

BREAKING BARRIERS: UNDERSTANDING ACCESS TO MENTAL HEALTH SUPPORT IN BLACK COMMUNITIES IN LEEDS

AUGUST 2026

AfriKindness

Leeds Mental Wellbeing Service

TOUCHSTONE
inspiring communities, transforming lives

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FOREWORD

his report represents more than a piece of research; it is a reflection of the voices, experiences, and aspirations of Black communities in Leeds. It is rooted in a simple but important belief: that everyone deserves equitable access to mental health support, regardless of their ethnicity, background, or lived experience.

At Afrikindness, we have long recognised that conversations about mental health cannot be separated from conversations about identity, culture, belonging, discrimination, and trust. Through our work with children, young people, parents, and communities, we have consistently heard that many people experience significant barriers to accessing support - not because services do not exist, but because they often do not feel safe, understood, or designed with their realities in mind. This research, undertaken in partnership with Leeds Mental Wellbeing Service (LMWS), provided an opportunity to listen carefully to those experiences. Participants shared honest reflections about mental health, stigma, cultural expectations, racism, trauma, faith, family, and the challenges of navigating services. One message emerged consistently throughout the project: trust matters.

Many participants described a growing sense of research fatigue, questioning whether their voices genuinely influence change. Too often, communities feel they are invited to participate in consultations, surveys, and research projects, only to see little visible action afterwards. This erosion of trust has become a significant barrier - not only to engaging with research, but also to accessing services designed to improve health and wellbeing.

Our hope is that this report contributes to changing that narrative. It is intended not simply to describe inequalities, but to inform practical action, strengthen partnerships, and encourage services to work alongside communities in ways that are culturally responsive, transparent, and accountable.

We are deeply grateful to every parent, carer, community member, practitioner, and stakeholder who generously shared their experiences. Your openness and willingness to contribute have made this work possible.

Improving mental health outcomes within racialised communities requires more than increasing service provision. It requires rebuilding trust, recognising lived experience as expertise, addressing systemic inequalities, and creating services that communities feel genuinely belong to them.

We hope this report provides valuable insight for commissioners, practitioners, researchers, policymakers, and community organisations working towards a more equitable mental health system for everyone.

Bunmi Owolabi
CEO Afrikindness

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EXECUTIVE SUMMARY

Mental health inequalities remain one of the most significant public health challenges facing racialised communities across the United Kingdom. Evidence consistently demonstrates that Black and other racially minoritised communities experience disproportionately higher exposure to factors associated with poor mental health, including racism, discrimination, socio-economic disadvantage, poverty, migration and resettlement experiences, social exclusion, insecure employment, housing insecurity, intergenerational trauma, adverse childhood experiences, cultural stigma, and structural inequalities. Despite these increased risks, many communities continue to experience lower levels of engagement with preventative mental health services and often access support only when needs have reached crisis point.

While awareness of mental health has increased nationally, trust in statutory services remains a significant challenge for many racialised communities. Participants in this study repeatedly described concerns that services often lack cultural understanding, fail to recognise lived experiences of racism and discrimination, and are not always delivered in ways that foster psychological safety or genuine partnership. A recurring theme was the perception that communities are frequently invited to participate in research, consultations, and engagement activities primarily for data collection, yet rarely see meaningful action, sustained feedback, or tangible improvements arising from their contributions. This has contributed to growing research fatigue and reduced confidence in engaging with both researchers and services.

Recognising these challenges, Afrikindness partnered with Leeds Mental Wellbeing Service to explore the factors influencing access to mental health support among Black communities in Leeds. The research aimed to identify barriers to engagement, understand community perceptions of mental health services, explore experiences of trust and inclusion, and identify practical recommendations for creating more culturally responsive and equitable services.

The study adopted both quantitative and qualitative, community-centred approaches involving a survey and focus group discussions with members of the community. Several interconnected themes emerged from the findings. Participants identified stigma surrounding mental health, limited understanding of available services, cultural beliefs, language and communication barriers, experiences of racism and discrimination, financial pressures, and concerns about confidentiality as important influences on help-seeking behaviour. However, trust consistently emerged as the most significant factor underpinning engagement with services.

Participants emphasised that trust is built through long-term relationships, visible community presence, culturally competent practice, transparent communication, and evidence that community voices genuinely influence service design and delivery. The research prioritised creating safe, trusted environments where participants could share their perspectives honestly and authentically.

The findings demonstrate that improving access to mental health support requires more than increasing awareness or expanding service capacity. Sustainable change depends upon developing meaningful partnerships with communities, investing in culturally responsive approaches, strengthening community organisations, embedding co-production throughout service development, improving communication, and demonstrating accountability through visible action. Community engagement must move beyond consultation towards genuine collaboration, where lived experience is recognised as expertise and communities become active partners in designing solutions.

This report provides evidence-informed recommendations for commissioners, policymakers, researchers, service providers, and voluntary organisations seeking to reduce mental health inequalities. It highlights opportunities to strengthen trust, improve cultural responsiveness, enhance community engagement, and develop mental health services that are more equitable, accessible, and responsive to the needs of Black and other racialised communities.

Ultimately, improving mental health outcomes will require not only addressing individual barriers to help-seeking but also tackling the structural and relational factors that continue to shape experiences of inequality across the mental health system.



INTRODUCTION

Afrikindness is a registered charity dedicated to empowering children, young people, parents, and communities to thrive through education, positive racial identity, wellbeing, and inclusive opportunities. Our mission is to create stronger families and resilient communities by addressing the social, cultural, and systemic barriers that impact health, education, and life outcomes for Black, African, Caribbean, and other racially minoritized communities.

Recognising that children flourish when the adults around them are healthy, supported, and emotionally resilient, mental health and wellbeing form a core module of Afrikindness' Community Empowerment Programme. We believe that improving parental wellbeing, reducing stigma, increasing awareness, and enabling earlier access to support are fundamental to strengthening families, enhancing parent–child relationships, and improving outcomes for children and young people.

Leeds Mental Wellbeing Service (LMWS) is the NHS Talking Therapies service for Leeds, also offering Primary Care Mental Health, Peer Support, Employment Advice and Coproduction. The service provides a wide range of interventions for those with mild to moderate mental health difficulties.

LMWS has an Inclusion Team which aims to remove health inequalities and create equal access to support for all demographics across the city; strengthening commitment to anti-racist practice and improved cultural competence is one of the service's top priorities for 2026-28.

As part of this commitment, Afrikindness partnered with Leeds Mental Wellbeing Service in early 2025 to better understand the barriers that prevent people from accessing mental health support. Through this collaboration, both organisations sought to amplify community voices, explore the impact of culture, stigma, trust, and lived experience, and identify practical ways to make mental health services more culturally responsive, accessible, and inclusive. This partnership reflects Afrikindness' wider mission to work collaboratively with communities and statutory services to reduce inequalities, build trust, and ensure that every family has the opportunity to live, learn, and thrive.

Following an initial meeting in April 2025, Afrikindness and LMWS agreed on the joint objective to "coproduce resources to inform African and Caribbean communities about mental health and reduce stigma, and to coproduce resources to inform mental health professionals about how best to support people from African and Caribbean backgrounds".

In working towards this, we have conducted the following research to better understand the thoughts, beliefs, and experiences of Black people in Leeds regarding mental health, and shape more inclusive, culturally aware support.

METHODOLOGY

Insight was gathered through a survey and an in-person focus group.

The survey was written by Afrikindness' mental health specialists, who have experience of being part of the Black community in Leeds and of working in mental health, and thus were able to highlight key areas for exploration. See Appendix 1 for survey questions.

The survey was shared online through social media, blogs, and website pages from both LMWS and Afrikindness. It was emailed directly to specific individuals and organisations to share with relevant networks. Afrikindness promoted the survey at events and provided printed copies at in-person sessions for attendees to complete there. In addition, LMWS offered the option for any respondents who might struggle to complete an online or paper survey to contact us via telephone.

The focus group was held at St Aidan's Parish Church in Harehills, Leeds and was attended by parents, carers, community members, practitioners, and individuals with lived experience. Participants were encouraged to speak openly about their experiences of mental health, wellbeing, trauma, help-seeking, family relationships, cultural expectations, and interactions with statutory services.

Attendees were split into three smaller groups to allow for richer discussion. Facilitators began the focus group by asking the question "what does mental health mean to you?" and then went on to ask further questions from a list of prompts about perceptions of mental health and experiences of accessing services. The direction of the conversations was led by attendees' interests and experiences. See Appendix 2 for discussion prompts.

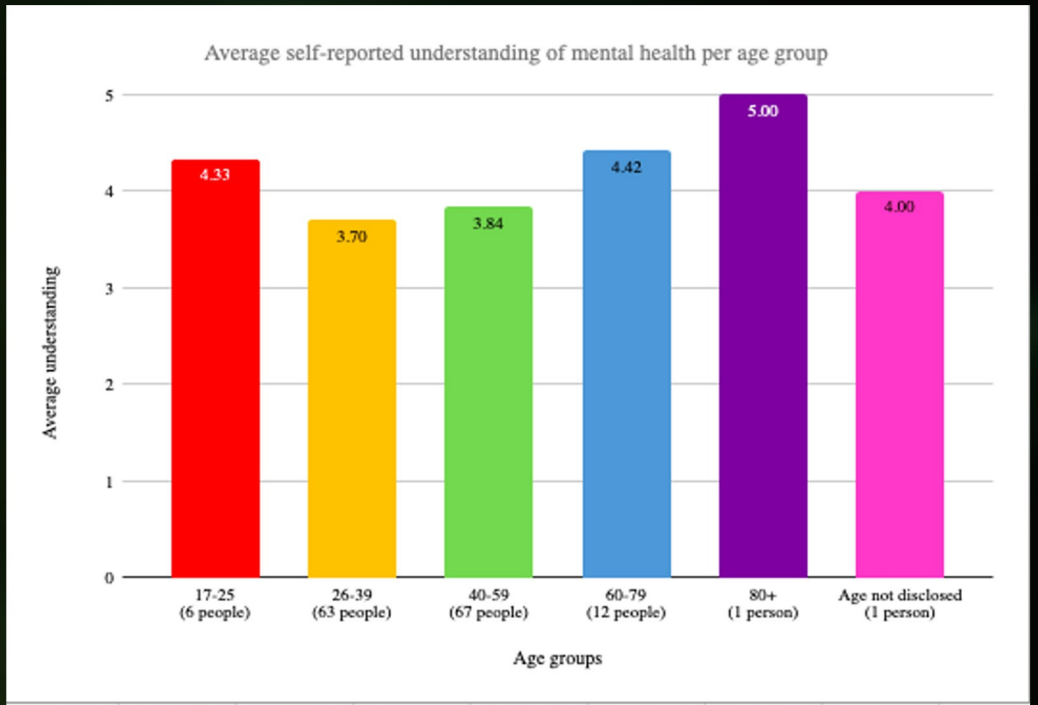
All attendees were offered a £15 voucher to thank them for their contributions and were given information about confidentiality and how to access support if any distress was caused by the conversations.

RESEARCH FINDINGS

What might be preventing Black communities in Leeds from accessing mental health support?

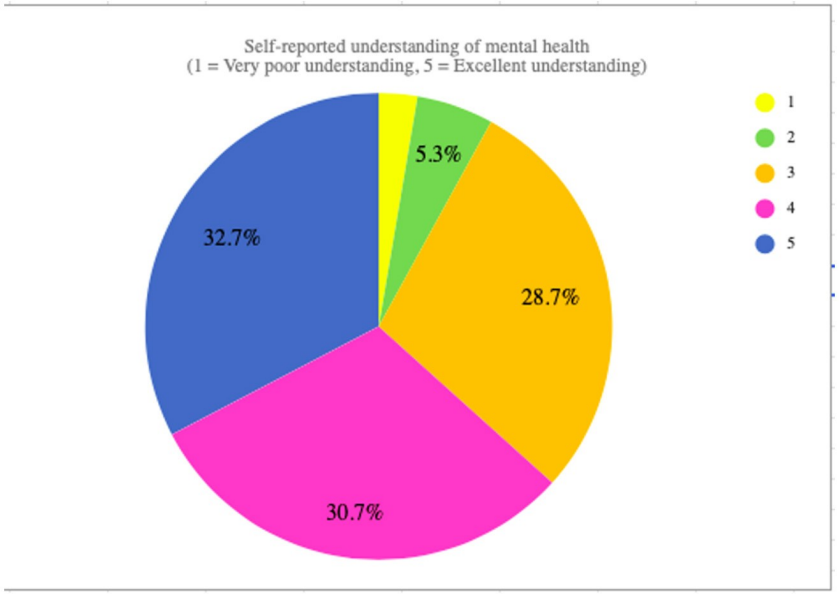
The survey findings provide valuable context, highlighting levels of understanding, the importance placed on mental wellbeing, and perceptions of how common mental health issues are within Black communities in Leeds. Together, these findings establish a baseline for interpreting the experiences and views shared throughout the focus groups.

In total, there were 150 survey responses. 4% of respondents were aged between 17-25, 42% were aged between 26-39, 44.7% were aged between 40-59, 8.7% were over 60, and 0.6% did not disclose their age. The survey also asked respondents to report their ethnicity: 69.4% were Black African, 13.3% were Black British, 6.7% were Black Caribbean, and 11.6% either self-described another ethnicity or did not disclose their ethnicity.

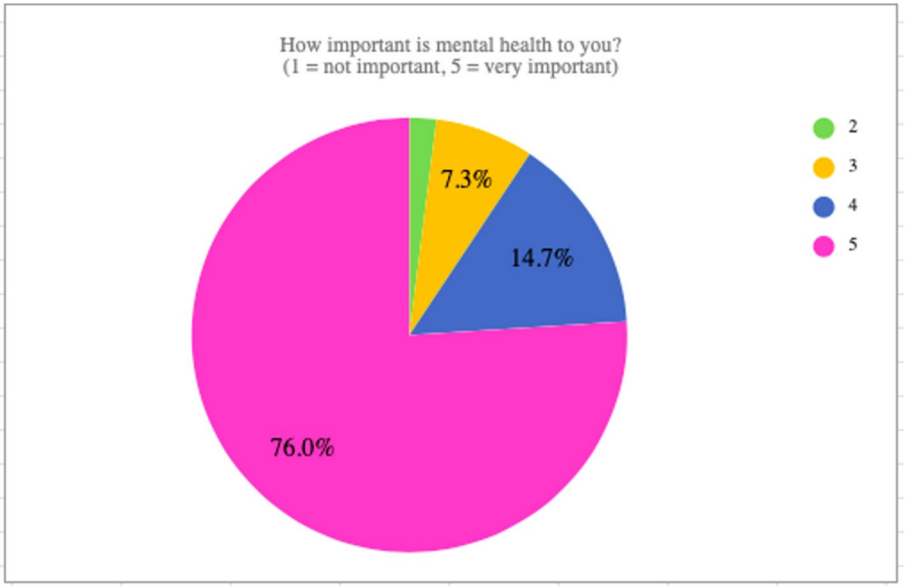


Graph 1: Survey Question - Average Self-reported Understanding of Mental Health per Age

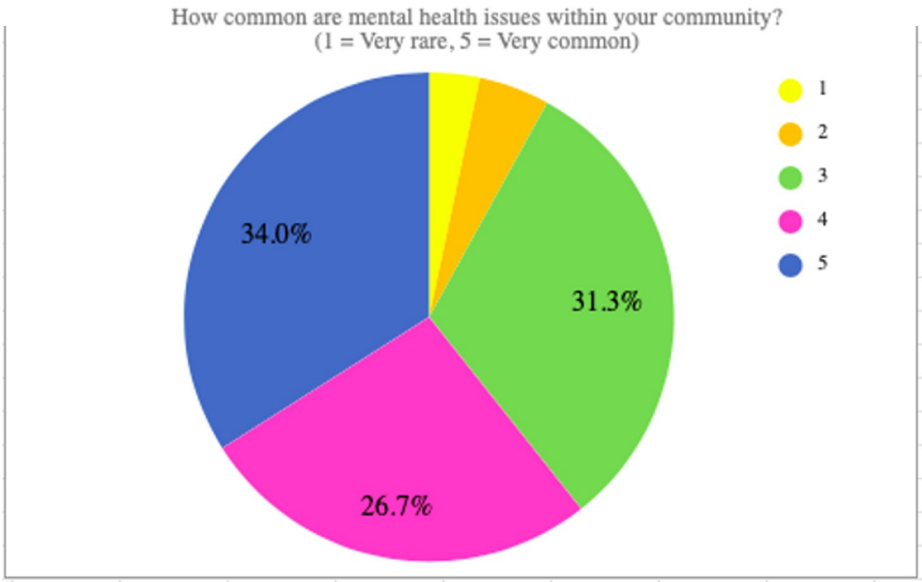
Graph 2: Survey Question -
Self-reported understanding of mental health



Graph 3: Survey Question -
How important is mental health to you?



Graph 4: Survey Question -
How common are mental health issues within your community?



The results demonstrate that while respondents generally recognised the importance of mental health and reported a reasonable level of understanding, many also perceived mental health issues to be common within their communities. These findings suggest that awareness of mental health exists alongside ongoing challenges in openly discussing mental health and accessing appropriate support.

Taken together, these findings show that mental health is considered important and is recognised as a common issue within the community. However, awareness and perceived importance do not necessarily translate into open conversations, early help-seeking, or confidence in accessing support.

FOCUS GROUP

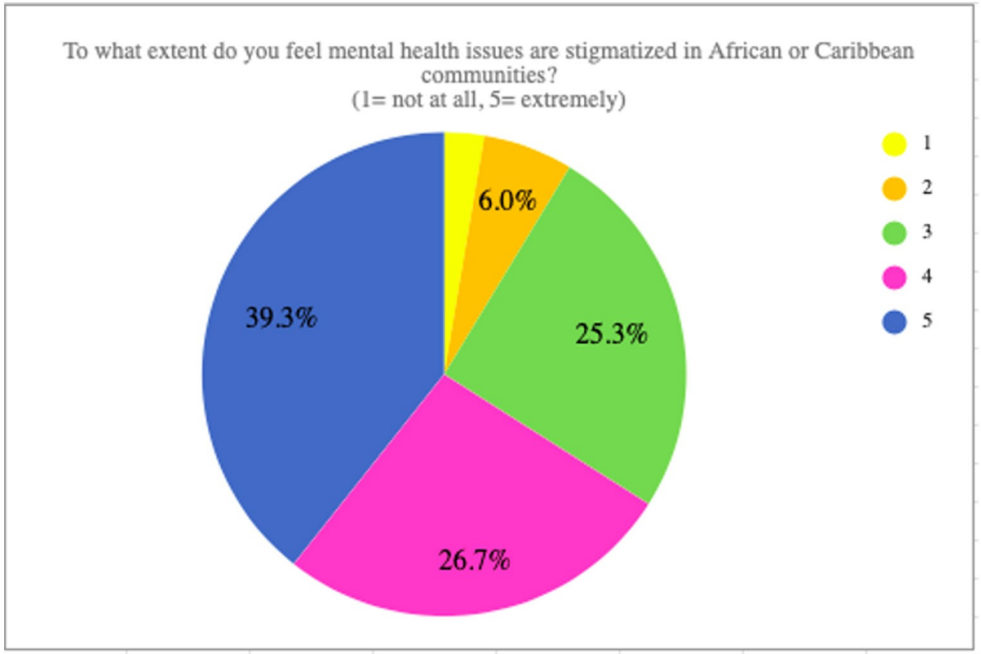
In total, 35 persons attended the focus group, most of whom were women aged between 20-50 (only 1 man attended). The qualitative findings from the focus group provide further insight into the gaps highlighted in the survey, beginning with the continuing influence of stigma on how mental health is understood, discussed, and addressed within Black communities in Leeds. The following sections explore the themes observed in greater depth and include the summarised qualitative data from the survey.

Through our research, we have identified five key themes to answer this question.

The findings presented in this section are organised into five interconnected themes that collectively explain the factors influencing access to mental health support among Black communities in Leeds. While each theme is discussed separately, they should not be viewed in isolation. Instead, they interact and reinforce one another, creating multiple and often overlapping barriers that shape individuals' experiences, help-seeking behaviours, and engagement with mental health services.

1. STIGMA AROUND MENTAL HEALTH

Graph 5: Survey Question Response - To what extent do you feel mental health issues are stigmatized in African or Caribbean communities?



The responses from the focus group suggest widespread perceptions of mental health issues as scary, demonic, equated with “madness”, or shameful. Many respondents referred to a perception of mental health difficulties as something to be feared within Black communities in Leeds.

> "They are insane and no one wants to go close to people that are insane.. and it could be a spiritual attack"
>
> "Mental health is often equated with insanity and/or a spiritual curse."
>
> "The thought that having a mental illness means you're possessed"

Multiple responses seem to view the term "mental health" as referring to severe illness only, using terms such as "madness" or "insanity". This suggests that many people may not be recognising more common mental health difficulties - such as stress or depression - in themselves and therefore would not seek support.

Respondents also used terms such as "possession", "evil", and "cursed", indicating that fear - of acknowledging mental health or of judgement from others - may be preventing people from accessing services.

Both of the above points link to Theme 3. The fear and extreme negative perceptions around mental health issues display a disconnect from views on mental health in the UK and may impact people's ability to have open conversations about how they are feeling.

Other responses refer to more general stigma around mental health difficulties, suggesting they are caused by a personal lack of strength or resilience. These are also views that may prevent people seeking support, due to shame.

> "We are expected to be strong and saying you are struggling with your mental health is judged as weakness"
>
> "It is viewed as shameful and disgraceful for a family, especially in males."

This final quote highlights gender differences in stigma, and it is important to note that only one man attended the in-person focus group, which may be related to increased stigma for men. The gender of respondents was not recorded through the survey.

Many responses that discuss religious attitudes refer to Christian beliefs, but one response mentions "recitation of the Qur'an" and another discusses ancient Igbo culture, indicating that different religious cultures within Leeds Black communities may share similar feelings towards mental health. The link between mental health and religious beliefs is further explored in Theme 2 below.

2. PERCEPTION OF MENTAL HEALTH ISSUES AS A LACK OF FAITH

Whilst Theme 1 showed how mental health difficulties can be stigmatised as "demonic" or "a spiritual curse", Theme 2 also explores connection to religion, focusing on the idea that mental health issues are a failure of faith and something that should be solved through prayer alone.

> "As Christians, we believe that we have the mind of Christ and therefore ought to experience joy only."

> "It is a general believe that as Christians, your mind is supposed to be free of any worries or mental issues once your faith is in God and you know he will handle any issue of your life, so once you begin to worry, it means you are not a true Christian and this believe has shape the mind of people in my community"

> "True believers dont have mental health issues, praying alone can solve mental health issues."

> "Mental health is not in the bible... we pray that God heal our soul ...nobody can heal the soul or mind when something goes wrong. I dont know if that is a wrong ideology or right as I also believe in God for miracles... so when someone is having any worries...we believe and put our hopes in God."

The above quotes reinforce the ideas of stigma displayed in Theme 1 - the idea that negative feelings or mental experiences go against religious beliefs and are therefore something to be ashamed of - and also suggest that there is a cultural expectation to solely rely on religion as a response to mental health difficulties. These attitudes may be causing people to view mental health services as irrelevant to their needs or propagating the idea that accessing services would be going against religious beliefs by relying on something other than religion for support.

Other responses acknowledge alternative ways of responding to mental health issues but explain that these are not always trusted or preferred in their culture

> "The idea that prayer fixes everything and that there's no need to take medication or take active steps to improve mental health issues"

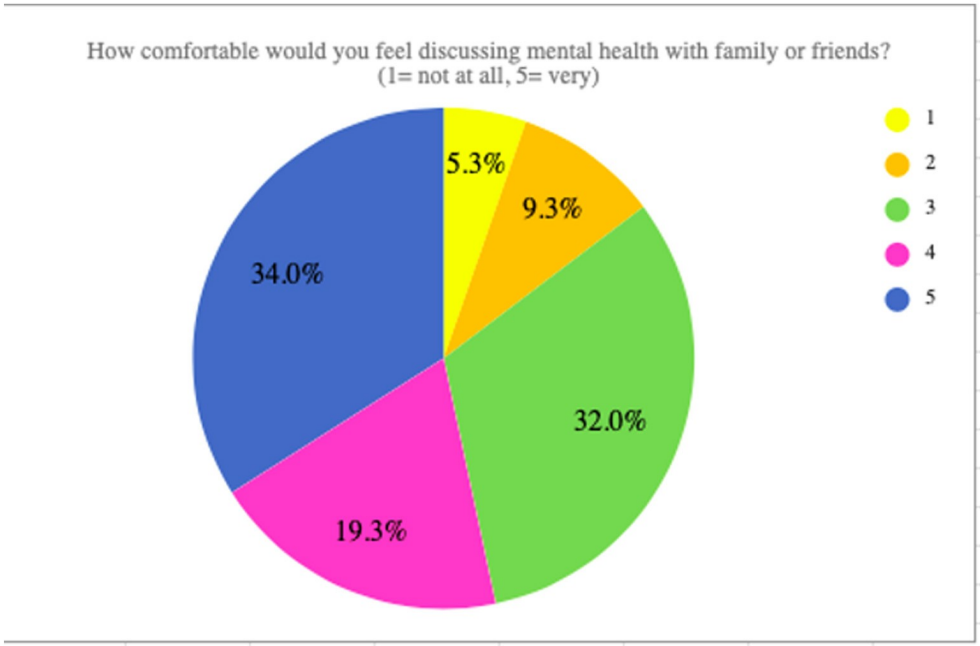
> "Some traditions frame mental health challenges as spiritual struggles, encouraging prayer, meditation, or religious rituals as part of healing. Others may emphasize compassion, service, and counseling as ways to care for those struggling."

LMWS has previously developed culturally adapted therapies which may be a solution to bring together faith and other forms of mental health support – this will be discussed further in the recommendations section.

3. LACK OF AWARENESS, EDUCATION AND OPEN CONVERSATIONS ABOUT MENTAL HEALTH.

Theme 3 links back to both of the previous themes, which suggest reasons for difficulty with accessing education or having open conversations about mental health within Black communities in Leeds. This theme will explore the specific areas in which awareness is lacking, the impact of that lack of awareness, and how it could prevent people from seeking professional support.

Graph 6: How comfortable would you feel discussing mental health with family or friends?



The following responses suggest that there may be a lack of awareness around possible causes of mental health problems, or how they might look - this links back to the points made in Theme 1 around assumptions that "mental health" means severe illness.

"Many in the Black community may not recognize the psychological impact of generational trauma, racism, or migration."

"That mental health issues are linked to financial problems only"

Other responses highlight the lack of truly safe spaces to talk openly about mental health issues - particularly important when facing the stigma discussed previously. Responses suggest that many are uncertain about what to expect when seeking professional support (perhaps due to stigma, again, preventing peer support within communities) and are concerned about negative impacts for themselves or their family.

"You need reassurance that you won't be locked up or put on medication for life"

"Worried about people laughing at me, or stereotyping me."

"I've never used any services because of stigma in my community. In the past, people have pushed me away when I tried to speak out, told me that abuse was my fault or that I made it up. Now I am scared to mention it again."

"What does it mean about me as a mum if I share about my mental health? Worried about my children being taken away"

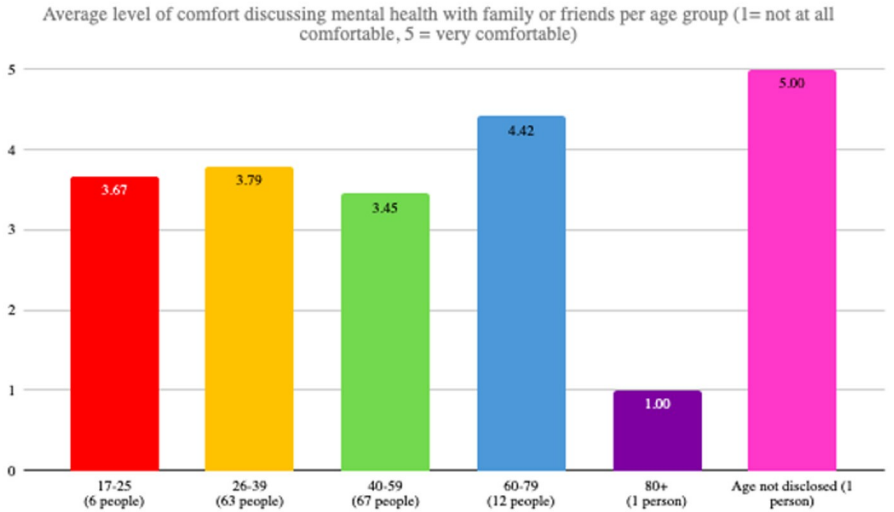
For those that would be willing to seek professional support, responses suggest that people don't have clear information about how or where they can access help.

"Don't assume we know what is available and who does what"

"Unsure about what support I can access"

It is also worth noting that there may be generational differences in awareness:

"Some older people does not think mental health exists."

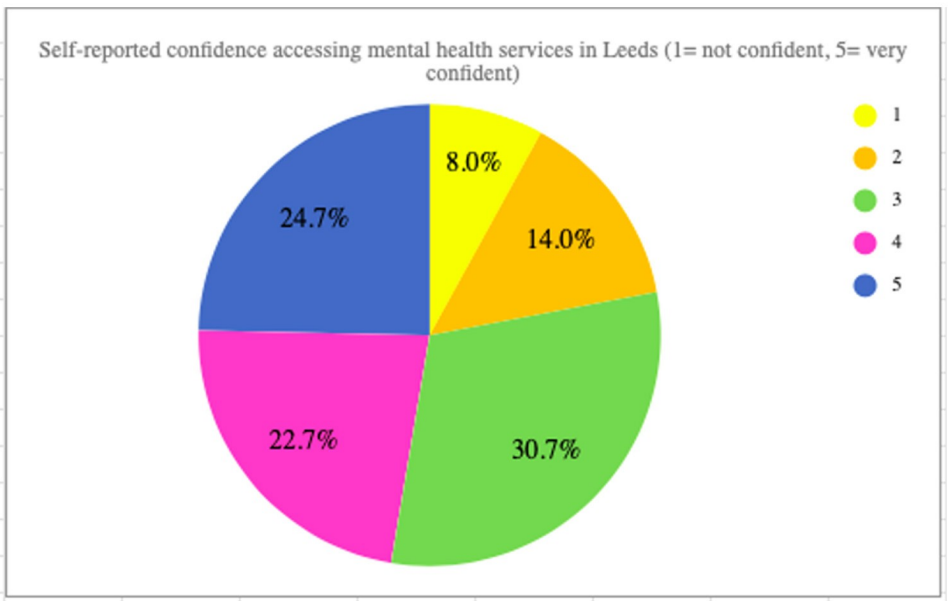


Graph 7: Average level of comfort discussing mental health with family or friends per age group

4. LACK OF TRUST IN SERVICES CAN BE DISCRIMINATORY AND NOT CULTURALLY COMPETENT.

Many participants expressed low levels of trust in mental health services, describing experiences of discrimination, cultural misunderstanding, and a lack of confidence that services would meet their needs.
Responses suggest that these concerns often stem from previous bad experiences with services - one quote describes the "well-earned mistrust towards Western medical care" - and from facing racism in day-to-day life in the UK.

Graph 8: Self-reported confidence accessing mental health services in Leeds



"Some organisations look at your culture/Hijab and treat you differently. Even shops following you."

"Why should I share with people who have dismissed me because of my race or language?"

"I don't speak up because I don't want to get in trouble - nurses and receptionists can be aggressive and shout at me, but if I raised my voice back, they would call the police. As a Black woman, I know when it's safest to keep quiet. As an outspoken person, you can get in trouble all the time. I face the stereotype of "angry black woman". We police ourselves."

Barriers around language and accent were also highlighted - many people seemed to have experienced difficulties communicating with professionals and felt dismissed and not fully understood.

"Feeling unheard - people not listening or saying they don't understand my accent. I have experienced this from different services."

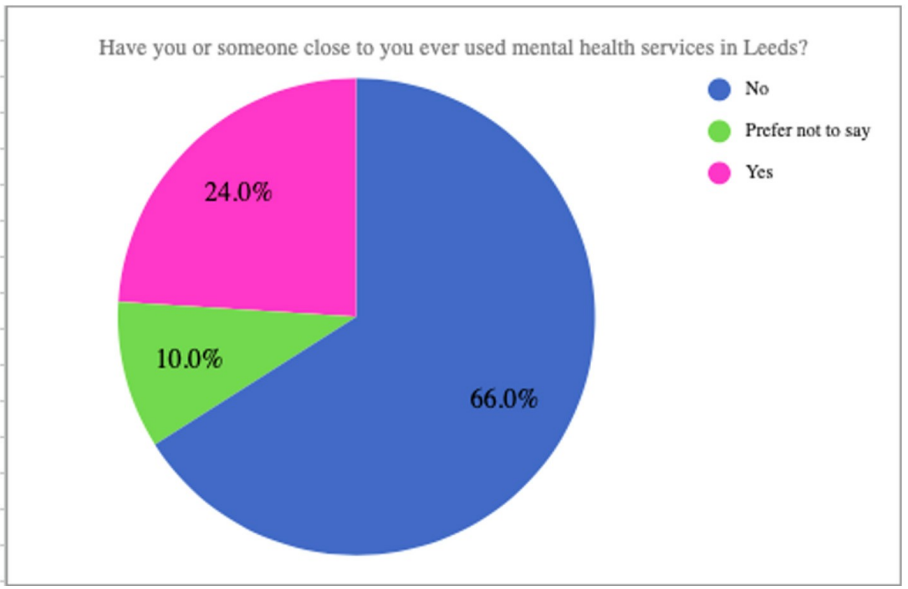
"Not checking with us what exactly we mean"

Even ignoring the additional barriers discussed in previous themes, seeking mental health support is a difficult and vulnerable thing to do. These responses show that some Black people in Leeds are facing prejudice, dismissal and poor communication from providers themselves. Even where providers have put in work to become more culturally competent, some Black people in Leeds feel justifiably cautious about accessing them due to their own past experiences, or those of others that they have heard about.

5. GENERAL INACCESSIBILITY OF SERVICES

Beyond issues of trust, participants described practical barriers that made accessing mental health support in Leeds difficult, even when they wanted to seek help.

Graph 9: Have you or someone close to you ever accessed mental health services in Leeds?



These difficulties are exacerbated for Black communities who are already experiencing the additional barriers discussed above, and who may be less familiar with the culture and system of mental healthcare in the UK.

Respondents described issues with long waiting times, inflexibility and a lack of preventative services, suggesting that people are often only able to find support when they have reached a crisis point.

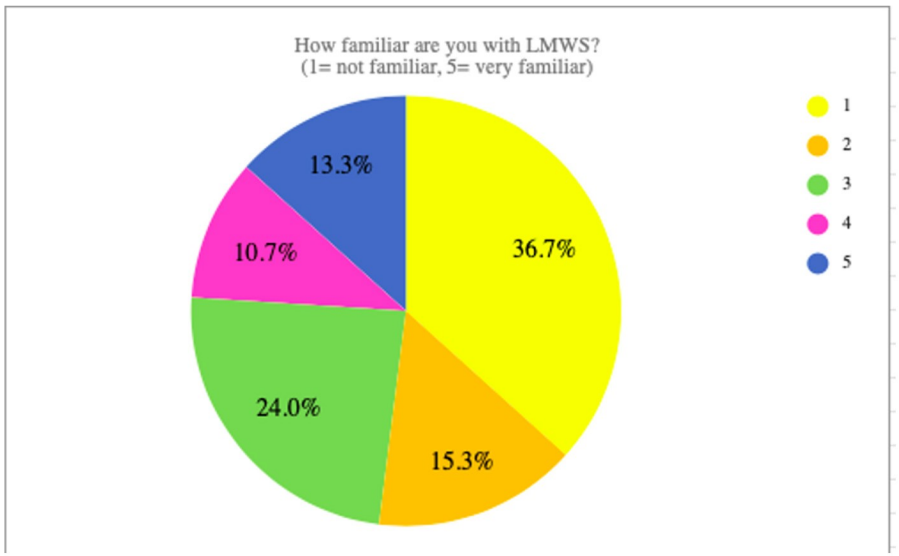
"It takes a long process to get support"

"Support is only available when desperate"

"In the past, services have just stopped contacting me after a while. I would want reassurance that this wouldn't happen and to be given a clear idea of what to expect, when I will be contacted, etc."

The final quote suggests that people are giving up on trying to access support because of poor communication and unreliable services.

Graph 10: How familiar are you with Leeds Mental Wellbeing Service?



Several participants also highlighted a lack of awareness of available mental health services and uncertainty about where to go for support.

LIMITATIONS:

The survey did not capture gender data and as a result it was difficult to fully ascertain the distribution of thoughts from a gender perspective. Further, only one man attended the focus group session. Therefore, the focus group discussion responses were provided mainly by women.

As a result, the views of men were not adequately covered by the research. This may highlight another barrier of a hard to reach population. It may be difficult to generalise the results to men in the community though inferences can be made about families and similarities from a cultural and faith perspective.

Further, the survey only captured the views of those 17 years and older. As a result, the views of those in the community who are younger than 17 were not expressed and it may not be possible to generalise the findings of the research to those younger than 17.

Finally, most respondents and participants were Black African - other Black identities are underrepresented in comparison in the data





SUMMARY: ACCESS TO SERVICES AND THE ROLE OF LEEDS MENTAL WELLBEING SERVICE

The findings from this research suggest that improving access to mental health support requires more than simply making services available. Many participants described barriers including limited awareness of available services, uncertainty about how to access support, long waiting times, and concerns that services may not fully understand or respond to their cultural experiences.

The survey also found that many participants were unfamiliar with Leeds Mental Wellbeing Service (LMWS), highlighting an opportunity to increase community awareness and engagement. While LMWS offers a range of free mental health and wellbeing support, many people reported that they had never heard of the service or did not know what support it provides.

These findings suggest that greater community outreach, culturally responsive communication, stronger partnerships with trusted community organisations, and increased visibility within Black communities could help improve awareness, build confidence, and encourage earlier access to support. Working collaboratively with community leaders and organisations such as Afrikindness presents an opportunity to bridge the gap between services and the communities they are designed to support, ensuring that more people receive timely and appropriate mental health care

HOW CAN WE ENGAGE THE COMMUNITY?

Using the above themes as a guide, LMWS and Afrikindness identified education and anti-stigma work for Black communities and improved cultural competency and representation within LMWS staff teams as our top priorities.

Aims for 2026-27:

- Mental Health Awareness Week online panel discussion aimed at Black communities in May 2026, with a representative from LMWS on the panel. Education, open discussion and myth busting around mental health.
- Research dissemination to Mental health services, communities and professionals across Leeds and beyond. Session will share the outcomes from this research to a broader audience – September 2026.
- "What is mental health" training pack for Black communities - including education and anti-stigma. LMWS Health Equity Coordinators and Afrikindness to co-create the pack by September 2026 and co-deliver several sessions by June 2027.
  - Aim to create resources that can be used longer-term.
- Staff training on Cultural Competency to be delivered by Afrikindness. To be created by August 2026 and delivered by April 2027 - with the potential to roll out to other services following feedback.
- LMWS to run Careers Insight Days for Afrikindness contacts. These sessions will provide information on routes in careers at LMWS, with the long-term aim of increasing Black representation in LMWS workforce. Health Equity Coordinators to deliver these by December 2026.
- Afrikindness to continue to review any new LMWS resources for cultural relevance and accessibility.

Longer term, LMWS and Afrikindness will explore developing a Culturally Adapted Therapy aimed at Black communities in Leeds, to build on the work done within LMWS on the Improving Low Mood Using Islam course.



CONCLUSION

In summary, 185 people provided their insight on Black experiences of mental health through either the survey or workshop. Most respondents were Black African - other Black identities are underrepresented in comparison in the data.

Analysis of the data shows that the key issues preventing Black communities from accessing mental health support in Leeds are:

- Stigma around mental health
- Perception of mental health issues as a lack of faith
- Lack of awareness, education and open conversations around mental health
- Lack of trust in services, which can be discriminatory and not culturally competent
- General inaccessibility of services

To address these issues, throughout 2026-27, LMWS and Afrikindness intend to deliver a programme of education and anti-stigma work to Black communities in Leeds and make improvements to cultural competence and representation within LMWS through staff training and recruitment initiatives.



ACKNOWLEDGMENTS

This project would not have been possible without the commitment, expertise, and generosity of the many individuals and organisations who contributed their time and knowledge.

We extend our sincere appreciation to the staff of **Leeds Mental Wellbeing Service** (LMWS) for their collaboration, guidance, and support throughout this research project. We are grateful for their shared commitment to improving mental health outcomes for Black communities in Leeds.

- **Beth Stepan** - Health, Equity & Coproduction Lead (Project Lead)
- **Emilie Akselsen** – Equality, Diversity and Inclusion Manager
- **Beth Newton-Green** – Inclusion Team Administrator & Health Equity Data Officer
- **Sofia Scott** – Inclusion Coordinator
- **Clare Powell** – Inclusion Coordinator

We also wish to acknowledge the dedicated volunteers of Afrikindness. As a volunteer-led charity, **Afrikindness** works with professionals and specialists from a wide range of disciplines who generously contribute their time, skills, expertise, and lived experience to support our mission. Their passion, commitment, and willingness to serve have been instrumental in delivering this research and ensuring that the voices of our communities are heard.

- **Dr Terrence Isaacs** – Mental Health Lead Afrikindness (Project Lead)
- **Bunmi Owolabi** – CEO Afrikindness
- Parent & Research team volunteers



ACKNOWLEDGMENTS

Finally, we extend our heartfelt thanks to the parents, carers, and community members who generously shared their time, experiences, and perspectives through focus groups and one-to-one interviews. Your openness in discussing mental health, lived experiences, barriers to support, and trauma-informed care within racialised communities has been invaluable. Your voices have shaped this work and will contribute to improving culturally responsive mental health support, informing future practice, and strengthening services for diverse communities. We are deeply grateful for your trust, honesty, and commitment to creating positive change.

Further Enquiries, Partnerships and Sponsorship

For further information about this report, opportunities for partnership, or to support future mental health and community research projects, please contact:

Afrikindness
Email: ceo@afrikindness.org
Website: www.afrikindness.org

Together, we can continue to improve access to culturally responsive mental health support and create lasting positive change for our communities.



APPENDICES

APPENDIX 1 – SURVEY QUESTIONS

AFRIKINDNESS BLACK MENTAL HEALTH SURVEY

Welcome to the AFRIKINDNESS Mental Health Survey

Thank you for taking part in this important survey. We're here to better understand the thoughts, beliefs, and experiences of Black people in Leeds when it comes to mental health. Your voice matters—and will help shape more inclusive, culturally aware support in our community.

We know that mental health is personal and shaped by identity, culture, and lived experience.
By sharing your perspective, you're helping ensure that Black voices are heard and reflected in mental health conversations and services.

Your answers are completely confidential and used only for research and advocacy.

The survey has two short parts and will take just 2 -7 minutes to complete.

PART A - Demographic Data:

What is your Age:

17-25 26 -39 40 – 59 60 -79 80 and over Prefer not to say

What is your Ethnicity:

Black British Black African Black Caribbean Other (please specify): Prefer not to say

What is your Religion or Belief:

Christianity Islam Hinduism Sikhism Judaism Buddhism Spiritual but not religious
No religion / Atheist Paganism Rastafarianism
Other (please specify): _____ Prefer not to say



Appendix 1 – Survey questions

AFRIKINDNESS BLACK MENTAL HEALTH SURVEY

APPENDICES

PART B:

Section 1: Thoughts & Understanding

What does the term "mental health" mean to you? (Short answer)

How would you rate your understanding of mental health and mental illness?

(1 = Very poor understanding, 5 = Excellent understanding) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

How important is mental health to you? (1 = not important, 5 = very important)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

In your opinion, how common are mental health issues within your community?

(1 = Very rare, 5 = Very common) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Section 2: Attitudes & Cultural Beliefs

How comfortable would you feel discussing your mental health with family or friends?

(1 = Not at all comfortable, 5 = Very comfortable) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

To what extent do you feel mental health issues are stigmatized in African or Caribbean communities?

(1 = Not stigmatized at all, 5 = Extremely stigmatized) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

What cultural or religious beliefs (if any) influence how mental health is viewed in your community? *(Short answer)*



Section 3: Support & Services

How confident are you in accessing mental health support services in Leeds (e.g. NHS, community groups, therapists)?

(1 = Not confident at all, 5 = Very confident) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Have you or someone close to you ever used mental health services in Leeds?

(Yes / No / Prefer not to say) Yes ☐ No ☐ Prefer not to say ☐

If yes to above, what was the experience like? *(Short answer)*

_____

_____

_____

What changes would you like to see in how mental health is addressed within your community? *(Short answer)*

_____

_____

_____

How familiar are you with the Leeds Mental Wellbeing Service?

(1 = Not familiar, 5 = Very familiar) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐



APPENDICES

APPENDIX 2 – FOCUS GROUP PROMPTS

AFRIKINDNESS & LMWS FOCUS GROUP 13/11/25

Quick introduction about the purpose of the session + housekeeping and safeguarding (e.g. don't have to answer any questions, who to talk to if distressed, how the data will be used)

Starter question: What do you think when you hear the term "mental health"? 5-10 minutes.

5-10 minute summary of LMWS and what we offer - see "information for facilitators"

Potential questions - don't have to be in this order, to be led by your group's experiences and interests.

1. Is mental health something you discuss with friends and family? How much do you talk about your emotions and what is going on for you?
    - How do people in your community usually talk about mental health or emotional struggles - is it open or private? Any cultural or generational differences?
2. What are some common stressors or challenges that affect mental wellbeing in your community? e.g. racism, finances, work, housing, family, identity, isolation
3. Do you have any thoughts about what might cause/perpetuate stigma (give definition if needed) around mental health in your community?
    - What might help with this? Either from mental health services or external health services. E.g. workshops in the community to normalise discussions around MH, adapted therapies, if my religious leader said it was ok
4. Have you or someone you know tried to get mental health support in Leeds? What was that experience like? What do you think stops people from seeking help or continuing with support? E.g. stigma, lack of trust, racism, waiting lists, cost, services not understanding culture or faith.



APPENDICES

Appendix 2 – Focus group prompts

AFRIKINDNESS & LMWS FOCUS GROUP 13/11/25

5. If you could sum up the main issue in one sentence, what would it be?
6. When people in your community struggle, where do they usually turn for help? What do these sources of support do well?
7. How could community spaces or leaders be better involved in mental health support?

Review of LMWS flyers/resources:

9. Are the resources easy to understand and navigate?
10. Would you feel confident and comfortable making a referral to LMWS, based on the information provided?
11. Do these resources make you feel like this service is for you?
12. Are any of the languages our flyers are available in accessible to you and people you know?

Summary at the end for the whole group - thanks for joining, how this information will be used, we'll be around for the next half hour if anyone needs to chat



BREAKING BARRIERS
UNDERSTANDING ACCESS TO MENTAL HEALTH SUPPORT IN BLACK COMMUNITIES IN LEEDS

Leeds Mental Wellbeing Service

Find out more about Leeds Mental Wellbeing Service here: -

https://leedsmentalwellbeingservice.co.uk/

AfriKindness

Find out more about Afrikindness:

https://afrikindness.org/our-services/community-empowerment/

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