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A qualitative study to explore the help seeking views relating to depression among older Black Caribbean adults living in the UK

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Numbers of older adults are rising globally. In the UK, rates of mental ill-health are thought to be higher in Black Asian and Minority Ethnic community than in the white population. Older adults from BAME groups are an under researched group. It is important to understand the experiences and beliefs that underlie help seeking behaviour among BAME older adults to deliver effective, culturally appropriate and accessible services. This study aims to explore help seeking views and strategies utilised in relation to depression among older Black Caribbean people in the UK. Semi-structured interviews were conducted with 8 UK Black Caribbean participants, aged between 65-79 years. Transcripts were analysed using Interpretative Phenomenological Analysis. Three master themes emerged from the analysis: 1. "If you don't know, you don't seek help 2. '..I knew I was depressed": 3. "You have to decide": Attitudes to help seeking and mental health service use. Participants' past personal experiences of coping with depression, including migratory histories, cultural and religious views and personal relationships influenced their help seeking views and preferred coping methods for depression

Key words: Older Adults, Black Caribbean, Help Seeking, Depression.

Introduction

It has been predicted that there will be an increase in the number of people aged over 65 years; rising from 524 million to 1.5 billion by 2050 worldwide, when one in six people will be over 65. Moreover, the number of people aged 80 years or over is projected to increase three-fold to 426 million by 2050 (The World Population Prospects, 2019). Similarly, in the UK, the Office of National Statistics (ONS), in 2019 documented an increase (of 47 per cent) in the number of older adults living in the UK since 1974. In addition, people in the UK aged 65 years and older are more in number than those aged less than 16 years (ONS, 2019).

Depression in Later Life

Depression has been identified as a condition that affects 10-15 per cent of the older adult population (Conner et al., 2010; World Health Organisation {WHO}, 2017). NHS England, (2015) noted that 85 per cent of older adults with depressive symptoms did not obtain any help from the British National Health Service, (NHS). WHO (2017) also reported that only one third of older adults with depressive symptoms requiring intervention, will have a conversation with their GP about their symptoms. WHO, (2017) further reported that the treatment received by that population of older adults was primarily medication based. Whilst medication is helpful, the National Institute for Health and Clinical Excellence (NICE) (2015; 2016) guiding principles suggest a wide variety of treatments, including psychological therapies, to be useful for older people with depression.

Recognising and identifying these gaps in service provision for older adults with depression, not only allows for a wealth of lived experience held by older adults to be understood; it can also facilitate improvements in service provision for all members of the community irrespective of age or ethnicity. The Equality Act (2010) specifically mentions age and race as protected characteristics, so practitioners and service providers need to ensure that services are appropriate and accessible. Often there is an erroneous tendency to essentialise culture by assuming that a culture is homogenous, which it can never be. Whilst focusing on culture at the expense of systemic inequalities also needs to be avoided (Lane & Tribe 2017).

Ethnic Minority Groups and Depression in the UK

Often it is difficult to get accurate prevalence rates of psychiatric disorders because of sampling tools, measurements used as well as the hidden nature of the disorders thus making direct comparisons problematic at times (Mental Health Foundation, 2016). Nevertheless, previous research in the UK has identified BAME groups as having a higher level (up to 60%) of depression compared to the white population as are the rates of other psychiatric disorders (Mental Health, Foundation, 2007). With an increase in older adults from ethnic minority groups (ONS, 2019), the number of cases of depression is likely to rise. Thus, it is important to explore these issues further (McIntosh, Huq, & Tribe, 2020; Williams et al., 2015).

Help Seeking Attitudes among British Black Caribbean Older Adults

In the UK, people of Black Caribbean origin, form one of the largest and longest established ethnic minority populations (Williams et al., 2015).As most migration to the UK occurred in the 1950's and 1960's, the first-generation of migrants are now of retirement age. Help seeking patterns among people of Black Caribbean origin are not well-known (Woodward et al., 2013). Migration can be a complex process which can impact upon mental health in myriad ways (Bhugra & Gupta, 2011), first generation migrants were trail blazers who faced a range of obstacles and challenges. Racism and discrimination are likely to impact upon Black Caribbean older adults living in the UK. Studies that examine the explanatory models, their pathways and experiences of Black Caribbean older adults especially in relation to depression are rare. Recent events in the UK where some older adults were sent back to the Caribbean and the 'hostile environment' are likely to contribute to stress and depression.

Older Adults Mental Health Service Use

Access to services should be determined by need and not age (Tribe & Lane, 2017; Royal College of Psychiatrists (RCP) 2019); yet a range of barriers to mental health service use among the older adult s have been identified (Livingston & Sembhi, 2003). It is a universal phenomenon. From the USA, Conner et al., (2010) found that older African American adults suffering from depression were less likely to seek help. In addition, it is likely that older adults have a heightened awareness of stigma relating to mental illness (Mackenzie et al., 2006). Similarly, the Improving to Access Psychological Therapies (IAPT), 2009 report on older people, found some older adults viewed mental health problems as shameful, and felt that these should be concealed from everyone, including health professionals.

Study

This study will explore the personal experiences, meanings, and contexts that underlie help seeking in relation to self-defined depression among the UK's older Black Caribbean adults, both now and when younger. In addition, the study aims to explore some of the barriers experienced by participants, if any when considering seeking help from mental health services. In line with these objectives, the research questions developed are:

1. How do older Black Caribbean adults make sense of coping with(self-defined) depression?

2) How can we better understand the decisions that older Black Caribbean adults make surrounding help seeking and accessing mental health services in relation to depression?

Sample:

Table 1 describes the sample.

Ethnic origin: All participants Identified as Black Caribbean

Pseudonym	Gender	Age	Aged arrived to the UK	Marital Status
Earl	Male	73	19	Single
Mary	Female	69	17	Widowed
Freddie	Male	65	20	Married
Shirley	Female	69	15	Married
Vincent	Male	79	19	Divorced
Beverley	Female	69	17	Married
Leroy	Male	74	18	Married
Margaret	Female	73	19	Married

All

participants were recruited through the "Snowballing" method through lunch clubs and day centres. Recruitment from primary care or any mental health services was avoided, as this study aimed to explore help-seeking attitudes within the general public. An advert/information sheet was sent via email as well as telephone contact to key members/organisations within the

Older Black Caribbean Community. No potential participants refused to participate. Participants in this study were motivated to take part because they either had a relative, friend or acquaintance who had experienced mental health problems. Therefore, it is likely that participants' perception of mental health services and help seeking will have been influenced by this contact with somebody who has already had accessed wellbeing and/or mental health services.

Method

Issues which emerged from relevant literature were used to construct the interview schedule and a pilot interview undertaken to determine clarity and best structure of questions asked. The interviews were audio recorded and transcribed in line with the Interpretative Phenomenological Analysis (IPA) protocols (Smith et al, 2009).

The analysis was conducted in line with the four analytic principles of IPA. Superordinate themes from each transcript are listed within and across transcripts. Subordinate themes are similarly located from and within the transcripts. Following this, themes are re-structured and summarised. In the final stage of analysis, the concluding themes will be illustrated with statements that illustrate the researcher's interpretation of the participants' words (Smith et al., 2009).

Results

Three master themes emerged through the analysis:1. "If you don't know, you don't seek help" 2. "….I was depressed…I knew I was depressed..."{coping with depression} and 3) "You have to decide": Attitudes to help seeking and mental health service use. This paper will focus on master theme three: "this was selected because of its potential importance to clinicians and service providers. Themes one and two are detailed in Bailey & Tribe, (2020). This theme captures the primary decisions surrounding participants' help seeking attitudes in relation to dealing with their depression.

All participants reported not currently experiencing depression; as a result, participants' depictions are primarily voiced in the second and third person, this may also have acted as a distancing device given the content of the interviews and the associated stigma often associated

with mental health concerns. Nonetheless, all participants highlighted steps to sourcing help for depression.

Participants' help seeking attitudes are summarised into four subordinate themes within the superordinate theme detailed above:

- Recognise and Start
- "Why should I go tell somebody my business?": Challenges and cultural beliefs,
- "No guarantee": Professional services
- "Just get on with it".

"Recognise and Start"

Participants described help seeking as a staged process, Mary says.

> *".. first of all they got to acknowledge that there is a problem ...*
>
> *...You must really want the help... you want to get away from all the negative things that depression brings... you want to step out of that and start anew as if you had a positive side at the beginning and this negative side has taken over then you want to get back to your old self ..."*

Like Mary, Freddie echoes a similar belief

> *"....The first decision.. is, 'I need change', ...change of mindset, ..., change of environment... you have to recognise and start to apply changing your life .....*

Shirley comments on people not recognising a need for help.

> *"…....I think a lot of people don't realise that they need help ... some of them think oh pull yourself together... especially if you're a person who talks to yourself ... ... they don't know maybe I've been down for the last 2 months and probably need to go and get help..*

It appears from Shirley's account, that not recognising the seriousness of the need for help may inhibit help seeking. Interestingly, these participants located help as coming from within rather than requesting external help.

Finally, Shirley describes another decision as a starting point:

> *".The decision they would have to make, is to find out what is causing the depression...that's where they need to start ....but of course they might not be able to start with what's causing it ..... in that case...they need to seek what could help them to be lifted out of their depression .... find some way some means whether group, support group ...whether it's your pastor, your sister, your parents, your neighbour, your friend*

....wherever you know you have somebody….there must be somebody that you have… ...find somebody and sit and talk..

This desire to want help seems to be the starting point when considering the decisions surrounding help seeking for depression.

"Why should I go tell somebody my business?": Challenges and Cultural Beliefs

This subordinate theme focusses on the dilemmas and challenges presented by participants', when considering seeking help for depression. Participants discussed several barriers to help seeking.

"…. You have to decide and set aside …shame or embarrassment first of all to go and seek help ….. yes for men, especially and men of Caribbean descent.. they tend to think that's it's not manly to… …whatever feeling …you can work it out …you can't tell people your business and so forth especially when there's no blood coming off you .. …. well why should I go tell somebody my business, when I can go and work on it whatever. that's how we approach it I say".

Leroy comments on the influence of possible cultural and gendered beliefs on a decision to seek help for depression that may inhibit help seeking. Interestingly, Leroy also compares depression to a physical injury; this comparison appears related to beliefs about what is worth seeking help for. Leroy concludes with this point:

…Well if you overcome them feelings then naturally you have to think for the betterment of yourself and those around you. It's best to go and do whatever it is you have to go and do to help to recover from it

Below Shirley echoes similarly

" ..... some people don't want to admit that they're in that dark place …a lot of people just keep quiet and that's how they get worse … ….it's amazing… anything to do with mental health still seems to have that stigma attached where people don't want to talk about it …so even though you might recognise it and point out to them, they either ignore what you're saying or completely deny it …"

Like Leroy, Shirley's account illustrates some challenges associated with coping with depression. as well as the influences stigma has on inhibiting help seeking for depression. Furthermore, although participants acknowledge recognition as part of the first steps to help seeking this may not be enough to inhibit help seeking.

Shirley also remarks on cultural differences relating to accessing help for depression and the associated stigma.

> *….. I find the Europeans they handle mental illness differently to us… they are very easy to tell you they depressed…... I cannot remember actually hearing any or many from our culture that will actually be confessing they are depressed…. …. so I suppose those are things that can stop our people you know from actually seeking help because they don't want to be classified as somebody with depression.*

Shirley also considers the cultural aspects of religious belief within the Black Caribbean community, and how this inhibits help seeking for depression.

> *"… cultural as well… where some people feel that to say your depressed… it brings up some demonic interest…. …… so that's why I think a lot of people don't even share their depression…., I was in that league many years ago*

…. let us bind and get rid of that spirit (laughs) ….you know no Christian has any right with being depressed so you make such a big thing about it ….cause I remember having friends who was depressed but they wouldn't tell … … …. as this other person approached she said …shh …lets change the conversation because as for this one …I don't want this one to start her deliverance on me today….. so we change the conversation

> *…… they're not really a Christian or there is some demonic influence some where …"*

It is clear that there are strong influences of embedded ideologies, and cultural or religious beliefs influence help seeking attitudes.

"No guarantee": Professional Services

This subordinate theme explores the challenges participants expressed, when considering looking for help from professional health services for depression. Leroy explains his reluctance to seek help as he becomes suspicious of health professionals' intentions.

> *"…. well when I'm thinking about being referred, I become slightly suspicious…. that is, that the person .., is doing it for the wrong reason, maybe to get a target done or whatever….rather than seeing that your well-being is looked after….."*

> *….It's not that they don't care but there is a target somewhere to get certain things done , certain numbers up…*

Shirley depicts a similar experience where she describes a lack of trust which might inhibit her accessing help from health services.

"…. *I supposed a GP could be a good port of call …it is just I don't trust them where I am at my surgery there… because if they can't help you with medical issues, I won't trust them with my mind."*

Shirley expresses her lack of trust with seeking help from her GP. Like Leroy, this viewpoint, stems from dissatisfaction following a particular personal experience. Although both experiences were not mental health related, it demonstrates just how lasting and influential an experience with a health professional can be when considering future help seeking. In addition, their depictions show that poor experiences within health services may inhibit future helping seeking, even it is an unrelated health matter.

Mary further expressed

"….. you know with all the cut backs, now my concern is the long waiting .. all the bureaucracy and the long waiting …"

Earl

"..appointment… two weeks before you could see them. … no guarantee"

Participants express concerns about long waiting times for appointments as deterrents from seeking help from professional health services for depression particularly in this time of austerity. A pattern surrounding the lack in confidence with services seems to weave through this theme ("suspicion", "I don't trust", "no guarantee" and "all the bureaucracy and the long waiting"), which in turn, inhibits help seeking for depression from services.

Finally, within this theme the matter of 'misrepresentation' within professional health services is highlighted as another concern and a noteworthy influence on help seeking.

"…I think the way the care system set up in England and Wales; within that, you should be able to find an advocate who can represent you because a lot of what's going on, we are misrepresented. I have very strong views of that; A lot of things are going on in our lives as black people in this country, we are misrepresented …"

In this excerpt Vincent shares his views on the importance of advocacy (where required), when seeking help for depression. He emphasises on being "represented" through this process, and openly shares his views that "Black people" in this country are "misrepresented". He suggests misrepresentation as a possible deterrent to accessing help and alludes to racism or discrimination, although this is not actually named.

"Just get on with it"

This final subordinate theme demonstrates the influence a self-sufficient outlook has on decisions surrounding accessing help for depression. As in Master theme one, participants' accounts gave a sense to "just get on with it" and relying on their own resources. Margaret's excerpt illustrates this:

"… I didn't go about seeking help apart from I spoke to my older sister and what she said to me, I didn't find it helpful so it was more of self-help for me…. ' these things… they are always there at the back of my head, even now, you know…. but if anybody … come to me and say something, I'll try to help them and I know I'll now say, ….you need to go and see a counsellor? How far down are you? and what not. But for me, I never thought of going for help anywhere. I just thought, 'girl, get on with it'.

Compared to her earlier years, Margaret (now older) seems more aware of the services to direct someone needing help with depression to. Nevertheless, it appears given her early experience she seems more inclined to "just…get on with it".

Shirley highlights the influence past experience or "upbringing" has on decisions to seek help with depression

."….another thing…. people who have been brought up with this stiff upper lip and… pulling yourself together…. it's weak you got to be strong that's another thing that stop people…. their upbringing...the way they were brought up…what they heard and what they equate to weak and strong… so admitting that you are depressed could be known as weakness in you as opposed to.. I'm feeling a little low, let me go and get some medication or let me go and at least talk to somebody about it …."

Leroy echoes similarly about "upbringing" as well as touching upon cultural and familial remedies for illnesses.

> *…What would stop me from seeking help is if I feel in control of it and it is something that I can deal with, then I would not go forward for any help ...because according to our parents back then... there were lots of things that they showed us that could be done to avoid certain situations .. sickness wise and so on ….. So if I can do that before any approach to anything then I will.*

Both Shirley and Leroy discuss the effects of engrained beliefs from childhood on help seeking attitudes; indicating the considerable influence learnt behaviour or attitudes can have on help seeking for depression. It seems if learnt behaviour or attitudes from parenting accentuated coping with depression independently, individuals are less likely to seek help externally. In

addition, depression being viewed as “weak” vs “strong” draws from depictions identified in the subordinate theme challenges and cultural belief in the wider study.

Conclusions

In conclusion, this study discovered several issues that influenced people’s views on depression and how previous experience, migratory histories, cultural and religious views and personal relationships played a role for the older adults in this study. Given that the numbers of older adults worldwide are rising, these issues need consideration by mental health practitioners and service providers.

Dedication from Natalie Victoria Bailey

'This study is dedicated to my beloved parents Vilna Louise Cruickshank and Uriah Bailey, who both sadly passed away during my training on the professional doctorate programme in Counselling Psychology. I will forever remain grateful for their love, encouragement and belief in me. We did it!'

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