THE MIRACLE FOUNDATION SCIO

2024

IMPACT REPORT

Under-represented Communities Experience in Supporting Their Mental Health and Wellbeing

ARRANGED BY

The Miracle
Foundation SCIO

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Contents

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1. Executive Summary

This project, funded by the Scottish Government, sought to uncover the challenges, barriers, and disparities encountered by individuals from under-represented communities in North Lanarkshire as they navigate mental health and well-being support. The Miracle Foundation SCIO, a registered Scottish Charitable Incorporated Organisation, is committed to bridging gaps in preventive and early intervention services through trauma and bereavement-informed practices.

The necessity for this project arose from diverse sources. Firstly, our organisation's Chief Executive, a member of a Black, Asian, and Minority Ethnic (BAME) community and proficient in four languages, brings firsthand experience of the inequalities and hurdles faced, emphasising the urgency for change, empowerment, and engagement to reduce stigma, raise awareness, and combat discrimination surrounding mental health and well-being. Consultations with representatives from North Lanarkshire's Health and Wellbeing Hub, local councillors, and funders focusing on under-represented communities—BAME and LGBTQIA+ communities—further reinforced the imperative for recognition, support, and engagement to cultivate diverse and inclusive communities.

Additionally, as North Lanarkshire Council participates in the Scottish Consortium for Asylum Seekers and Refugees, our organisation recognises the refugee groups within the area and the pressing need to address their fundamental needs and mental health and well-being. We acknowledge the significance of fostering a sense of community and support among refugees, enabling them to articulate their concerns and needs as asylum seekers and refugees in North Lanarkshire.

Furthermore, our interactions with children and young people from LGBTQIA+ communities accessing our services have shed light on their emotional struggles, loneliness, and isolation due to apprehensions about openly identifying themselves within their families and the wider community, fearing judgement or discrimination.

Lastly, we have observed a growing trend of older individuals taking on primary caregiving roles for their grandchildren. Conversations with residents of Sheltered Housing Motherwell have highlighted the additional stress, isolation, and loneliness experienced by these individuals, particularly as they age and find it increasingly challenging to engage with other groups.

The Miracle Foundation SCIO aims to establish safe spaces where under-represented individuals in the community can convene as a group and wider community to discuss, explore, and engage in matters concerning their mental health and well-being, thereby bolstering the capacity to effectively support such groups.

2. Glossary

Term	Definition
BAME	Individuals, including but not limited to those of Black, Asian, and Minority Ethnic backgrounds, commonly used in the UK. (BAME - Original Text)
Under-Represented Community	A group that is not represented by the majority regarding race, gender, ethnicity, physical ability, and sexual orientation (Under-represented community- Original Text)
Community Planning	Collaborative process involving councils, public bodies, local communities, businesses, and voluntary groups to improve services. (North Lanarkshire Council, 2019)
Discrimination	Making unfair distinctions based on race, gender, age, appearance, sexual orientation, or religion. (Discrimination - Original Text)
Holistic	Approach to healthcare addressing psychological, familial, societal, ethical, spiritual, and biological dimensions of health. (Gordon, 1982)
Mental Health	State of well-being enabling coping with life stresses, realizing abilities, and contributing to communities. (World Health Organization, 2017)
Sleep Hygiene	Healthy habits during the day promoting a good night's sleep. (NHS, 2022)
Stigma	Unfair and negative societal beliefs about certain characteristics or conditions. (Stigma - Original Text)
Wellbeing	Combination of feeling good and functioning effectively, influenced by societal norms and values. (Department of Health, 2014)

Table 1. Glossary of Terms

3. Existing Research

According to North Lanarkshire Council (2019), approximately 2.1% of the population in North Lanarkshire belongs to a Black or minority ethnic group. Evidence suggests that under-represented groups are more likely to struggle with mental health issues and face challenges in accessing healthcare. Bignall et al. (2019) found that individuals from African Caribbean communities are three times more likely to be hospitalised for schizophrenia compared to other demographic groups. The Mental Welfare Commission for Scotland (2021) underscores that BAME groups are 4.8 times more likely, in times of crisis, to be compulsorily sectioned compared to their white counterparts. According to the Scottish Government (2017), only one in three individuals who would benefit from mental illness treatment in Scotland receive help. The Coalition for Racial Equality and Rights and the Scottish Government (2020) report that between 2019 and 2020, 54% of hate crime charges were racially motivated.

3.1. BAME Community in North Lanarkshire

North Lanarkshire Council commissioned research to explore the future needs of Black, Asian, and minority ethnic (BAME) communities living in North Lanarkshire (Hussain & Ishaq, 2021). The research, which involved focus groups and interviews with participants from diverse age groups, genders, religions, and ethnic backgrounds, revealed four key themes:

1. Ageing population: BAME groups' experiences with healthcare services often fall short of their expectations due to factors such as cultural differences and language barriers. The perception that mainstream mental health services adopt a Western-centric perspective exacerbates these challenges, along with difficulties faced by those not fluent in English.
2. Community cohesion and integration: Members of the BAME community place great importance on maintaining their religious and cultural identity. However, they often feel that their culture is not adequately celebrated by North Lanarkshire Council. Relationships with other ethnic minorities may be perceived as stronger due to shared values and challenges. Despite feeling safe in their neighbourhoods, BAME school children may experience racial microaggressions, and political engagement among BAME individuals remains low. Language barriers also hinder integration into predominantly white communities.
3. Digital skills and inclusion: Older generations struggle to navigate the digital world due to limited English skills. While training programmes provided by North Lanarkshire Council and other agencies have had some success, they fail to meet the needs of participants fully. Additionally, the cost of owning digital devices poses a barrier, particularly for less affluent families.
4. Employment and skills: Lack of recognition for qualifications gained abroad, language barriers, and racial stereotypes contribute to BAME individuals being relegated to low-paying, low-skilled jobs. Consequently, many members of the BAME community are self-employed.

3.2. The Scottish Mental Illness Stigma Study 2022

The Scottish Mental Illness Stigma Study 2022, conducted by See Me, Mental Health Foundation Scotland, and Glasgow Caledonian University, aimed to enhance understanding of stigma experienced by individuals with mental illness. Through surveys, interviews, and focus groups, the study identified five key themes:

1. Discrimination and stigma are prevalent in various aspects of individuals' lives, including social media, healthcare services, and interpersonal relationships.
2. The nature of discrimination and stigma can be severe, encompassing exclusion from decision-making, unfair treatment, denial of opportunities, dismissal of opinions, and harmful views of individuals with mental illness.
3. Discrimination and stigma related to mental health often intersect with other forms of discrimination based on individual identity.
4. Individuals with mental illness may exhibit greater empathy towards others with similar conditions compared to themselves.
5. Improving understanding and knowledge of mental health, enhancing mental health services, and reducing social inequality are essential for addressing stigma and discrimination. Experiences of stigma and discrimination regarding other aspects of individual identity are often intertwined with those related to mental illness.

4. Social Policy and Strategic Planning

4.1. North Lanarkshire Council's Equality Strategy 2019-2024

The Equality Act 2010 encompasses nine protected characteristics, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (UK Government, 2010). Additionally, The Equality Act 2010 delineates four main types of discrimination: direct discrimination, indirect discrimination, harassment, and victimisation.

North Lanarkshire Council's Equality Strategy 2019-2024 delineates five primary objectives for integrating the Equality Act 2010 into the council's daily operations:

1. Understanding and engaging with all communities.
2. Effective community involvement.
3. Leadership in equalities and human rights, showcasing organisational commitment to excellence.
4. Ensuring local public services are responsive to unique needs and treat users with dignity and respect.
5. Developing and sustaining a skilled and dedicated workforce to meet the needs of all local people.

4.2. Getting It Right for Every Person (GIRFEP) A Mental Health and Wellbeing Strategy for Lanarkshire 2019-2024

The GIRFEP Mental Health and Wellbeing Strategy for Lanarkshire summary 2019-2024 is a comprehensive five-year strategy aimed at creating "A Lanarkshire where everyone enjoys good mental wellbeing throughout their life, and where individuals experiencing mental health problems are supported, can recover, and achieve good mental wellbeing, free from stigma and discrimination" (North Lanarkshire Council, 2019). This local strategy draws upon the Scottish Government's Mental Health Strategy 2017-2027 to combat mental health stigma and discrimination, focusing on four core priority areas:

1. Promoting good mental health for all.
2. Enhancing access to mental health support and services.
3. Addressing children and young people's mental health and wellbeing.
4. Strengthening specialist mental health services (North Lanarkshire Council, 2019).

The strategy aims to enhance access to and delivery of mental health services, emphasising early intervention, accelerated prevention, and elimination of mental health stigma and discrimination. These objectives are pursued through inclusive participation of broader community planning partners, society, the National Health Service (NHS), local authorities, and partner agencies.

4.3. Good Mental Health for ALL

NHS Health Scotland's Good Mental Health for ALL provides guidance on challenging inequalities in mental health care and support (NHS Health Scotland, 2016). This document aligns with the Scottish government's Mental Health Strategy, advocating for a holistic approach to mental health by recognising various social, economic, environmental, physical, and individual factors impacting mental wellbeing. It underscores the importance of respecting, protecting, and promoting the basic rights of communities, especially those experiencing inequalities. Local strategic partnerships are urged to play a pivotal role in addressing mental health inequalities, necessitating collaboration among local government, third sector organisations, and communities.

4.4. Mental Health Strategy: 2017-2027

Scotland's Mental Health Strategy 2017-2027 acknowledges the adverse impact of poor mental health or mental illness on physical health, in accordance with the International Covenant on Economic, Social and Cultural Rights.

This document aims to change and save lives through preventing and treating mental health problems with the same vigour and dedication as physical health problems. The Mental Health Strategy aims to enhance:

1. Access to treatment and integrated services.
2. Prevention and early intervention.
3. Information use and planning.
4. Physical wellbeing of individuals with mental health problems.

The strategy strives to challenge discrimination and stigma associated with mental health, aiming for a Scotland where all mental healthcare is person-focused and appreciates the benefits of early and effective treatment. Key actions include:

1. Establishing bi-annual mental health stakeholder forums.
2. Improving preventive support services.
3. Augmenting the mental health workforce.
4. Assessing the role of counselling services in schools.
5. Investigating and evaluating sustainable and effective models for supporting mental health in primary care.

5. Methodology

5.1. Research Approach

A multiple-choice questionnaire spanning the eight well-being indicators was developed. The questions inquire about sleep, diet, exercise routines, etc., aiding in identifying areas where people need support. Often, individuals requiring support are unsure of their needs, making independent access to support exceedingly challenging. These questions aim to highlight common themes within communities, identifying tailored support services. Additionally, they assist in gauging existing knowledge in self-care, available support, and how to access it. This information will help tailor support provision and identify necessary educational interventions. The questions also target identifying barriers individuals face in accessing emotional health and well-being support. By doing so, we aim to challenge and remove these barriers, making support more accessible and equitable. Two distinct questionnaires were created, one for BAME communities and another for under-represented communities.

Participants were recruited through flyers, posters in the community, social media posts, and coordination with various organisations, support services, community groups, and charities. Community engagement sessions were conducted at locations including Starbucks, ASDA, and Bellshill Cultural Centre.

Collaboration with other organisations sharing the goal of challenging barriers and improving community support was integral to our work. Partners included Befriend Motherwell, Cliftonville and Coatdyke Community Group, Community Action Newarthill, Diamonds in the Community, Lanarkshire Carers, MS Group Wishaw, North Lanarkshire Bipolar Support Group, North Lanarkshire Carers Together, North Lanarkshire Muslim Women and Family Alliance, PDA Autism Awareness and Support Group, Sheltered Housing Motherwell, The Good Deed, The International Conversation Café, and Zakariyya Masjid Motherwell.

A series of Capacity Building Consultations facilitated by the above-mentioned group organisers were conducted. These consultations took different formats tailored to meet the needs of the groups in familiar and comfortable environments. Once commenced, each consultation was participant-led, allowing participants to discuss topics of their choice, providing richer qualitative data. Reflective accounts were maintained for each consultation, recording details of discussions and common themes identified.

After each consultation, questionnaires were evaluated to identify common themes. These themes were recorded in reflective accounts to ensure the integrity of the data. We aimed for diversity in our target groups, ensuring representation from the disability community, carer community, those with mental health conditions, low-income communities, recovery communities, men's mental health, the elderly community, and the BAME community. However, due to various barriers, our BAME representation primarily comprised the Muslim community. While we attempted consultations with the Ukrainian Community, these efforts did not yield significant results, suggesting underlying barriers that need further exploration.

5.2. Research Ethics

All data collected adhered to ethical practices. Rogelberg (2004) emphasises the importance of researchers being familiar with ethical guidelines to ensure secure research conduct. According to The Economic and Social Research Council (2022), research involving human participants should respect their autonomy, dignity, interests, rights, and values.

This report, in particular, delves into sensitive topics such as mental health and well-being. Lee and Renzetti (1990) highlight the risks associated with sensitive topics and the potential problems for researchers and participants. Naugle et al (2011) emphasise the need to balance ethical principles when sensitive topics arise to avoid harm. Barrow, Brannan, and Khandhar (2022) stress the importance of researchers protecting participants' autonomy.

Confidentiality is crucial in research. Folkman (2022) underscores the importance of confidentiality and privacy in research involving human participants. Confidentiality fosters trust between researchers and participants and maintains integrity in their relationships.

Participants were given the option to provide their name and contact details and were informed of their right to withdraw at any point. All data collected was stored securely, and paper copies of questionnaires were kept in a locked filing cabinet.

5.3. Challenges and Limitations

Engaging with the LGBTQIA+ community presented significant challenges. Despite concerted efforts to reach out to various groups and organisations, such as LGBT Youth Scotland, LGBT Health and Wellbeing, the Terrance Higgins Trust, and local LGBT groups and clubs, we encountered difficulties in establishing meaningful connections. Emails sent to these organisations went unanswered, and promised callbacks were not forthcoming, resulting in a lack of representation from this community in the consultation outcomes.

Similarly, engagement with the Chinese community encountered substantial obstacles. Despite our attempts to contact the Scotland China Association, all emails were returned as undeliverable, and alternative contact information was unavailable. Further investigation revealed a dearth of events, groups, or clubs catering to this community. Although we endeavoured to engage a local Chinese business owner, feedback indicated a reluctance to participate in a mental health study. Similar challenges were faced with other minority communities, prompting collaborative efforts to develop a more accessible questionnaire tailored for BAME communities.

Feedback from the Ukrainian Community highlighted the tendency to conceal discussions on mental health and disability within their cultural context, driven by societal values. Despite our best efforts, engagement with this community remained limited. Sensitivity to cultural nuances prompted adjustments to the questionnaire language, making it more inclusive and accessible. Additionally, translated versions of the questionnaire were developed in seven languages, resulting in improved engagement across various communities.

Transport barriers emerged as a significant issue during the project, particularly in rural areas, hampering access to support services. Recognising this, consultations were concentrated in areas with better transport infrastructure. While efforts were made to address these barriers, the need for pragmatic expectations regarding access to support services became apparent. Expanding consultations beyond North Lanarkshire would necessitate additional funding and resources.

6. Demographic Profile of Participants

This survey includes a total of 236 individuals with 178 (75.42%) and 58 (24.58%) coming from BAME and other under-represented communities (Figure 1).

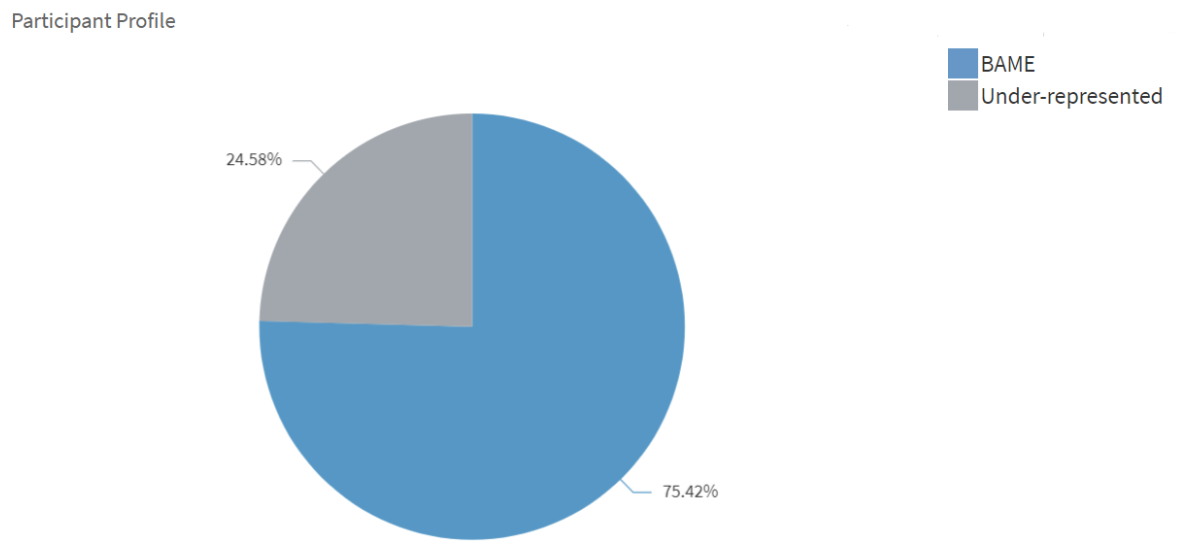

Figure 1. Participant split across BAME and other under-represented communities.

As evident from Figure 2, the majority of surveyed participants live in the areas of Motherwell (22.17%), Airdrie (13.04%), Wishaw (8.7%) and Bellshill (8.7%).

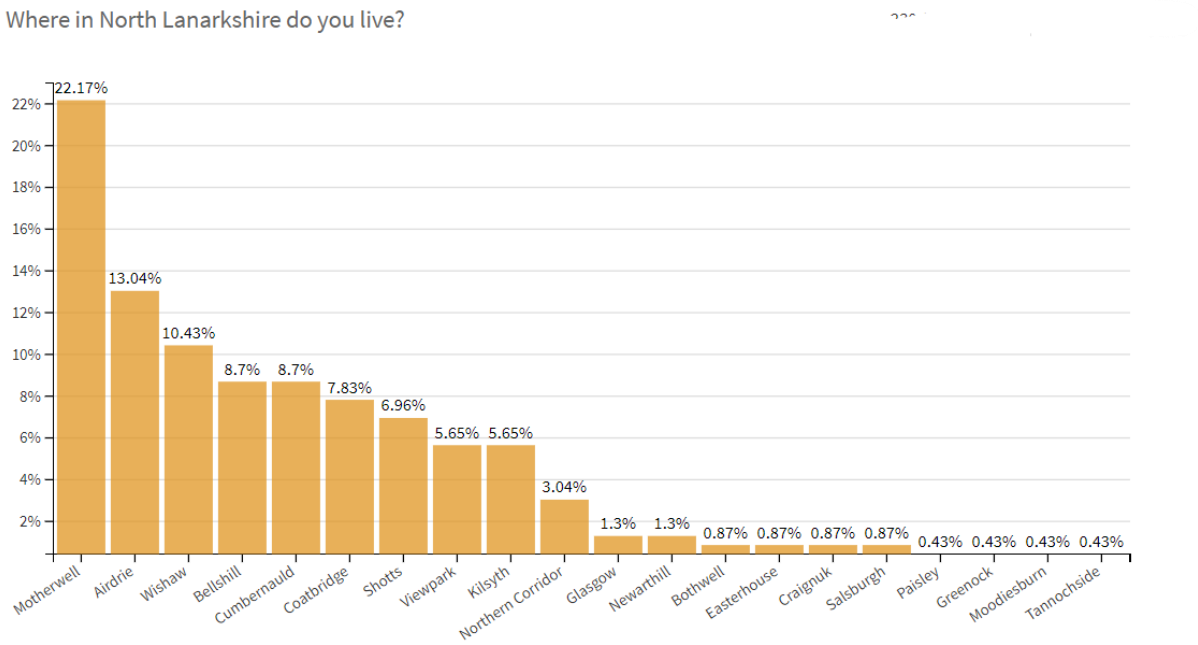

Figure 2. Participant geography across North Lanarkshire.

It is evident that the majority of participants have lived in North Lanarkshire either since birth (40.09%) or for more than 10 years (37.5%) (Figure 3).

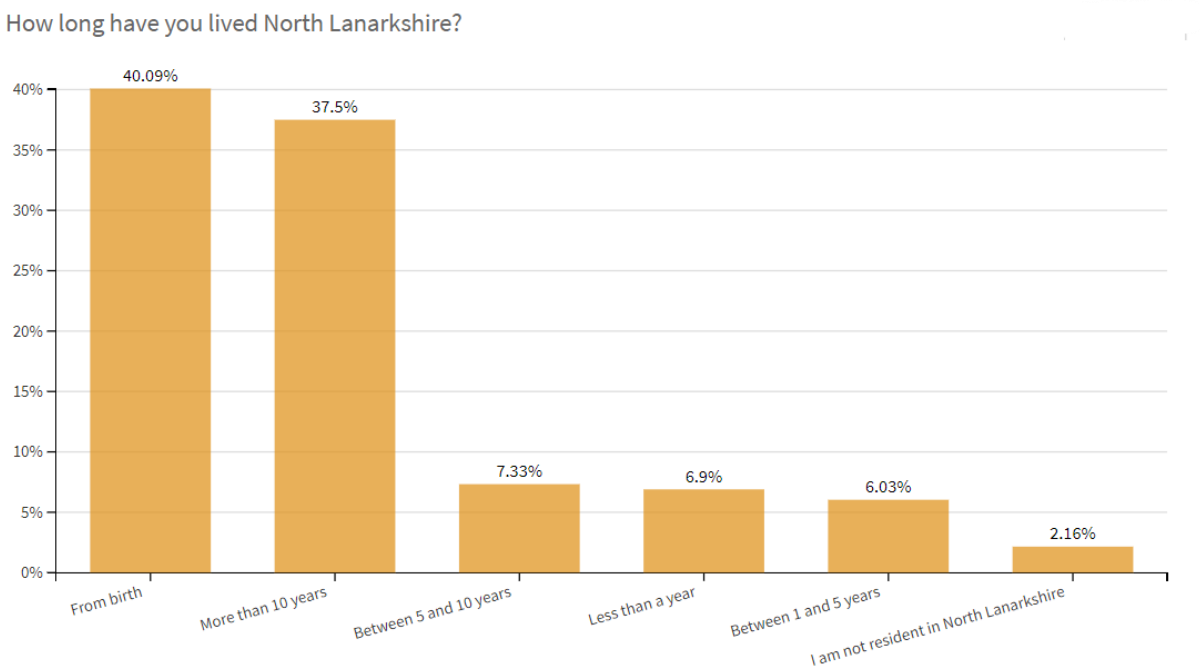

Figure 3. Distribution of participant time lived in North Lanarkshire.

Figure 4 showcases the broad spectrum of participant ages captured in the survey, spanning from the youngest cohort, aged 16 to 19, to the eldest group, aged 65 and above.

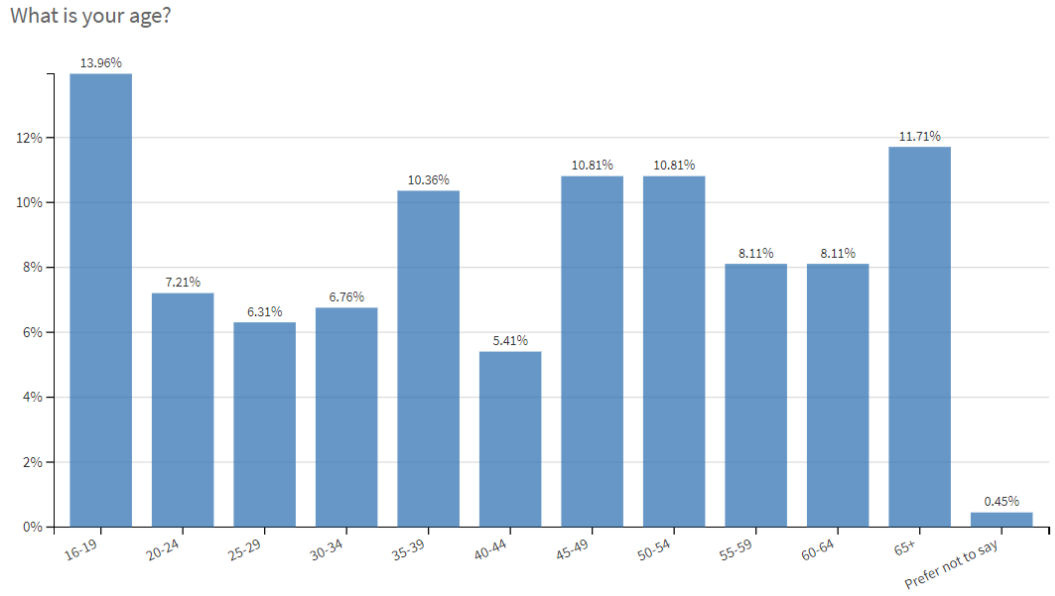

Figure 4. Distribution of participant age.

The participant demographic reveals a balanced distribution across genders, with 46.01% identifying as male and 52.58% as female (as illustrated in Figure 5). Investigating marital status reveals that the majority of participants are either married/ in a civil partnership (35.38%) or single (28.77%) (Figure 6).

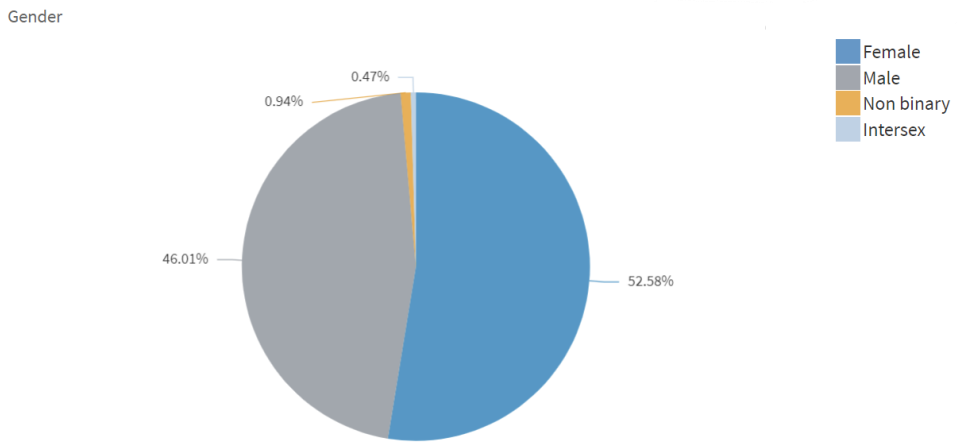

Figure 5. Participant gender distribution.

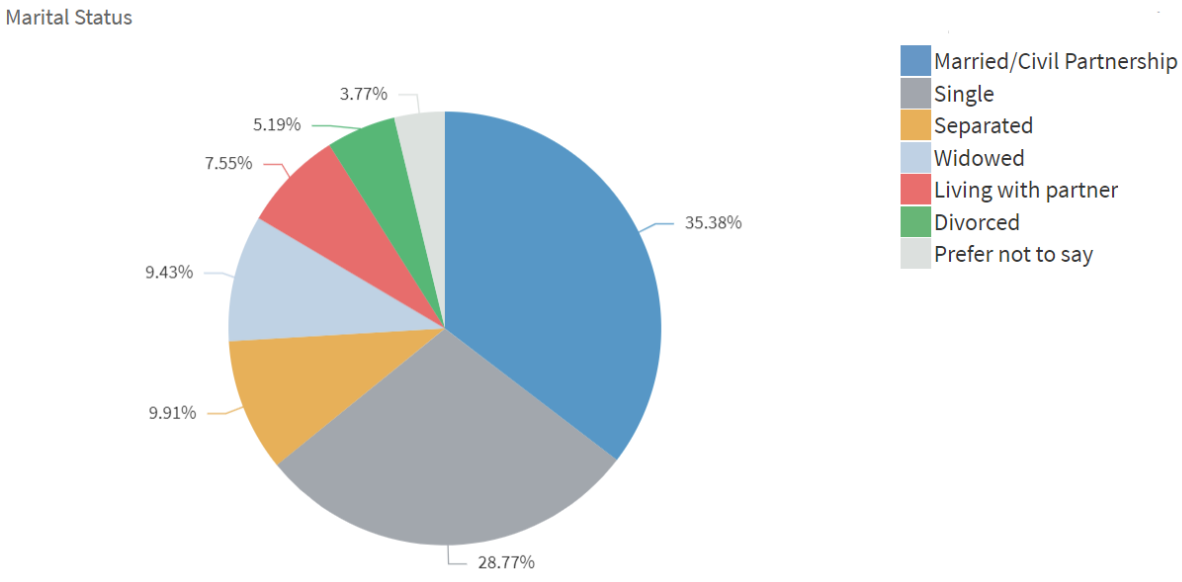

Figure 6. Participant marital status distribution.

This survey includes a rich diversity of ethnic backgrounds, as depicted in Figure 7. It's noteworthy that the largest portion of respondents, comprising 37.95%, identify their ethnic origin as Pakistani. Additionally, Scottish ethnicity emerges prominently, with 23.21% of participants claiming this ethnicity.

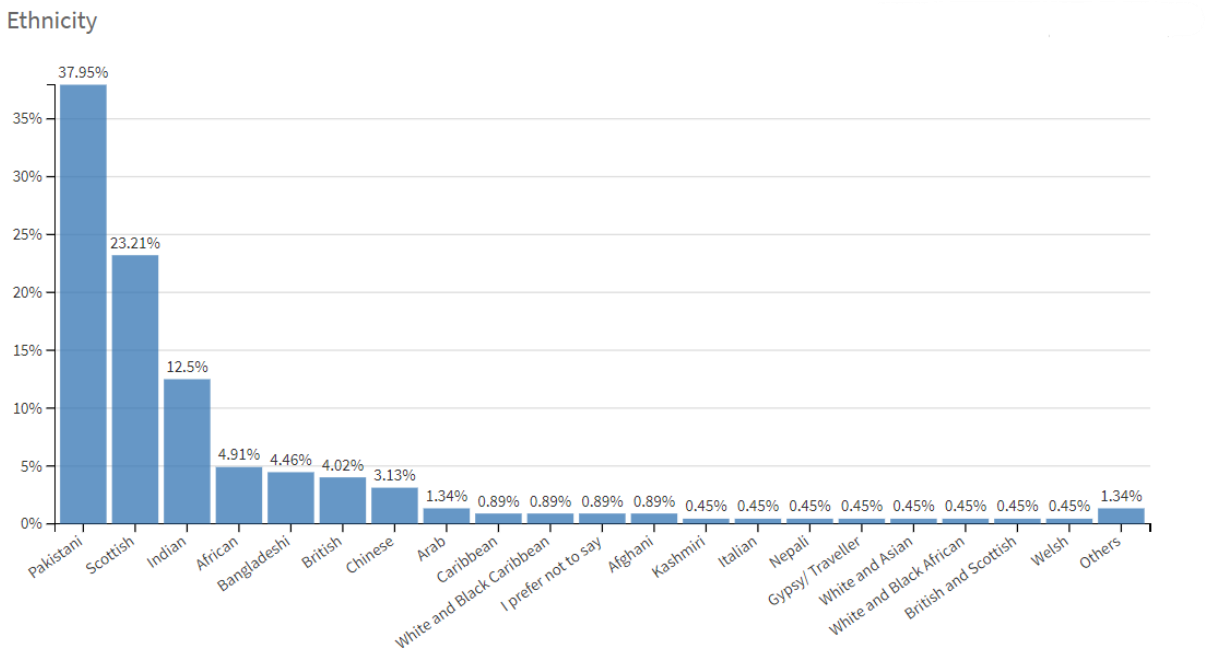

Figure 7. Participant ethnicity distribution.

Reviewing the participant religion data portrayed in Figure 8, it's clear that the survey captures a broad spectrum of religious backgrounds. The majority of participants, 42.57%, identify as Muslim, while 26.73% align with Christian beliefs.

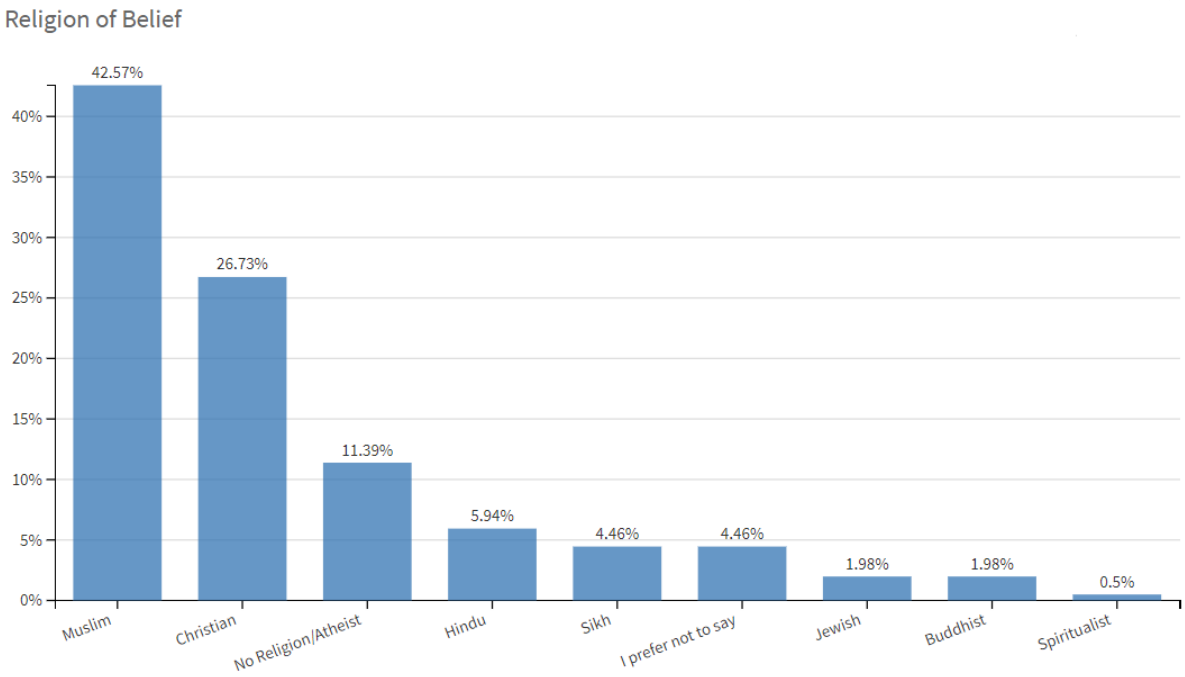

Figure 8. Participant religion of belief distribution.

Lastly, we examine the number of participants identifying as disabled, with 21.5% reporting so as shown in Figure 9.

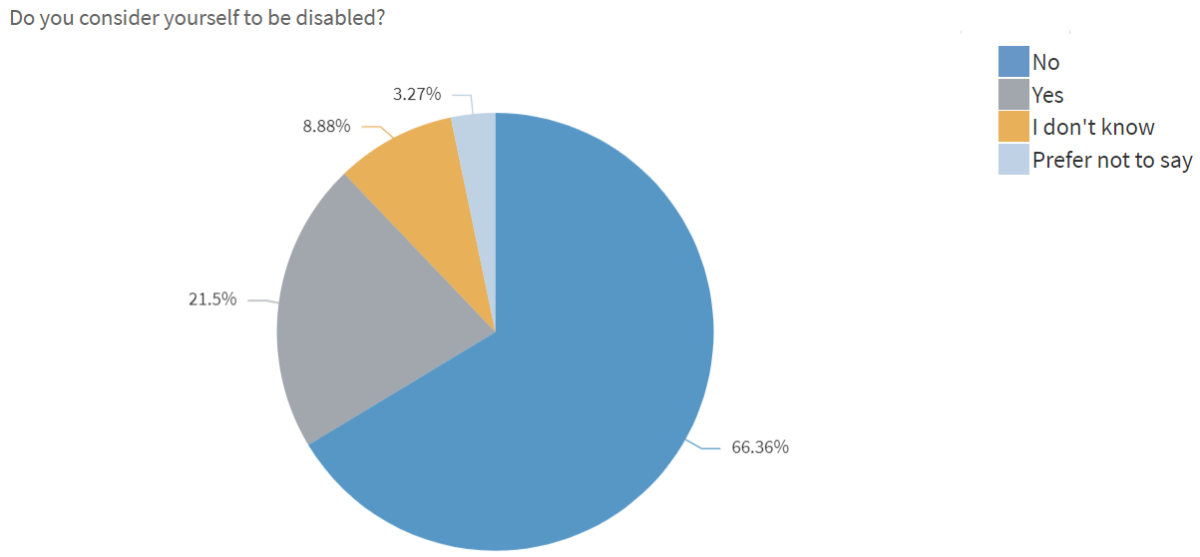

Figure 9. Participant disability status distribution.

The primary aim of the survey was to encompass a diverse array of demographics, including participant ages, genders, marital statuses, ethnicities, religious beliefs, and disabilities. By capturing this broad range, the survey aimed to ensure inclusivity and representation across various societal and cultural backgrounds. This comprehensive approach enables a more holistic understanding of the population under study, facilitating nuanced insights and informed decision-making.

7. Survey Findings

7.1. Culture

It is essential for underrepresented communities to experience a sense of belonging and inclusion within the wider community they reside in. When individuals from these marginalised groups feel valued and integrated, it fosters empowerment, agency, and a greater sense of belonging. This inclusivity promotes social cohesion, harmony, and mutual understanding, leading to stronger, more resilient communities. Moreover, it opens doors to economic opportunities, educational resources, and cultural enrichment, benefiting both individuals and the community as a whole. Importantly, feeling included enhances overall well-being, fostering access to healthcare, promoting healthy behaviours, and mitigating the negative effects of marginalisation. Therefore, such topics are next examined in our survey.

Figure 10 unveils that, for both BAME and underrepresented participants, the primary factors contributing to a sense of belonging are family and friends, with percentages standing at 32.28% and 38.71% respectively. Following closely behind is the significance of having secure housing, noted at 33.54% and 29.03% for BAME and underrepresented groups respectively.

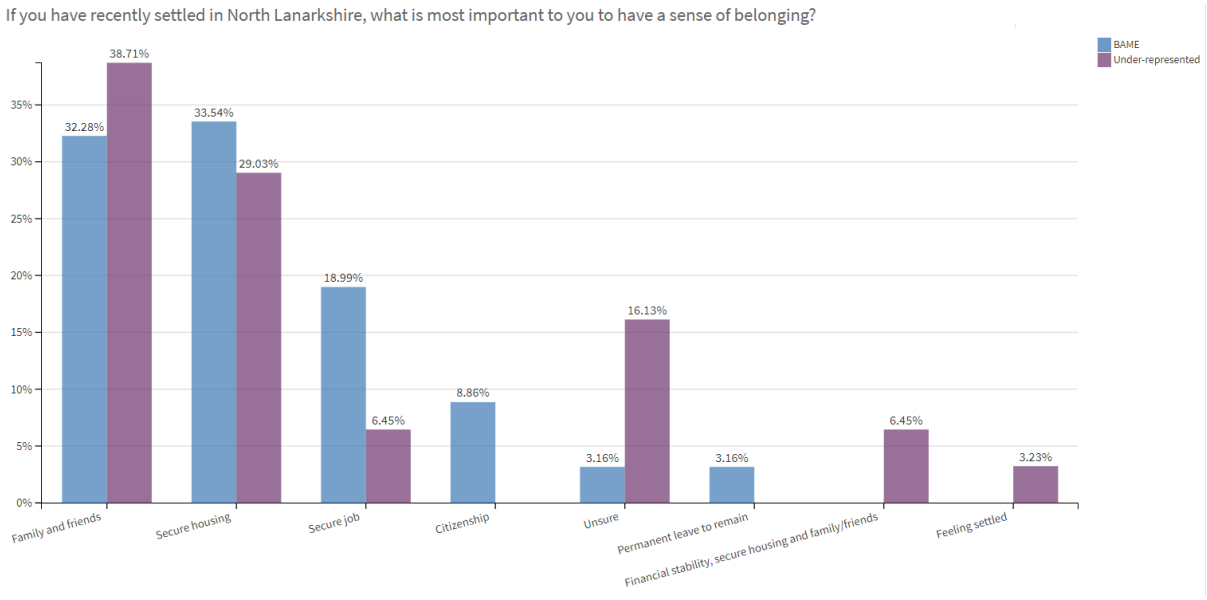

Figure 10. Participant responses concerning the concept of 'sense of belonging.

Moving forward, our assessment delves into whether participants perceive their culture to be acknowledged and celebrated by their local authority. Figure 11 indicates that the majority of participants for both the BAME (59.09%) and underrepresented communities (53.49%) expressed a sense of recognition and celebration of their culture within North Lanarkshire.

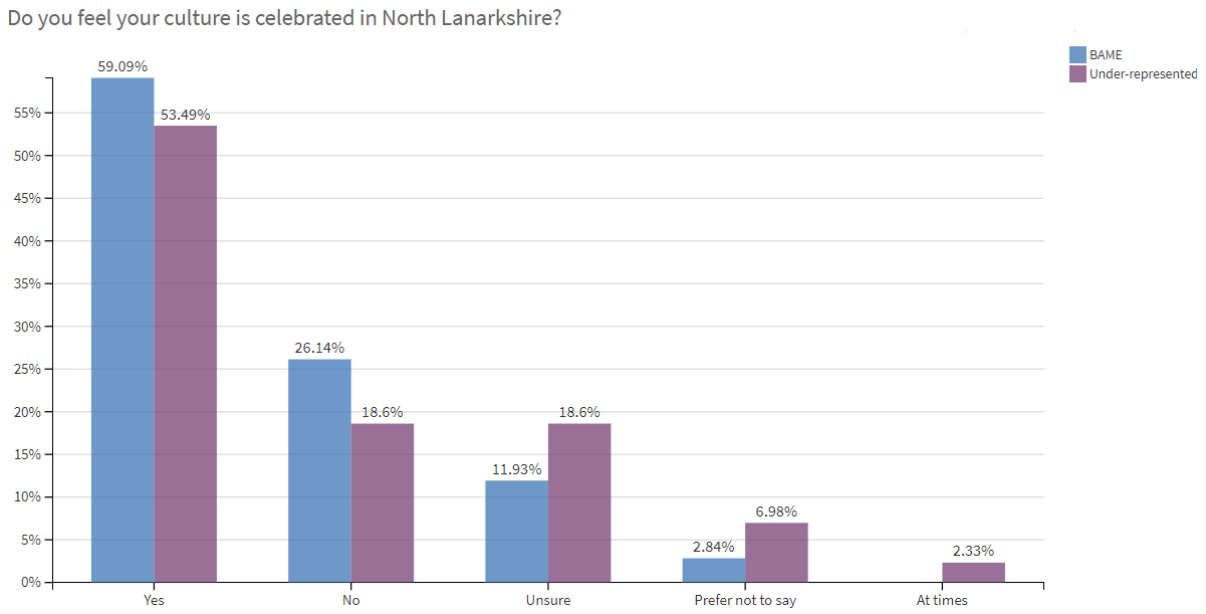

Figure 11. Participant responses concerning their culture being acknowledged and celebrated.

When questioned about whether people from diverse backgrounds get along well in their local area, both BAME and underrepresented communities agreed that people in their local area did get along, regardless of their background. The percentages of those agreeing were 60.80% for BAME and 55.81% for underrepresented communities (Figure 12).

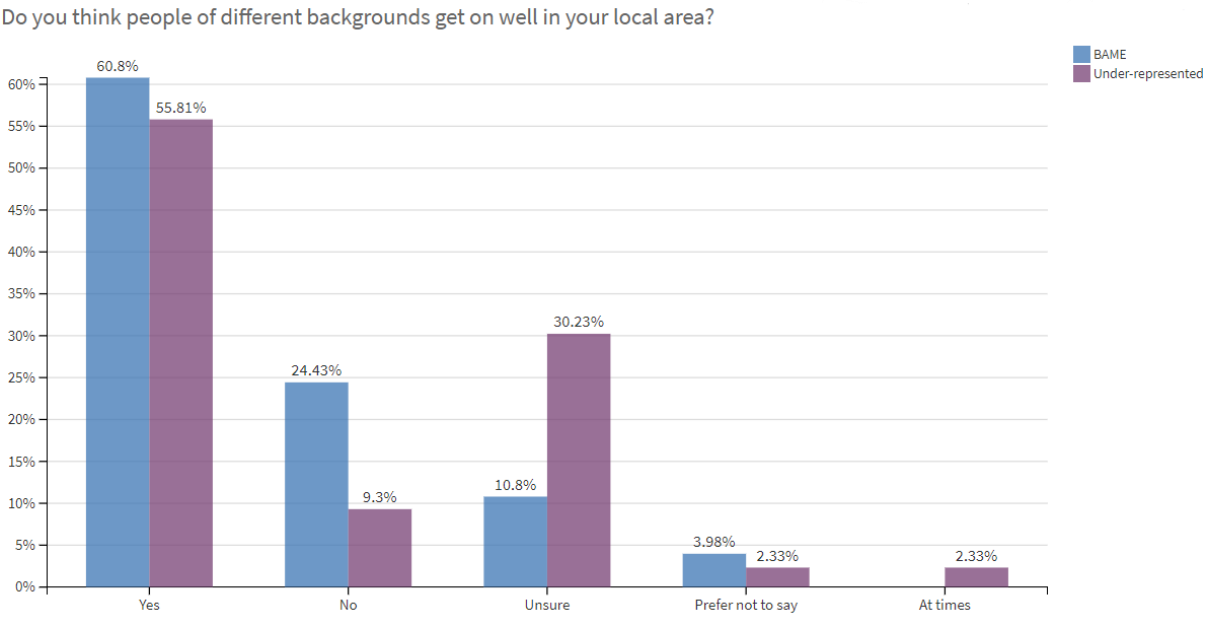

Figure 12. Participant responses concerning people from different backgrounds getting on well in their local area.

Although the majority of both communities felt they could freely express their religious identity in their daily lives (63.84% for BAME and 64.91% for underrepresented communities), it's noteworthy that over a quarter (25.99%) of individuals from BAME communities felt otherwise (Figure 13).

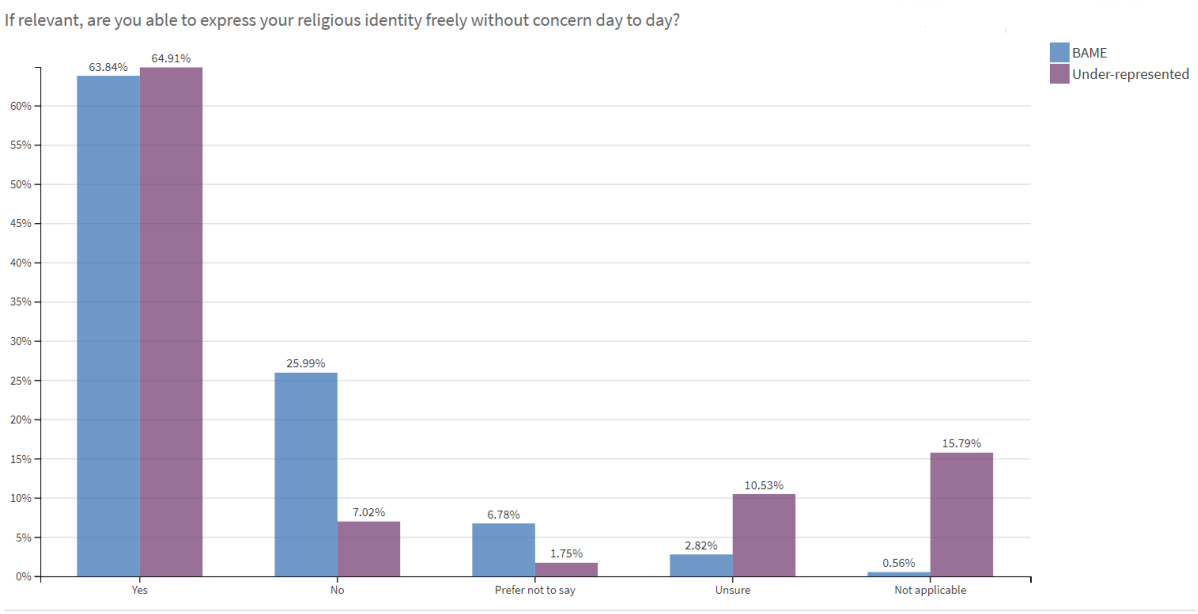

Figure 13. Participant responses concerning the ability to express their religious identity.

Based on Figure 14 findings, while both communities perceived a celebration of their culture and a harmonious coexistence among diverse backgrounds, a majority from both groups have encountered various forms of abuse (57.71% for BAME and 71.15% for underrepresented communities). The survey encompassed inquiries regarding the following types of abuse:

- Verbal abuse, encompassing name-calling or offensive jokes.
- Harassment.
- Online abuse.
- Damage or harm to property, including homes, vehicles, or pets.
- Bullying or intimidation by different groups, spanning children, adults, neighbours, or strangers.
- Incidents of rubbish being thrown into their gardens.
- Physical assaults, involving hitting, punching, pushing, or spitting.
- Arson.
- Hoax calls, hate mail, or abusive messages.
- Malicious complaints, such as those pertaining to parking, noise, or odours.
- Graffiti.

- Indirect forms of abuse, such as instances of being treated disrespectfully at work.

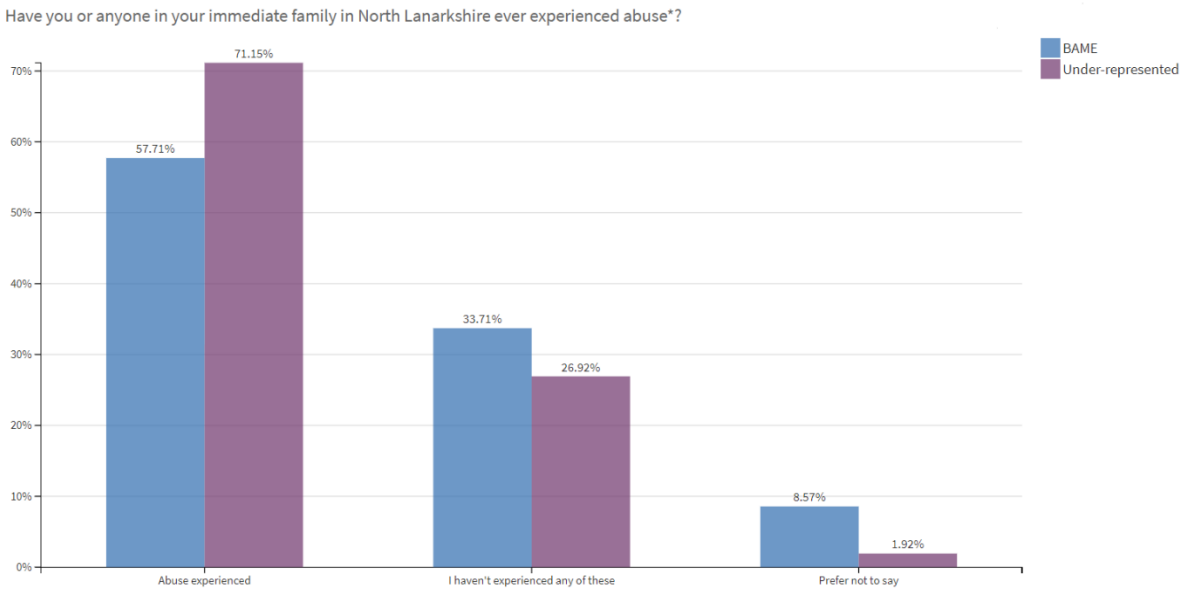

Figure 14. Participant responses concerning the experienced abuse. *Please refer to the descriptions of abuse in question located above the graph.

7.2. Accessing Support

It is crucial for individuals from both BAME and underrepresented communities to have someone to reach out to for support and to be aware of available services. Having a support system provides a vital lifeline during challenging times, offering emotional validation, practical assistance, and a sense of belonging. Additionally, being aware of accessible services ensures that individuals can access the necessary resources and assistance when facing difficulties, whether related to discrimination, abuse, mental health challenges, or other issues. This awareness empowers individuals to seek help proactively, promoting their well-being and resilience within their communities. Hence, it is imperative to examine the support networks and the accessibility of assistance within these communities. The results are summarised in Table 2.

	Unaware	
Service/Community	***BAME***	***Under-represented***
Carers information/ support	35.93%	14.29%
Disability support	27.54%	18.37%
Discrimination and legal advice	28.14%	20.41%
Domestic abuse	32.34%	26.53%
Home care services	28.14%	24.49%
Immigration rights	26.35%	32.65%
Interpreting/ translation services	28.14%	32.65%
Mental health services	38.32%	14.29%
Social work services	33.53%	16.33%
Welfare rights and debt/ money advice	26.95%	30.61%
Employment support	26.35%	24.49%
Peer support groups	26.35%	26.53%
Local social/ leisure groups	28.74%	38.78%
Parent/ child groups	30.54%	20.41%
Adult learning classes - including ESOL and other language classes	29.94%	20.41%

Table 2. The percentage of survey participants unaware of available services.

Notably, for BAME communities, the services least known to participants are mental health services (38.32%) and carers information/support services (35.93%). Conversely, participants from underrepresented communities are primarily unaware of local social/leisure groups (38.78%) and interpreting/translation services (32.65%).

Next, we delve into the reasons behind barriers to accessing support with Table 3 summarising our findings for both cohorts of participants.

Do you feel you experience difficulty in accessing support because of…	*No*	*Yes*	*Sometimes*	*Prefer not to say*
Cost	47.50%	41.50%	7.50%	3.50%
Cultural barriers	57.14%	32.57%	6.29%	4.00%
Discrimination	57.40%	31.36%	8.88%	2.37%
Lack of access to digital technology	65.22%	21.12%	11.18%	2.48%
Language barriers	69.68%	16.13%	12.26%	1.94%
Transport	66.67%	16.34%	14.38%	2.61%

Table 3. The percentage of survey participants experiencing specific barriers to accessing support services.

The primary barrier hindering access to support services is evidently cost, affecting 41.50% of participants, followed closely by cultural barriers, impacting 32.57%, and discrimination, affecting 31.36%.

Figure 15 delves into whether participants have a support person they can rely on, revealing that 51.12% of BAME and 61.82% of underrepresented communities do have such support. However, it's noteworthy that nearly a quarter of BAME participants (24.16%) lack anyone they can confide in. Additionally, 9.55% of BAME participants indicate having someone to talk to, yet they don't share the same cultural values. Interestingly, 6.18% of BAME participants report having someone with similar cultural values, but they're not always able to turn to them. These findings underscore the complexities surrounding support networks within these communities and highlight areas for improvement in ensuring culturally congruent and readily available support systems.

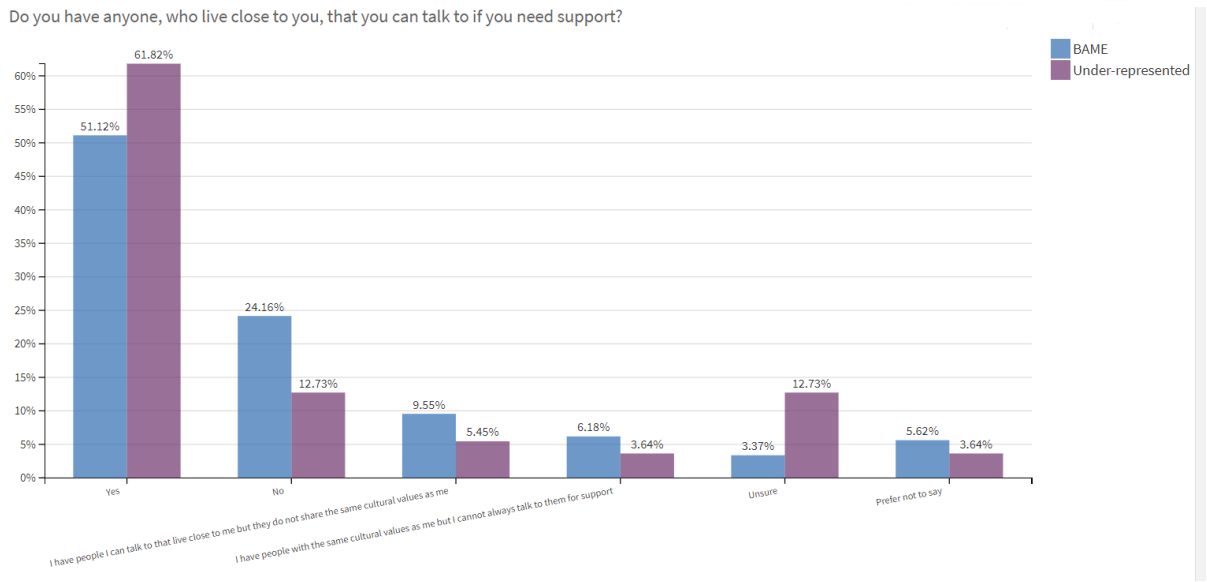

Figure 15. Participant responses to a support system-focused question.

7.3. Physical Health and Activity

Physical health is intricately linked to mental well-being, as highlighted by Saxena et al. (2009). Their research emphasises the role of physical activity in promoting overall mental health. By examining daily routines and their impact on individuals, the study revealed the significant benefits of regular exercise on mental well-being. Engaging in physical activity releases endorphins, which alleviate stress, anxiety, and depression, while also improving sleep quality and self-esteem. Additionally, maintaining a healthy lifestyle through balanced nutrition and hydration supports optimal brain function and emotional resilience. Recognising this relationship between physical and mental health underscores the importance of incorporating regular exercise and wellness practices into daily life for sustained well-being. Thus the questions relating to the physical health of our survey participants are assessed next.

In Figure 16, it's evident that the majority of participants from both BAME and under-represented communities rate their physical health positively, with 30.41% and 31.48%, respectively, describing it as good. Following closely, 29.82% of BAME participants and 31.48% of underrepresented participants perceive their physical health as average. Interesting to note that only a small fraction, 1.85%, of participants from the underrepresented community rate their physical health as excellent, in contrast to

19.88% of BAME participants who perceive their physical health as excellent.

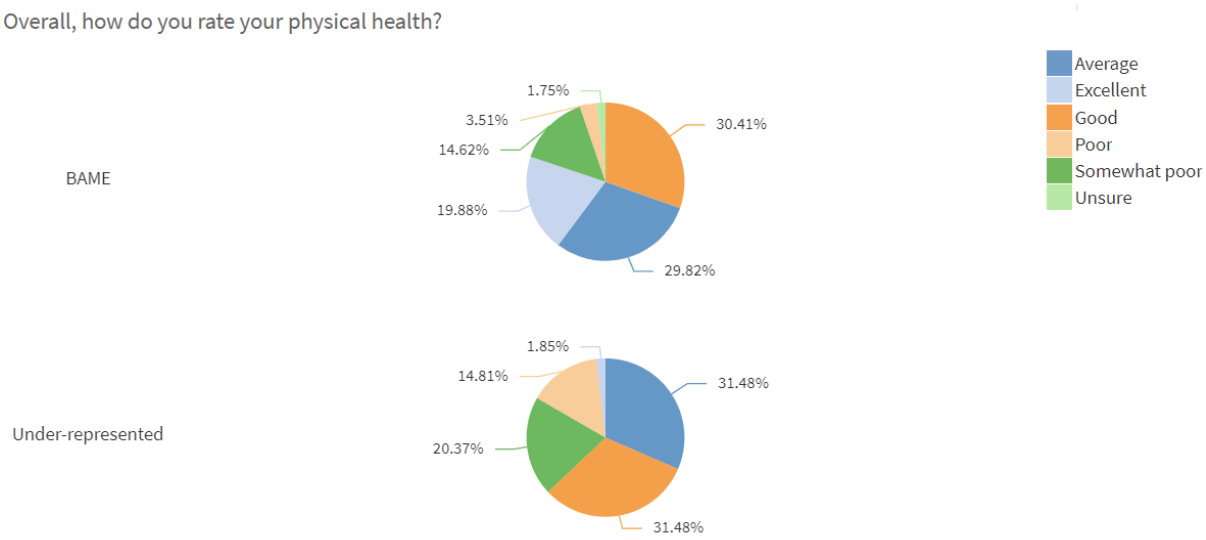

Figure 16. Participant responses to a physical health rating.

Figure 17 provides additional insight, revealing that 21.05% of participants from underrepresented communities report their health very much limiting their usual routines, contrasted with 7.60% of BAME participants. In fact, only 17.54% of BAME participants and 40.94% of underrepresented participants indicate that their health does not restrict their typical activities.

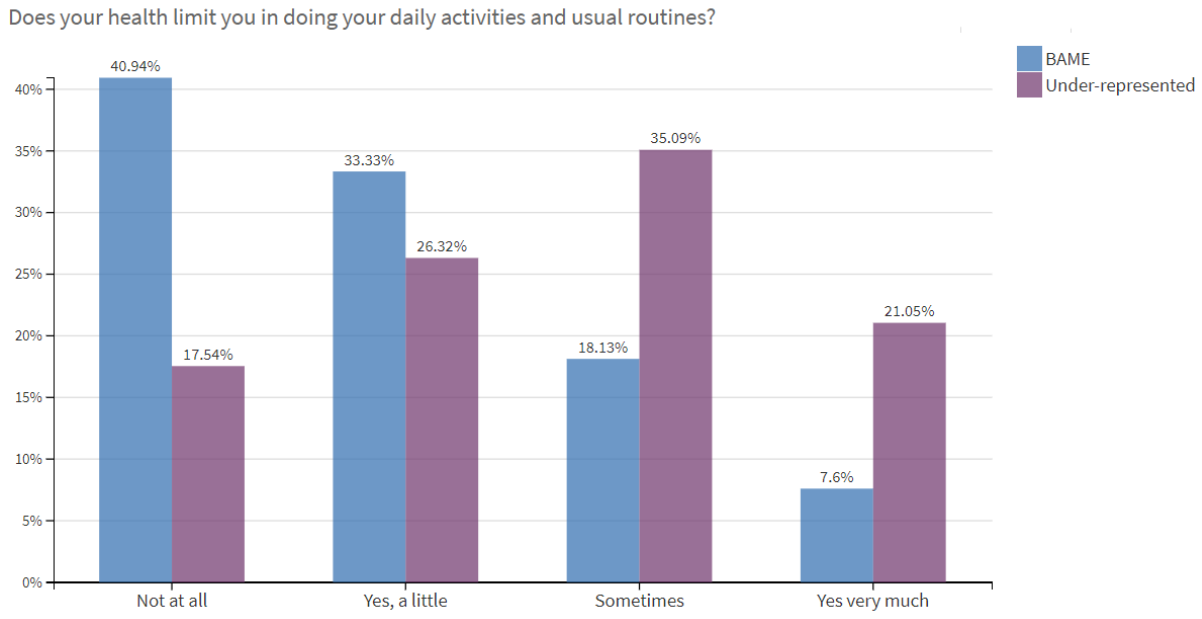

Figure 17. Participant responses on health limiting usual routine.

Figures 18 and 19 shed light on the alcohol and tobacco consumption habits within both cohorts. Notably, the majority of BAME participants reported never consuming alcohol (72%) or smoking tobacco (79.30%). Conversely, among underrepresented community members, the majority indicated occasional alcohol consumption (50%) and abstaining from smoking (73.20%).

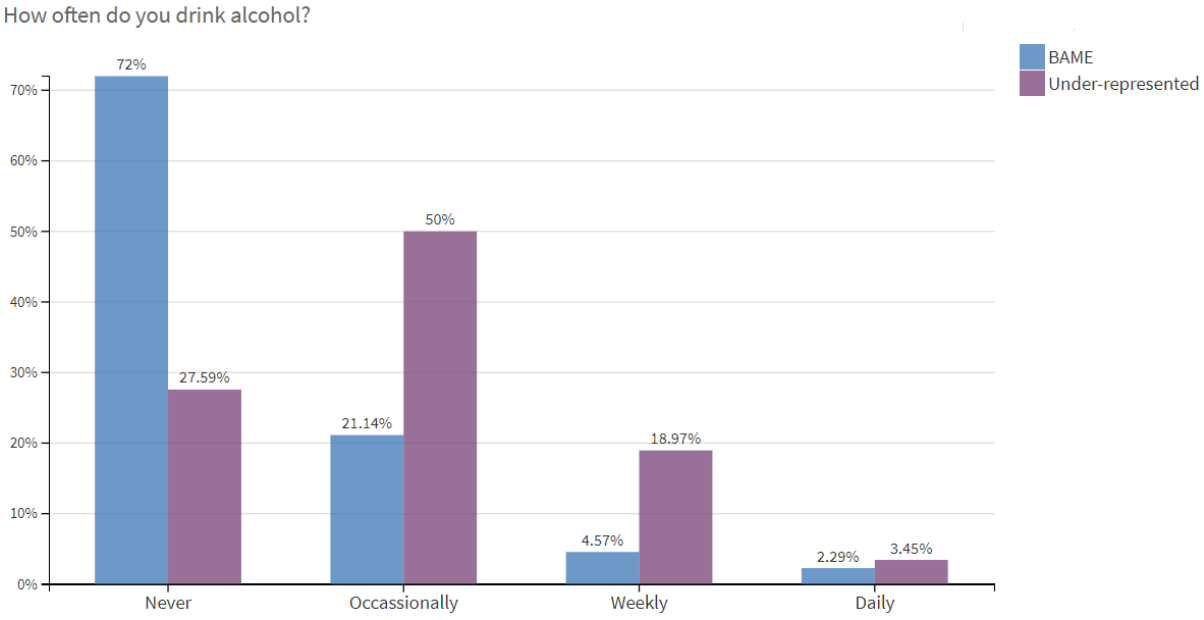

Figure 18. Participant responses to a question on alcohol consumption.

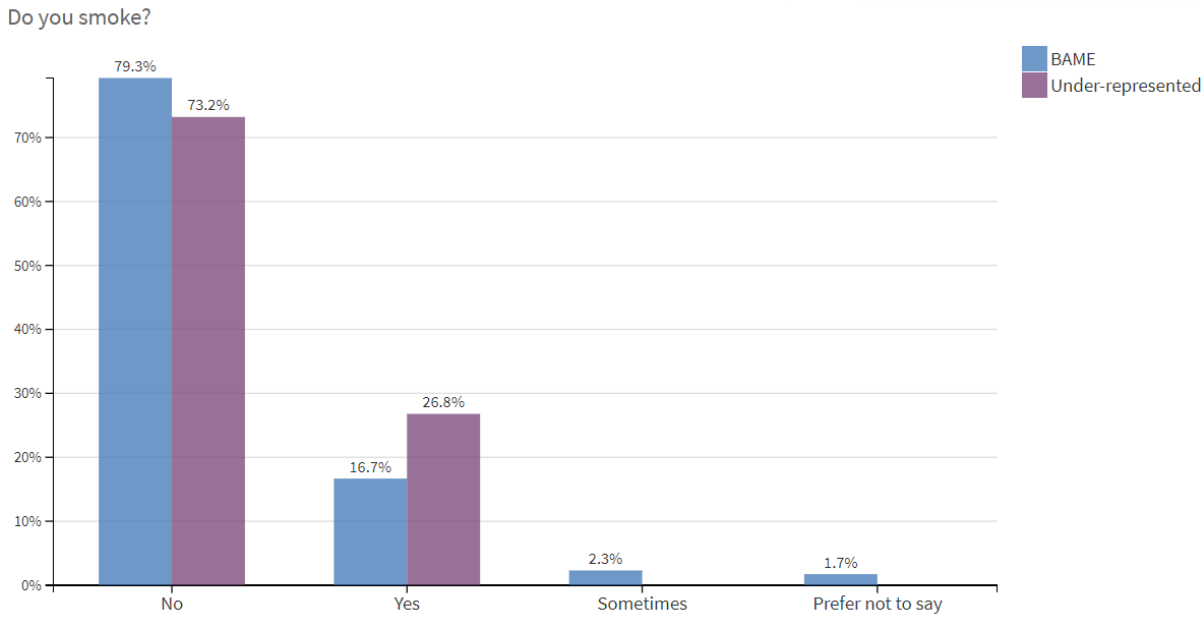

Figure 19. Participant responses to a question on smoking tabaco.

When examining preferred types of exercise, walking emerges as the top choice for both cohorts. As illustrated in Table 4, 37.36% of BAME participants and 53.57% of underrepresented community participants engage in walking as their preferred form of exercise. Additionally, for BAME participants, going to the gym is another significant way to stay active, with 17.41% reporting this activity, while none of the underrepresented community participants claimed to frequent the gym for exercise.

Cohort	*Main form of exercise*	*Percentage engaged*
BAME	Walking	37.36%
Under-represented	Walking	53.57%

Table 4. Main type of exercise per participant cohort.

To delve deeper into participants' habits, they were asked to estimate the percentage of time spent sitting down on an average working day. In both cohorts, the majority (36.57% for BAME and 25.93% for underrepresented communities) reported spending 10%-30% of their time in a seated position (Figure 20). Notably, for underrepresented communities, this result was closely followed (24.07%) by those reporting to spend 50%-70% of their time sitting down. Overall, it appears that BAME participants spend less time sitting down compared to those from underrepresented communities, suggesting potential differences in occupational activities or sedentary behaviours between the two groups.

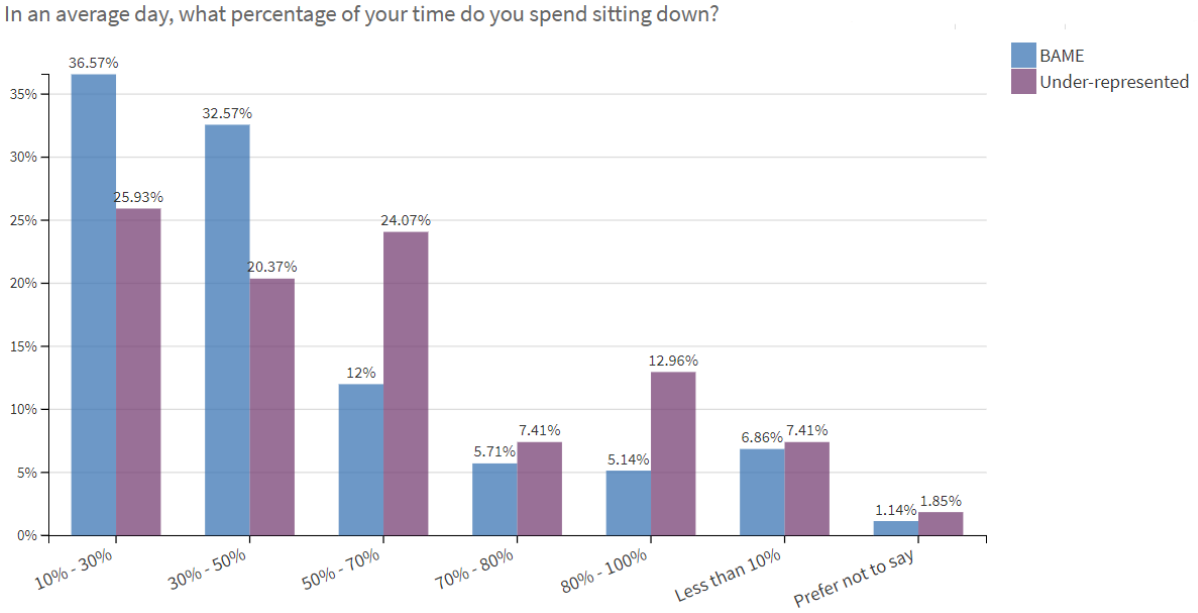

Figure 20. Participant responses to the percentage of their time spent sitting down.

Part of maintaining physical health involves considering the time spent outdoors. Pearson and Craig's (2014) study explore the importance of natural environments, like green spaces, in reducing stress and fostering positive mental health outcomes. In fact, 20.76% of all participants in this survey considered it essential to engage in physical exercise and spend time outside, while 38.14% indicated that it was very important.

From Figure 21, it's apparent that the majority of participants from both cohorts spend between 1 and 2 hours outside per day, with 26.44% for BAME participants and 32.14% for underrepresented participants

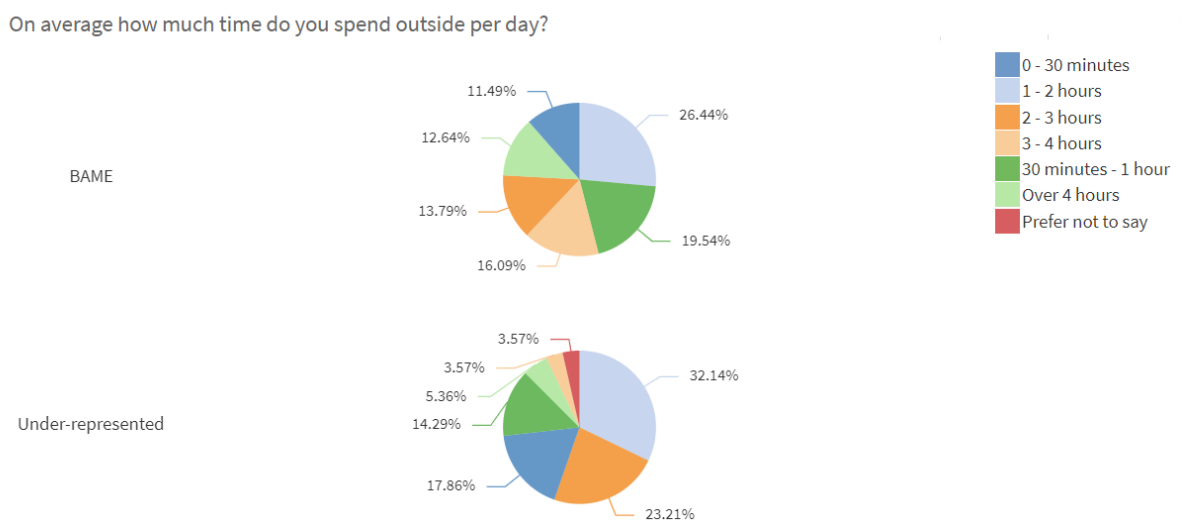

Figure 21. Distribution of time spent outdoors per day.

When queried about the frequency of visits to parks, woods, beaches, or other natural spaces in the past week, a significant portion of BAME participants responded that they did so twice (25%) and once (16.49%). Figure 22 further reveals that the main barrier to vising such spaces, affecting 38.55% of participants, is the lack of time/busy schedule. On the other hand, 16.76% of participants feel that they already spend enough time outdoors.

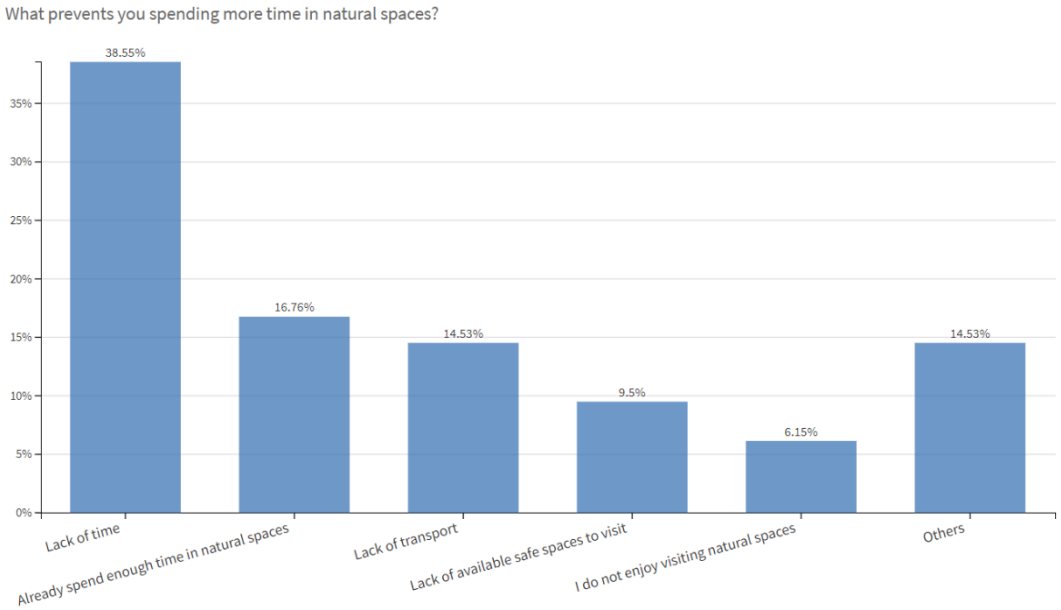

Figure 22. Participant responses on barriers to visiting natural spaces.

7.4. Diet

An individual's diet can have a significant impact on their physical health and emotional well-being. Amongst many others, Ridder et al (2017) underline the importance of what we eat when it comes to our health. We proceed to examine participant's reported diet habits.

	Daily	1-3 times per week	Less than once per week	Never
Fruit	52.19%	30.26%	15.35%	2.19%
Vegetables	44.49%	38.33%	15.42%	1.76%
Dairy Products	59.01%	23.87%	13.96%	3.15%
Meat Products	26.61%	42.20%	27.98%	3.21%
Oily Fish	11.85%	33.65%	41.71%	12.80%
Salt	44.55%	40.10%	12.87%	2.48%
Bread/Cereals/Potatoes	55.30%	33.64%	9.22%	1.84%
Pasta/Rice	29.47%	46.86%	20.29%	3.38%
Takeaway Foods	11.17%	33.98%	43.69%	11.17%
Sugary Snacks	25.00%	44.34%	24.53%	6.13%
Microwave Meals	14.42%	33.17%	30.77%	21.63%
Fried Foods	9.71%	40.78%	37.38%	12.14%

Table 5. Participant responses to consumption of specific food types.

Table 5 provides insights into the dietary habits of participants, showcasing the percentage breakdown of their consumption frequency for various food groups. Notably, a significant portion of participants reported consuming fruits (52.19%) and vegetables (44.49%) on a daily basis, indicating a regular inclusion of these nutritious items in their diets. Similarly, dairy products were consumed daily by a majority (59.01%) of participants, highlighting the importance of dairy in their overall dietary intake.

However, when it comes to meat products, only 26.61% reported daily consumption, with a larger proportion (42.20%) consuming them 1-3 times per week. This pattern suggests that meat is less frequently consumed on a daily basis compared to other food groups.

Interestingly, consumption of oily fish is relatively low, with only 11.85% reporting daily intake. Instead, a significant portion (41.71%) consumes oily fish less than once per week, indicating less frequent inclusion of this source of omega-3 fatty acids in their diets.

The table also reveals concerning trends in the consumption of less healthy food options. Takeaway foods, sugary snacks, microwave meals, and fried foods are consumed less frequently on a daily basis, with larger percentages indicating consumption 1-3 times per week or less frequently. This suggests a potential overreliance on convenience and processed foods, which may have implications for overall dietary quality and health outcomes.

Overall, the table underscores the diversity in participants' dietary habits and highlights areas for potential improvement in promoting healthier eating patterns and lifestyles.

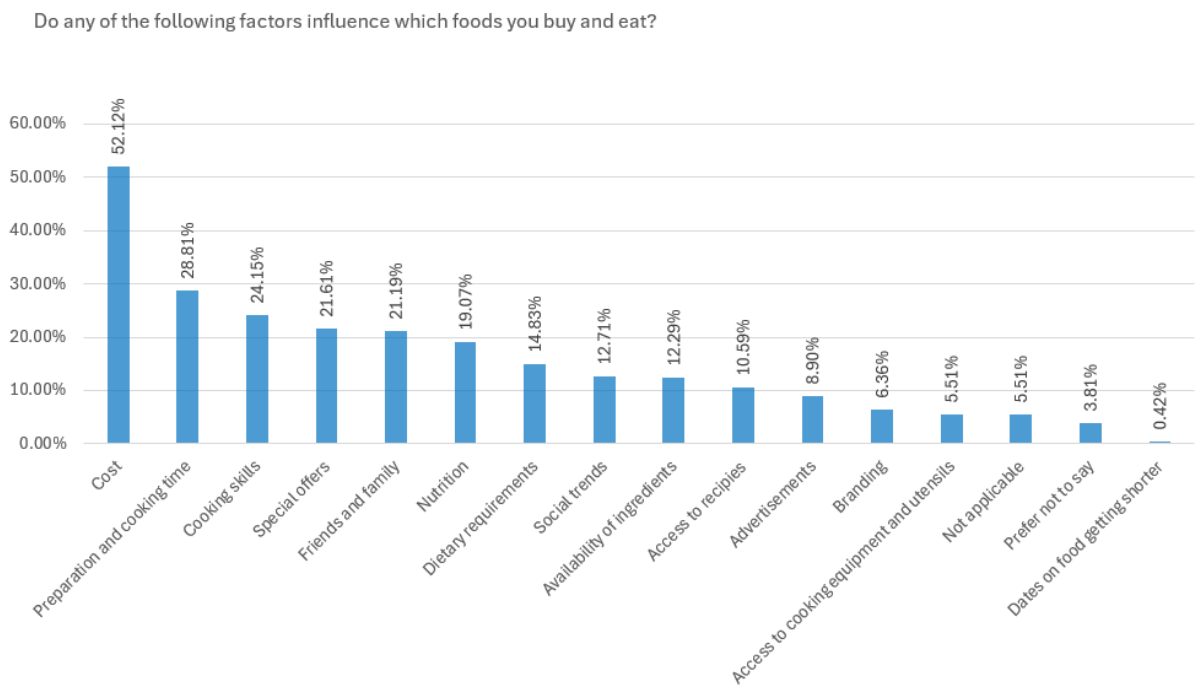

Figure 23. Factors influencing participants' diet.

It is important to understand the reasons that influence one to have a healthy diet. Figure 23 showcases several factors influencing individuals' food choices. Cost emerges as the most significant factor, with over half of respondents (52.12%) considering affordability when making food decisions. Convenience-related factors, such as preparation time (28.81%) and cooking skills (24.15%), also play substantial roles.

Social influences, including special offers (21.61%) and recommendations from friends and family (21.19%), impact food choices to a notable extent. Nutrition, while important, ranks slightly lower in priority (19.07%). Other factors, such as dietary requirements (14.83%), social trends (12.71%), and ingredient availability (12.29%), also influence food choices.

The survey further revealed that 15.9% of all participants skip at least one mail meal per day and only 22.5% of participants said they have at least three meals a day. We proceed by investigating the reasons behind skipping meals (Figure 24).

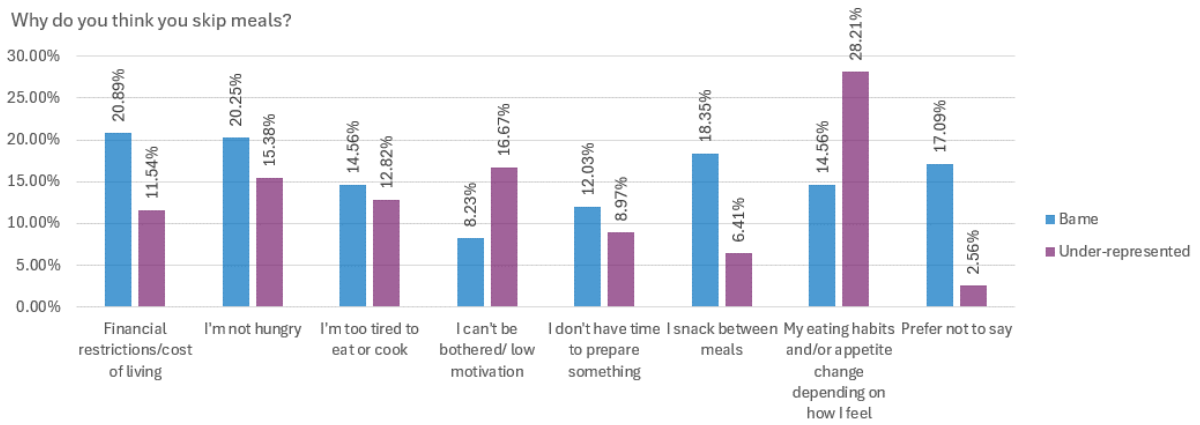

Figure 24. Participant responses to reasons for skipping meals.

Financial constraints appear to be a significant factor for both cohorts, with 20.89% of BAME participants and 11.54% of under-represented participants citing financial restrictions or the cost of living as reasons for skipping meals. Interestingly, the reasons for skipping meals vary between the two cohorts. While BAME participants are more likely to skip meals due to financial constraints and feeling not hungry, under-represented participants are more likely to skip meals because of changes in eating habits or appetite depending on how they feel. This suggests that there may be differences in the underlying factors influencing meal-skipping behaviour among these communities. Moreover, the findings indicate that a notable proportion of under-represented participants (16.67%) cite low motivation or being too bothered to eat as reasons for skipping meals.

7.5. Sleep

The connection between sleep and mental health, as emphasised by Freeman (2017), is fundamental. Sleep disruptions are closely linked to various mental health disorders, such as anxiety, depression, and mood disorders. Inadequate sleep quality or insufficient duration often results in increased stress, irritability, and difficulty managing emotions. Conversely, prioritising sufficient and quality sleep supports emotional regulation and cognitive function, enhancing resilience to stress and improving overall well-being. Acknowledging this relationship underscores the importance of adopting healthy sleep habits to protect mental health. Thus, the survey participants 'quality of sleep is investigated next.

Figure 24 provides a summary of the average hours of sleep reported by participants. Remarkably, both cohorts demonstrate comparable patterns, with a majority indicating sleep durations of 6 to 8 hours per night. Specifically, among BAME participants, the most common reported duration was 8 hours (25%), whereas for under-represented communities, 6 hours emerged as the predominant duration (25%).

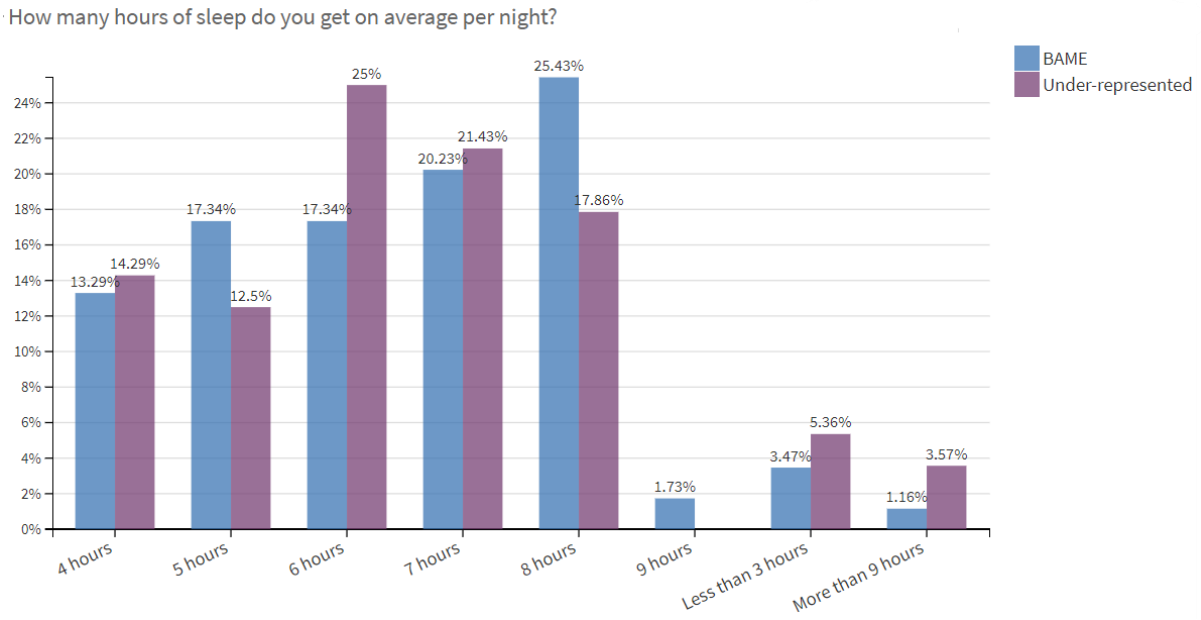

Figure 25. Participant responses to a question on the average duration of sleep.

Additionally, Figure 26 sheds light on participants' sleep onset latency, indicating that the majority across both cohorts typically fall asleep within 15-30 minutes (47.76% for BAME and 35.09% for under-represented communities). Notably, a significant proportion of participants in both groups report falling asleep in less than 15 minutes (18.82% for BAME and 26.32% for under-represented communities).

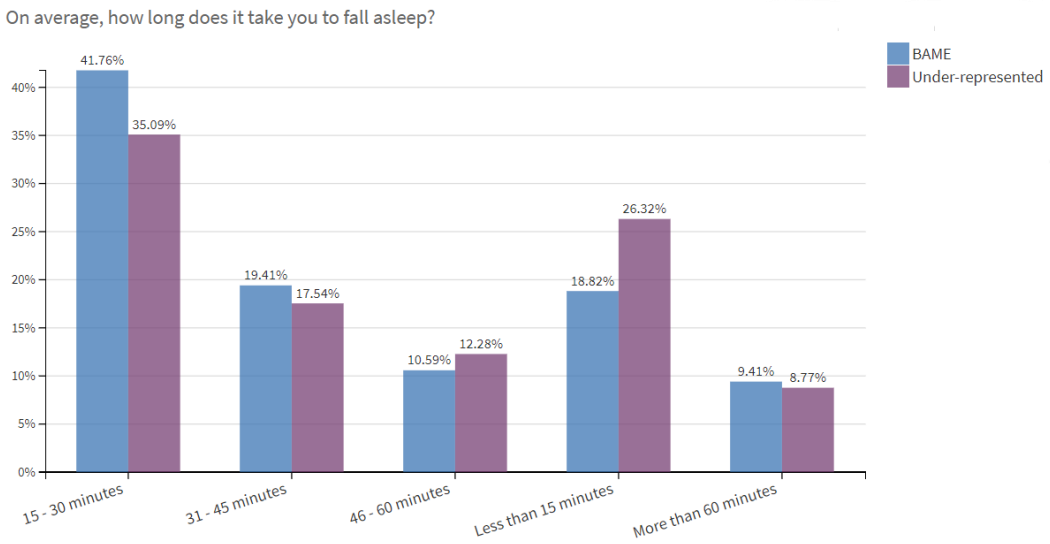

Figure 26. Participant responses to how quickly they fall asleep on average.

When questioned about experiencing difficulty falling asleep or waking up during the night, a significant majority of BAME participants (41.07%) indicated never encountering such issues. Conversely, the majority of participants from under-represented communities (33.93%) reported facing these challenges more than once per week, with 28.57% indicating experiencing them on a daily basis. (Figure 27).

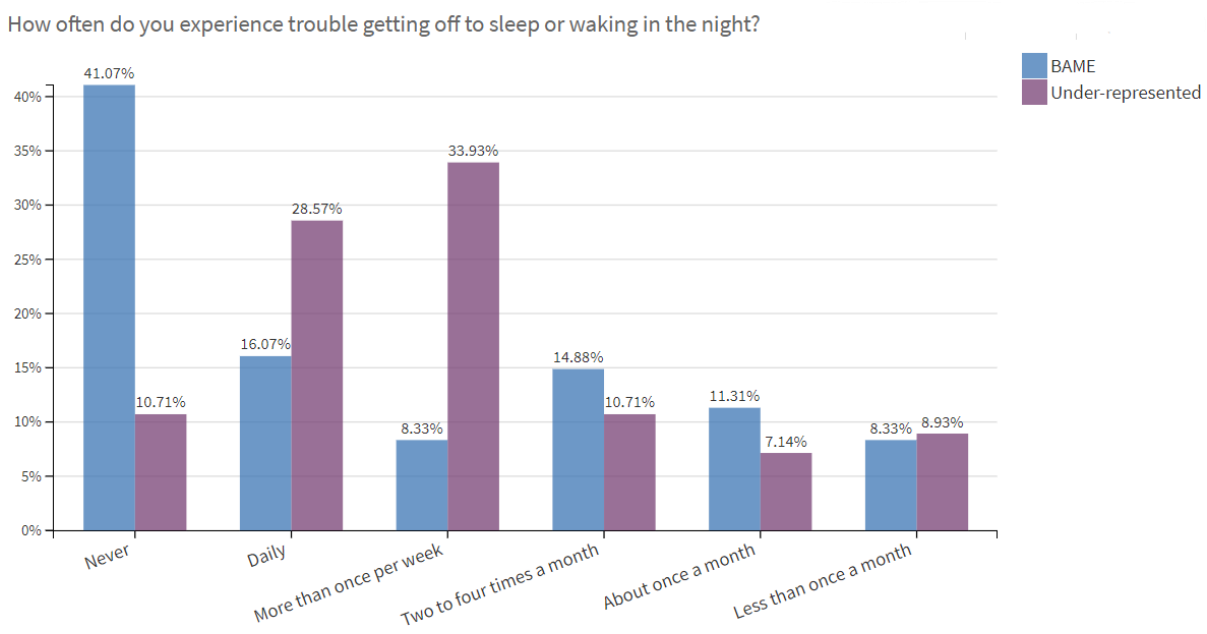

Figure 27. Participant responses to a question on the frequence of having trouble to fall asleep or walking in the night.

Next, we refer to Tables 6 and 7 to investigate factors that contribute the most to the sleep quality of BAME and under-represented communities' participants, respectively.

BAME	Not at all	A little	A lot	Prefer not to say
Work school college stresses	41.22%	24.32%	33.11%	1.35%
Financial matters	46.53%	17.36%	35.42%	0.69%
Family matters	42.76%	15.86%	40.00%	1.38%
Relationship matters	48.23%	17.73%	31.91%	2.13%
Caffeine	46.03%	38.89%	12.70%	2.38%
Health issues	38.19%	30.56%	29.86%	1.39%
Waking up to go to the bathroom	41.13%	35.46%	21.28%	2.13%
Any type of sounds	48.55%	31.88%	17.39%	2.17%
Multiple thoughts	41.13%	28.37%	27.66%	2.84%
Temperature	45.26%	31.39%	21.17%	2.19%
Nightmares	57.66%	29.20%	11.68%	1.46%
Technology	45.26%	24.82%	26.28%	3.65%

Table 6. Factors contributing to the quality of sleep for the BAME participants.

Under-represented	Not at all	A little	A lot	Prefer not to say
Work school college stresses	45.7%	14.3%	37.1%	2.9%
Financial matters	28.6%	23.8%	45.2%	2.4%
Family matters	18.2%	36.4%	45.5%	0.0%
Relationship matters	41.0%	35.9%	23.1%	0.0%
Caffeine	69.4%	16.7%	11.1%	2.8%
Health issues	26.8%	24.4%	48.8%	0.0%
Waking up to go to the bathroom	8.7%	45.7%	45.7%	0.0%
Any type of sounds	39.5%	31.6%	28.9%	0.0%
Multiple thoughts	27.5%	17.5%	55.0%	0.0%
Temperature	25.6%	41.0%	33.3%	0.0%
Nightmares	50.0%	25.0%	16.7%	8.3%
Technology	65.7%	22.9%	5.7%	5.7%

Table 7. Factors contributing to the quality of sleep for the under-represented communities' participants.

Among BAME participants, the top three factors significantly influencing sleep are family matters, financial concerns, and work, school, or college stresses. The data reveals that family-related issues, such as conflicts or responsibilities, are the most prominent, with 40.00% of participants reporting them as a major factor affecting their sleep. Financial matters closely follow, with 35.42% of participants indicating that financial stress negatively impacts their sleep quality. Additionally, work, school, or college stresses contribute substantially to sleep disturbances, with 33.11% of participants reporting them as a significant influence. These findings highlight the complex interplay between personal, financial, and professional stressors in affecting the sleep patterns of BAME individuals.

Among under-represented participants, multiple thoughts emerged as a prevalent factor significantly affecting sleep, with a striking 55.0% reporting its impact. This high percentage underscores the prevalence of racing thoughts or worries among this group, potentially contributing to sleep disturbances. Additionally, waking up to go to the bathroom proved to be a significant disruptor, with 45.7% reporting its adverse effect on their sleep quality. Family matters also weighed heavily on sleep, as indicated by 45.5% of participants, highlighting the importance of familial dynamics in shaping sleep patterns within this community. Moreover, health issues emerged as a prominent factor, with 48.8% reporting its substantial impact on their sleep quality. Finally, financial matters were a significant concern, with 45.2% indicating their influence on sleep, underscoring the complex interplay between socioeconomic factors and sleep health among under-represented individuals.

Lastly, the survey aims to examine the effects of a bad night's sleep with the findings showcased in Figure 28. The survey results shed light on the significant impact of poor sleep on individuals' daily functioning and well-being. Nearly half of the respondents (49.58%) reported feeling tired as a consequence of sleeping poorly, highlighting the pervasive nature of fatigue following inadequate sleep. This fatigue was accompanied by notable impairments in cognitive function, with 40.68% experiencing poor concentration and 29.24% reporting poor memory the next day. Furthermore, poor sleep took a toll on participants' emotional health, with substantial proportions reporting feeling anxious (30.08%), irritable (29.66%), and depressed (25.85%). These findings underscore the interconnectedness of sleep quality and mental well-

being. Additionally, respondents noted a decline in motivation (34.32%) and energy levels (34.75%) following insufficient sleep, which could have implications for productivity and overall quality of life. These results highlight the multifaceted impact of poor sleep on various aspects of individuals' daily lives, emphasizing the importance of prioritizing sleep hygiene and addressing sleep-related issues to promote overall health and well-being.

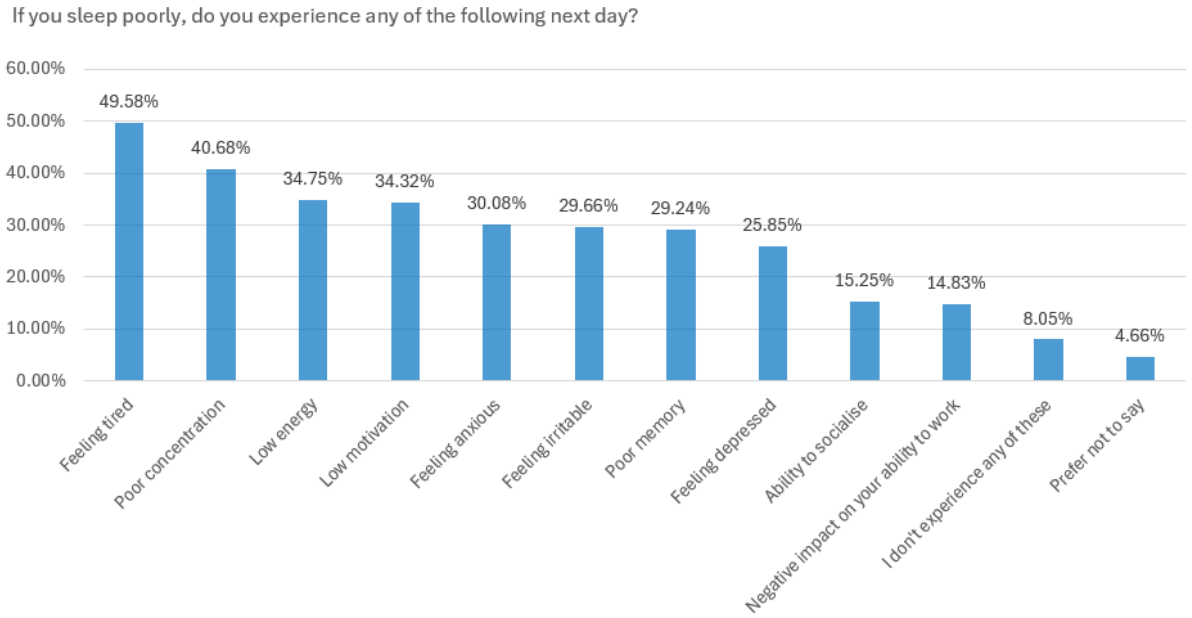

Figure 28. Participant responses to effects of having a bad night of sleep.

7.6. Emotional Health

Emotional health encompasses more than just the absence of negative emotions; it encapsulates an individual's overall emotional well-being and capacity to experience positive feelings while effectively navigating life's challenges. Ruggeri et al (2020) underscore the interconnectedness of emotional health and well-being, highlighting how these facets are intertwined with an individual's ability to both feel good and function optimally in various aspects of life. This includes not only experiencing positive emotions such as happiness and contentment but also effectively managing stress, coping with adversity, and maintaining fulfilling relationships. This survey queried various aspects of participant emotional health that are examined next.

Overall, BAME participants provided varied assessments of their emotional health, with responses distributed across different categories: excellent (20.35%), good (22.09%), average (20.35%), and somewhat poor (20.35%). This suggests a diverse range of self-perceptions regarding emotional well-being within this cohort. Similarly, under-represented communities displayed a comparable distribution, albeit with fewer individuals rating their emotional health as excellent (7.27%). Instead, the majority reported their emotional health as good (29.09%), followed by average (27.27%), somewhat poor (20%),

or poor (16.36%). These findings indicate a similar spread of emotional health perceptions, with the exception of a slightly lower proportion of individuals rating their emotional health as excellent among under-represented communities.

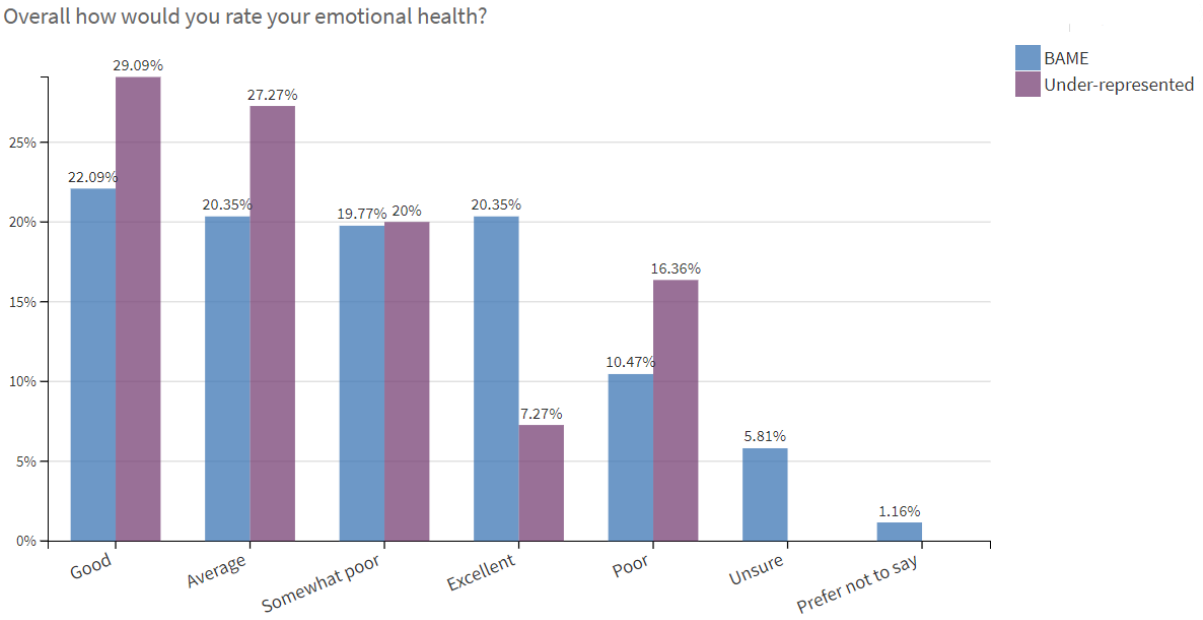

Figure 29. Participant responses to overall emotional health rating.

The responses to the question regarding areas of life participants would like to improve to enhance their feelings of happiness reveal notable differences between BAME and under-represented communities (Figure 30). Among BAME participants, the most commonly cited areas for improvement were family relationships (44.38%), followed by friendships (37.64%) and personal health (32.58%). In contrast, under-represented communities expressed a slightly different emphasis, with family relationships also ranking high (28.21%), albeit lower than BAME participants. Notably, under-represented communities showed a stronger focus on improving how they feel about themselves (21.79%), indicating a desire for personal growth and self-improvement. Additionally, health (39.74%) emerged as a prominent area for enhancement within this cohort. Overall, while both groups prioritised family relationships and personal health, under-represented communities showed a heightened interest in self-perception and well-being.

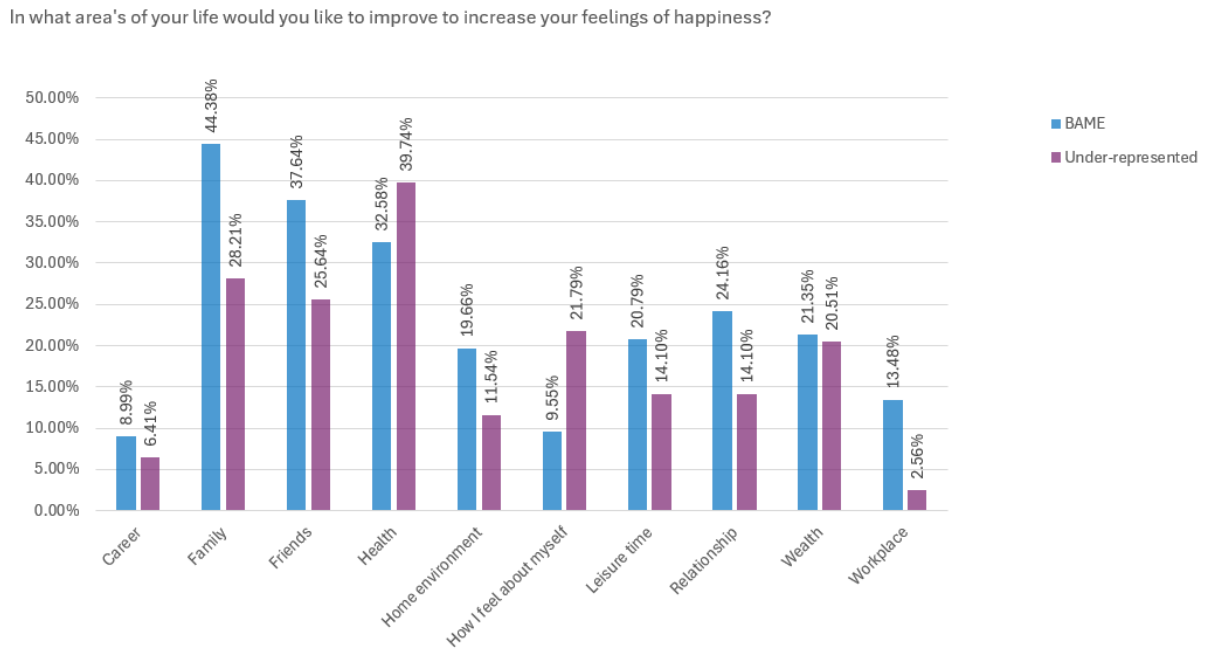

Figure 30. Participant responses on areas in life linked to feeling happy.

From Table 8, the responses from BAME participants regarding the importance of various life goals highlight a strong emphasis on emotional and social well-being. A significant majority of BAME respondents rated a sense of belonging (73.37%), fun and enjoyment (68.07%), positive relationships (70.99%), self-fulfilment (63.19%), being well respected (67.08%), and self-respect (73.46%) as "very important". This indicates a desire for meaningful connections, personal fulfilment, and recognition within their community and social circles. Security (64.46%) and a sense of accomplishment (64.15%) were also considered very important, albeit to a slightly lesser extent.

On the other hand, under-represented participants placed less emphasis on emotional and social factors, with a lower percentage rating these aspects as "very important" compared to the BAME cohort. While a sense of belonging (45.28%), fun and enjoyment (49.09%), and positive relationships (51.85%) still garnered considerable importance, the percentages were notably lower. Interestingly, under-represented participants placed relatively higher importance on self-fulfilment (38.78%) compared to other factors, suggesting a focus on personal growth. Security (52.94%) also emerged as a significant priority for this cohort, reflecting a desire for stability and safety. However, being well respected (35.19%) and self-respect (46.15%) received lower importance ratings, indicating potential differences in values or priorities compared to the BAME group.

BAME	Very Important	Important	Somewhat	Not much	Not at all
Sense of belonging	73.37%	19.53%	5.33%	0.59%	1.18%
Fun and enjoyment	68.07%	24.70%	5.42%	0.60%	1.20%
Positive relationships	70.99%	20.99%	7.41%	0.62%	0.00%
Self-fulfilment	63.19%	30.06%	5.52%	1.23%	0.00%
Being well respected	67.08%	26.09%	5.59%	1.24%	0.00%
Self-respect	73.46%	19.14%	6.17%	1.23%	0.00%
Security	64.46%	26.51%	7.83%	1.20%	0.00%
A sense of accomplishment	64.15%	22.01%	8.18%	5.03%	0.63%

Table 8. BAME participant responses to "Everyone has different goals in life, please indicate how important each of these is to you.".

Under-represented	Very Important	Important	Somewhat	Not at all	Not much
Sense of belonging	45.28%	37.74%	9.43%	3.77%	3.77%
Fun and enjoyment	49.09%	34.55%	12.73%	1.82%	1.82%
Positive relationships	51.85%	37.04%	7.41%	1.85%	1.85%
Self-fulfilment	38.78%	40.82%	12.24%	2.04%	6.12%
Being well respected	35.19%	38.89%	18.52%	0.00%	7.41%
Self-respect	46.15%	36.54%	9.62%	1.92%	5.77%
Security	52.94%	31.37%	15.69%	0.00%	0.00%
A sense of accomplishment	37.50%	45.83%	16.67%	0.00%	0.00%

Table 8. Under-represented community's participant responses to "Everyone has different goals in life, please indicate how important each of these is to you.".

The findings from Figure 31 reveal that both BAME and under-represented participants commonly experience feelings of loneliness and social isolation. A significant proportion of respondents from both cohorts agreed or strongly agreed with statements indicating a sense of emptiness (52.26% for BAME and 49.02% for under-represented) and missing having people around (58.44% for BAME and 64.15% for under-represented). Moreover, a substantial percentage in both groups reported often feeling rejected (43.84% for BAME and 33.33% for under-represented) and left out (33.56% for BAME and 36.17% for under-represented). These findings suggest a prevalent experience of social disconnection and the absence of meaningful companionship among participants from both cohorts. Additionally, while slightly differing in magnitude, both groups also expressed feelings of isolation from others, with 32.62% of BAME and 38.78% of under-represented participants agreeing or strongly agreeing with this sentiment. Overall, the data underscores the significance of addressing social connectedness and support systems within these communities to foster well-being and alleviate feelings of loneliness.

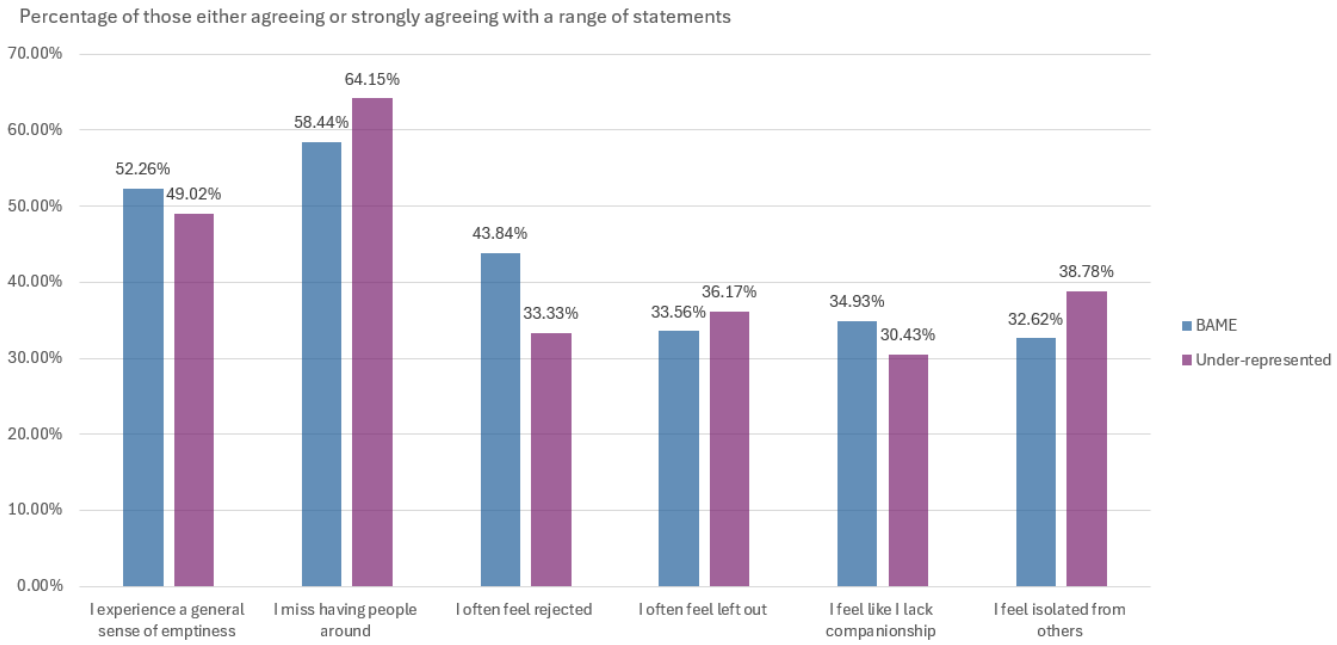

Figure 31. Participant proportions for those either agreeing or strongly agreeing with a set of statements.

Finally, Figures 32 and 33 illustrate the levels of life satisfaction and the extent to which participants feel the activities they engage in are worthwhile reported by both BAME and under-represented participants. From Figure 32, notably, the majority of respondents from both cohorts rated their life satisfaction moderately to highly, with a significant proportion falling into the upper range of satisfaction (ratings 4 and 5). Specifically, 58.43% of BAME participants and 53.70% of under-represented participants rated their life satisfaction as a 4 or 5. This suggests a generally positive outlook on life satisfaction within both groups, with a considerable percentage expressing contentment or high levels of satisfaction with their current life circumstances.

Figure 33 presents the extent to which participants feel the activities they engage in are worthwhile. Similarly to Figure 32, both cohorts predominantly reported moderately to high levels of perceived worthiness in their life activities. Notably, a substantial proportion of respondents from both BAME and under-represented groups rated their sense of purpose and worthiness highly, with 57.93% of BAME participants and 61.11% of under-represented participants giving ratings of 4 or 5. These findings suggest that despite potential challenges or disparities, a significant portion of both cohorts perceive value and purpose in their daily activities, indicating a sense of fulfilment and meaning in their lives.

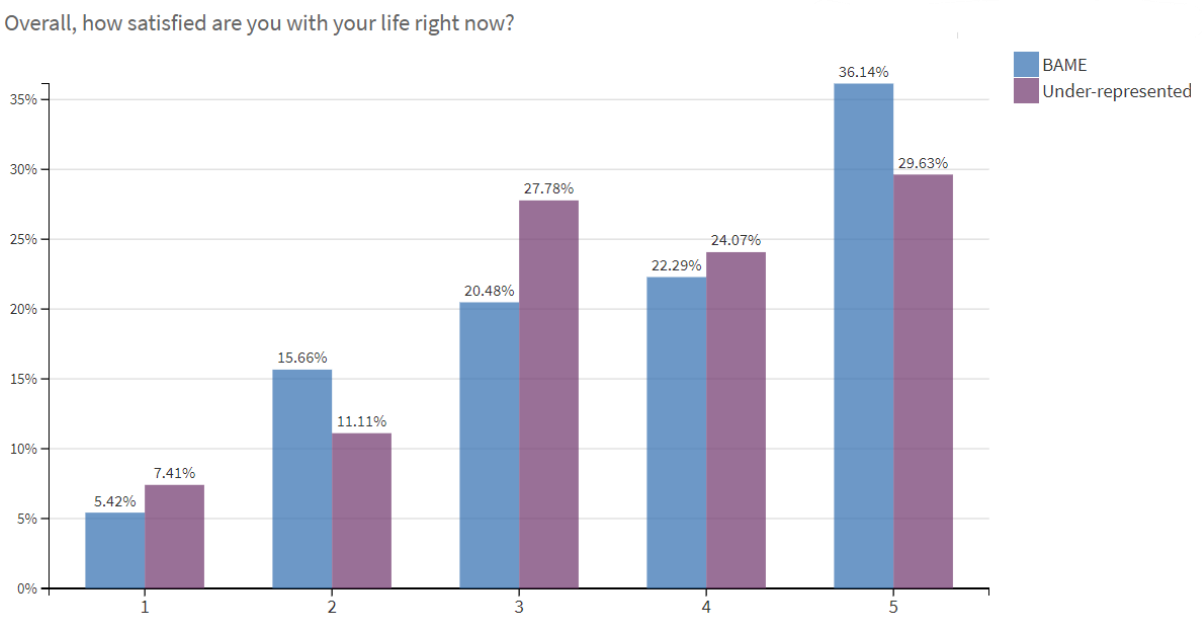

Figure 32. Participant responses to general satisfaction with life. The higher the score, the higher the satisfaction.

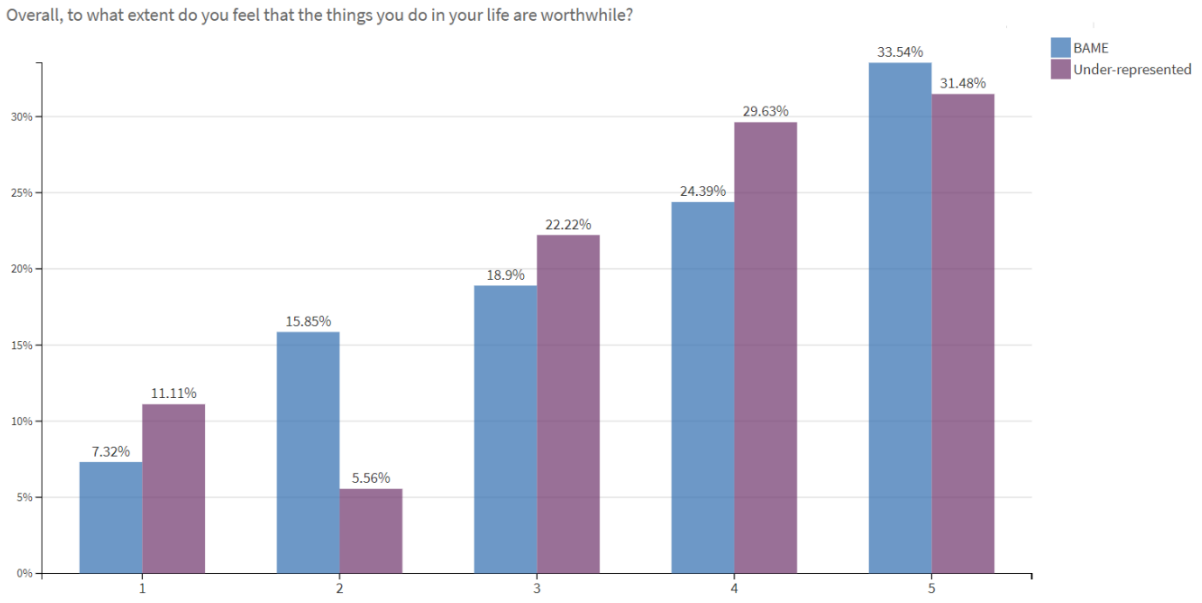

Figure 33. Participant responses to feeling the things they do daily are worthwhile. The higher the score, the higher the extent to which the participant feels the things they do daily are worthwhile.

8. Qualitative Research Themes

8.1. Medical

Many barriers in place are stopping both communities from getting the support they need when it comes to their health.

The problem was accentuated by the lack of knowledge centred around disability applications. One applicant expressed worry over what will happen to their disability payment once they reach retirement age.

There was also a lack of knowledge centred around why individuals with disabilities often must re-apply for support every few years even though their disability does not change.

"I must apply for my DLA and my bus pass every 3 years. I have MS, it's not going to change, why do I have to keep applying?"

(MS Support group- Female participant One)

Another participant shared their annoyance around being unable to afford the support he needed due to being seen as hard of hearing but not deaf, meaning he had to pay for BSL training himself.

There was frustration cantered around not being able to access GPs and difficulties with knowing what time to call to receive the right treatment. Receptionists asking for sensitive information were also found to be a problem.

One participant spoke about the difficulty of most appointments being done online and going up to a year without seeing a doctor in person.

The current waiting list time for emergency appointments was also brought up as being problematic.

Frustration with having appointments cancelled was also shown.

"I keep getting appointments cancelled at the last minute by my nurse. I feel like an appointment is an appointment and it should be kept but I think that it could be a knock-on effect from other appointments. Maybe they are doing too much."

(MS support group- Female participant Two)

Receiving a formal diagnosis was discussed with the PDA (Pathological Demand Avoidance) community and how the stigma around labels in mental health has led to doctors being hesitant to make formal diagnoses. This in turn has led to it being difficult to access support which requires individuals to have a formal diagnosis.

8.2. Transport

Another issue linked to access to services is transport. Many participants had shared concerns about the limited travel methods they could use to access services.

Limited public transport options where they live were found to be a frequent problem.

"The transport links have really limited routes. I live in Carluke, so travelling is not easy for me. Support services need to be in every community because travel is not easy. Especially if you have mobility issues." (MS support group-Female participant Three)

The unreliability of public transport was also an issue when it came to accessing support and the lack of space for disabled individuals who use mobility aids.

"As I always say about the Mybus… it might be your bus… but it's not my bus! It can only fit in one wheelchair at a time so if I haven't got the bus first then I haven't got the bus. Most of the time it can only take me part of the way or sometimes only one way and I have to get a taxi back. A lot of the time I have to wait longer because he already has others to pick up and then it can take hours to get where you are going because there are so many drop-offs or pick-ups. Mostly I end up relying on lifts and taxis. So, as I said, it's not my bus."

(MS support group- Female participant Four)

8.3. Budget cuts

The budgets of local community services being cut were explored and how that can lead to important services being shut down was discussed.

Participants spoke about how more funding needs to be directed into keeping community support services and groups running.

8.4. Voices being Ignored

Individuals from both communities frequently felt unheard and overlooked in matters that directly impacted them, with little to no opportunity for input regarding their preferences or needs.

The Muslim community in particular expressed gratitude for being involved in the project and indicated that Muslim communities were often left out of community support provision.

"Thank you so much, no one ever comes and asks us what we want."

(Mosque Males over 65- Male Participant One)

Other participants shared how they had never been asked these types of questions before and how the questions allowed them to think about what they wanted and share their opinions.

"I found that so relevant, no one asks you this."

(PDA support group- Female participant One)

The stigma and discrimination centred around having a mental health condition were explored through participants sharing their experiences with talking to others about their health and the negative experiences that they have had.

8.5. COVID-19 Impact on Services

Participants expressed concerns about the detrimental effects of COVID-19 on community groups and their members.

They highlighted how pandemic-related restrictions had severely limited social interactions, leading to increased social isolation and diminished overall happiness among individuals.

Additionally, both communities voiced frustrations over the challenges in accessing mental health support groups during the pandemic. Many discussed the significant decrease in group attendance, raising fears of potential funding cuts or the complete discontinuation of these vital support networks.

8.6. Digital Support

The COVID-19 pandemic has prompted a surge in digital support services. However, numerous participants have encountered challenges in adapting to this shift, citing limited computer literacy and difficulties accessing online services, such as scheduling appointments.

Additionally, one participant highlighted the issues faced by older individuals with online and telephone bookings, underscoring how the proliferation of self-checkouts has exacerbated the shopping experience for them, causing feelings of overwhelm.

8.7. Sleep Hygiene

Insomnia emerged as a common issue among participants from both communities. Those grappling with mental health challenges highlighted difficulties in falling asleep, maintaining sleep, and experiencing disrupted sleep patterns, which adversely affected their emotional well-being.

Similarly, individuals with Pathological Demand Avoidance (PDA) noted the prevalence of sleep disturbances within their community.

8.8. Employment and Training Opportunities

The BAME community voiced challenges regarding access to employment and training opportunities.

Specifically, refugees with qualifications faced obstacles in finding employment due to disparities in requirements, registrations, and access to training between Ukraine and the UK.

One participant shared their difficulties navigating the differences between the school systems in Ukraine and the UK.

Additionally, the lack of recognition of mental health issues in Ukrainian culture posed challenges in identifying suitable courses and understanding the necessary qualifications for application in the UK.

9. Discussion

The insights gleaned from these findings shed light on the multifaceted challenges faced by individuals from under-represented communities in North Lanarkshire when it comes to accessing adequate support for their mental health and well-being. The research underscores the inadequacy of current health services in meeting the diverse needs of these communities, echoing concerns raised by reputable organisations like the British Medical Association (2021) and the Centre for Mental Health (2024). It becomes evident that health organisations must deepen their understanding of the barriers hindering access to services, including the digital divide and appointment scheduling difficulties, as highlighted by Evan (2021), Hall et al. (2022), and other scholars in the field.

The transition to digital support has notably exacerbated existing challenges, particularly for elderly individuals, as illuminated by Evan (2021) and Hall et al. (2022). This shift not only exacerbates feelings of isolation but also complicates access to essential services such as grocery shopping, especially with the prevalence of digital checkouts. Moreover, the findings underscore a lack of awareness among BAME communities regarding available support services, with language barriers and cultural differences further impeding access, as corroborated by Whitaker et al. (2022) and Shamsi et al. (2020).

Transportation emerges as another significant barrier, limiting access to vital support services for under-represented communities. Reliance on public transport is common, and delays or lack of accessibility significantly impact individuals' ability to attend appointments, a challenge exacerbated for those with mobility aids, as highlighted by Cooper et al. (2019). Additionally, the recurring theme of perceived lack of representation and voice within decision-making processes underscores the importance of inclusivity in research efforts, as noted by Bibbins-Domingo and Helman (2022).

The COVID-19 pandemic has further complicated access to support for under-represented communities, leading to increased social isolation and declining mental health, as observed by the Organisation for Economic Co-operation and Development (2021). Sleep disturbances emerge as a common issue, particularly among individuals with mental illness or disabilities, with implications for their overall well-being, supported by research from Blackwelder, Hoskins, and Huber (2021) and the National Heart, Lung, and Blood Institute (2022).

In terms of emotional well-being improvement strategies, outdoor activities emerge as a crucial factor for under-represented communities' happiness, aligning with prior research by Pearson and Craig (2014) and Jimenez et al. (2021). Time spent outdoors correlates with reduced stress levels, decreased feelings of depression, and positive effects on both mental and physical health, suggesting the significance of incorporating outdoor activities into well-being initiatives for these communities.

10. Conclusion

The aim of this report was to identify the challenges, barriers, and inequalities that people from under-represented communities experience in supporting their mental health and well-being in North Lanarkshire. The survey findings depict a detailed picture of the dietary, sleep, emotional, and healthcare experiences within BAME and under-represented communities.

One notable aspect is the positive dietary habits observed, with a significant proportion of participants reporting regular consumption of fruits, vegetables, and dairy products. However, alongside these healthy choices, there are concerning trends, such as the frequent intake of processed and high-sugar foods like takeaway meals and sugary snacks. This highlights the need for targeted interventions to promote healthier eating habits and combat the rising prevalence of diet-related health issues in these communities.

Furthermore, insights into sleep patterns reveal a complex interplay of factors influencing sleep quality, including stress, health conditions, and environmental factors. Understanding these nuances is crucial for designing effective strategies to improve sleep hygiene and address sleep-related challenges among community members.

The survey findings also illuminate the importance of physical activity and outdoor engagement in promoting overall well-being within BAME and under-represented communities. Engaging in regular physical activity and spending time outdoors have been linked to numerous physical and mental health benefits, including reduced stress, improved mood, enhanced cognitive function, and lower risk of chronic diseases. Encouraging community members to incorporate regular exercise and outdoor activities into their daily routines can contribute significantly to improving overall health outcomes and quality of life.

Additionally, ensuring equitable access to safe and accessible outdoor spaces is crucial for promoting physical activity and fostering a sense of connection with nature among individuals from diverse backgrounds. Therefore, integrating strategies to encourage physical activity and outdoor engagement should be a key component of holistic approaches to promoting health and well-being in BAME and under-represented communities.

Emotional health perceptions varied among respondents, reflecting a spectrum of self-assessments ranging from positive to areas of improvement. Social relationships and personal health emerged as key areas for enhancement, emphasising the importance of fostering supportive networks and promoting self-care practices to enhance overall well-being.

The survey also shed light on barriers to healthcare access, including financial constraints, limited transportation options, and challenges in scheduling appointments. The COVID-19 pandemic further exacerbated these disparities, highlighting the urgent need for equitable access to healthcare resources and support services.

In conclusion, the survey findings provide valuable insights into the diverse experiences and needs of individuals within BAME and under-represented communities. By leveraging these insights, policymakers,

healthcare providers, and community organisations can develop targeted interventions to address systemic barriers and promote health equity, ultimately fostering healthier and more resilient communities.

11. Recommendations

Findings from this research suggest there is action that could be put in place to put an end to and improve upon the barriers preventing under-represented communities from getting the support they need.

Recommendation One: Clearer Communication

Imperfect proficiency in the English language is a barrier which prevents BAME communities from being able to effectively communicate with health services. To improve this, it is recommended that;

1. Services should have annual reviews of their treatments of BAME communities and assess whether their needs are being met.
2. Translators should be available for clients who are not fluent in/don't speak English.
3. Receptionists should receive training on how to effectively communicate with Clients who do not speak English fluently.
4. Translated written materials for things such as informed consent that are easy for the client to understand should be provided.
5. Staff should be trained on how interpreting services work.
6. Staff take cultural competency training.
7. Staff take the necessary steps to be certain the client understands what is happening to them.
8. Staff receive trauma training.

There is also a lack of communication between disabled communities and services. This can be improved upon through;

1. Having staff stay up to date on the disability equality legislation.
2. Having staff trained in how to communicate effectively with the disabled community.
3. Making the procedure details clear to the client before it begins and explanations as to why things need to be done a certain way.
4. Having staff members be trained on how to communicate with carers.
5. Improved information on local resources under-represented communities can access.
6. Making information on disability payments/ benefits easier to find and understand.

Recommendation Two: Improved Transport

A key element of providing efficient care for under-represented communities is improving transport. Many members of under-represented communities often rely on public transport to get to places and often struggle with the timings of public transport or lack of space for more than one mobility aid. This can be improved upon through;

1. Having services builds up relationships with local taxi companies.
2. Having public transport receive training centred around providing services for under-represented communities such as being aware of both visible and invisible disabilities.

3. Reviewing transport methods and what can be done to make them more accessible for people with disabilities and the elderly.
4. Ensuring public transport is on schedule and making it clear when there are delays and cancellations.

Recommendation Three: Involving Under-represented Communities in Research

The voices and opinions of under-represented communities must be prioritised when it comes to research projects involving them. This could be done through;

1. Recognising that many under-represented communities have often been exploited and may distrust researchers.
2. Allocating time to build meaningful relationships built on trust.
3. Researching traditions and the culture of the communities that engage in the research.
4. Communicating clearly about what research is being done, why it is being done and what the intended outcome is.
5. Ensuring participant's boundaries are respected and not broken.

Recommendation Four: Financial Support

The funding and budgets being cut have led to services that are important for the mental health and wellbeing of under-represented groups being closed. It is pivotal for these organisations to stay open. This is an achievable goal and can be done so through;

1. Making applying for funding clear and accessible for smaller organisations.
2. Having regular civic consultation groups about the issues local services face.
3. Recognising past failings of councils and accepting the need for change.
4. Addressing ineffective leadership.
5. Focusing on building a two-way relationship between the council and the public.
6. Having a review of the decision-making process the council uses.

Recommendation Five: Aftermath of Covid-19

COVID-19 have had a significant impact on how the public and under-represented groups interact with services. Services need to realise how under-represented communities' mental health and well-being has suffered due to Covid and there is much that can be improved upon such as;

1. Recognising the public's hesitance to use services again and the impact Covid has had on their health.
2. Accepting some pandemic effects may take a longer time to be solved.
3. Having staff be aware of the impact of long covid.
4. Making precautions clear for all clients.
5. Having organisations provide digital support when necessary.

Recommendation Six: Improving Digital Presence

Members of under-represented communities turn to an organisation's social media platform to get an idea of what the organisation is like. For this to be successful an organisations platform must be easy to access and use. For this to happen organisations must;

1. Have their website and social media platforms be easy for the public to find.
2. Have all information and links be up to date.
3. Have accessibility options available such as being aware of flash content and offering alternative text.
4. Post on social media regularly.
5. Reply to clients' messages within a reasonable period.

Recommendation Seven: Making the Education System Easier to Understand

Informing under-represented communities who have recently relocated to the UK about how the education system works and runs is crucial in helping them settle in and helping them to feel as though they have been accepted. This can be achieved by;

1. Having schools be aware of how the schooling system works in other countries and the differences between them and the Scottish school system.
2. Having information on how schools run in Scotland is easy to find.
3. Having meetings held for new students to explain how the school system works.
4. Providing tutoring for students behind on work.
5. Providing emotional support for students.
6. Respecting cultural differences and traditions.
7. Creating a welcoming environment.

Recommendation Eight: Improving Employment and Training Opportunities

Members of the BAME community find it difficult to find work and have trouble accessing training opportunities. For this to improve several steps must be taken such as;

1. Recognising skills and qualifications acquired in their home country and developing strategies to help improve employment skills.
2. Having organisations embrace equal opportunities.
3. Having employment support/resources be easy for members of BAME communities to find.
4. Having organisations be aware of the benefits of hiring BAME candidates.
5. Having organisations review their culture and what can be done to improve it.
6. Having organisations be aware of their unconscious bias.

Recommendation Nine: Digital Inclusion

A barrier which prevents under-represented communities from getting support has been the transition from in-person services to digital services. Help can be provided through;

1. Providing affordable IT training.
2. Making sure information is easy to access.
3. Having staff trained in helping people lacking digital literacy.
4. Giving communities the ability to share their opinion on digital services and taking feedback on how to make it more accessible on board.
5. Having accessibility options for the disabled community.

Recommendation Ten: Promoting Healthy Eating

There was shown to be a trend of eating processed and high-sugar foods. For diets to improve steps must be taken, such as;

1. Having the government promote healthy eating and nutrition.
2. Having resources on having a healthy diet accessible to the public.
3. Promoting healthy eating at home and the workplace.
4. Making healthy foods more affordable.
5. Improving the public's knowledge of eating disorders.
6. Providing support to families experiencing food poverty.

Recommendation Eleven: Making Outdoor Spaces Accessible

Time outdoors was found to be crucial for under-represented communities' health and well-being. There are several factors which prevent them from spending time outdoors, this can be improved upon through;

1. Having public transport run to and from outdoor spaces.
2. Making outdoor spaces accessible for the disabled.
3. Having information be easy for the public to access.
4. Making the public aware of any changes that have been made.

Recommendation Twelve: Improving Sleep Schedules

Having a healthy sleep schedule is important to improve one's health, it was shown that under-represented communities' sleep was disturbed by several factors. Sleep schedules can be improved upon through;

1. Making information on sleep schedules easy for the public to access.
2. Promoting sleep hygiene to the public.
3. Improving the public's awareness of sleep disorders.
4. Promoting bedtime-routines.

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13. Appendix A-Case Study and engagement consultations

Case study 1- Female Ukrainian refugee

Engagement Consultation- Men's Lunch Group

Case Study- Female Ukrainian refugee

Following an interview, a Ukrainian 17-year-old female was contacted to arrange a meeting to discuss the cultural appropriateness of the capacity-building consultation for the Ukrainian refugees housed in Coatbridge. I arranged to meet the girl at a location that was familiar and comfortable for her.

During the meeting, the girl gave very valuable insight into the barriers that her community is experiencing.

Childcare

The girl explained that when she was in Ukraine, her family was core support for childcare. She explained that the children go to school, the parents go to work and the grandparents help to look after the younger children. They are a culture that has strong family values where everyone in the family has a role in caring for and supporting each other. In the UK it might be more difficult for people to attend groups when there is no one to take care of the children. The girl gave her own family as an example and explained that her mum and dad are here for the children, so everything is for them. However, because there is no help for the children, her parents are very restricted in the things they can do.

Employment and training opportunities

Many of the refugees living in Coatbridge are highly skilled and professionally qualified but are unable to achieve employment for a range of reasons including language barriers, UK requirements and registrations and access to training or conversion courses.

Education

The education system in the UK is very different to that of Ukraine. This is a barrier to learning that the girl has personally experienced. Before taking refuge in the UK, the girl completed one year of studying psychology at university. On arrival in the UK, due to her age, the girl went to high school to undertake fifth-year studies. She completed this and then tried to make applications to university but has found this very difficult. Firstly, as the Ukrainian culture does not openly acknowledge or discuss mental health issues there aren't many specialisms or branches of psychology. The subject is simply given the broad term of psychology. This very small detail has been a huge barrier in itself. When applying for courses, as soon as the girl typed in psychology as a keyword, she was overwhelmed by the variety of courses available in the UK and did not know where to begin. On looking into this a little further, she also discovered that she must obtain credits and specific qualifications to access her choice of course on applying to university. If she were a UK national student, the education system would have given her all of this information over her years in secondary school as part of the curriculum. However, having only experienced one year of secondary school at a higher education level, she has never had the opportunity to receive this information. On further discussion with the girl about the career she is interested in, it sounds very much like this girl is interested in counselling, as she explained she wants to do talking therapy to make people feel better. I asked a series of questions about this and was able to confirm that counselling is the subject that the girl is referring to when she says psychology. I explained to her that this is what The Miracle Foundation SCIO does as part of its core services. I offered to put the girl in touch with one of our counsellors to find out what requirements she will have to meet and the qualifications

she will have to achieve to do this. The girl was delighted and said this would be very helpful for her. She also expressed further interest in volunteering on an ongoing basis for some experience.

Language barriers

While many of the Ukrainian community speak English well and can hold a conversation in English with reasonable ease, there are still significant language barriers in the way information is made available. The impact of dialect, local slang, professional jargon, and words that there is no equivalent for in their native languages can all change the way that the information is received. The girls' own experiences in accessing further education are a good example of this. She is very capable and competent in researching information, speaking, and reading English and using technology. However, still found this to be a real barrier to learning.

Cultural appropriateness

The girl highlighted that one of the main issues with the existing questionnaire is the use of the term's mental health, gender identity and questions about disabilities. She explained that these are topics that are kept hidden in Ukraine so there is no understanding of these topics. She explained that when her parents see terms like this, they will not engage because they do not understand.

Greenspaces

The girl recounted a day out to the beach she had been taken to recently. She explained how happy this day was for her community. She explained that it felt like home and that day out to explore Scotland and go to greenspaces and beaches would be very beneficial to her community.

Engagement Consultation- Men's Lunch Group.

This group is specifically tailored to men's mental health and wellbeing support, the environment was very relaxed, and participant led. The men came for lunch and afterwards had the opportunity to play cards and dominoes, have a hot drink and chat. Again, much like the drop-in sessions, there are guest speakers invited to provide information and attendees can choose to participate if they wish.

The men were very welcoming. It was a small group, and they were all sharing a game of dominoes and having a chat on my arrival. I had decided to arrive after lunch as I did not feel it was appropriate to disturb their meal. While the group was small, participation was high, with only one group member choosing not to participate.

Each of the men all chose to give examples of a significant barrier they had experienced in supporting their mental health and wellbeing. One of the men explained to me that he was hard of hearing, but because he isn't considered deaf, he had to fund his own BSL training to be able to support himself more. The gentleman explained that getting level one cost him a few hundred pounds but to progress to level two, it was going to cost him over one thousand pounds, with the cost of courses increasing significantly for each level. He explained how frustrated he was by this, as several decades ago when this happened, that kind of fee was unachievable for him to afford. He tried other options to try and progress his knowledge in BSL including volunteering at some deaf and hard of hearing charities, however, lack of funding meant that these opportunities did not come around often. The man had to give up due to the financial implications of learning a new support skill.

Another gentleman spoke to me about how difficult he has found the change in our dependence on technology. As we have heard many times throughout the consultations online booking systems and complex telephone booking systems for GP appointments is a huge barrier within the ageing population. However, the gentleman also gave the example of self-checkouts. He explained that initially, it was easy to avoid them, but more and more supermarkets are cutting cashiers down and depending more on self-checkout sometimes he has no option. The man explained that the whole experience can be very overwhelming.

Another man spoke about living with PTSD following his years in the army and fire service. He shared some stories that I cannot even imagine what he must have been feeling in the moment and I can imagine one never really gets over. The man was very open with me and shared that he developed an alcohol dependence to cope and while he acknowledges that many consider this to be a negative coping mechanism, for him, he knows he is not a violent, aggressive, or annoying drunk, so he feels that if it helps him but doesn't hurt anyone else, then it works for him. However, he also acknowledged that the group provides him with a space for social opportunities with his peers without the presence of alcohol. I thanked all of the men for being so open and sharing their stories with me.