through therapy, whereas he has. Jason seems to be enriched with an additional way of looking at mental health and seeking help, which does not cancel out the 'old' way, but coexists with it, hence him saying 'I wouldn't say it's completely gone'. It could be seen as a form of cognitive dissonance, whereby two competing thoughts are equally valid and believed to an extent in Jason's mind.

For the participants, the change was attributed to various things. Charles and David talk about their own experience:

> *"….you see a lot of like publications and adverts, they are encouraging men to come forward and talk…" Charles, 739-740*

> *"….people have actually created platforms to help people like us who need the help because this is not a thing that should cause shame or is not a thing that should be*

an issue to seek errm professional help for, so I think the normalising itself is actually what is making these things more accessible or even cheaper and more relatable to people…" David, 223-226

Though Charles has been socialised to believe that men should deal with their own distress, he is faced with a new message through the media which gives him the permission to seek help and Charles appears to resonate with this. This may help Charles to feel like it is an acceptable act and not one that he should feel stigmatised over. David also seems to imply that having a platform for ethnic minorities to seek therapy has almost made therapy a "norm" amongst ethnic minorities rather than an 'atypical' experience. For Charles and David, they may have felt a sense of relief being a part of this new normal because it reconciles their newly acquired perspective.

Superordinate theme three highlights how professional help is only sought after all other ways of coping have been explored and found to be insufficient or ineffective. After professional help was then sought, it is suggested that the help was best engaged with when there was an option to work with an African descended male therapist. Finally, a change in how emotional distress and seeking help is viewed was observed. The next chapter of the thesis will look at the findings of the thesis further and how they are connected with other literature on the topic.

6. Discussion

The current study attempted to address the research question 'how do SGWAM in the UK experience seeking professional help for psychological distress for the first time?' This was as a response to the lack of data on how this rapidly growing population in the UK (Stahl et al, 2017) seek professional help for psychological distress. Knowing how SGWAM cope and seek help is of great importance in order for Counselling Psychologists and other allied health professionals to provide timely and effective interventions at the point of distress.

In this chapter, the results from the analysis are discussed in connection with existing literature on the topic, as well as any new findings that may have emerged. This will be done by discussing each superordinate theme as it appears in the analysis section. This follows a temporal sequence that looks at factors that have predisposed the SGWAM to not seek help or express distress, how this was manifested at the point where they were distressed is then observed and finally the journey to engaging with professional help is explored.

The applicability of the findings and its implications for practice within CoP, research, training and public health will be discussed. In the evaluation part of this chapter, the strengths and limitations of the research and findings will also be explored. A conclusion and potential areas for further research on the topic will be put forward. Finally, I will be concluding with my reflectivity of the whole research process as a final acknowledgment of my role as a person who is invested in the topic and whose subjective position also had an impact on the interpretation of the findings.

6.1 Summary of findings

The first superordinate theme "predisposing factors to not seeking help or expressing distress" highlights factors in the participants' upbringing and culture which seemed to have played a role in how they see expressing emotions and seeking help. Based on the predisposing factors around culture and upbringing highlighted in superordinate theme one, the second superordinate theme "Manifestation of predisposing factors within the self" looks at the impact of these factors on the men as adults at the point in which they were experiencing psychological distress. The third superordinate theme, "the journey to engaging with professional help", looks at the journey and steps that the participants took on the road to engaging with professional help.

6.2 Research findings and existing literature

6.2.1 Superordinate theme one: Predisposing factors to not seeking help or expressing distress

Sub-theme one: Raised to not express emotions

The participants spoke about their upbringing and how they have been socialised to not express emotions, with the expression of affect having negative connotations. Kevin for example described how he and his family are "standoffish" (p.2, line 77) when it comes to emotions. Jason also spoke about his mother instructing him not to cry following the death of his grandmother. This expectation to perhaps supress emotions has been highlighted in previous studies with ethnic minorities (Matsumoto, 1993; Dzokoto et al; 2018; Rae, 2016). For minority parents like Jason's mother who instructed him not to cry, the disapproval of their children showing emotions may be due to worry that this vulnerability will leave their children open to judgment, discrimination and oppression from the majority ethnic group as suggested by Dodge at al (2005). However, this is in contrast with Nelson et al's (2012) findings which suggest that minority and majority ethnic parents do not differ in how they perceive the negative consequences of displaying negative emotions.

Overall, one can imagine that if the participants have grown up in an environment whereby the expression of emotion was not encouraged and emotions when expressed were maybe neglected and not validated to be acceptable, this will have an impact on how they resolve emotional distress (Webb & Musello, 2012). This indeed tells us psychologically what this group may learn as children about what they should or shouldn't do when it comes to expressing emotions. It is possible that there may have been some conditions of worth (Rogers, 1961) placed upon the SGWAM around the expression of emotions being a weakness. Therefore, in order to feel accepted by their parents, the SGWAM might internalise these conditions of worth and believe that they are weak, if they show emotions.

Sub-theme two: Culture of silence and avoidance

When thinking about the second predisposition to not seeking help, the second sub-theme "culture of silence and avoidance" looks at the participants' experience of growing up within the West African culture and Black community at large. It looks at the idea that people do not ask for help and they keep quiet about what they are going through. This culture of silence also brought up challenges for recruitment of participants for the study as I was often told by other West Africans who were approached to help with recruitment that the men would not come forward to talk. Even the attempts to use a snowball technique (Croucher & Cronn-Mills, 2015) for recruitment failed at times as the people who were identified did not want to come forward to talk about their experience. This idea that West Africans and people in the Black community do not seek help for psychological distress from the participants' point of view is a new finding that has emerged in the current study and contradicts other research with immigrants and at times the participants' accounts. For example, other literature on this topic has shown that immigrants do seek informal help through family and religious leaders for example, though not always professionally (Han et al, 2017; Villatoro et al, 2014; Grupp et al, 2019). In addition, the participants also later go on to acknowledge how they and their parents have sought help informally through religion as well as through family and friends.

At other times, there was also an acknowledgment that help is not usually sought until issues become critical. This delay around seeking help and the idea of the situation worsening as a result of this has already been highlighted in research on ethnic minorities and specifically Africans (McCann et al, 2016; Morgan et al, 2006; Kataoka et al, 2002). Because of the delay in seeking help, Black Africans are said to sometimes come in contact with services at a time of crisis through unpleasant routes like the police or forced hospital admissions (Morgan et al, 2006; Keating, 2007). However, though a delay in seeking help was observed in the current study, one could argue that the impact of this for the

participants in the current study was not as adverse, compared to findings in other literature (Morgan et al, 2006; Kataoka et al, 2002). This is because even though they delayed seeking help, the SGWAM did eventually seek out help for themselves and they did not get to a crisis point, unlike others who may sometimes come in contact with services through forced routes. Nevertheless, the findings from the current study do suggest that there is still a form of delay. Therefore, in order to prevent the worsening of mental health issues, it will be of great importance for Counselling Psychologists and mental health services to intervene through partnership with relevant West African organisations, in order to encourage early access to services and present the idea of seeking help as a non-threatening endeavour.

Sub-theme three: Modelling parents

Though the participants talked about the influence of their British culture just like other studies with second-generation immigrants (Chella, 2007; Tarabi et al, 2020; Abouguendia & Noels, 2001; Lay & Nguyen, 1998), what appeared to be strong in this study was the influence of their parents. The participants' parents and West African culture appear to be the strongest influence when it comes to the idea of seeking help. The participants spoke about how their parents do not express emotional distress and the view that they have been able to cope successfully with many adversities on their own without needing to seek help. They also spoke about their own expectation to also cope in this way. The sense of being weak as a result of their perceived inability to successfully cope with psychological distress on their own, in comparison to their parents was also highlighted.

When one considers the observation learning theory (Bandura et al, 1961), it is understandable that the participants would naturally observe and learn about coping with emotional distress through their parents as key attachment figures quite early on in their lives (Bowlby, 1969). Therefore, to some extent, it is to be expected that the participants will learn how to cope with distress from their parents and model this. Furthermore,

Bandura et al (1961) highlight that there needs to be a motivation to model someone for modelling to be successful and one can say in the participants' case, the fact that they perceived that their parents have been able to overcome adversities and cope effectively will be an incentive to model them. At the same time, someone like Charles also conveyed that this idea that his parents are strong may just be a façade deployed in order to project a 'strong' image for their children. Therefore, the idea that his parents are strong and able to cope effectively on their own may not be entirely believed by Charles.

With the knowledge around the strong influence of the first generation on how the second generation view distress and seek help professionally, there is scope to do some work with the first generation West Africans. This could take the form of education or awareness raising around helpful behaviours that could be modelled to the second generation around the expression of emotions and seeking help.

6.2.2 Superordinate theme two- Manifestation of predisposing factors within the self

At the point in which the SGWAM were seeking help, the impact of the predisposing factors on how they sought help could be observed. Furthermore, these predisposing factors also seemed to have an impact on their overall sense of self.

Sub-theme one: Inaccessible mental state

The first sub-theme "Inaccessible mental state" is one that has not come up in previous research on this topic. It looks at the participant's difficulty recognising that they were experiencing emotional distress and how they did not have the labels for what they were experiencing. Because previous studies have mostly looked at help-seeking attitude, whilst the current study has looked at attitude and behaviour, it would make sense that this may not have come up as people would not have talked about their experience of distress and seeking help. The lack of labels for what was felt could be explained as the participants lacking psychological mindedness. Psychological mindedness is described by Beitel (2005)

as the ability for a person to recognise and understand the psychological process that is going on for them including emotional states. Whilst psychologically, the lack of recognition and label for what the men were experiencing may be conceptualised as them lacking psychological mindedness, it is important to consider the cultural context surrounding this for the SGWAM. For example, within a culture, the cultural display rule determines the types of emotions that are experienced and how often they are experienced (Malatesta & Haviland, 1982). The cultural display rule also sets the guidelines for how emotions are regulated and arguably will determine how emotions are recognised, experienced and expressed depending on one's culture. Therefore, it could be argued that the men may not be able to recognise certain emotions not because they are not psychologically minded but perhaps because such emotions are not within their cultural display rule. For example, in a study by Sauter et al (2009) looking at the recognition of emotions amongst people from a Western origin and people from Namibia, it was suggested that not all affective states are shared cross culturally. Therefore, it will be important for practitioners to consider the term 'lack of psychological mindedness' and be cautious about using it to describe SGWAM in their practice as this might not be completely accurate given the cultural context.

Overall, the inability to recognise and label their emotional state led to delay in seeking help as the SGWAM did not realise early on that they were experiencing psychological distress. Apart from the cultural display rule (Malatesta & Haviland, 1982) explanation that was suggested earlier, one could argue that the lack of label or recognition of one's emotional state may well have derived from stigma for the SGWAM. This is because if you don't talk about something because you see it as negative or a sign of weakness, your emotional 'literacy' will inevitably be impacted, making it less likely for you to be able to label what you're feeling. Furthermore, if you cannot label what you are feeling, you may be less able to articulate it to others and seek help.

In addition, this sub-theme also has implications for therapeutic interventions because if one is not aware of one's problems, one cannot take action to change (Prochaska et al, 1992). Therefore, psycho-education may be needed in therapy in order to help the SGWAM to explore their emotions. Furthermore, the findings from this sub-theme can inform policy making around the need for psycho-education aimed at this population through marketing campaigns and advertisement with the aim to provide information about how to identify different types of emotions and the purpose of these emotions. This understanding and recognition may facilitate early help-seeking. Furthermore, if the SGWAM are not able to label or recognise their emotional states, this may have implications on the effectiveness and usefulness of therapy, as well as the suitability of certain modalities (McCallum et al, 2003; Beitel et al, 2009; Price, 2016). This is because therapy and particular modalities delivered in their purest form requires the client to observe and talk about their thoughts, feelings and behaviour, the meanings attached to their experiences and the motivation for their behaviour (Beitel et al, 2009). Therefore, more thought will need to be given about how therapy is delivered to SGWAM.

Sub-theme two: Men containing their own distress

Another sub-theme that came up was how the participants viewed themselves as men and how they felt that society expected them to cope as such. Though similar to modelling parents, this theme differs because whilst the men saw how their parents coped and felt they should cope in the same way, the sub-theme "Men containing their own distress" is more about how they feel society expects them to cope. This sub-theme is very consistent with literature on gender role socialisation (Robertson, 2001) and help-seeking. What was found through the literature review was how traditional masculine ideologies was a predictor of attitudes towards help-seeking with men across different cultures (Clark et al, 2018; Ritchie, 1999; Good & Wood, 1995; Mendoza & Cummings, 2001; Rae, 2016). Likewise, in the current study, the participants talked about the perceived expectation for

them as men to be stoic, macho and put up a bravado, these are all traditional male stereotypes described by Mahalik et al (2003) that are normally not in line with seeking help.

The findings from the current study differed from previous studies that have found men with higher education to have less rigid views about gender roles (Vogel et al, 2011; Myers & Booth, 2002; Hammer et al, 2013). Though education was not looked at within the current study, it was found that the men were educated to degree level and above. It could be argued that they still held these traditional gender roles despite their level of education. At the same time, one could argue that they did eventually seek help and perhaps their level of education may have played a part in this. However, we cannot determine this as it was beyond the scope of the current study.

Sub-theme three: Discounting distress

Another way that the predisposing factors in their upbringing manifested itself at the point of seeking help was that the SGWAM discounted the severity of their issues and there was a perception that counselling and therapy was a place for more acute issues. It could be argued that if you have been raised in an environment where you do not see many people seeking help through therapy and you feel that your parents have dealt with more severe issues without therapy, you may not feel like your own issues warrant therapy. This view of counselling and therapy being a space for more severe issues has been found with previous research with ethnic minorities (Camacho, 2016; Alvidrez, 1999; Interian et al, 2007). Overall, the findings from this sub-theme suggests that more awareness raising is needed amongst SGWAM so that they are aware of the range of situations, reasons and emotional states why they might choose to seek psychological therapies. Furthermore, if SGWAM have a tendency to minimise their distress and feel their issues are not severe enough for professional help, they may feel guilty and not come to seek help from services at all because they may feel like there are people who are 'worse off' than them. If they do

come to services, they might present in such a way during their assessment that their issues are minimised and they may not meet the criteria for therapy. Unlike most of the participants however, Kevin felt like his issues were severe and he was hoping to get a diagnosis from therapy. This also seems to demonstrate that there might be a lack of awareness about what to expect from therapy and different mental health professionals. Therefore, it will be important for Counselling Psychologists to clarify expectations for therapy when they do come for therapy the first time.

6.2.3 Superordinate theme three- The journey to engaging with professional help

Sub-theme one: A last resort

The final superordinate theme looked at the journey that the participants took to engaging with therapy. The first sub-theme looked at how the participants started seeking therapy after other ways of coping were thought to be insufficient or unsuccessful in helping to alleviate their distress. This is consistent with previous research which shows that ethnic minorities would consider informal ways of coping before seeking professional help (Grupp et al, 2019; Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010) and would only consider using mental health services after all other ways of coping have been tried (Camacho, 2016). At times in the study, it was not that other informal coping mechanisms like religion were unhelpful but rather the participants felt like they could benefit from additional support in form of therapy. This reflects the findings from Villatoro et al's (2014) study, whereby the ethnic minorities who sought help through religion also used mental health services. This provides further evidence that religion does not act as a barrier to seeking professional help as previously found (Lee, 2015; Mantovani et al, 2016) and also perhaps other ways of coping are sometimes needed in addition to religion. In viewing professional help as a last resort, there also appeared to be something about being in a state of desperation which also led to engaging with professional help. This is consistent with Tarabi's (2016) study whereby the second-

generation Pakistani Muslim men went to therapy due to feeling unable to cope and being desperate for help.

The sub-theme "Last resort" also contradicts the findings from similar studies around family support. In previous studies, the role of the family was highlighted to be important and served as an alternative to the use of professional help (Villatoro et al, 2014; Sabogal et al, 1987; Alvidrez, 1999; Ramos-Sánchez & Atkinson, 2009). However, what was found in the current study was that speaking to family was found to be unhelpful as participants sometimes did not feel listened to, understood or validated, all the reasons why someone might go to therapy. This lack of understanding was also suggested by Tarabi (2016) to be barriers for second-generation Pakistani Muslim men opening up to their family about their distress. Therefore, it can be said that in some ways family support might not provide what an individual needs when they are distressed and therapy might be the best place to get this.

Based on this finding, it is important for mental health services to be aware that SGWAM may not want to utilise their family network in a way that first-generations may do, even if it is available. It may also be useful to think about doing some work with West African families in the UK around how members of the family can support each other appropriately around their emotional health. This intervention may take the form of an awareness of helpful responses to validate family members when they are distressed.

Overall, what we can learn from this sub-theme is that whilst informal support may be helpful, professional support might still be needed to accompany it. Furthermore, some informal support systems like family may not be as helpful for some minorities like SGWAM as assumed.

Sub-theme three: Search for a mirror

The sub-theme “”Search for a mirror” looked at the participant’s search for a therapist who they could relate with and who understood their background. Previous studies have found that ethnic minorities have a preference for ethnic minority professionals, with the view that they will be able to understand them better (Meyer & Zane, 2013). It is also believed that they will feel better able to trust and open up to such a professional (Camacho, 2016). However, unlike other studies, the findings from this study goes beyond having an ethnic minority professional who understood them. There appeared to be something about having someone who they perceived shared lived experience and similar identities with them. It was about mirroring in terms of ethnicity and gender and at other times an extra layer of religion and age. Interestingly, when gender and ethnicity was not mirrored in the form of a Black African descended man, the level of engagement in therapy and the perceived usefulness of therapy was sometimes affected. This need for a mirror, someone who was like them could be understood as safety in the familiar. As established from the analysis, seeking help in general let alone professionally is uncharted territory which may feel unsafe. Therefore, finding someone who looks like them to share their vulnerability with may be the safety they need to go into this territory. In addition, it can be assumed that the individual will understand what it means to grow up in the African culture, therefore there will be a sense of belonging and mutuality shared in the therapy room as a result. It will also make sense that sharing a sense of belonging with the therapist may be what draws them to particular types of therapist. This is because as humans, we want to associate with others and form relationships with people who are like us (Over, 2016).

This sub-theme highlights the need for people who look like the SGWAM in the profession, who at the moment are not well represented (York, 2020). It also throws up challenges for teams or services who may not have as much of a diverse workforce. Nevertheless, in services where this matching cannot be offered, a curiosity and

willingness to learn about the experience of growing up as a SGWAM in the UK will be very important. This includes the challenges faced as a SGWAM, as well as the unique position of being brought up by West African parents and being born in England. Overall, what is very strong is a need to be understood when the SGWAM come for therapy and one can imagine this will be even more important if they do not feel validated or understood by their family members.

Apart from needing to find a mirror to engage in therapy, the SGWAM also seemed to feel like the lack of it institutionally also resulted in an unwillingness to seek help informally. This was the case with Jason who did not feel able to open up about the difficulties around his studies because he felt like an outsider because there weren't any Black students or teaching staff on his course. This highlights how institutionally, whether at work or in education settings, SGWAM may find it difficult to open up and may not feel safe being vulnerable amongst others who do not look like them. Therefore, it seems systemically, SGWAM may sometimes feel like they do not belong and lack social identity, which may have an impact on their self-worth (Cialdini et al, 1976) and the ability to speak up and seek help.

Sub-theme three: A new perspective

The final sub-theme in the results revealed a unique finding around how upon reflection, the men experienced a change in how they viewed emotional distress and seeking help. Overall, it is uncertain what this change was down to. Though we can assume that therapy may have created changes (Jarrett, 2017) in the SGWAM, we cannot attribute the changes in the way emotional distress and help-seeking is viewed uniquely to therapy. Therefore, further research will be needed to establish what the change in how emotional distress and seeking help is viewed may be attributed to.

In his interview, Richard talks about how he now views emotions, he spoke about the realisation that he is built with emotions and therefore it is natural to let it out and not

suppress it. This change in how he views emotions may be attributed to the insight he now has about emotions, and this insight has been considered a therapeutic concept that has been found to facilitate change (Johansson et al, 2010; Mahoney et al, 1989). The insight may have been provided through therapy but also the experience of distress itself may have brought about the realisation that he is someone who has emotions, contrary to belief from his upbringing.

When the men also talked about their distress and the change in how they saw asking for help, they appeared to talk about their situation in a more compassionate way. This compassion has been found in previous research to minimise the tendency to internalise the perceived stigma from the public around mental distress (Heath et al, 2018). This may be because instead of judging themselves and perceiving themselves in a negative light for seeking help, they have been able to identify their distress, sympathise with it and seek relief for it. These are all elements Jazaieri et al (2013) described as ingredients for compassion. Therefore, one can hope that this compassion will allow them to seek help in the future if needed. Other things that were spoken about which may have brought on the change was also the process of seeking help itself. This may have disconfirmed the perception of them as weak as Jason points out when he says, "after doing it" (p.16, line 1). Though it is unclear what it was about seeking help itself that created the change, perhaps the act of seeking help disconfirmed Jason's feared outcome of being stigmatised, which in turn made him view seeking help differently. For example, one might carry out behavioural experiments in CBT as a way of disconfirming feared outcomes or dysfunctional thoughts (Clément et al, 2019). Therefore, "doing it" may have helped disconfirm some of his beliefs and the self-stigma he holds around seeking help. Finally, some of the change was also attributed to the media and mental health campaigns as this helped to normalise seeking help and emotional distress for the SGWAM. This could highlight the potential impact of recent mental health campaigns for men in shifting the

gender role socialisation in the UK, therefore creating a sense that men can express distress and ask for help.

The findings from this theme shows how perhaps through the experience of distress and the journey to seeking help, a change occurs. Though it is not clear what factors exactly this change can be attributed to, one can assume that therapy is the most likely reason for change. This is because therapy is a process where you get accustomed to talking about your emotions, recognise them, label them and work through them. It is a process that forces you to do what counter intuitively the SGWAM have not had to do much of before, to look directly at their difficulty, instead of trying to ignore them. Therefore, therapy may have facilitated the change from a maladaptive coping mechanism to an adaptive one, leading to what seems to be essentially acceptance and compassion (Yadavaia et al, 2014). At the same time, it is worth noting that this is the experience of people for whom therapy 'went well', but little is known and thus can be concluded about those who found therapy unhelpful.

The findings from this sub-theme also demonstrates how even though there are early experiences that have predisposed the SGWAM to not asking for help informally or professionally, these individuals can get to a place where help is sought. It is also worth noting that this change in how they view asking for help and emotional distress may have lessened their self-stigma, and therefore made them more willing to take part in the current study.

6.3. Applications for research and practice

The current study has applicability for research and clinical practice in a number of ways. This applies to Counselling Psychology, other relevant professions and public health. The findings will be helpful for Counselling Psychologists and therapists at large in regards to useful ways to work with SGWAM.

From the first superordinate theme, what was found was the idea that SGWAM have grown up in a culture where the expression of emotions are limited and sometimes when they are expressed are met with criticism. Therefore, it will be useful for Counselling Psychologists to be aware of this and create a space for their SGWAM clients to feel able to openly express their emotions without the fear of criticism. In addition, it is also possible that they may not be able to recognise and understand the psychological process that is going on for them, and not feel able to express their emotions which may impact therapy negatively (McCallum et al, 2003; Beitel et al, 2009). Therefore, before therapy begins or in the beginning of therapy, psychoeducation on identifying and naming emotions may be useful. Psychoeducation programs such as these on labelling emotions have been said to be effective in developing a profound understanding of emotions as well as regulating emotions (Fassbinder et al, 2016). Therefore, being able to recognise and label their emotions through psychoeducation may allow them to develop self-awareness and enhance their emotion regulation skills in order to manage difficult emotions more effectively and reduce emotional distress. Furthermore, having the language for their emotions may help them to communicate it to others and seek help accordingly. In addition, such psychoeducation program could also help them to become aware of the function of emotions, which will help them to develop a healthier relationship with their emotions, rather than seeing them as something that they should not have.

From the findings in superordinate theme one, the participants talked about the culture of silence which highlights the conditions of worth (Rogers, 1961) around not talking about emotions, in order to be accepted. They spoke about the idea that culturally, people do not ask for help, as well as the stigma of being perceived as weak for asking for help as also suggested from Rae's study (2016). Internalising such an experience as suggested by Thorne (1991) may have led to the SGWAM developing a sense of themselves as weak. Therefore, this sense of being weak may need to be worked on in therapy. Working on this

condition of worth may help SGWAM achieve self-actualisation (Roger, 1961) and be accepting of all of their emotions. This may also help them to respond to themselves and their distress from a place of compassion, with the acknowledgement that seeking help or expressing emotions is not a weakness. Furthermore, in therapy it will also be important for their courage for seeking help to be validated.

The findings from the study showed that the men viewed professional help to be more for acute issues. One could assume that if Black men are found to be overrepresented in secondary care services compared to primary care services (Morgan et al, 2006), it is understandable that the SGWAM might have an impression that professional intervention is usually at this point rather than primary care. Therefore, more campaigns are needed in the West African community to encourage early intervention, as well as education around different reasons why therapy may be suitable. Such campaigns may help individuals to navigate to get professional help quicker at the point of distress. It may also help them to feel validated in their decision to seek help professionally. At the same time, it may normalise the idea of seeking professional help within the West African community. Furthermore, if services are seeing West Africans early on at the point of distress, it is hoped that less long-standing mental health issues and acute presentations will be seen within this community. It will also be important for various health professionals that come in contact with SGWAM to be aware that they may present in such a way that their issues are minimised, if they have a view that professional help is more for acute presentations. As a result, the severity of their distress may not be picked up on. Therefore, various tools and different line of inquiry to assess their difficulties, which are both explorative and symptom based may be needed.

In the current study, therapy was found to be a last resort and other ways of coping like religion were mostly considered first. At the same time, these were not found to be completely useful to alleviate feelings of distress and sometimes professional help was

needed alongside religion for example. With this in mind, there is scope for services to work with faith-based organisations in order to integrate and embed professional help and practitioners within West African communities, with the aim to establish familiarity. This could in turn make formal help less stigmatising and intimidating. In this way, formal support can be thought about as well as informal support, rather than as a last resort. Furthermore, it is hoped that this will increase the sense of hope and choice that individuals within the West African community have around their distress with the knowledge that there are various interventions accessible to them apart from the traditional routes that they may typically access.

The biggest finding from this study which has implications for training and practice and appears to be an enabler for engaging with therapy is around the need for the SGWAM to have a therapist who they can relate to. This has implications for the recruitment of Black African descended Men who are Psychologists and said to be underrepresented within the profession (Beasley et al, 2015) into teams as well as training programmes. Furthermore, it will also be useful for services, where possible to match the SGWAM to professionals who are men and African descended. As found in the current research and previous studies (Tarabi, 2016; Camacho, 2016; Meyer & Zane, 2013; Blank et al, 1994) such matching has been found to be linked with better treatment outcomes and engagement. It also provides a sense of belonging and hope, as well as enhancing the sense of being understood. However, it is important to acknowledge and reflect on the limited scope for services to do this at present. This recommendation may not be realistic for a lot of services due to the limited amount of Black male psychologists within the profession as shown in literature (Beasley et al, 2015). However, where this is not possible, it will be important for non-West African male therapists to understand and educate themselves about what is like to be a SGWAM in the context of gender, culture and race. It will also be important to reflect on their difference with the SGWAM and what this might mean for therapy.

Finally, the role of men like the ones that have taken part in this study as community champions and peer supporters, who can normalise seeking professional help for emotional distress amongst SGWAM and the West African community at large should be considered. Where approaches like this have been taken with other communities, groups and across various health conditions, it has helped to reduce stigma, increase self-esteem and sense of empowerment (Repper, 2013; Graham & Rutherford, 2016). It has also been found to increase access to services and support with the prevention of serious health conditions (Parnez & Martowicz, 2015).

6.4. Evaluation and future research

The current section will be used to look at methodological strengths and weaknesses of the study.

As one of the few studies that has looked at help-seeking behaviour as well as attitude, the current study has provided good insight into how SGWAM might actually seek help professionally when they are distressed, rather than just their attitudes towards seeking help professionally. Using IPA has allowed for a detailed, reflective and in-depth exploration (Pietkiewicz & Smith, 2012) of what it means to be a SGWAM seeking help for emotional distress. Such methodology like IPA has offered insight into the unique experience of seeking help for these participants, how their culture and general upbringing has influenced this and what factors have hindered or facilitated seeking help. However, due to the double hermeneutic (Smith & Osborn, 2007) feature of IPA, another researcher may have offered a different interpretation and findings. Therefore, the findings are subjective and we may not fully grasp what it is really like to seek professional help as SGWAM. Furthermore, my own identity as an immigrant working within mental health will have also had an impact on my interpretations to some extent. For example, sometimes whilst interpreting the participants' accounts, I was not able to provide deeper interpretations for some of the participants' material that chimed with my own experience

in regards to their upbringing as I sometimes assumed that I understood and took what was being said at face value. It is therefore possible that some of the meanings captured are my own interpretations of my subjective experiences rather than the participants'. However, I tried to mitigate this as much as possible through reflexivity, reviewing my interpretations with my supervisor and following the guidelines provided for IPA, in an attempt to increase validity.

Whilst reviewing the methodology, a number of factors should be considered in regards to the participants. There is hope that the current study can provide insight into how seeking help professionally is experienced for SGWAM, other second-generation non-West African men, ethnic minorities and Black men at large. However, with a small sample size, one cannot make such generalisations. Nevertheless, this study does allow some learning around how a specific age group (25-34) that are said to have a high rate of common mental health issues in the UK may seek help. However, though this age group has been chosen on the assumption that 25-34 year olds in the UK have a high rate of common mental health issues, we do not know if this is the age bracket where there is a high rate of common mental health issues amongst SGWAM specifically. This is because we do not have this break down by ethnicity and generation and it is possible that another age bracket may have been more important to look at amongst SGWAM. Furthermore, though this is the age bracket for common mental health issues, further research is needed to know how people with more severe mental health issues such as psychotic disorders for example seek help. This will be important to know as there is a higher prevalence of psychotic disorders for example amongst Black men (3.2%) compared to their White counterparts (0.2%; GOV.UK, 2017) and they usually come in contact with services in a less therapeutic way like the police or criminal justice system (Keating, 2007).

When attempts were made to recruit through snowballing, some individuals who were recognised to be suitable were not willing to take part. This in some ways has implications

for the ninth sub-theme around the change in how distress and seeking help is viewed. It may be that the people that took part in the study were people who have less self-stigma and want to breakdown public stigma. Therefore, the change in their view may have been what motivated them to take part. On the other hand, the people who did not want to take part may have still held a stigmatising view around seeking help which may have stopped them from opening up about their experience. This also brings us to the other observation around the amount of times people who took part in the study had sought help. Initially, the aim was to have people who had only sought help once take part in the study. However, this proved in some ways to be difficult and the criteria was revised to include people who have sought help twice also. It would make sense that if you have only sought help once, you may not do it again or be willing to take part in a study to talk about it, if you carried shame and stigma around mental distress and seeking help professionally. For the participants who sought help twice, even though attempts were made as much as possible to ask only about their experience of seeking help for the first time, people inevitably talked about their second experience also. As a result, it is possible that the experience of getting professional help more than once may have had an impact on how emotional distress and seeking professional help is made sense of. Therefore, further research is needed to look at people who have only sought help once. In addition, the ideal scenario would have been for us to capture their experience as they are seeking help, instead of them recalling their experience after. As a result, their recall of their memories and feelings of the experience may have not been as rich or accurate (Lacy & Stark, 2013). Furthermore, though people were recalling their experience of seeking help as adults for the first time, some of the participants were recalling an experience from the previous year, whilst for some it was an experience from 7 years before. This will have also affected their recall of the experience and feelings associated with it. One can also assume that how someone viewed seeking help and distress in their early twenties may be different to their late twenties and therefore the change in how seeking help and distress is viewed may also

be attributed to this. For example, a study by Farrer et al (2008) suggested differences across different age groups around mental health literacy and help seeking attitudes. Overall, further research is needed to understand what the change in how seeking help and distress is viewed is attributed to as this was not part of the scope of the current study. This will be very important to know in order to understand why some SGWAM might seek help compared to others. If we know why some SGWAM might seek help and why some may not, it can help to better target awareness raising interventions to encourage help-seeking across this population. Furthermore, as mentioned in the previous section, if we assume that the change in how seeking help and emotional distress is viewed is attributed to therapy for a group of participants whom therapy 'went well' for, little is known and thus can be concluded about those who found therapy unhelpful. As a result, we are left without the possibility of generalising the experience to that of those who may not have had a similar positive experience of therapy or seeking help.

Whilst looking at the countries that the participants descended from, it is worth noting that the sample was not representative of the West African population in the UK. There are16 countries in West Africa which are reflected in the UK population (ONS, 2020), however five out of the six participants in the study were from Ghana with one from Nigeria. Furthermore, they were all born and raised in London, though this is not completely out of the norm with London being one of the places which houses the largest population of immigrants in the UK (Hatch et al, 2011). However, we can say that the voices of other SGWAM are not represented. Therefore, based on these participant characteristics, we cannot generalise the findings to all SGWAM. This also opens up questions about whether there is something about Ghanaians and their willingness to come forward to talk about mental distress and seeking professional help or whether there are vulnerabilities which predisposes them more to psychological distress. At the same time, it is worth noting that three of the participants were acquired through snowballing and it would make sense that

they will have Ghanaian friends and grow up in similar communities. Nevertheless, there were still two Ghanaian descended participants that took part from responding to the advert. Whilst also thinking about the sampling method, the nature of snowballing sometimes means that participants may have chosen people who are similar to them or who they know might be passionate about the topic, thus opening the findings up to further biases (Croucher & Cronn-Mills, 2015). At the same time, a snowballing approach may have also helped to keep the group homogeneous.

Whilst also thinking about the methodology, it is important to think about my identity as a West African female interviewing men about their experience of distress. As identified through the study, professional help was better engaged with when there was a mirror, one which I did not completely represent for the participants. Therefore, the participants may not have felt all that comfortable to be vulnerable and open up about their experience that much with me.

A final note on the participants is that they sought professional help mostly through private practice or through institutions like work. Some of the reasons for this was because there was a lack of awareness as to how they can get help within the NHS and at other times guilt around using services because they felt like there were people in more need than them. At times, participants also stopped therapy for financial reasons. Overall, we can assume that the participant were in positions where they were able to afford private practice to some extent or have a job that could pay for therapy. However, we don't know how someone from a lower economic status or someone who is not able to access help through work for example might seek help. This is important for further research especially with economic status and poverty having a significant impact on mental health (Elliott, 2016).

7. Final reflections

So far my reflexivity has focused on my relationship with the current topic, the process of the literature review, recruitment and interview. My final reflexivity will focus on the analysis, my findings and what I am now left with upon completion. Jackson and Mazzei (2013) acknowledged that the researcher will have an impact on the analysis and interpretation of the findings of the research. Therefore, I will also be using this section to reflect on my "values, biases, assumptions and intentions" (Chan, 2017, p 5). I will also be thinking about my choice of reporting particular findings and discarding some (Alvesson & Sköldberg, 2000).

Firstly, I wanted to reflect on the biggest change in my life since I started this topic about three years ago. In the last year, I became a mother to a second-generation West African boy who will grow up to be a SGWAM one day. I thought about how the interview and analysis may have been impacted by my identity as a mother and how I may have been drawn to noticing the influence of the first-generation parents in the lives of the SGWAM. As someone who was also brought up by first-generation parents, I shared similar experiences with my participants and this shared experience also had an impact on my interpretations. At times I was not able to take a more curious stance and provide deeper interpretations about things that were said as I often assumed I understood, because they chimed with my own experience. As a result, I had to revisit my analysis and tried as much as possible to bracket my assumptions and really approach the data as someone who was not trying to find familiarity, but who needed to gain an understanding of the participants' world. I am also aware of how this could have also impacted the interview process and how I may have not explored some avenues further because I assumed I understood. Many times, my participants also assumed I understood when they would sometimes say "we" (indicating me) when they described certain aspects of their narrative. This may have led them to also not share some things with me because they may have thought that I already

knew. At the same time, this familiarity may have also allowed them to feel safe and open up to me.

Before approaching the analysis, I was faced with anxiety and stress because of the pressure to convey what was important to each of my participant and a worry that I may interpret the data in a way that does not accurately capture their experience. However, when I began to revisit some other people's work on IPA and reminding myself about the subjectivity of my findings, I felt some sense of relief from this anxiety. I found IPA as a methodology in this sense to be forgiving as it acknowledges the researcher's subjectivity and the pressure that came with the responsibility was somewhat minimised as I filtered the participants' voices through my own. Also, because I found myself so full of gratitude for my participants' time and my assumption about what it may have meant for them to speak about such a topic, I felt even more indebted to capture all of their experience accurately.

During the analysis and interpretation, I was also aware of my discomfort at times to interpret religion as ineffective as a coping mechanism. This is because of my experience as someone who has found Christianity and God to be a valuable resource to wellbeing. I did not want to portray that coping in this way was ineffective and was perhaps governed by my view of religion to be complementary to other ways of coping. Therefore, at times I found myself being tentative and really thinking about what seems like the right words to capture the role of religion in coping from the participants' point of view, rather than imposing my own beliefs.

Whilst reflecting on the process of the interview and analysis, I was also aware of the issue of race. Whilst doing the analysis, I became aware that I was mirroring my participants when they talked about the issue of race during the interview. Participants had a sense of caution around talking about race and would often say "I don't want to make it about race" when they talked about how the social challenges they faced as Black men affected their

willingness to ask for help for example. I also mirrored this by omitting race in my results section to start with. However, with the resurgence of the Black Lives Matter movement whilst I was doing my analysis, I had to revisit my analysis and address race. It was as if the Black Lives Matter movement provided a space and in some ways permission to talk openly about something that I would usually talk about in settings where I only felt safe to do so. I also found my caution to openly talk about race to be interesting as I noticed how I was immediately drawn to the theme of "searching for a mirror". Even though I was not expecting to find this in the interviews or the data initially, I found myself wanting to cling on to it and find it in the analysis because it was something that I had been passionate about for so long since working in mental health. I have always been aware of the limited representation of Black male professionals like Psychologists and Psychiatrists in secondary care services for example. I have then thought about the overrepresentation of Black men as clients or patients in these settings and what the impact of not having professionals that look like them caring for them might mean. So when the first participant mentioned it and I found it emerging, I was aware of my need to prove this through the current study as a way of validating my thoughts through research. Because of this, it was more the reason why I needed other people to check my themes for me including the participants themselves which helped to keep me from allowing my assumptions and agenda to impact the findings.

Now that I have completed this work, I am left with a sense of what now? I am left with thinking about how I will translate these words on paper into something meaningful. At times, the thesis itself has felt like a task that needed to be done and at other times, I needed to remind myself that it is not just about writing words on paper, but these words needed to have an impact in some way. I hope I will be able to do more towards this cause to break down the stigma around seeking help professionally and see less disparity around

the mental health of not just SGWAM but Black men in general who are overrepresented in the acute mental health pathway.

8. Conclusion

The current study addressed the gap around the lack of data on how SGWAM seek professional help for psychological distress. Furthermore, whilst most of the previous studies on first-generation West Africans have looked at help-seeking attitude, the current study looked at help-seeking behaviour, in order to capture not only the attitudes that people have about seeking help for psychological distress, but to gain insight into how they actually seek help at the point of distress. In addition, using IPA also allowed for a deep exploration which provided new insights about how SGWAM seek professional help for the first time for psychological distress.

The findings suggest that within their upbringing and culture, SGWAM have a number of vulnerabilities which has predisposed them to not seek help for emotional distress. Psychological distress was perceived by the SGWAM to be coped with through religion and at other times, there was also a culture of silence or avoidance, whereby help is not sought and distress is not dealt with. The results also revealed that the SGWAM are greatly influenced by their parents in how they cope with distress. It was highlighted that their parents are perceived to be strong individuals who have been able to cope with their issues without needing to seek professional help and an expectation from themselves to do the same. The findings also revealed how their belief about how society expected them to cope as men caused a reluctance to seek help. The participants felt that there was an expectation to supress their emotions and deal with what they are going through on their own. As a result, seeking help was viewed to be stigmatising.

What could also be observed from the study was how the predisposing factors in their upbringing affected them at the point in which they were distressed. It highlights how delay in seeking help may not be solely down to stigma but also a lack of awareness of

their internal state and the perception of professional help to be for more severe issues which the SGWAM felt their difficulties did not warrant for. The results highlighted how professional help was engaged with only after other informal ways of coping were explored. Furthermore, after taking steps to seek professional help and they were at the stage of engaging in therapy, there was a need to see a therapist who they shared a similar identity with, this was in the context of gender, race and ethnicity. This was because of the sense of belonging, safety and hope that this provided. Finally, a change in how emotional distress and asking for help is viewed could be observed.

The findings from the study have a number of implications for practitioners and services. These include the need for services to respond to the cultural needs of SGWAM and where possible, the need to match SGWAM to Black African descended male practitioners as this appears to be key in engaging them with therapy. It also highlights how interventions may need to address the inability to recognise and understand the psychological process that they may be going through (Beitel, 2005), as well as potential negative self-evaluation of being weak for seeking help and maladaptive beliefs about themselves and emotions. From a public health point of view, it also highlights the need for more education within the West African community around the situations or emotional states where professional help may be suitable in order to prevent this population from having to access mental health services when their issues become severe.

9. References

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10. Appendices

Appendix A: Interview schedule

Appendix B: Research poster

Appendix C: E-mail templates used in recruitment

Appendix D: Participant information sheet

Appendix E: Consent form

Appendix F: Debrief sheet

Appendix G: Distress protocol

Appendix H: Example of social media post

Appendix I: Patient Health Questionnaire PHQ9-Spitzer et al (2000)

Appendix J: An example of initial notes and emergent themes for David

Appendix K: Chronological list of themes for David

Appendix L: Clustering of themes for David

Appendix M: Ethical clearance email from the research ethics review panel, London Metropolitan University

Appendix A- Interview schedule

1. What do you think about asking for help for emotional distress?
   (Prompt: What are your thoughts and feelings around asking for help for emotional distress?)
2. Can you tell me about the first time you decided to seek help professionally for emotional distress?
   (Prompts: Why do you think you decided to seek professional help during this time?
   What was going on in your mind then?
3. What does it mean to you to be a second generation West African man seeking professional help?
   (Prompts: do you think it is different if you are not a second generation West African man?
4. What does emotional distress mean to you?
   (Prompt: What are your thoughts and feelings around emotional distress?)
5. Can you tell me about your experience of emotional distress?
   (Prompts: How did you interpret your emotional distress?
   Could you tell me a little about your experience of being a second generation West African man?
   Do you think your experience of emotional distress would be different if you are not a second generation West African man?
   Do you think it is different from how your parents make sense of emotional distress, if so how?)

Appendix B-Research poster

PARTICIPANTS NEEDED

ARE YOU A 25-34 YEAR OLD BRITISH BORN MAN, WITH AT LEAST ONE OF YOUR PARENTS BORN IN WEST AFRICA?

HAVE YOU EVER HAD THERAPY/COUNSELLING OR LOOKED INTO HAVING THERAPY? I WANT TO HEAR FROM YOU.

My name is Moyo and I am currently doing my training in Counselling Psychology at London Metropolitan University. For my research project, I am interested in finding out about how second generation West African men have experienced asking for help about something that has been emotionally upsetting/difficult for them. My university has approved the research to be ethical and I will also be following the guidelines set by The British Psychological Society who is the representative body for psychologists, including trainees.

The research question is:

How is seeking professional help for the first time experienced as a second generation West African man born in the UK?

There is some information out there currently about what first generation West Africans living in the United Kingdom think about asking for help for emotional distress, but there is little out there about what second generation West African men think about asking for help or their experience of it.

If you are a second generation West African male born in the UK between the ages of 25-34 and you have looked into having or had counselling or therapy, I will like to hear about your experience of making the decision.

The interview will take up to 1 hour in a local space or via skype at a time and date that best suits you.
If you are interested in taking part or would like more information, please contact me via the details below. I have also provided my research supervisor's details below.

Moyosore Obisanya, Email: moo0350@my.londonmet.ac.uk **Mobile:** [redacted] **Dr Raffaello Antonino, Research supervisor, r.antonino1@londonmet.ac.uk**

Appendix C: E-mail templates used in recruitment

Dear Sir/Madam,

I am a student on the Professional Doctorate in the Counselling Psychology programme at London Metropolitan University, and I am currently recruiting participants for my doctoral thesis. For my research project, I am interested in finding out about how second generation West African men experienced asking for help for emotional distress. I am particularly interested in interviewing people between the ages of 25-34 who have been to their GP or a therapy/counselling service in the last year to ask for help. I will be very grateful if the poster attached can be put up on a notice board within the service or shared with any relevant contacts. I have also attached a consent form and information sheet for more information. I will also be happy to speak to you further about my research project.

My study is supervised by Dr Raffaello Antonino, and he can be contacted by email (r.antonino1@londonmet.ac.uk). The study has also been approved by the university's ethics committee.

I look forward to hearing from you and appreciate your help with this.

Best wishes,

Moyosore Adofo

Appendix D: Participant information sheet

PROJECT TITLE
The experience of second generation West African men aged 25-34 seeking professional help for the first time for emotional distress in the UK.

INVITATION
You are invited to take part in this study looking at the experience of seeking counselling or therapy for emotional distress. The aim of the study is to capture the experience of second generation West African men in the UK seeking help for emotional distress for the first time.

My name is Moyo Obisanya and I am a trainee Counselling Psychology Doctoral student. I am being supervised by Dr Raffaello Antonino at London Metropolitan University. My university has approved the research to be ethical and I will also be following the guidelines set by The British Psychological Society who is the representative body for psychologists, including trainees.

WHAT WILL HAPPEN
You will be asked a series of open ended questions about your experience of seeking help for the first time and your views regarding emotional distress. This will be a one to one interview with myself in a room with a charity organisation or community centre near you. The interview can also take place via skype.

Before the interview, you will be asked to complete questions about how you have been feeling in the last 2 weeks. These questions will help to assess your mood and help to minimise the possibility of the things that we will be discussing affecting your mood negatively. If the questions indicate that you have been feeling low in mood to the point of hurting yourself, we will have to reschedule the interview for another date or you can decide not to take part anymore.

The interview will be audio recorded in order for me to refer back to when I am transcribing the interview. The recording will be securely stored away and will be discarded when it is no longer needed for the purpose of the study. Parts of the interview might be included in the final study, but you will not be identified by any of the information used as your details will be anonymised. Before the final data is submitted, it will be looked over by my research supervisor.

TIME COMMITMENT
The study will last approximately 60 minutes, this includes time to ask me any questions at the end of the interview.

YOUR RIGHTS
Your decision to take part is voluntary and you will be given a consent form to sign. If for any reason you do not wish to take part in the study during the interview, you can end the interview at any point. You can also choose to withdraw your responses up to 6 weeks after the interview if you no longer wish to be included in the study. You can also choose not to answer some questions if you wish.

If you wish to make a complaint about the interview, you can do by contacting my supervisor, Dr Raffaello Antonino (r.antonino1@londonmet.ac.uk).

BENEFITS AND RISKS

You are not expected to go into detail about the reasons why you sought counselling or therapy, though the interview might bring up some of the reasons for you.

CONFIDENTIALITY/ANONYMITY

You will not be identified by any personal details during the interview and you will be assigned a pseudonym in the study write up. Furthermore, any information that you give during the interview that you can possibly be identified by will be anonymised e.g. birthday, other people's names, place of birth or residence etc. Unless you state otherwise, I may also present the data at conferences, meetings or publish the data.

FOR FURTHER INFORMATION

If you require more information or have further questions about the study, my contact details and that of my research supervisor are available below:

Moyosore Adofo

Researcher

London Metropolitan University

moo0350@my.londonmet.ac.uk

[redacted]

Dr Raffaello Antonino

Research Supervisor

r.antonino1@londonmet.ac.uk

Appendix E: Consent form

CONSENT FORM

PROJECT TITLE
The experience of second generation West African men aged 25-34 seeking professional help for the first time for emotional distress in the UK.

PROJECT DESCRIPTION
The current study is looking at the experience of seeking counselling or therapy for emotional distress. The aim of the study is to capture the experience of second generation West African men in the UK seeking help for emotional distress for the first time.

Please answer the following questions and sign below:

I have read and understood the information sheet YES NO

My questions about taking part have been answered satisfactorily. YES NO

Though I will not be asked full details about the reasons that I received counselling and therapy, I am aware that that the reasons may come to surface for me YES NO

I am aware that I am not obligated to take part and can withdraw at any point during the interview, as well as withdraw my responses from the study up to 6 weeks after the interview. YES NO

I consent for my responses to be anonymised and shared as part of presentations, in meetings or published YES NO

I consent for direct quotes that I have said during the interview to be included in the study, I am aware that my name will not be included and any personal information which I can be identified by will be omitted. YES NO

_____
Participant's Name (Printed)*

_____ _____
Participant's signature* Date

_____
_____
Name of Researcher (Printed) Signature of Researcher

Appendix F: Debrief sheet

PROJECT TITLE
The experience of second generation West African men aged 25-34 seeking professional help for the first time for emotional distress in the UK.
……

Thank you very much for taking part in this study, the aim of the study is to capture the experience of second generation male West African immigrants in the UK seeking help for emotional distress for the first time.

I will now transcribe your response using an research analysis method called Interpretative Phenomenological Analysis (IPA), which will be included in the write up of the study. If you do not wish for me to include your responses in the study any longer, please let me know up to 6 weeks from this interview.

If you wish to find out more information or have further questions, please contact me via the details below. If you have been affected by any of the things that we discussed during the interview today, please contact your GP immediately. I have also included a list of relevant organisations that offer support around emotional distress below.

Once again thank you so much for taking part, I really appreciate your input and time.

Moyosore Obisanya

Researcher

London Metropolitan University

moo0350@my.londonmet.ac.uk

[redacted]

Dr Raffaello Antonino

Research Supervisor

r.antonino1@londonmet.ac.uk

Relevant organisations

Samaritans

Charity providing emotional support to people in distress nationally over the phone

Contact number: 116 123

Psychological Therapies (IAPT)

A National Health Service psychological therapies offer, providing evidence based treatment for anxiety and depression. Your local service can be found on NHS choices.

https://www.nhs.uk/Service-Search/Psychological-therapies-(IAPT)/LocationSearch/10008

Mind

A mental health charity across England, providing information and support around mental health and wellbeing.

https://www.mind.org.uk/

Appendix G: Distress protocol

Distress protocol (Adapted from Haigh and Witham, 2005).

DISTRESS: If I observe that the participant is showing signs that the discussion is stressful. For example, crying/tearful, getting choked up whilst speaking, uncontrolled crying, shaking, hyperventilation, agitation. OR The participant expresses emotional distress.

RESPONSE 1: If experiencing mild level of distress, pause the interview and ask them to inform me when they are ready to continue.

If they are experiencing severe levels of distress, stop the interview and ask the following questions:

1. How are you feeling?
2. Do you feel you are able to go on with your day?
3. Do you feel safe?

REVIEW: If the participant is able to carry on with the interview, proceed as normal. If the participant is not able to carry on proceed to response 2.

RESPONSE 2: terminate the interview, encourage the participant to call their GP or other relevant services. OR with their consent contact their GP, relevant services or family member.

FOLLOW UP: if the participant consents, follow up with a courtesy call

Appendix H: Example of social media post

Looking for participants for my research exploring the experience of seeking counselling/therapy amongst 2nd gen British West African men, please help by retweeting and sharing @.....

Appendix I: Patient Health Questionnaire PHQ9-Spitzer et al (2000)

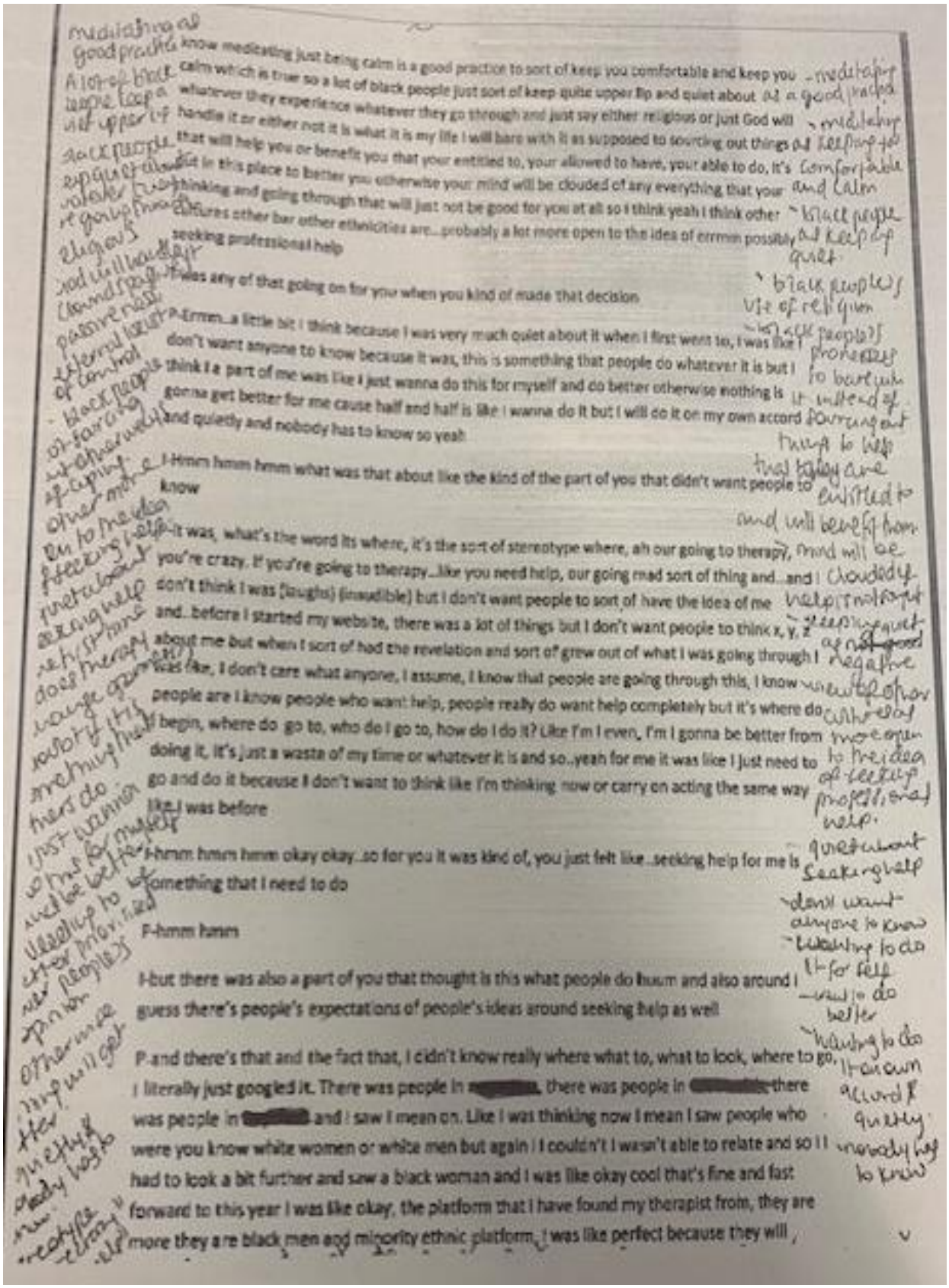
PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 *weeks*, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	+	+	
	TOTAL:			

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

Appendix J: An example of initial notes and emergent themes for David



know mediating just being calm is a good practice to sort of keep you comfortable and keep you calm which is true so a lot of black people just sort of keep quite upper lip and quiet about whatever they experience whatever they go through and just say either religious or just God will handle it or either not it is what it is my life I will bare with it as supposed to sourcing out things that will help you or benefit you that your entitled to, your allowed to have, your able to do, it's but in this place to better you otherwise your mind will be clouded of any everything that your thinking and going through that will just not be good for you at all so I think yeah I think other cultures other bar other ethnicities are... probably a lot more open to the idea of errmm possibly seeking professional help

I-was any of that going on for you when you kind of made that decision

P-Errmm...a little bit I think because I was very much quiet about it when I first went to, I was like I don't want anyone to know because it was, this is something that people do whatever it is but I think I a part of me was like I just wanna do this for myself and do better otherwise nothing is gonna get better for me cause half and half is like I wanna do it but I will do it on my own accord and quietly and nobody has to know so yeah

I-Hmm hmm hmm what was that about like the kind of the part of you that didn't want people to know

P-it was, what's the word its where, it's the sort of stereotype where, ah our going to therapy, you're crazy. If you're going to therapy...like you need help, our going mad sort of thing and...and I don't think I was (laughs) (inaudible) but I don't want people to sort of have the idea of me and..before I started my website, there was a lot of things but I don't want people to think x, y, z about me but when I sort of had the revelation and sort of grew out of what I was going through I was like, I don't care what anyone, I assume, I know that people are going through this, I know people are I know people who want help, people really do want help completely but it's where do I begin, where do go to, who do I go to, how do I do it? Like I'm I even, I'm I gonna be better from doing it, it's just a waste of my time or whatever it is and so..yeah for me it was like I just need to go and do it because if don't want to think like I'm thinking now or carry on acting the same way like I was before

I-hmm hmm hmm okay okay..so for you it was kind of, you just felt like..seeking help for me is something that I need to do

P-hmm hmm

I-but there was also a part of you that thought is this what people do hmm and also around I guess there's people's expectations of people's ideas around seeking help as well

P-and there's that and the fact that, I didn't know really where what to, what to look, where to go. I literally just googled it. There was people in [redacted], there was people in [redacted] there was people in [redacted] and I saw I mean on. Like I was thinking now I mean I saw people who were you know white women or white men but again I I couldn't I wasn't able to relate and so I I had to look a bit further and saw a black woman and I was like okay cool that's fine and fast forward to this year I was like okay, the platform that I have found my therapist from, they are more they are black men and minority ethnic platform, I was like perfect because they will

showcase specific, specifically black people who can help, so I was very much intentional even though I wasn't going through what I as going through before, it was a chance for me to speak to somebody who could maybe more relate a lot more so initially it was sort of the naivety of not knowing where to look , how to go about it but then to find fast forward a few years later people are actually created platforms to help people like us who need the help because this is not a thing that should cause shame or is not a thing that should be an issue to seek errm professional help for so I think the normalising itself is actually what is making these things more accessible or even cheaper and more relatable to people personable representing representative as well of who you are whether you're a black man or a black woman gay or straight or whatever it is, so yeah

I-hmm hmm yeah good and errm what does emotional distress mean to you

P-to me emotional distress is errm for me it's around being very anxious and being very being depressed as well for me this is my personal experience, generally I also think it's errrm not having a clear mind or having a sound mind as well where your mind is really clouded of what ifs errrm or negativity or distressful stressful stuff errrm experiences things people so emotional distress for me is a lot of those things just where your mind is just not...positive or thinking optimistically as well, your very much negative and being very much pessimist and..

I-and what are you kind of thoughts and feelings around emotional distress

P-I think it's part of every day life, it's part of you know, it's part of our emotions being happy or sadness joy constantly being down but it's how you control that, how you let that errrm control your mind, control your body, control your outlook on life and even sometimes being..being stressed or being anxious, it can be into a positive thing of where okay I'm I know who I am now but I know where I want to be or I know where I need to be how I'm going to be navigate being sad depressed right now to being positive and being joyous or being less stressed or less anxious so you have the good and the bad so you know where you don't wanna be or where you should be or where you could be or where you've been before and so for me it's having balance in everything in life as you should in knowing that..yes I can be, if somebody died, you will be sad, if your sick you won't be happy, if you lose your job you won't be happy but it's knowing that okay this is for this moment here now, it can't control my life or affect the rest of my life for a long period of time, I just need to come out of this and this spirit, energy whatever it is to be to be okay again, to be positive. When you lose a loved one you know it's not you won't get over it overnight, you won't get over it for maybe forever but it's knowing how to navigate day by day to overcome you know this spirit of depression or just being very down, anxious or very sad because if you let that to control you, you will never have a positive outlook in life

I-Hmm so it's kind of part of life

P-Just part of life

I-Everyday life

P-It is yeah, but it's knowing that..you shouldn't let it control you cause I let it control like when I was depressed I let it like control me for..two plus years, two years of just literally I was like a walking shell, I didn't have much emotion or have much to live for to think about, there was ju it was just near enough. I was very much an active person even through the depressive stage where

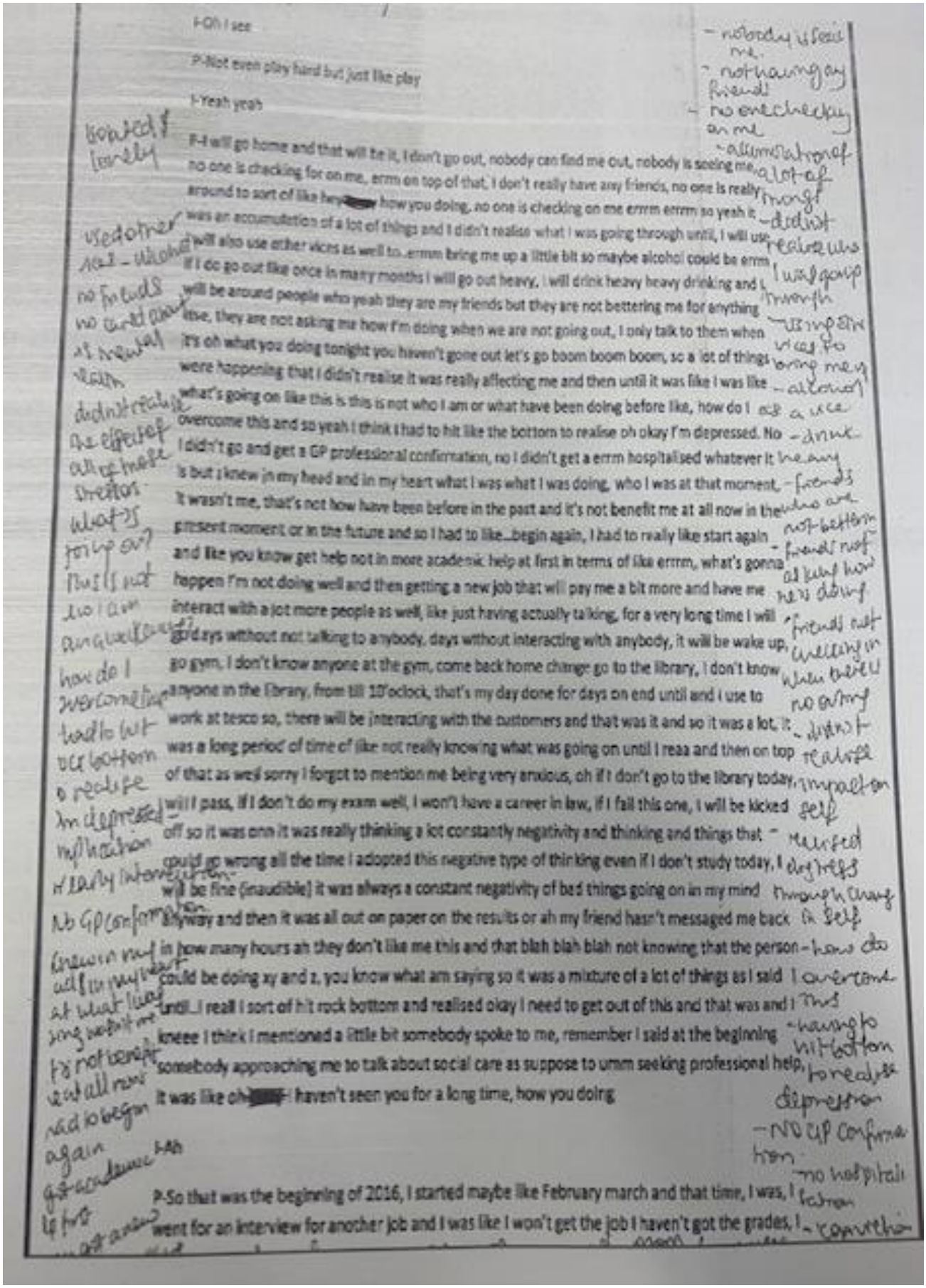
still wake up, I go to the gym, I will go to law school, I will come back and eat and do whatever but there was no positivity, there was no errm engagement with life or with people, there was no optimism of like yeah I wanna do this I wanna do well and pass well and it affected my grades, I didn't do very well at law school and it's lessen my prospects for the future errm not as open or as great as it can be but still now that I'm in a better stage, I'm working through that, I'm over it, and knowing that that's not gonna ummm..be my be or end all be my cement me for my career be and so and it hasn't because have gone to do really good, I'd get really good roles and jobs from that stage as well so yeah, I think it's just knowing how to balance and knowing and know your triggers and knowing how to umm come out of it, if your in that depressive stage you know

I-Hmm hmm hmm...errrm so my next question is can you tell me about your experience actually you have spoken about it a bit but so when you first experienced when you were feeling depressed what how did you interpret your emotional distress at that time

P-Errrm I didn't, I didn't know what it was, I didn't know the name of it, I didn't know how to name it so this is between 2014, I will say 15 and 16

I-Okay

P-On the 14th I started law school September 2014 and I finished it errm April 2016 so like 18 months of like studying exams and all that and when, the first half I was like yeah have got this you know I'm here to study and do well blah blah blah and so by maybe like before the summer of 15 yeah 2015 was when you know exams results were coming back and I just failing and I was just not doing well but I was like but I'm working hard and I still study this and that but blah blah and even in that time as well you know I was studying part time but I was working part time as well so law school was once a week and working was like a couple days a week whatever and I would use the rest of the time to like study and revise and just have a life kind of thing well I didn't have a life really but so law school was once a week and I was only ree man in the class of about 16 people 16 women and I was the only man, I was only I was one of 3 black people in the class as well so already you feel a bit isolated the fact that you know there's no other man to sort of like buddy with or be friends with and you know with the black people in the class, they are like my friends till this day, they are black women, they they don't have, I can't talk to them on a certain level that I can to another at least another boy, you know and but they they even still then we only saw each other once a week, at least with then the person might not be coming so I might be the only black person in the class or and I will be the only man in the class so already I felt isolated compared to like work environment or university where you have friends around oh blah blah blah so I think just gradually I was just becoming more isolated and by myself without me realising that it's affecting my mental and so on top of that exams are not going well, results are not going well, things I'm learning revising are not sticking, talk upon that as well home is, home life is not great, my mum and dad are arguing, my siblings and I are arguing, on top of that again I have no money, I'm paying for law school out of my own pocket, my parents said they would help errm they promised to fund it, my mum said I'm not paying anymore cause your rude blah blah blah, my dad said have already done what I can you will have to do the rest so am working how many hours a week and all the money is going towards paying for law school so therefore I'm not going out, I'm not seeing anyone, I'm not having balance of work hard but and also errm so work hard but also like have a life



I-Oh I see

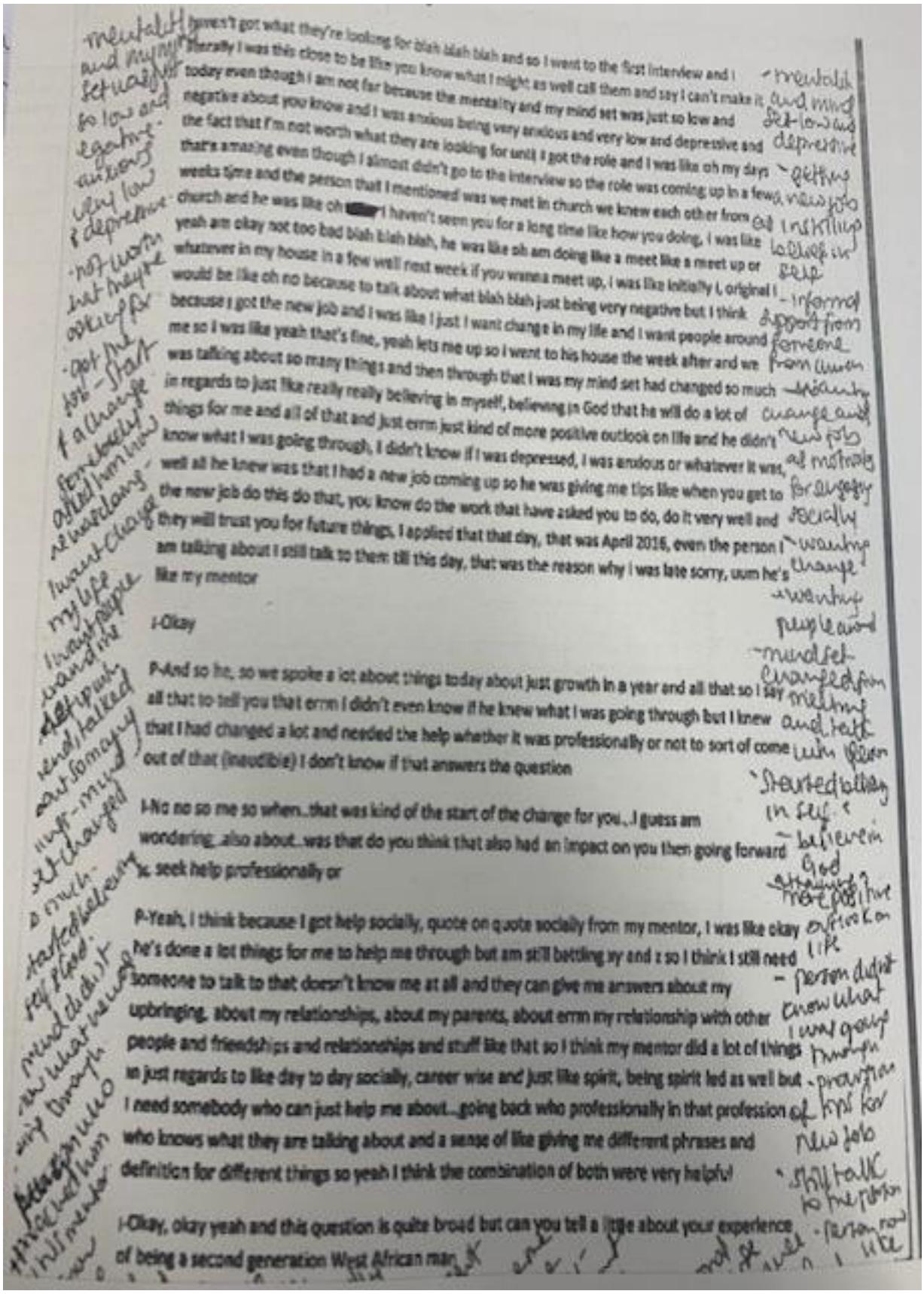
P-Not even play hard but just like play

I-Yeah yeah

P-I will go home and that will be it, I don't go out, nobody can find me out, nobody is seeing me, no one is checking for on me.. errm on top of that, I don't really have any friends, no one is really around to sort of like hey [redacted] how you doing, no one is checking on me errm errm so yeah it was an accumulation of a lot of things and I didn't realise what I was going through until, I will use I will also use other vices as well to..errmm bring me up a little bit so maybe alcohol could be errm if I do go out like once in many months I will go out heavy, I will drink heavy heavy drinking and I will be around people who yeah they are my friends but they are not bettering me for anything else, they are not asking me how I'm doing when we are not going out, I only talk to them when it's oh what you doing tonight you haven't gone out let's go boom boom boom, so a lot of things were happening that I didn't realise it was really affecting me and then until it was like I was like what's going on like this is this is not who I am or what have been doing before like, how do I overcome this and so yeah I think I had to hit like the bottom to realise oh okay I'm depressed. No I didn't go and get a GP professional confirmation, no I didn't get a errm hospitalised whatever it is but I knew in my head and in my heart what I was what I was doing, who I was at that moment, It wasn't me, that's not how have been before in the past and it's not benefit me at all now in the present moment or in the future and so I had to like...begin again, I had to really like start again and like you know get help not in more academic help at first in terms of like errm, what's gonna happen I'm not doing well and then getting a new job that will pay me a bit more and have me interact with a lot more people as well, like just having actually talking, for a very long time I will go days without not talking to anybody, days without interacting with anybody, it will be wake up, go gym, I don't know anyone at the gym, come back home change go to the library, I don't know anyone in the library, from till 10'oclock, that's my day done for days on end until and I use to work at tesco so, there will be interacting with the customers and that was it and so it was a lot, it was a long period of time of like not really knowing what was going on until I reaa and then on top of that as well sorry I forgot to mention me being very anxious, oh if I don't go to the library today, will I pass, if I don't do my exam well, I won't have a career in law, if I fail this one, I will be kicked off so it was onn it was really thinking a lot constantly negativity and thinking and things that could go wrong all the time I adopted this negative type of thinking even if I don't study today, I will be fine (inaudible) it was always a constant negativity of bad things going on in my mind anyway and then it was all out on paper on the results or ah my friend hasn't messaged me back in how many hours ah they don't like me this and that blah blah blah not knowing that the person could be doing xy and z, you know what am saying so it was a mixture of a lot of things as I said until...I reall I sort of hit rock bottom and realised okay I need to get out of this and that was and I knee I think I mentioned a little bit somebody spoke to me, remember I said at the beginning somebody approaching me to talk about social care as suppose to umm seeking professional help, It was like oh [redacted] I haven't seen you for a long time, how you doing

I-Ah

P-So that was the beginning of 2016, I started maybe like February march and that time, I was, I went for an interview for another job and I was like I won't get the job I haven't got the grades, I



haven't got what they're looking for blah blah blah and so I went to the first interview and I literally I was this close to be like you know what I might as well call them and say I can't make it today even though I am not far because the mentality and my mind set was just so low and negative about you know and I was anxious being very anxious and very low and depressive and the fact that I'm not worth what they are looking for until I got the role and I was like oh my days that's amazing even though I almost didn't go to the interview so the role was coming up in a few weeks time and the person that I mentioned was we met in church we knew each other from church and he was like oh [redacted] I haven't seen you for a long time like how you doing, I was like yeah am okay not too bad blah blah blah, he was like oh am doing like a meet like a meet up or whatever in my house in a few well next week if you wanna meet up, I was like initially I, original I would be like oh no because to talk about what blah blah just being very negative but I think because I got the new job and I was like I just I want change in my life and I want people around me so I was like yeah that's fine, yeah lets me up so I went to his house the week after and we was talking about so many things and then through that I was my mind set had changed so much in regards to just like really really believing in myself, believing in God that he will do a lot of things for me and all of that and just erm just kind of more positive outlook on life and he didn't know what I was going through, I didn't know if I was depressed, I was anxious or whatever it was, well all he knew was that I had a new job coming up so he was giving me tips like when you get to the new job do this do that, you know do the work that have asked you to do, do it very well and they will trust you for future things, I applied that that day, that was April 2016, even the person I am talking about I still talk to them till this day, that was the reason why I was late sorry, uum he's like my mentor

I-Okay

P-And so he, so we spoke a lot about things today about just growth in a year and all that so I say all that to tell you that erm I didn't even know if he knew what I was going through but I knew that I had changed a lot and needed the help whether it was professionally or not to sort of come out of that (inaudible) I don't know if that answers the question

I-No no so me so when...that was kind of the start of the change for you...I guess am wondering...also about...was that do you think that also had an impact on you then going forward to seek help professionally or

P-Yeah, I think because I got help socially, quote on quote socially from my mentor, I was like okay he's done a lot things for me to help me through but am still battling xy and z so I think I still need someone to talk to that doesn't know me at all and they can give me answers about my upbringing, about my relationships, about my parents, about erm my relationship with other people and friendships and relationships and stuff like that so I think my mentor did a lot of things in just regards to like day to day socially, career wise and just like spirit, being spirit led as well but I need somebody who can just help me about...going back who professionally in that profession who knows what they are talking about and a sense of like giving me different phrases and definition for different things so yeah I think the combination of both were very helpful

I-Okay, okay yeah and this question is quite broad but can you tell a little about your experience of being a second generation West African man

Appendix K: Chronological themes for David

Very important
Perception that everybody should seek help
Understanding its difficulty
Difficult from a very young age
Breaking point
A depressive stage
At law school
Realisation of needing to ask for help
Somebody approached
Mixture of asking and being approached
Sought therapy
Had a few sessions
Not connecting with therapist
Stopped therapy
Started after a lot more maturity
Started again after thinking and knowing self
Therapy with a black man
Black Christian man
Specifically looking for a black Christian man
Sought help using a platform
Looking for a black man who is a Christian
Looking for therapist who understands participant and his background
A therapist who understand what black men go through
Platform provided therapist sought for
Straight after university
Coming back to London
Adjustment difficulties
Adjustment with finding new job
Adjustment with friendships
Adjustment with family
Adjustment with money
General emotional adjustment
Recognising going through a depressive state
Overcoming former depressive state
Realisation of going through a former depressive stage
Searching google to find therapist
Going to therapy to talk about friendships, money, career
Therapy shifting to talking about family
Not ready for what therapy was bringing up
Not going for what therapy was bringing up
Issues stemming from childhood
Going home more angry
Not mature enough to understand and appreciate what therapy was bringing up
Ending therapy
Not ready mentally
Wishing to have carried on
Going through a depressive state a few years later
Overcoming a lot of things in the last couple of years
Looking for therapy again

Seeking therapy after distress
Needing to speak to someone about what was experienced and changes to come
Speaking to a matured person
Speaking to someone who understands participant's experience, background and lifestyle
Someone to talk to and gain points to take forward to navigate life and affirm experiences
Being a lot more mature
Being specific about who to seek therapy from
Being intentional about who the professional is
Representation as important
Black men's lives as unique
Nigerian descended
Initially from a two parent household
Two parent household becoming one
Not having emotional needs met by parents
Pressures from the world
Pressures from home
Pressures from self
Being a Christian
Navigating as a Christian in the world
Much more intentional
This is what I am looking for
Looking for a black Christian man
Looking for someone who fitted certain pointers
Willingness to wait for therapist who met the specifications
Therapist as God send
Therapist seeing things in self that were not in awareness
Therapist Affirmed things not aware of in self
Therapist being from a single parent household
Shared experience with therapist as helpful
Therapist as amazing
Wanting a black therapist
Importance of therapist being black
Mixed race therapist
Therapist on the same background level
Therapist not fully aware of culture
No understanding from therapist about the environment of a Nigerian or single parent household
Second therapist having an awareness of Nigerian and single parent household
Second therapist having shared experience
Therapist understanding his African heritage
Therapist understood how West Africans are raised and directed in life
First experience with therapist helped to be more specific the second time
Friends to talk to unavailable
Lack of social support
Lack of support from family and friends
Friends still at university
Friends not keeping in touch
Therapy as the next best thing
Needing to speak to somebody
Liking to talk when comfortable
Found voice again
Holding a lot of things in from childhood

Family background as complex
Not a lot of people experiencing similar family background
Nobody else who can relate
Not free talking to others about history and background
Professional help as the next best step
Not struggling but wanting to talk
Need to be expressive and open
No friends to lean to for help
Bravado for men
Men not talking much about anything
Able to talk to one friend if push came to shove
Tip toeing towards the topic with friend
Not having the support at the time
Seeking help as new
Not knowing a lot of people that talk about therapy
A lot of people needing help
Established an online platform
Sharing mental health journey online
Making seeking help normal through platform
Talking to someone professionally as okay
Needing to talk to somebody who doesn't know you
Friends and family as limited in what they can give
A new environment
A lot more people talking about going to therapy
Seeing others talking as normalising
Carrying a lot of baggage
Relieving pressure off chest
Entering into a new experience
Seeking help seen as a sign of madness
Seeking help seen as something wrong with the individual
Being okay but needing to talk to somebody about experience and upbringing
Seeking therapy for more insight and to look at impact on future
Entering a new state of life
Hope for experience to encourage others to seek help
More white people seeking help professionally
British culture as more intune with social care and wellbeing
Wellbeing seen as a white people thing
White way of acting
Meditating as good practice
Meditating as keeping you comfortable and calm
Black people as keeping quiet
Black people's use of religion
Black people's proneness to bear with it instead of sourcing out things to help that they are entitled to and will benefit them
Mind will be clouded if help is not sought
Keeping quiet as a negative
View of other cultures as more open to the idea of seeking professional help
Quiet about seeking help
Not wanting people to know
Wanting to do it for self
Wanting to do better

Wanting to do it on own accord and quietly
Nobody has to know
Stereotype of being crazy
Assumption that you are going mad
Not wanting people to have idea of me as crazy
Having the revelation
Website grew out of what was gone through
Not caring what people think
Sharing story online out of conviction that it will help others
Not knowing where to begin and go to help others
Doubts about whether website will benefit self
Wanting a change in thoughts and behaviour
Not knowing where to go to seek help
Googled it
Not able to relate to white professionals
Looked a bit further
Saw a black woman
Specific black people who can help
Very intentional
Chance to speak to someone who can relate
Naivety of not knowing where to look
Platforms created to help ethnic minorities
Not a thing that should cause shame
Should not be an issue to seek help professionally
Normalising seeking help encourages accessibility
Cost encourages accessibility and relatability
Representation encouraging accessibility
Emotional distress around being very anxious and depressed
Emotional distress as not having a clear mind
Emotional distress as lack of a sound mind
Emotional distress as clouded mind
Emotional distress as negative thoughts
Emotional distress as distressing stressful experiences
Emotional distress as lack of positivity
Emotional distress as part of everyday life
Emotional distress as part of our emotions
How you control emotional forms part of coping
Emotional distress can be positive
Emotional distress as helping to focus future direction
Emotional distress as good and bad
Emotional distress as helping to see where you don't want to be and should be
Having a balance in everything in life
Momentarily responding emotionally to life's adversity
Not letting life's adversities control or affect life for a long period of time
Needing to come out of a state of distress
To be okay again and positive
Navigating day by day to overcome depression
Letting negative feelings control you leads to a negative outlook in life
Emotional distress as part of life
Not letting emotional distress control you
Letting depression control me

Like a walking shell
Not having much emotion
Not having much to live for
Active person in depressive stage
No positivity
No engagement with life or people
No optimism
Affected grades
Lessened prospects for the future
In a better stage
Working through impact on career prospect
Over it
Lessened career prospects won't be my be or end all
Getting really good roles and jobs
Knowing how to balance
Knowing triggers
Knowing how to come out of it
Not knowing what emotional distress was
Not having a name for depression
Started failing exams
Not doing well at law school
Not having a life
Studying and working
Only man in class
Feeling isolated as the only black man
No other man to buddy with or be friends with
Inability to speak to female friends on a certain level
Sometimes the only black person in class
Feeling isolated
Gradually becoming more isolated without realising it's impact on mental health
Exams not going well
Home life not great
Mum and dad arguing
Arguing with siblings
Not having money
Paying for law school out of own pocket
Parents promised to fund law school
Mum not funding law school anymore because of rudeness
Dad done what he can and expectation to do the rest
Working and paying towards law school
Not going out
Not seeing anyone
No work life balance
Not going out
Not seen by people
Not having any friends
No one checking on me
Accumulation of a lot of things
Lack of realisation of what was experienced
Using other vices to cope
Alcohol as a vice

Drinking heavy
Friends who are not bettering me
Friends not asking how I am
Friends not checking in when there is no outing
Lack of realisation of impact on self
Realised distress through change in self
Questioning how to overcome distress
Having to hit bottom to realise depression
No GP confirmation of diagnosis
No hospitalisation
Conviction that it was depression
Recognising change in self
Having to begin again
Getting academic help first
Getting a new job that will pay more and help interact with new people
Days without interacting with anybody
A long period of time of not knowing what was going on
Anxious
Negative thinking
Constantly thinking negatively
All out on paper on the results
Hitting rock bottom and realising the need to get out of it
Somebody spoke to me
Someone approached for informal help
Negative thinking
Mentality and mind set low and depressive
Getting a new job as instilling belief in self
Informal support from someone from church
Wanting change and new job as motivators for engaging socially
Wanting change
Wanting people around
Mind set changed from meeting and talk with person
Started believing in self
Believe in God
Attaining a more positive outlook on life
Person did not know what I was going through
Provision of tips for new job
Still talk to person
Person now like mentor
Speaking to mentor about growth in the new year
Unsure whether person was aware of distress
Changed a lot and needed help
Needed help informally or professionally
Got help informally
Got help informally but still battling
Still needing someone to talk to that doesn't know me
Searching for answers about upbringing, relationships, parents and friendships
Informal help was useful for day to day, social, career and spirituality
Needing a professional who knows what they are talking about
Wanting a professional to give different phrases and definition
Combination of informal and formal help as useful seeing question a lot online recently

Not sure how to define it
Boarding school in west Sussex
Being in boarding school with a lot of black 2nd generations
Not all rich
Being with other students who came from inner London and intelligent
Receiving subsidised school fees
Living in an area in London with a lot of black people and crime on your door step
Having parents who are Nigerian
Nigeria as homeland and roots
Not speaking language
Gap and lack of connection with British identity
Love for the Nigerian culture
Love for the African culture, mentality, beliefs, values and history
Going to Nigeria as a rich experience
Connecting with own people as a rich experience
Being in Nigeria allowed for connection with culture on a different level
Being around own people where you are not singled out or alone
Being in Nigeria as a fulfilling experience
Being filled up with joy in Nigeria
Natural joy
Natural energy
Knowing self as British and Nigerian
Not like the other white British people
Quality
Immersion of connection of both sides
Can't put into words
Not a white person
Difficult
Singled out
Sometimes the only one
Only black man on the floor
Inability to hide
Standing out
Tall and quite big in stature
Standing out everywhere
Difficult to fit in
Being different
Desire of some to stand out vs desire of others to fit in and get by
Not bothered to make difference forefront of every discussion
Stereotyping experienced by others
Others shying away vs confronting
Battling and fighting other people's viewpoint and stereotype
Decision to fight stereotype
Perception of self as lucky in regards to stereotyping
No ignorance
Being around people with common sense
Not had any racism
Not had stereotypes thrown at me
Knowledge of it happening to others
Aware of difference
Assumption that others are aware of difference

Accepting standing out
Not letting standing out have an impact
Another thing to add on top of my head
Lucky
Only black person
People feeling ostracised
Called out on being black and British
Not like the other person in the room
Using difference as a strength
Stressful to be the only black person in the room
Expectation to talk for all black people
Opportunity to clarify that it is one's own beliefs
Opportunity to educate others about difference
Stressful and ominous
Calling people out on their ignorance
Educate people
Black people as different and special
Black people as great at what they do
Chance to educate people
First generation as haven't experienced a lot
First generation's experience of overt racism and rejection
First's generation's experience of struggles second generation hasn't experienced
Second generation as having it a lot easier
Hope that 3rd generation will find it a lot easier
2nd generations as making a playing field for generations to come
New strong foundations for generations to come
All generations experiencing different things
2nd generation's experience as valid though easier
All experiences as valid and should be heard
Each person's experience as valid
Each person as having their own threshold
Everyone as having their own story to tell
Own experience as not trumping others
Everyone as experiencing different things
1st generation as going through a lot
1st generation saying to second generation you haven't experienced anything
Nothing compared to what 1st generation has experienced
First generation physically abused growing up
1st generation struggling to get jobs
Not knowing if 1st generation can experience what 2nd generations go through
Different experiences that will mould mind set and thoughts
What we've experienced they haven't experienced either
Every experience as valid
No one should tell the other what they should or shouldn't feel
1st generation's acceptance of distress
1st and 2nd generation as not having the words to label distress
Therapist confirming labels
1st generation as accepting without action
Googling symptoms
Mental health awareness as helping to label distress
Other people's stories as helping to label own distress

Not getting a medical diagnosis
Knowing self, feelings and thoughts
Realisation that what was felt was out of the norm for self
Accumulation of different negative things
Suicidal
Recognition that thoughts were out of the norm
Finding different sources of information
Picking and choosing what is applicable
I wasn't okay
NHS as constrained
NHS as labelling
Sitting in the diagnosis
Controlled by medication
Finding what labels are in line with what is being felt
Not in control of self
Not being controlled by label
Depressed by not a depressed a person
Labels to define what is thought and felt
Labels not who you are
Importance of finding answers and information about what is being felt and thought
Finding solutions and how to overcome
Knowing the triggers and how to overcome
Knowing what is right for you to overcome
Coming back to your better and original self
Just wanting to go to therapy
Just really wanting to go
Really wanting to go and talk to somebody
Glamorising therapy as cool
The idea of going to talk about upbringing and parents as cool
Idea of talking in therapy as cool and fun
Just needing to go
Not having people or friends who can help
The right time to go
A lot changing very quickly
Needing to piece things together
Finding the next steps through therapy
Music
Praise and worship helped
Prayer as very helpful
Going to the gym
Friends who helped with academic work
Not having much of a life
New types of friends
Finally had a job
Getting money
Being independent and having a life all added to being better
Praise and worship
Finding people to talk to to help overcome feeling
Need to go and get some answers and help
Writing down experience and telling people
Showing people they are not alone through online platform

Mentally better and stronger
Presence of difficult day
Knowing triggers
Knowing how to overcome
Help from the therapist
Things on website on a surface level
Ability to get deep in therapy
Technically better when therapy started
Going to therapy when a lot better
Wanting answers
Wanting instant clarity
Wanting to go deeper about experience, thoughts and feelings
Not knowing where to go
No knowledge about services at university
Not knowing where to go
No financial means of paying for therapy
Lack of direction
No one to help navigate
Not knowing
Lack of resources
Mind warped up in thoughts and feelings delayed seeking help
No thought of going to GP
Need to make the conversation easier for people
Shopping around for a little bit
Very immature
Unprepared for emotions that came up in therapy
Became defensive
Therapy bringing up difficult feelings
Unprepared for feelings that came up
Shop around
Waiting it out when therapy got difficult
Realisation that therapy will go deep
Sitting with the difficult emotions
Becoming defensive and offended in therapy
Leaving therapy

Appendix L: Clustering of themes for David

Momentarily responding emotionally to life's adversity

- Exams
- Home life
- Not having money
- Isolation
- Lack of work life balance
- Adjustment difficulties
- Pressures from the world

Ways of coping

- Alcohol as a vice
- Unhelpful friendships
- Music
- Going to the gym

Having to hit bottom to realise one was depressed

- A long period of time of not knowing what was going on
- Hitting rock bottom and realising the need to get out of it
- Breaking point
- Realising distress through change in self
- Conviction that it was depression

A depressive stage

- A walking shell
- Lack of emotions
- Not having much to live for
- Lack of positivity
- No engagement with life or people
- Lack of optimism
- Anxious
- Negative thinking

Finding labels to define what is thought and felt

- Not having a name for depression
- 1st and 2nd generation not having the words to label distress
- Googling symptoms
- Picking and choosing what is applicable
- Mental health awareness as helping to label distress
- Other people's stories as helping to label own distress

Seeking help as new

- Entering into a new experience
- Bravado for men
- Tip toeing towards the topic
- Difficult from a very young age

Lack of direction

- Not knowing where to go to seek help
- No knowledge about services at university
- Not having people or friends who can help
- No one to help navigate
- No financial means of paying for therapy

First steps

- New friendships
- Getting academic help
- Job change
- Religion
- Going to the gym

Wanting change

- Needing to come out of a state of distress
- Wanting a change in thoughts and behaviour

Therapy as the next best step

- Friends and family as limited in what they can give
- Seeking therapy after distress
- Still needing someone to talk to that doesn't know me
- Googled it
- Really wanting to go and talk to somebody
- Not free talking to others about

Quiet about seeking help

- Not knowing people that talk about therapy
- Seeking help seen as a sign of madness
- Not wanting people to have idea of one as crazy
- Wellbeing seen as a "white way of acting"

Ending therapy

- Going to therapy to talk about friendships, money, career
- Therapy shifting to talking about family
- Realisation that therapy will go deep
- Therapy bringing up difficult feelings
- Unprepared for emotions that came up in therapy

- Mind warped up in thoughts and feelings delayed seeking help

history and background
- Wanting to go deeper about experience, thoughts and feelings

- Becoming defensive and offended in therapy
- Not connecting with therapist
- Therapist not fully aware of culture

Looking for therapy again

- Sought help using a platform for ethnic minority therapist
- Specifically looking for a black Christian man
- Representation as important
- Looking for therapist who understands one's background
- First experience with therapist helped to be more specific the second time

Help from the therapist

- Shared experience with therapist as helpful
- Second therapist having an awareness of Nigerian and single parent household
- Therapist as God send
- Therapist seeing things in self that one was not aware of
- Therapist Affirmed things not aware of in self
- Therapist confirming labels

Emotional distress as good and bad

- Emotional distress as part of everyday life
- Emotional distress as part of one's emotions
- Emotional distress as positive
- Emotional distress as helping to see where you don't want to be and should be
- How you control emotional distress forms part of coping

Nothing compared to what 1st generation has experienced

- First's generation's experience of struggles second generation hasn't experienced
- Second generation as having it a lot easier
- 1st generation saying to second generation "you haven't experienced anything"
- Not knowing if 1st generation can experience what 2nd generations go through
- 1st generation having an external locus of control without action

Black men's lives as unique

- Black people as different and special
- Not a lot of people experiencing similar family background
- Nobody else who can relate
- Standing out everywhere
- Difficult to fit in
- Not like the other person in the room
- Stressful to be the only black person in the room

Coming back to your better and original self

- Navigating day by day to overcome depression
- finding a balance
- Not letting life's adversities control or affect life for a long period of time

Change in view about seeking help

- Seeking help professionally not an issue
- Very important
- Everybody should do

- Knowing triggers
- Knowing how to overcome
- Depressed but not a depressed a person
- Mentally better and stronger
- Not a thing that should cause shame

Appendix M: Ethical clearance email from the research ethics review panel, London Metropolitan University

First application

Ethics form approved Inbox ×

Angela Loulopoulou <loulopoa@staff.londonmet.ac.uk> Thu, Feb 21, 2019, 10:33 AM
to me

Dear Moyo,

The Psychology Ethics Committee and the School of Social Sciences Research Ethics committee have approved your ethics application form for your research.

You can proceed with recruitment.

Kind Regards,

Angela

Dr Angela I. Loulopoulou , PhD; FHEA; AFBPsS
HCPC Registered Psychologist

Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences

T6-20 London Metropolitan University
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N7 8DB London
0207 133 2667

Amendment to include participants that have sought help more than once

Ethics Inbox ×

Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk> Mon, 9 Mar, 11:59
to me, Raffaello

Dear Moyo,

your amended ethics form has been approved by the review committee.

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou, PhD; AFBPsS; FHEA

Principal Lecturer in Counselling Psychology
Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences
Chair of Subject Standards Board for PG Psychology
Chair of Ethics Review Committee for PG Psychology

11. Publishable article

Review of existing Literature

The study of help-seeking has gained strong momentum in recent years as a means of understanding patient delay and responding promptly to a number of health issues (Cornally & McCarthy, 2011). Mental health conditions like depression are very common within places like the UK and as a result have become a public health concern (Mathers & Loncar, 2006; Steel et al, 2014). Treatments for psychological problems like depression are available, but the uptake for treatment is low (Boerema et al, 2016). According to the Mental Health Foundation (2016), in 2014 only 37.3% of people reported receiving treatment for a mental health issue, with an estimated 75% of people with a mental health issue not accessing treatment (Department of Health, 2014; Alonso et al, 2018).

When looking at help-seeking behaviour within mental health, stigma is a concept that emerges a number of times (Ben-Portath, 2002; Han et al, 2017) as one of the main reasons for delaying seeking help. In order to prevent public stigma, individuals with psychological difficulties often hide their difficulties and do not seek help from professionals and family members (Reynders et al, 2014). The Social Behaviour Model proposes that there are characteristics which predispose individuals to seeking help (Wacker & Roberto, 2007) with men and ethnic minorities found to be amongst the groups that delay help-seeking.

Men have poorer health outcomes for their physical and mental health (Courtenay, 2009; O'Brien & White, 2003) and the resistance to seek help has been suggested as one of the contributors to their poorer health outcomes (White, 2001). One of the main reasons put forward for the resistance to seeking help amongst men is gender role socialisation (Robertson, 2001). According to Mahalik et al (2003), the traditional masculine stereotype

expects men to be in control, stoic and self-reliant, attributes that are usually not classified to be in line with seeking help. Newsberger (1999) explained that from a young age, boys are accustomed to the message that "*boys don't cry*" (p.198) and are stigmatised, teased and sometimes bullied for showing a weakness. Seeking help on the other hand is associated with "*loss of status, loss of control and autonomy, incompetence, dependence, and damage of identity*" (Möller-Leimkuhler, 2002, p. 6). Men may then be accustomed to this idea of masculinity (Mahalik et al, 2003) and as a result may be less likely than women to seek help.

Like men, ethnic minorities are another group who may not seek help for psychological distress. In the UK, there is a high prevalence of mental ill health amongst ethnic minorities compared to the wider population (Public Health England, 2018). For example, there is a higher rate of psychotic disorders reported in black men, in comparison to white men (Rees et al, 2016; McManus et al, 2009). Even though there is a high rate of mental health issues amongst ethnic minorities, there is a small likelihood of them seeking professional help or they terminate treatment early compared to the wider population (Owen et al, 2012; Sue & Chu, 2003; Wierzbicki & Pekarik, 1993). For example, in the mental health statistics for England report, the ethnicity report for people who had contact with IAPT services in 2018/19 revealed that 86% of them were white (Baker, 2020). This seems to suggest that ethnic minorities access treatment significantly less than their white counterparts for mental distress, despite the prevalence of mental health issues amongst this population.

Amongst ethnic minorities, a particularly vulnerable sub-group to psychological distress who under use services are African immigrants living in the UK and other Western countries. Although Africans underutilise services, there is a prevalence of mental health issues amongst this population in the UK (Bignall et al, 2019). Black Africans living in the UK are said to have poorer health and social outcomes and statutory services' resources have often not been able to meet their needs (Bignall et al, 2019; Bowe, 2015; Young et al, 2003). The

lack of engagement or delay in seeking help amongst Africans living in the UK may lead to individuals living with an untreated mental health condition for a long period of time, which may lead to their condition being more severe and chronic by the time they become known to services (McCann et al, 2016; Morgan et al, 2006; Kataoka et al, 2002). Even though Africans underutilise services, they do seek help through informal routes, with religion being viewed as a preferred and acceptable form of help amongst ethnic minorities (Grupp et al, 2019; Mantovani et al, 2016; Edge, 2013). However, we may be left with the assumption that informal support systems may not be as effective for immigrants, due to the high rate of emotional distress amongst immigrants, despite its use.

In a study by Rae (2016) which incorporates the two characteristics of gender and culture as predispositions to not seeking help, the perceptions of professional help within the Western society was explored amongst male refugees from Somalia living in the UK and how they made sense of depression. Focus groups and individual interviews were conducted with 12 Somali men and analysed using a constructivist grounded theory (Charmaz, 2006). In the focus group, the men were read a vignette which portrayed Western views of depression and their views on the story was discussed. It was suggested that depression was seen to be an unfamiliar idea in Somalia, and became a new concept which was related to migration challenges. Just like with other ethnic minorities (Villatoro et al, 2014; Grupp et al, 2019), religion and spirituality played a vital role in how they made sense of mental distress. Within the focus group, spiritual difficulties were seen to be a cause of mental distress.

The results also revealed that the display of emotional distress was perceived by the men to be a rare occurrence, which was frowned upon and perceived as a sign of weakness, particularly for men in the Somali community. Because of this, the men worried about being judged and expressed the need to stay strong and positive. They also spoke about the need to endure distress and not share their issues with others.

In regards to seeking help for emotional distress, this was perceived as uncommon and was something feared due to the stigma they perceived from their community. Furthermore, participants felt that it was only appropriate to express physical and somatic ailments to health professionals. Professionals were generally perceived as untrustworthy, unhelpful and insensitive to cultural needs. This view that professionals will be insensitive to their cultural needs and will not understand them was also expressed amongst the ethnic minorities in Camacho's (2016) study. They therefore expressed a preference for ethnic minority counsellors with the view that they will be able to understand them and relate with them (Camacho, 2016).

Overall, the study provides useful insight in regards to the barriers to seeking help as an African male in the UK. However, because the study only explored help seeking attitudes, it does not tell us about individuals' willingness and preparedness to seek help through behaviour. This seems important as it could be argued that holding a certain attitude or belief around seeking help for psychological distress does not equate to the action and behaviour of seeking help. A study that has looked at help-seeking behaviour, particularly with West Africans is that of Knipscheer and Kleber (2008).

West Africans are of particular interest to the current study due to their large population in the UK. The migration of West Africans to the UK started around the late 80s and since has grown rapidly over the decades (Owen, n.d). The 2011 census showed that there were 989,628 Black Africans living in the UK (GOV.UK, 2018), with the West African country Nigeria being the second largest African country of origin in the population between January-December 2019 (James, 2020). Research looking at the mental health needs and help seeking attitude of West African immigrants has found that the population appears to deal with a

number of post migration challenges, which has the potential to impact on their mental health (Thomas, 2008). Despite these findings, West Africans are not open to disclosing psychological distress and tend to conceal mental distress within the immediate family (Thomas, 2008). Using a multiple-regression analysis, Knipscheer and Kleber (2008) observed the effect that ethnicity had on help-seeking behaviour for psychosocial issues amongst a group of West Africans living in the Netherlands. It was hypothesised that the variance in help-seeking will be strongly accounted for by acculturation. Contrary to previous research on ethnic minorities (Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010), the results suggested that the West African immigrants in the study did seek help from mental health services, as well as culturally based services "like an herbalist, priest or traditional healer" (Knipscheer & Kleber, 2008, pp.11). As predicted, individuals who were more integrated into the Dutch culture were more likely to seek help from professionals. Furthermore, individuals' assumptions about seeking help were generally positive. Most of the participants expressed no concerns about asking for help, contrary to results from other research as well as the authors' hypothesis (Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010). Interestingly, seeking help from culturally based services were perceived to be more stigmatising and there was sometimes a lack of trust in traditional healers. Overall, the findings from Knipscheer and Kleber's (2008) study are quite encouraging as they present positive beliefs around seeking help professionally amongst West Africans.

Though Knipscheer and Kleber's (2008) study dates back to 2008, it was important to review as the only study that has been observed in literature to look at the help-seeking behaviour of West Africans at the point of distress. This moment on their help-seeking journey is important to look at as it can give us insight into how West Africans actually cope when they are distressed and the help is needed, rather than only looking at attitudes around seeking help

in principle. However, though the study was conducted in a Western country, it took place in the Netherlands which has a different health system compared to that of the UK (NHS, 2018); therefore we cannot assume that the immigrants from both countries will have the same pathway to accessing services. There may be some variables which are unique to the context in the Netherlands that might facilitate help-seeking in ethnic minorities. For example, people may become acculturated in a different way and they may be faced with different post-migration challenges depending on how similar their country of origin is to the country where they reside (Schwartz et al, 2010). Therefore, we cannot assume that the findings from this study will be entirely relevant to the UK due to the possible difference in the health system and how help is sought. Thus, a study specifically looking at West African immigrants in the UK seems needed to understand the needs of this population in the UK.

From the studies looking at immigrants and refugees above (Grupp et al, 2019; Rae, 2016; Knipscheer & Kleber, 2008), what can be observed is that there has been a focus on first-generation immigrants, with the wellbeing of second-generation immigrants not paid attention to in literature compared to the first-generation (Abouguendia & Noels, 2001; Portes, 1996; Portes & Zhou, 1993). It is very important to understand how second-generation West African immigrants seek professional help for psychological distress as they are said to be growing rapidly (Stahl et al, 2017). Furthermore, second-generations are said to have a high rate of mental health issues (Goodman & Richards 1995; Cantor-Graee & Pedersen, 2007). Therefore, from what we know about help-seeking in men and African immigrants from the current review, the current study looked at Second Generation West African Men (SGWAM) a sub-group. The experience of SGWAM was looked at as this group present with a "double stigma" (Jamar, 2013, pp.11) in the context of being an ethnic minority and a male. This is because this double stigma may affect individuals' decision to

seek help making them even more vulnerable to emotional distress and non-service engagement.

Furthermore, in order to respond to the limited data on SGWAM, an in-depth qualitative approach such as Interpretative Phenomenological method was used with the aim to investigate how seeking professional help particularly psychological therapies is experienced by SGWAM, it looks at the factors that were helpful or unhelpful in regards to seeking and engaging with professional help and explored how SGWAM make sense of emotional distress.

Methodology

Reflexive statement

Jackson and Mazzei (2012) acknowledged that the researcher will have an impact on the analysis and interpretation of the findings of the research. Therefore, it was important to reflect on the first author's "values, biases, assumptions and intentions" (Chan, 2017, p 5) throughout the research process. The research was informed by the first's author's identity as a first-generation West African immigrant. It was also informed by her experience working in a diverse part of London where a large number of Black men come in contact with services at a time of crisis and are usually mostly represented in the acute pathway within inpatient settings. With a keen interest to find out what can be done to improve access and quality of care in mental health for Black men, the first author is of the stance that the relationship that she has with the topic will impact on the research process in some way. This was also acknowledged by Finlay and Gough (2003) as well as Willig (2008), who recognised the researcher's inability to separate themselves outside of their research. However, she has attempted to minimise this impact by writing this statement, keeping a reflexive journal, and attending personal therapy, whilst also speaking to colleagues at work and on her Doctorate

course when the research was done. Furthermore, the second author was the researcher's supervisor and also worked with the first author throughout the research process to ensure validity in regards to the findings.

Design

A qualitative methodology with a case study design was thought to be best suited to the current research. This is because it will facilitate the understanding of how SGWAM make sense of their experience of seeking help, an account which cannot be captured through a quantitative methodology (Sutton & Austin, 2015). In addition, a quantitative methodology is unable to facilitate the understanding of the social phenomena that influence how SGWAM seek help for psychological distress, in the context of their identity as both British and African descended. Furthermore, IPA was adopted as it captures human experiences and explores how people make sense of their experiences through the epistemological basis of phenomenology, hermeneutics and idiography (Pietkiewicz & Smith, 2012). Therefore, because the phenomenon of interest in the current study is the experience of seeking professional help for the first time and the meanings SGWAM attach to emotional distress, IPA was deemed to be the most suitable methodology for the topic of interest. In addition, the study aims to capture the phenomenon of seeking help from a first person account in order to give a voice to each participant whose accounts are limited in the current literature and IPA will help to facilitate this (Eatough & Smith, 2017).

Participants

According to Smith and Osborn (2007), six to eight participants have been recommended as a sufficient and manageable number for conducting IPA research. Furthermore, because the first author wanted to capture each individual's accounts in detail, keeping the sample small was effective in doing so. Based on this recommendation, six participants who identified as

UK born second-generation Black West African male immigrants between the ages of 25 to 34 were invited to take part in the study. The specific age group was chosen due to the high prevalence of common mental health issues in this age group (Stansfeld et al, 2016). Therefore, it was deemed useful to look at how 25-34 year olds make sense of seeking help for these issues. A second-generation West African in this study was anyone born in the UK to one or more parents who were born in any West African country and relocated to live in the UK (eurostat, 2016).

The age of the participants who actually took part in the study ranged from 27 to 32 with a mean age of 29 (see table 1 for summary of participants' demographics). The participants were people who had sought formal help once or twice as adults for a mild to moderate "common mental health problem" (NICE, 2001, p.1). The decision to only look at those who have sought help no more than twice as adults was in order to make the sample homogeneous and aid better recall of the experience (Casey et al, 1991).

Table 1: Summary of participants' demographics

Name (Pseudonym)	Age	Country of Descend	Number of times of seeking help formally
Charles	27	Ghana	2
George	32	Ghana	1
David	27	Nigeria	2
Jason	29	Ghana	2
Kevin	30	Ghana	1
Richard	31	Ghana	1

Recruitment

Participants were recruited through purposive sampling (Daniel, 2012) by advertising the study within various counselling organisations and specific Black, Asian, and Minority Ethnic (BAME) organisations. Participants were also recruited through advertising the study on various BAME groups and organisations' Facebook and Twitter pages, as well as snowballing (Croucher & Cronn-Mills, 2015). Engaging in targeted recruitment like this is said to be effective for the recruitment of BAME communities (Mantovani, Pizzolati & Edge, 2016, p.3).

Procedure

The participants were interviewed in a room at a community centre local to them by the first author. The semi-structured individual interviews lasted between 50-90 minutes. In order to

screen for severe levels of distress which might exclude the participants from taking part, they completed a PHQ9 (Spitzer et al, 2000) before the interview. None of the participants scored 1 or more on question nine of the PHQ9 around risk and harm to self and were able to take part in the study. The interview schedule was compiled based on the existing literature critique and study aims and objectives. Recommendations made by Smith and Osborn (2007) on compiling questions for IPA were also followed.

Ethics

The research was conducted in adherence to The British Psychological Society's (BPS, 2014) Code of Human Research Ethics and London Metropolitan University's (LMU) School of Psychology's ethical guidance. Ethical approval was acquired from LMU's Research Ethics Review Panel. Before participation in the study, participants were provided with an information sheet which included information about the title and aims of the study and a consent form. By signing the consent form, participants were acknowledging that they had read and understood the information provided including the use of their data for publication purposes and that they can withdraw their interview responses 6 weeks after the interview. After the interview, the participants were allowed time to debrief. Due to the sensitive nature of the topic, a distress protocol was put in place by the first author in regards to managing distress during the interview. Confidentiality and anonymity was upheld by assigning and identifying each participant with a unique number and giving them a pseudonym in the results write up.

Data analysis

The interview transcripts were analysed using the recommendations for IPA put forward by Larkin et al (2006). The first author engaged in the process of "double hermeneutic" (Smith

& Osborn, 2007, p.53) with an attempt to make sense of the participants' attempt to make sense of their experience.

According to the guidelines provided by Smith et al (2009), the audio recorded interviews were listened to and the interview transcripts were read multiple times in order to become well acquainted with the participants' accounts. By doing this, the first author was making an attempt to understand the participants, their claims and concerns (Larkin et al, 2006).

At the next stage, the first author began to make descriptive notes on the left hand margin about what the participants were saying. Next the initial notes were transformed into emerging themes and written on the right hand margin. These emerging themes were made up of psychologically relevant themes with an advanced level of abstraction (Pietkiewicz & Smith, 2014).At this stage of the analysis, the first author started to make interpretations about what the participants are saying. After this, connections were then made and patterns were acknowledged between each theme that was emerging. Each theme was then written on a separate list in chronological order (Larkin et al, 2006).

At the next stage, the themes that were relevant were clustered together by making connections between each theme, some of which became a superordinate theme (Smith & Osborn, 2007). The themes were then continuously refined and the themes that were not adequately represented were dropped. After this, the transcripts were checked against the patterns and clusters as a way of ensuring that the themes reflect the words of the participants in some way (Larkin et al, 2006). During this stage, the first author began to try to interpret what the participants were saying, whilst at the same time checking her interpretations against the participants' accounts (Smith & Osborn, 2007). At the final stage, a table was generated which contained the superordinate themes and sub-themes with relevant quotes represented in table 2.

Research quality

Yardley's (2000) core principles were adopted in order to ensure the validity of the research. The first principle of sensitivity to context was achieved from the outset from the literature review to recruitment in various ways. For example, because recruitment of participants from similar groups in previous studies have been considered to be more successful when targeted (Mantovani et al, 2016, p.3), the first author attempted to establish relationships with relevant organisations that will have access to the particular group as suggested by Smith et al (2009). During the analysis, the first author engaged with the idiographic, trying to make sense of the participants making sense of their experience by paying close attention to the accounts and drawing direct quotes from the participants' accounts which illustrates the author's interpretations.

The second core principle is Commitment and Rigour (Yardley, 2000). This was achieved through triangulation by consulting with colleagues and the second author. They were able to check that the themes identified were present in the participants' accounts. The themes from their interviews were also shared with each participant with feedback from four of the participants confirming that the themes that were identified reflected what was said in their interview.

In order to ensure that the third principle of Transparency and Coherence was adhered to, the first author provided a detailed narrative of the procedure and the analysis process and engaged in reflexivity throughout the research process. Furthermore, she kept a clear trail of the development of the initial research questions, research proposal, audio recording, transcripts, interview schedules and other relevant material to the study, as suggested by Smith et al (2009).

The principle of Impact and Importance was adhered to by constantly thinking about and stating how the study has an impact and can be useful to Counselling Psychologists and other health professionals working with SGWAM. How the study will inform the delivery and commissioning of services is also stated.

Results

Table 2: Summary of superordinate theme three and sub-themes

Superordinate themes	Sub-theme	Relevant quote
The journey to engaging with professional help	A last resort	"I had to kind of, I had to do something like I tried everything else but I thought that maybe..maybe it would help …" (George, 152-153)
	Searching for a mirror	"…when I seeked counselling, had I had an option between African man and African woman, I would have gone for the African man..because I would see myself in them…" (Charles, 173-176)
	A new perspective	"….I use to think that it's just me being weak yeah but errm it it's definitely not that.." Richard, 651-652

Summary of results

From the IPA analysis of semi-structured interviews with the six SGWAM, three superordinate themes emerged. These were "Predisposing factors to not seeking help or

expressing distress" (which looks at the participant's upbringing and culture and how they have been predisposed to not asking for help or expressing distress), "Manifestation of predisposing factors within the self" (discusses how the predisposing factors led to delay in seeking help) and "Journey to engaging with professional help" (refers to the things that were considered by the men before they saw a professional and how they have changed following their experience). This results section will focus on the third superordinate theme "Journey to engaging with professional help" as the theme that offers the most significant implications for clinical practice and research. The sub-themes within this superordinate theme include "A last resort" "Searching for a mirror" and "A new perspective". In order to protect the anonymity of the participants, pseudonyms are used throughout the analysis. The pseudonym for each participant was chosen to reflect their Anglo-Saxon names.

Sub-theme one: A last resort

This sub-theme explores the participants' decision to seek professional help after other ways of coping were considered. This is represented in Charles' quote below:

> "*What helped me to go forward..I just, I had no more answers, I felt like..I felt like it was, I don't wanna say, I know it sounds dramatic, but say it was the last straw but it was..where else do I go…." Charles, 595-597*

Charles seemed to express a sense of helplessness which may have been brought about from feeling like he was out of solutions and ways of coping. This sense of helplessness seemed to be the motivator for seeking professional help. It was as though Charles was experiencing a lack of direction in regards to how to deal with his issues. At the same time, Charles appeared to sound hesitant to voice his sense of helplessness. I also interpreted that his hesitation may be because he feels shame and embarrassment about running out of answers as the typical

alpha male that he described himself to be during his interview. However, there seems to be a sense of desperation for solutions that has propelled him to engage with professional help.

For George, it wasn't that his other coping mechanisms had been completely ineffective:

> *"….the praying got me through a lot, but…I needed something else as well…" George, 159*

Praying seemed to have been effective for George and helped him cope with his feelings of distress, but it seemed that this was only to an extent. George probably knew he still wasn't in a place of what full recovery would have looked like for him and needed therapy in addition to faith, to bring him to this place of recovery.

Charles spoke about how he experienced talking to family and friends before therapy:

> *"I try and talk to family..they don't fully understand..they wanna fix the issue..sometimes there's nothing to be fixed, you just need to speak, so when I was talking to the, my friends oh have you tried this, have you tried that, have have tried all of that bro like trust me have tried..how about if you do this, I'm like okay cool but are you really listening to what I am saying, right now I said I'm struggling right now…." Charles, 660-665*

Charles' family and friends seemed to have taken a more solution focused approach by wanting to solve his problems. However, this seemed to have left him feeling unheard. It seems that his loved ones wanted to help by fixing the situation that was causing him distress, rather than acknowledging and validating the feelings of distress itself. Charles might have felt like he would have benefitted more from his feelings around the situation being validated, rather than the provision of solutions to fix the situation. This may have left him feeling misunderstood and frustrated, leading him to seek professional help as his need for validation was not met by his support network.

Whilst therapy was an afterthought for all the other participants, Kevin had a different experience:

> "*….therapy was at the forefront of my mind, errrm I mean, there wasn't, I didn't really, I wasn't really aware of any other routes that I could kind of go down to be honest, errrm apart from obviously confiding in friends and family but errrm therapy was the kind of thing that for a good number of years I thought you know would be helpful to have and I had a friend who errrm..was in therapy at the time as well…Kevin, 47-51*

For Kevin, therapy appeared to not have been the last option, but the first option considered and this appears to have been thought about even before he had the issue that he sought help for. Kevin might have felt like he could not speak to his family, coming from a home where he mentioned in superordinate theme one is "standoffish" about emotions. The thought of therapy being in the background as a space to take his issues for so long would have made this a natural choice for Kevin when he became distressed and felt unable to cope with his own issues. Perhaps there was also something about having a friend in therapy at the time that gave him the final push. This is because even though he had thought about therapy before, this was the first time he was doing it. Having a friend in therapy might have normalised the experience and reduced the stigma around it.

Sub-theme two: Searching for a mirror

The sub-theme "searching for a mirror" looks at the type of therapist who they were willing to seek help from.

After deciding that they did want to engage with professional help, the participants spoke about who they preferred to have help from.

David talked about looking for a specific therapist below:

"....I said to them, I'm looking for a Black man who is Christian and errm yeah who understands sort of me and like my background, sort of the things that we go through as Black men…" David, 30-32

In David's quote, he spoke about finding a therapist through a platform to find ethnic minority therapists. He appeared to be specific about the therapists' race, gender and religion, all the identities that David possessed. Having a therapist who had insight into David's world and could understand him and his background and perhaps the challenges encountered as a Black man seemed to be of importance to him. However, specifying people who shared the same characteristics as him in terms of race, ethnicity and gender was as though he is looking for himself in the room. David looking for himself in an unfamiliar situation would have made sense because there would have been safety in this.

Kevin also shared a similar view to David in the quote below:

"...I think the thing that helped me kind of like go through with it was finding someone who had similar background to me ……you know I wanted someone who..could get what it was like to be..a young Black Ghanaian British man and that was really important to me. When I found someone that ticked those boxes, I didn't think that I would find someone that ticked those boxes, but when I did, I was like, oh great, errrm it was really helpful to me …." Kevin 286-287, 308-311

Kevin identified that finding a Ghanaian descended male therapist helped him to engage with receiving help beyond seeking it. When Kevin used the words someone who could "get what it was like", this may also illustrate what David was also talking about in regards to having a therapist who had insight into his world. In Kevin's case that was a young Black Ghanaian British man, with his criteria also adding an extra layer of age. Whilst seeking a therapist who he shared specific identities with, Kevin also seemed uncertain about whether he would find

such a therapist. This may be because Kevin does not feel that people like him are represented in the profession and with the knowledge that he cannot be easily found in the therapy room, he might feel like he will not be really seen or mirrored by his therapist, therefore potentially creating a further deterrence to seeking help.

David's quote below also highlights the process of finding such therapist:

> *"....they did provide me with a Black woman who was Christian or an Asian man who was Christian, but I was like thanks so much for your help but I'm I'm right now I'm looking for somebody who was literally fitting these pointers, I don't mind waiting a bit longer that person will come..." David, 87-90*

David talks about waiting before he could find someone who met his three criteria. At times, he was provided with other therapists who met two of his criteria at a time. David's willingness to wait longer may suggest how important having all three criteria was for him and to see himself represented in the room. It seems for David, if he was going to embark on the attempt to make himself vulnerable, he needed to feel very safe doing so. It appears that one was not more important than the other in terms of race, ethnicity, religion or gender, but these were all important parts of David's identity that needed to be present, seen and understood in the room. I also wondered whether David's rigidity about who he wanted to see may also highlight a defence against the anxiety of not being understood in therapy.

Apart from the need to be able to relate and have a shared experience with their therapists, the participants also shared other reasons about what it meant for them to have a therapist who was from a similar background as them. This is shown in the next excerpt from Richard:

> *"...they're living proof that you can succeed ..." Richard, 418*

For Richard, it seems having someone who he has a shared experience with that is like him instils a sense of hope about his ability to overcome what he is going through. This may suggest

that there is probably a perception of therapists from Richard's point of view as people who have their life together, perhaps without any challenges. Therefore, seeing someone who is similar to him doing well may leave him with a sense that his recovery is within reach and possible. Furthermore, it may be that Richard did not have a sense of hope or believe about his own recovery and needed external evidence of someone like him who is doing well for him to be hopeful about his situation.

Whilst the need for representation was important in order to seek help professionally, the participants also spoke about how representation had an impact on their ability to seek help from other informal networks like the various institutions they belonged to at the time.

Jason talks about his experience whilst studying below:

> *"…I think it may have been easier if I was white and I kind of maybe assimilated more there easily and was able to kind of ask people that I needed to help me with certain things easily and also even be more open about..asking for help emotionally…Jason, 393-396*
>
> *"I had no way of maybe opening up about that because I guess I didn't feel that these people had the same…it felt like I was kind of I mean outside from what everybody was…." Jason, 398-400*
>
> It appears that Jason did not feel he had a sense of belonging being a different race and ethnicity to his peers and as a result, did not feel he could solicit their support and seek help from them. This sense of being different and not being around others who had a shared experience to him probably meant that Jason did not feel safe to be vulnerable with others who did not reflect who he is. He also maybe felt because his identities were not reflected, he will not be understood by others, which in turn may have caused Jason to not open up about what he was going through.

Sub-theme three: A new perspective

This final sub-theme looks at how emotional distress and asking for help is presently viewed by the participants.

Richard spoke about how he now perceives emotional distress and seeking help below:

> *"…I use to think that it's just me being weak yeah but errm it it's definitely not that, it's cause we are human beings, we've been built with all of these emotions and what not, I feel like to suppress it is like the worst thing in the world…" Richard, 651-654*

Richard seems to have gained insight from the view of being raised without emotions to an acceptance that it is human to have emotions and bottling it can have catastrophic consequences. Richard's view also highlights a shift from how he has been socialised as a SGWAM that the way to cope is by bottling up one's emotions. He seems to have gained insight that this is not the best way to cope and when he experiences distress in the future, one can imagine that he will not have a sense of himself as weak and feel able to express how he feels.

Jason also spoke about the shift in how he perceives himself in relations to seeking help:

> *"…so I think, maybe originally, I'd think, I will have thought that people will see me as being weak after doing it, but now maybe that's reduced somewhat, I wouldn't say it's completely gone…" Jason, 15-16*

Though Jason does not appear to have a complete change in his perception of himself as weak for seeking help, he also appears to acknowledge that this is minimised. It may be that he is aware that others may not have gained his new perspective as they haven't been through therapy, whereas he has. Jason seems to be enriched with an additional way of looking at

mental health and seeking help, which does not cancel out the 'old' way, but coexists with it, hence him saying 'I wouldn't say it's completely gone'. It could be seen as a form of cognitive dissonance, whereby two competing thoughts are equally valid and believed to an extent in Jason's mind.

For the participants, the change was attributed to various things. Charles and David talk about their own experience:

> *"....you see a lot of like publications and adverts, they are encouraging men to come forward and talk..." Charles, 739-740*

> *"....people have actually created platforms to help people like us who need the help because this is not a thing that should cause shame or is not a thing that should be an issue to seek errm professional help for, so I think the normalising itself is actually what is making these things more accessible or even cheaper and more relatable to people..." David, 223-226*

Though Charles has been socialised to believe that men should deal with their own distress, he is faced with a new message through the media which gives him the permission to seek help and Charles appears to resonate with this. This may help Charles to feel like it is an acceptable act and not one that he should feel stigmatised over. David also seems to imply that having a platform for ethnic minorities to seek therapy has almost made therapy a "norm" amongst ethnic minorities rather than an 'atypical' experience. For Charles and David, they may have felt a sense of relief being a part of this new normal because it reconciles their newly acquired perspective.

Discussion

The aim of the current research was to explore the experience of SGWAM seeking professional help for the first time for emotional distress in the UK. From the three superordinate themes that emerged, superordinate theme three, "the journey to engaging with professional help" is explored. The first sub-theme looked at how the participants started seeking therapy after other ways of coping were thought to be insufficient or unsuccessful in helping to alleviate their distress. This is consistent with previous research which shows that ethnic minorities would consider informal ways of coping before seeking professional help (Grupp et al, 2019; Mantovani et al, 2016; Rae, 2016; Edge & Rogers, 2005; Carpenter-Song et al, 2010) and would only consider using mental health services after all other ways of coping have been tried (Camacho, 2016). At times in the study, it was not that other informal coping mechanisms like religion were unhelpful but rather the participants felt like they could benefit from additional support in the form of therapy. This reflects the findings from Villatoro et al's (2014) study, whereby the ethnic minorities who sought help through religion also used mental health services. This provides further evidence that religion does not act as a barrier to seeking professional help as previously found (Lee, 2015; Mantovani et al; 2016) and also perhaps other ways of coping are sometimes needed in addition to religion. The sub-theme "Last resort" also contradicts the findings from similar studies around family support. In previous studies, the role of the family was highlighted to be important and served as an alternative to the use of professional help (Villatoro et al, 2014; Sabogal et al, 1987; Alvidrez, 1999; Ramos-Sánchez & Atkinson, 2009). However, what was found in the current study was that speaking to family was found to be unhelpful as participants sometimes did not feel listened to, understood or validated, all the reasons why someone might go to therapy.

The sub-theme ""Search for a mirror" looked at the participant's search for a therapist who they could relate with and who understood their background. Previous studies have found that

ethnic minorities have a preference for ethnic minority professionals, with the view that they will be able to understand them better (Meyer & Zane, 2013). It is also believed that they will feel better able to trust and open up to such a professional (Camacho, 2016). However, unlike other studies, the findings from this study goes beyond having an ethnic minority professional who understood them. There appeared to be something about having someone who they perceived they shared lived experience and similar identities with. It was about mirroring in terms of ethnicity and gender and at other times an extra layer of religion and age. This need for a mirror could be understood as safety in the familiar. In addition, it can be assumed that the individual will understand what it means to grow up in the African culture and in the therapy room, there will be a sense of belonging and mutuality shared. It will also make sense that sharing a sense of belonging with the therapist may be what draws them to particular types of therapist. This is because as humans, we want to associate with others and form relationships with people who are like us (Over, 2016). Apart from needing to find a mirror to engage in therapy, the SGWAM also seemed to feel like the lack of it institutionally also resulted in an unwillingness to seek help informally. It seems systemically, SGWAM may sometimes feel like they do not belong in institutions and lack a sense of social identity, which may have an impact on their self-worth (Cialdini et al, 1976) and the ability to speak up and seek help.

The final sub-theme in the results revealed a unique finding around how upon reflection, the men experienced a change in how they viewed emotional distress and seeking help. Overall, it is uncertain what this change was down to. Though we can assume that therapy may have stimulated changes (Jarrett, 2017) in the SGWAM, we cannot attribute the changes in the way emotional distress and help-seeking is viewed uniquely to therapy. At other times, the role of campaigns and relevant BAME organisations were highlighted in changing how emotional distress and seeking help is viewed. Therefore, further research will be needed to

establish what the change in how emotional distress and seeking help is viewed may be attributed to. When the men talked about their distress and the change in how they saw asking for help, they appeared to talk about their situation in a more compassionate way. This compassion has been found in previous research to minimise the tendency to internalise the perceived stigma from the public around mental distress (Heath et al, 2018). This may be because instead of judging themselves and perceiving themselves in a negative light for seeking help, they have been able to identify their distress, sympathise with it and seek relief for it. These are all elements Jazaieri et al (2013) described as ingredients for compassion. Therefore, there is optimism that this compassion will allow them to seek help in the future if needed. The findings from this theme shows how perhaps through the experience of distress and the journey to seeking help, a change occurs, though it is not clear what this change can be attributed to. It also demonstrates how even though there are early experiences that have predisposed the SGWAM to not asking for help informally or professionally, they can get to a place where help is sought. It is also worth noting that this change in how they view asking for help and emotional distress may have lessened their self-stigma, and therefore made them more willing to take part in the current study.

Applications for research and practice

The current study has applicability for research and clinical practice in a number of ways. This applies to CoP, other relevant professions and public health. The findings will be helpful for Counselling Psychologists and therapists at large in regards to useful ways to work with SGWAM.

One of the findings from superordinate theme one was that that the men viewed professional help to be more for acute issues. The applicability of this finding has been included in this article as it also overlaps with the sub-theme “a last resort” in superordinate theme three. One could assume that if Black men are found to be overrepresented in secondary care services

compared to primary care services (Morgan et al, 2006), it is understandable that the SGWAM might have an impression that professional intervention is usually at this point rather than primary care. Therefore, more campaigns are needed in the West African community to encourage early intervention, as well as education around different reasons why therapy may be suitable. Such campaigns may help individuals to navigate to get professional help quicker at the point of distress. It may also help them to feel validated in their decision to seek help professionally. At the same time, it may normalise the idea of seeking professional help within the West African community. Furthermore, if services are seeing West Africans early on at the point of distress, it is hoped that less long-standing mental health issues and acute presentations will be seen within this community. It will also be important for various health professionals that come in contact with SGWAM to be aware that they may present in such a way that their issues are minimised. As a result, the severity of their distress may not be picked up on. Therefore, various tools and different line of inquiry to assess their difficulties, which are both explorative and symptom based may be needed.

In the current study, therapy was found to be a last resort and other ways of coping like religion were mostly considered first. At the same time, these were not found to be completely useful to alleviate feelings of distress and sometimes professional help was needed alongside religion for example. With this in mind, there is scope for services to work with faith-based organisations in order to integrate and embed professional help and practitioners within West African communities, with the aim to establish familiarity. This could in turn make formal help less stigmatising and intimidating. In this way, formal support can be thought about as well as informal support, rather than as a last resort. Furthermore, it is hoped that this will increase the sense of hope and choice that individuals within the West African community have around their distress with the knowledge that there are various

interventions accessible to them apart from the traditional routes that they may typically access.

The biggest finding from this study which has implications for training and practice and appears to be an enabler for engaging with therapy is around the need for the SGWAM to have a therapist who they can relate to. This has implications for the recruitment of Black African descended Men who are Psychologists and said to be underrepresented within the profession (Beasley et al, 2015) into teams as well as training programmes. Furthermore, it will also be useful for services, where possible to match the SGWAM to professionals who are men and African descended. As found in the current research and previous studies (Tarabi, 2016; Camacho, 2016; Meyer & Zane, 2013; Blank et al, 1994) such matching has been found to be linked with better treatment outcomes and engagement. It also provides a sense of belonging and hope as well as enhancing the sense of being understood. However, it is important to acknowledge and reflect on the limited scope for services to do this at present. This recommendation may not be realistic for a lot of services due to the limited amount of Black male psychologists within the profession as shown in literature (Beasley et al, 2015). However, where this is not possible, it will be important for non-West African male therapists to understand and educate themselves about what is like to be a SGWAM in the context of gender, culture and race. It will also be important to reflect on their difference with the SGWAM and what this might mean for therapy.

Finally, the role of men like the ones that have taken part in this study as community champions and peer supporters, who can normalise seeking professional help for emotional distress amongst SGWAM and the West African community at large should be considered. Where approaches like this have been taken with other communities, groups and across various health conditions, it has helped to reduce stigma, increase self-esteem and sense of empowerment (Repper, 2013; Graham & Rutherford, 2016). It has also been found to

increase access to services and support with the prevention of serious health conditions (Parnez & Martowicz, 2015).

Limitations and areas for future research

Whilst reviewing the methodology, the study has a number of limitations which are important to acknowledge. For example, whilst 25-34 years olds were the age group of interest due to the high rate of common mental health issues in the UK in this group, it is unknown if this is the age bracket where there is a high rate of common mental health issues amongst SGWAM specifically. This is because we do not have this break down by ethnicity and generation and it is possible that another age bracket may have been more important to look at amongst SGWAM.

During the initial stages of recruitment, the aim was to recruit individuals who had only once sought formal help. However, this proved in some ways to be difficult and the criteria was widened to include people who had sought help twice also. For the participants who sought help twice, even though attempts were made as much as possible to ask only about their experience of seeking help for the first time, people inevitably also talked about their second experience. As a result, it is possible that the experience of getting professional help more than once may have had an impact on how emotional distress and seeking professional help is made sense of and talked about within the study. Therefore, further research is needed to look at people who have only sought help once, in order to better understand the experience of seeking help for the first time without the information being potentially clouded by subsequent experiences of seeking help. In addition, the ideal scenario would have been for us to capture their experience while they are seeking help, instead of them recalling such experience. As a result, their recall of their memories and feelings of the experience may have not been as rich or accurate (Lacy & Stark, 2013). Furthermore, though people were

recalling their experience of seeking help as adults for the first time, some of the participants were recalling an experience from the previous year, whilst for some it was an experience from 7 years. This might have also affected their recollection of the experience and feelings associated with it. One can also assume that how someone viewed seeking help and distress in their early twenties may be different to their late twenties and therefore the change in how seeking help and distress is viewed in sub-theme three may also be attributed to this. For example, a study by Farrer et al (2008) suggested differences across different age groups around mental health literacy and help seeking attitudes.

From the final sub-theme, a change in how the SGWAM viewed seeking help and emotional distress from their initial views that they were socialised to was observed, however, it was unclear from the current research what this change can be attributed to. Overall, further research is needed to understand this further as it will be very important to know in order to understand why some SGWAM might seek help compared to others. If we know why some SGWAM might seek help and why some may not, it can help to better target interventions to encourage help-seeking across this population. Furthermore, as mentioned in the previous section, if we assume that the change in how seeking help and emotional distress is viewed is attributed to therapy for a group of participants whom therapy 'went well' for, little is known and thus can be concluded about those who found therapy unhelpful. As a result, we are left without the possibility of generalising the experience to that of those who may not have had a similar positive experience of therapy or seeking help.

Whilst looking at the countries that the participants descended from, it is worth noting that the sample was not representative of the West African population in the UK. There are16 countries in West Africa which are reflected in the UK (ONS, 2020), however five out of the six participants in the study were from Ghana with one from Nigeria. Furthermore, they were all born and raised in London, though this is not completely out of the norm with London

being one of the places which houses the largest population of immigrants in the UK (Hatch et al, 2011). However, we can say that the voices of other SGWAM are not represented and further research is needed to better understand how other SGWAM that are not represented in the current study seek help in order to provide suitable services to them. At the same time, a snowballing approach may have also helped to keep the group homogeneous.

A final note on the participants is that they sought professional help mostly through private practice or through institutions like work. Some of the reasons for this was because there was a lack of awareness as to how they can get help within the NHS and at other times guilt around using services because they felt like there were people in more need than them. At times, participants also stopped therapy because of financial reasons. Overall, we can assume that the participants were in positions where they were able to afford private practice to some extent or have a job that could pay for therapy. However, we don't know how someone from a lower economic status or someone who is not able to access help through work for example might seek help. This is important for further research especially with economic status and poverty having a significant impact on mental health (Elliott, 2016). Furthermore, the participants in this study were people who had sought help for a common mental health issue, further research is needed to know how people with more severe mental health issues for example seek help. This will be important to know as black men with more severe mental health issues usually come in contact with services in a less therapeutic way like the police or criminal justice system (Keating, 2007).

Finally, this is the first study in literature to have looked at how SGWAM seek help and further research is needed on the topic in order to continue to understand the needs of this group and for practitioners to provide services that are responsive to their needs.

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