A suitable space

Improving counselling services for Asian people

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Summary of findings

Challenging myths and stereotypes about low take-up of counselling

Myths and stereotypes	Our findings
Asian people are not interested in counselling	While non-clients have a low level of awareness of counselling, they are conscious of the limitations in the support available from family and friends. Once informed of the purpose of the service, the majority felt that it would be useful. Those who had experienced counselling and benefited from it expressed the need for the service to be publicised more widely in their communities.
Asian people do not use counselling services because language differences act as a barrier	Clients and non-clients vary in the extent to which they feel confident and comfortable speaking in English. For some Asian people, English would be their first choice. Others feel comfortable speaking in either English or an Asian language, while others would prefer speaking in an Asian language.
Asian people are not able to use a Western psychological model to work through their psychological distress	Clients show evidence of having used counselling sessions to confront difficult issues, work through their psychological difficulties and arrive at some means of dealing with their problems. Thus, the benefits which they are likely to gain are similar to that obtained by the majority population.
Counselling is only beneficial to white, middle-class people as it is derived from a Western tradition	The majority of clients benefited enormously from the experience of counselling. Some of the reported benefits were increased confidence and self-esteem, a greater sense of control over feelings and the ability to consider problems from a fresh perspective.
There is a high level of stigma associated with counselling in the Asian community	While a few clients express some fears about using counselling due to possible stigmatisation, these concerns do not appear to be so great as to prevent them from using the service. Clients and non-clients unanimously stress the importance of confidentiality in discussing personal details, and highly value this element of the service.
Asian people expect and need advice rather than counselling	Initially, most counselling clients (from the majority or minority ethnic population) are unclear about the purpose and nature of counselling, and may enter it with the expectation that they will be given advice. However, when familiar with the nature of the service, the qualities they value most are being 'heard' and treated with respect.
Asian people prefer to be directed either to black-led agencies or to Asian counsellors	Clients' preferences for counsellors are influenced by a number of factors. These include concerns about confidentiality, the ease with which they communicate in English and the extent to which they uphold cultural norms. Some clients strongly prefer a counsellor of the same ethnicity while others have a strong aversion to working with someone from the same ethnic background. Clients prefer to be consulted regarding the choice of counsellor, particularly when they are familiar with the service. Similarly, clients are also mixed in their preference for using either a mainstream or a black-led agency.

Counselling needs and preferences of Asian clients and non-clients compared with agency responses

	Client needs	Response of agencies
Need for information	Most non-clients expressed a desire to find out more about the nature and availability of counselling services. They preferred to be informed through personal contacts or outreach work. In contrast, clients were keen to have more information about the range of services available locally.	In contrast to black-led agencies which generally carried out considerable outreach work, there was little evidence that the majority of mainstream agencies invested effort in strategically targeting black communities when publicising their services.
Right to be consulted and exercise choice	Clients expressed a desire to be consulted concerning the nature of their therapy and their prospective counsellor's ethnicity and gender. They unanimously preferred to see a counsellor who was mature and experienced. Generally, female clients expressed a strong preference for working with female counsellors.	Agencies generally undertake an initial meeting to identify the client's needs and explain the nature of the service and the structure of the sessions. Counsellors are usually allocated on the basis of availability and/or their level of experience. If a preference is explicitly expressed, agencies generally attempt to meet it wherever possible. The shortage of black and male counsellors make it difficult to offer choice where these are specific requirements. In addition, clients may be faced with a trade-off between exercising choice and the length of time they would have to wait for counselling to begin.
Preference for using a particular language	Participants had a strong wish to be counselled in the language with which they were most comfortable. However, with some Asian language speakers, this preference was mitigated by a concern that the counsellor might be a member of their community.	Black-led agencies are usually able to offer counselling in a number of Asian languages as well as in English. A minority of agencies 'buy in' counsellors to meet specific language requirements. In contrast, most mainstream agencies generally assume that their clients are able and willing to communicate in English. Generally, the shortage of trained black counsellors limits agencies' ability to provide a choice of language.
Choice of venue	While clients were generally satisfied with receiving counselling at the venue provided, non-clients felt that they would like the option of being seen at home.	Agencies generally hold counselling sessions within their premises. In exceptional cases, some agencies will arrange for counsellors to meet clients in a more convenient alternative setting, including the home.
Right to cultural sensitivity	Both clients and non-clients expect counsellors to be interested in and respect their cultural values, religious beliefs and traditions, regardless of the counsellor's own cultural and religious background.	All agencies and counsellors emphasised their willingness and readiness to respect the cultural and religious beliefs of their clients, irrespective of whether or not they shared them. However, black-led agencies highlighted their ability to offer a service which is underpinned by an intimate knowledge of their clients' cultures.

Introduction

The most striking change in mental health policy in the United Kingdom in the last century has been the shift from institutional care to community-based services. These services include psychiatric services, counselling and psychotherapy, befriending schemes and drop-in facilities. Such services have a strong emphasis on supporting mental well-being and preventing its deterioration to the point where admission to hospital might become necessary. They also support the transition of those experiencing institutionalised care to life in the community. Among these services, counselling is one of the most widely available. It plays an important role in relieving psychological distress by allowing individuals the opportunity to articulate painful feelings and experiences, develop understanding and insight and make considered choices.

The mental health problems of black people have received considerable attention. However, as noted by Watters (1996), relatively little consideration has been given to black people's perceptions, needs and experiences of mental health services and the appropriateness of specific services, including counselling.

Several recent policy documents provide the opportunity to consider a new approach and framework for recognising the need for culturally sensitive mental health services for black people.

The Green Paper *Our healthier nation* (DoH, 1998) recognises inequalities in health among certain groups of people due to poverty, unemployment, bad housing and educational and environmental problems. This has particular implications for black people who have been shown to be disadvantaged in many of these areas. With specific reference to Scotland, the White Paper *Towards a healthier Scotland* (Scottish Executive, 1999) identifies mental health (along with cancer and coronary heart disease) as one of three leading priorities for the National Health Service (NHS). *The framework for mental health services in Scotland* (DoH, 1997) provides guidance for those charged with ensuring the development of comprehensive mental health services. Particular emphasis is given to improving working relationships between agencies, and to promoting greater understanding and coordinated responses to the mental health needs of vulnerable individuals and groups.

Recognition of the need for greater sensitivity to the circumstances of black people in planning community-based services is not new. Indeed, the government White Paper *Caring for people* (DoH, 1989) explicitly recognised that:

> ... people from different cultural backgrounds may have particular needs and problems.... Good community care will take account of the circumstances of minority communities and will be planned in consultation with them.

This study involves Asian people who have experienced psychological distress in considering their counselling needs. We examine the perceptions of those who have not been for counselling and consider the factors which might encourage them to use the service. We also examine the views of those who have been for counselling and consider the impact of the experience on their lives. On the basis of the needs and preferences that we have identified, we evaluate the accessibility and appropriateness of counselling provision in the voluntary sector for black people, in particular Asian people.

In this chapter, we will highlight the limitations of existing services in meeting the mental health needs of Asian people. We will discuss the failure of general practitioners (GPs) to recognise psychological difficulties within this group and hence refer them to appropriate services. We will also draw attention to the influence of socio-cultural factors in contributing to psychological distress. We will then consider Asian people's dissatisfaction with mental health services and their willingness to consider non-medical services. Finally, we will outline the aims of our research and explain its significance in the context of a growing user-led movement in mental health services.

A note on definitions

The term 'Asian' is used to collectively describe those people who were born in Bangladesh, India and Pakistan and their descendants. We are aware that while this is a common means of grouping these people in the UK, not all the people to whom we apply this term identify themselves in this way or share a common culture. In the report, this recognition is reflected in the use of participants' own descriptions of their ethnicity, for example, Pakistani-Scottish or British-Indian.

The definition of counselling we have used in this study is closely aligned to that offered by the British Association for Counselling (BAC), a major professional body representing counselling in the UK:

> The purpose of counselling is to provide you with the opportunity to discuss your problems with a suitably qualified person. This person does not judge you, give you advice or talk about your situation to anyone else. He or she tries to understand your situation from your point of view and helps you to see yourself and your problems in a new light. This can help you to cope with problems better and bring about necessary changes in your life.

As is conventional in the counselling world, we refer to people who use counselling services as clients. People who have not used counselling services are referred to as non-clients.

Relationships between mental health and ethnicity

Views on what constitutes normal and abnormal behaviour vary across cultures. Explanations of mental illness which attempt to account for why people fall ill and how they can most appropriately be treated are culture-bound. Kleinman (1977, p 4, cited in Fenton and Sadiq-Sangster,1996) has noted that:

> ... culture does considerably more than shape illness as an experience; it shapes the very way that we conceive of illness.

However, as Fenton and Sadiq-Sangster point out, very little attention has been paid to black people's own descriptions of illness, symptoms and causes of ill-health. Instead, research on the relationship between ethnicity and mental health in the UK has concentrated mainly on highlighting the differences in:

- the incidence of certain mental illnesses between minority ethnic groups;
- the routes by which people reach mental health services;
- cultural factors in the treatment of minority ethnic groups.

Psychological distress in Asian people

A high prevalence of depression has been consistently noted among Asian people (Bhatnagar and Frank, 1997; Jacob et al, 1998; Odell et al, 1997; Silveira and Shah, 1998). Some of the particularly striking manifestations of psychological distress which have been identified are the higher rates of attempted suicide, deliberate self-harm and suicide among young Asian women (Ananthanarayanan, 1994; Prosser, 1996; Sheth et al, 1994). Among Indian men, a high rate of psychiatric admission has been noted in relation to alcohol dependence (Ananthanarayanan, 1994; McKeigue and Karmi, 1993).

Examining the factors which have contributed to psychological problems among Asian people, the recent explanations are socio-cultural rather than biological. Hatfield et al (1996) found that commonly cited stressors were lack of official support; crime and personal safety;

unemployment; financial problems and anxieties about children. Research conducted in Newcastle found that racism, fear of crime and racially-motivated crime were also high on the list of causes of mental health problems experienced by Asian respondents (Save the Children, 1997). In contrast, research carried out among Asian women in Glasgow (Tyrrell, 1998) showed that while respondents identified racism as one of the contributory factors, family problems, loneliness and bereavement were cited as the main sources of their depression, fear and stress.

Significantly, it has been found that the explanations of Asian people of the factors contributing to their mental health problems can differ significantly from those of practitioners. For example, in Tyrrell's study, respondents attached greater significance to external problems, such as employment, finance and racism, as sources of their mental distress. In contrast, practitioners perceived internal factors, mainly family problems, as the main cause of mental suffering experienced by Asian people.

Lack of recognition of psychological problems by general practitioners

Research has shown that in many cases, GPs do not detect psychological problems in their Asian patients (Jacob et al, 1998; Lloyd, 1993; Odell et al, 1997). Since GPs are important 'gate-keepers' to specialist mental health services in the UK, their failure to diagnose mental health difficulties among Asian patients hinders their access to appropriate services.

Approaching the issue from a different perspective, Jacob et al (1998) have suggested that Asian people are less likely to perceive depression as an illness which requires medical treatment and, consequently, are less likely to disclose their psychological problems to their GP. This is supported by other studies which note that Asian women are particularly reluctant to seek help from GPs for depression or anxiety (Littlewood and Lipsedge, 1997; Save the Children, 1997).

Clearly, misdiagnosis and misinterpretation of behaviour are more likely to arise where cultural and language differences exist between patients and health professionals. However, it is important to recognise that language differences may be given undue prominence in explaining the inability of GPs to detect psychological distress. Bowes and Domokos (1997) point out that this is only one barrier among many factors, such as the dearth of information, absence of cultural sensitivity and lack of local services in the area. They highlight that, in attempting to explain differential rates of service use between ethnic groups, attention should not be diverted from other important factors such as gender, race and class prejudice.

Lack of appropriate forms of treatment

Where Asian people have succeeded in accessing mental health services, research has found a high level of dissatisfaction with these services. For example, Radia (1996) found that Asian users in certain London boroughs felt ignored by professionals and unhappy about being given medication rather than being listened to. Similarly, Hatfield et al's (1996) study on appropriate forms of treatment for mental illness for Asian people noted many critical comments about the value of electro-convulsive therapy and medication. In particular, it highlighted the need for 'someone to listen' and found 'almost universal support' for the provision of counselling and support to individuals experiencing mental health problems, and advice for their families.

The need for more preventive services such as counselling and for alternatives to medication is supported by Donaghy's (1997) research on depression in South Asian women. This study found that one of the key factors which increased the risk of depression was the absence of 'a strong confiding relationship'.

The aims of this research

The main aims of our study were to:

- identify Asian people's perceptions and views of counselling;
- examine their experience of accessing and using counselling services;
- explore their preferences for the service;
- review the accessibility of service provision of voluntary agencies which provide counselling;
- examine the cultural sensitivity of counselling provision in voluntary sector agencies.

Why the research is important

The research that we have cited reveals a number of compelling factors for considering better mental health services for Asian people, including:

- a high prevalence of depression;
- the influence of socio-cultural factors – including racism – in contributing to psychological distress;
- the lack of GPs' success in identifying psychological problems in this group and consequently their failure to refer individuals to appropriate services;
- Asian people's dissatisfaction with existing mental health services
- an openness on the part of Asian people to using non-medical forms of intervention, such as counselling;
- a low uptake of counselling services among Asian people.

It has been suggested that strong social and family networks among Asian people may delay the onset of mental illnesses such as schizophrenia (Burnett et al, 1999). While the existence of informal supportive relationships undoubtedly contributes to mental well-being, there is an extensive body of literature which reveals both the non-existence of the extended family and its limited ability to provide adequate support to its members (Netto, 1998; Walker, 1996). From a different perspective, the devastating impact on family members supporting a mentally ill person has also been recorded (Cuijpers, 1999).

It is not our view that counselling is the only means of supporting those experiencing mental health difficulties. However, the low take-up of such services by Asian people and other minority ethnic groups (Birmingham City Council, 1995) merits attention given the role of early intervention strategies in preventing the deterioration of mental ill health, and the rapid expansion of counselling service provision (Busfield,1999).

As has been frequently pointed out, the counselling services provided in the UK are derived from predominantly Western traditions. Thus, the relevance of generic counselling services to non-Western people cannot be assumed. There is growing awareness of issues of race, ethnicity and culture in the counselling profession, evidenced by the development of counselling practices such as 'transcultural counselling', 'multi-cultural counselling' and 'inter-cultural counselling' which explicitly seek to consider these issues (D'Ardenne and Mahatani, 1989; Moodley, 1999, 2000a, 2000b). Our research, however, is not concerned with examining the appropriateness of these theoretical models of counselling. Instead, we focus on the perceptions and experiences of clients and non-clients of counselling services, locating our study in the context of a growing user-led movement, motivated by recognition of:

- the right of users to better information, a choice of treatment and respect as individuals;
- the central importance of the views and perspectives of users of mental health services;
- the potential for and actual abuse of users of mental health services (Copperman and McNamara, 1999; Williams and Keating, 1999).

The research is also motivated by the recognition that, as user movements grow in strength, service providers are increasingly expected to take their views into account in the planning and delivery of services. With particular reference to counselling, the subjective, interpersonal nature of the service demands that clients' views on the impact of the service on themselves and their circumstances be placed centre-stage (Macran et al, 1999).

The people and agencies in this study

The first part of the research is based on the views of 38 Asian people, 19 of whom had disclosed that they were experiencing anxiety, stress or depression and 19 of whom had used counselling services for a similar range of problems. Ranging in age from 21 to 75, the sample consisted of 15 men and 23 women. Most of the participants had migrated to the UK, with the number of years of residency in this country varying from three to 39 years. The overwhelming majority of participants were married with children. Most were able to speak an Asian community language as well as English, with differing levels of confidence and facility in both languages. Half of the participants were either in paid employment or were caring for the home and children. A quarter were unemployed, and the remainder were either students, retired or unable to work. Details of how the participants were identified and interviewed, and the ethical considerations which were observed, are given in

Appendix A. Their personal details are provided in Appendix B. All names have been changed in the report.

The second part of the study consists of a review of counselling service provision by 13 voluntary sector agencies. The rationale for selecting the agencies is given in Appendix A and the agencies are listed in Appendix C.

Structure of the report

This introductory chapter is followed by four chapters of findings. Chapter 2 examines the extent of support which Asian clients and non-clients obtain from their families and friends and their perceptions of how this support differs from that offered by counselling. Chapter 3 considers the experiences of people who have accessed counselling, their views of the process and the impact of counselling on them. In Chapter 4 we discuss the preferences of both clients and non-clients of counselling with respect to important elements of the service. This is followed in Chapter 5 by a review of service provision by voluntary sector agencies. Finally, in Chapter 6, we draw together the findings from the previous chapters and highlight implications for policy and practice.

2

Supportive relationships

The extent of informal support which individuals experience from family members and friends is likely to influence their views on the usefulness of counselling as a means of enabling them to cope with difficult personal circumstances. Drawing on the accounts of the clients and non-clients in the study, this chapter considers the extent of support which they experience from their families and friends. It also explores participants' views of the differences between this form of informal support and that which is likely to be obtained through counselling.

Support from family and friends

Most participants had family in the UK and were either living with them, or close to them. In most cases, they could talk to and share personal problems with family members who would also confide in them. Contact was maintained on an almost daily basis and, generally, participants felt very comfortable in these relationships.

Some participants also reported that they had friends whom they could confide in and who would also confide in them. They generally met on a weekly or fortnightly basis. Participants differed in the extent to which they preferred confiding in either family or friends. They also made distinctions about what they would talk about to family members and friends. Below, Bushra (age 32) explains why she would rather confide in her friends:

> "My parents are there for me, but I find that I can't talk to them about really intimate things, I don't feel comfortable about telling them what's going on inside my head. I'd rather speak to my friends about it." (Scottish-Asian)

Other participants reported that they were selective about which friends they talked to, and that their choice of confidant varied according to the nature of the topic they wanted to discuss.

Issues of concern

It was clear that many participants often held back from entirely confiding in their family and friends. Issues of confidentiality and trust were often of considerable concern ("They would one thing to your face and another thing behind your back"). Others felt reluctant to disclose their concern over family members to friends for fear of losing respect within the community.

Many participants also felt restricted in what they could discuss with their immediate family, and this was sometimes related to a perception that they would not be understood. Other participants frequently reported how they could not discuss problems they were experiencing in relation to one member of the family with other members, because of the divided loyalties of the latter. This was particularly the case where there were intricate familial links, for example, in consanguineous marriages. Others felt that they simply could not discuss intimate issues with close family members.

Some participants felt that their family or friends were likely to attempt to influence their views or manipulate the situation. This was Shahida's experience when she found that her relationship with her husband was deteriorating:

> "I wanted separation and they [her husband's family] were saying, 'Oh, try again, make the marriage work. You are two of the most wonderful people'." (Indian)

Eventually, Shahida's inability to find sufficient support within her own network led her to seek professional help from a counselling service.

Coping with change and managing feelings of distress

Non-clients spoke about a general sense of feeling lonely and alone with their problems. This was particularly true for recent migrants who found that people in the UK have a very different lifestyle:

> "Everyone is busy, someone in their shop, someone elsewhere." (Sakhi, East African)

> "Everything's strange in this country, the whole environment and living standards." (Aysha, Pakistani)

Other recurrent themes in the interviews were a sense of having to learn new 'rules' and a new 'way of living', and a sense of loss of the supportive network that they had been accustomed to in their country of origin. Some people were struggling to adapt to life in the UK as well as coping with other significant changes, as was the case for Aysha who had migrated to the UK soon after her marriage:

> "I got married and came to this country … and then my son was born, it's a very big change, I became a mother, and I've lost friends and family". (Pakistani)

A number of participants were coping with either physical ill-health or depression. Others were coping with the illness or death of close relatives. Yet others were concerned about their adult children who were not conforming to traditional expectations. Suki, born in the UK 50 years ago, was extremely distressed when her son broke off his wedding engagement and left the family home:

> "We had to let him do what he wanted to do, which [was] he wanted to move out, so that was a major thing and it really upset me, and really hurt me, and I still don't think I've got over it. I don't think I'll get over it until he comes back home." (Scottish-Sikh)

A few participants were struggling with severe financial difficulties and a lack of knowledge of how to access available forms of practical support. In the words of Banoo, a 37-year-old mother of four:

> "My life is getting harder each day.... I have a lot of problems, problems with paying gas bill and electricity bill and I am not able to buy things for my children when they want it ... I can't do anything ... I feel very sad and suicidal, want to just terminate my own life, but because of the children I cannot do anything." (Bangladeshi)

Speaking of how they coped with these problems, many participants expressed a sense of resignation about their circumstances. A common strategy among participants was to compare their own situation with somebody else's so that their own problems would not seem so difficult.

It was common for many participants to accept unhappy events as their fate ("These are the facts of life, to move on and carry on"). Acceptance of fate was sometimes explicitly linked to religious beliefs. Many participants reported that they practised their faith on a regular basis, by saying prayers and observing religious rituals. Champa's faith strongly influenced the view that she took of her illness as well as how she dealt with it, after an encounter with what she saw as 'black magic':

> "For the last five years I've been like this, in this condition of illness. But I haven't shown my real illness to anyone because of all this magic things … you are aware, in our culture, in Islam or in India, you understand, there is magic, black magic is there. They have been done on me. The elders we know have the knowledge that my illness, that in doctors' eyes came to me as illness, is black magic. Because of their prayers, their treatment, there is much change in me." (Muslim)

Champa's words also clearly demonstrate her conviction that appropriate treatment for her condition is spiritual and not medical.

Views on the difference between talking to a counsellor and family/friends

Asked whether they could see any benefit in talking to a counsellor as opposed to a family member or friend, non-clients of counselling were mixed in their response. On the one hand, they were conscious of the limitations of support from family and friends, most noticeably possible lapses in confidentiality. However, on the other hand, they felt that relatives and friends often shared a common background and cultural values which considerably enhanced communication, attributes which they seemed to think would not be found in counsellors.

Other participants felt that there would be value in talking to a neutral and professionally trained person, who would enable them to deal with the issues they were facing ("Certain things you have to do outside. Got to have professional help, in my opinion"). This view was expressed by an overwhelming majority of clients, who considered talking to a trained 'outsider' easier than talking to a member of their family or a close friend. However, there were also a small minority of non-clients who felt that if the purpose of counselling was not to provide advice or guidance, there was little value in using the service.

Summary

- The majority of the participants had either family members or friends whom they could talk to about their problems. However, in times of crisis these people were not always seen to be the best confidants. Consequently, the informal support that could be gained from them was limited.
- While the overwhelming majority of former counselling clients were positive about the benefits of such professional support, non-clients were mixed in their views of its potential usefulness. Many felt that talking to someone who was of the same cultural background and who shared their cultural values and norms was very important. They seemed to think that this would not be possible within a counselling service.

3

Experiences of counselling

A key element of this study has been to review participants' counselling experiences in order to inform the planning and delivery of culturally sensitive counselling services for Asian people. Drawing on the accounts of 19 past clients, this chapter considers the circumstances which led them to seek counselling, how they accessed it, their knowledge, expectations and experience of the service, their views of counsellors and the impact of counselling on their lives.

In this participant group, there were nine men and 10 women, ranging in age from 24 to 61. The majority were married with children, while three were divorced and four single. All spoke English as well as one or more Asian languages, with nine registering English as their first language. Half were students or in paid employment while the rest were either retired, unemployed or looking after their homes and children.

Circumstances leading to the uptake of counselling

The circumstances which led participants to seek counselling generally involved considerable pain and distress. Some participants recounted how bereavement and multiple bereavement of close relatives had led to depression, relationship breakdown and stress. They spoke of their extreme difficulties in accepting the death of loved ones, their great sense of loss and their own struggle to continue living.

When Asif, who described himself as a Pakistani-Scot, lost his son in a tragic accident, his sense of loss and sorrow resulted initially in difficulties in sleeping. This was then followed by a 'deep depression' which led his wife to contact a GP who referred him for counselling. Raj, too, experienced depression when his father died and his sister committed suicide soon after. Within six months of these events, his wife also lost two members of her family:

> "And as an outcome of bereavement, there were lots of issues which were affected, my studies were affected. Our relationship, my wife and myself, though we are a highly compatible intellectual couple ... we could not come across to each other, and that was affected, and our social life was affected as a result of that." (Indian)

In some cases, the feelings of pain and distress were manifested physically. Karima's case is a typical example. When she lost her mother, she experienced "anxiety and depression as well, mental and physical, both".

Alcohol abuse, in most cases related to some other significant event such as a bereavement or redundancy, often led to depression and stress. In some cases, it also led to uncontrolled behaviour. It was often a cause of marital and familial tension. This was the case with Gopal, who had to deal with the closure of his company and the death of his mother within a short period of time. Unable to talk about his feelings, he sought escape through alcohol, which sometimes led to aggressive behaviour.

Problems at work or job loss also brought about serious psychological and physical ailments for a few respondents, yet the desire to cope and be strong remained powerful. As Rani explains:

> "Because actually this problem started from my work, you know, when I left my work ... but at the same time I am thinking, why can't I with myself be brave, and brave and brave, you know, fight, instead of depending on tablets ... sometimes I am really feeling very bad in the morning, I don't feel like getting up, and sometimes I think 'what's the point of living in this world'." (Indian)

A few respondents faced relationship breakdowns, which led ultimately to divorce and significant upheaval in their lives. One of their main concerns at this time was a desire to preserve some semblance of normality and continue as if nothing untoward had happened. Often, this was achieved at a high personal cost. For example, Shahida (age 44) refrained from telling her family about the gradual breakdown of her marriage. When questioned by family members about her loss of weight, she deflected their concerns by explaining that she was dieting.

On moving away from the family for the first time and facing the disintegration of the support networks she had been accustomed to, Zabi (aged 24) experienced considerable stress and anxiety:

> "At home it's like, you know, I have quite a close-knit family even though I may not be able to talk to them I know they are there ... my lifestyle was really stable and like, when I came away from home, that kind of, like all fell to pot...." (Pakistani)

It was evident that many of the participants had had to cope with difficult life events such as bereavement, relationship or marital breakdown, redundancy and separation from family. This had a major impact on their psychological state and had led them, their families or an involved professional to recognise that professional support would be beneficial.

Access to counselling

Prior to accessing counselling, the majority of client-participants either knew nothing or very little about such services. Going for counselling was thus not an option that they immediately considered. In most cases, someone within the family or circle of friends was instrumental in suggesting it as a means of dealing with the situation. Generally, the same person was instrumental in facilitating the process by locating a service and arranging the first appointment.

Some clients were recommended for counselling by their GPs. In some of these cases, the GP made the initial appointment on behalf of the client. Often, such arrangements were made by the GP without consulting the client. A few participants had been referred to counselling by their employers.

Self-referrals were few and generally came about because the individuals concerned had some prior knowledge of counselling. Some self-referrers reported that they had faced considerable problems in locating an appropriate agency or counsellor:

> "We talked to our doctor, and the doctor said that they could arrange for some counselling.... But when I asked a second question, 'was it culturally sensitive', the answer was not comfortable ... he himself did not know where such services would be available.... My wife is a social worker, so she had to use her network, right, to try and locate it." (Raj, Indian)

Raj's account suggests that there is insufficient knowledge among professionals (for instance, GPs and social workers) of the range of counselling services which are available. This limits their ability to refer clients to the most appropriate services.

Other difficulties which hindered participants' access to counselling were physical distance, cost and uncertainty about the ability of such services to meet their needs. A few participants also spoke of the stigma attached to mental health problems and their fear of being labelled as someone who had 'lost it'. This fear was particularly acute in communities that were small and close-knit.

Knowledge, understanding and expectations of counselling

Initially, a substantial number of clients had little or no knowledge of counselling. Consequently, some had either no expectations of the service at all or were unclear about the process and what might be achieved. However, most had a vague feeling that they would benefit in some way. For

example, Khalid felt that once he went for treatment, "something would be done". Raksha, on the other hand, thought that "somebody would wave a magic wand" and sort her problems out. Others were simply hoping for some ease in the distress, anxiety and pain that they were experiencing.

A few who had heard about counselling from friends, had a better understanding of the service:

> "They will only listen to you, will not advise you ... so one goes there and unburdens one's heart." (Ali, Asian-Scottish)

On the other hand, some participants had very clear expectations of the service. Noori felt a need for someone who would hear what she was saying and "perhaps label these things, put them into boxes and give me a framework that I could work with". Similarly, Mamta wanted the counsellor to help her to come out of her depression, to view her dilemma from a fresh perspective and enable her to arrive at a means of coping with the situation.

Having experienced counselling, participants achieved a personal clarity concerning the purpose and process of counselling. Some saw it as a space for expressing and defining concerns as well as achieving some sort of resolution to their problems ("It's about expressing one's anxieties and bringing out a solution"). Others viewed it as a means of exploring the self in depth, enabling them to develop and cope with problems. Ram, for example, saw counselling as a process "confined within boundaries which enabled a person to develop positively".

Experiences of counselling

The majority of the respondents had had a positive experience of counselling. They felt that the service provided them with a safe and comforting environment in which it became easy to talk to the counsellor:

> "I used to talk about what was in my heart, tell her all my pain. My heart felt very comfortable because all the lava brimming in my heart, I took it out. One realises that there is someone to listen to my pain." (Ali, Asian-Scottish)

It was clear that the experience of being allowed to express their feelings in the presence of an understanding individual brought participants considerable comfort and relief. Participants' trust in the confidential nature of the service encouraged them to talk freely about their situation.

Some participants talked about their feelings of discomfort with having to face up to certain issues. Nevertheless, they found the sessions helpful and/or cathartic.

> "He was on the ball, so sometimes I felt real discomfort, but I knew the more uncomfortable I felt, the greater the need to go back." (Ram, Indian)

Views on counselling sessions and counsellors

In the majority of cases, the counselling was conducted in English. Most of the participants were satisfied with this as they were comfortable speaking in English and would have found certain things difficult to explain in an Asian language. However, others found the inability to talk in their own Asian language restricted their ability to fully express themselves and seriously affected the quality of the experience:

> "... after three times counselling, I ask her not to come because with my own language, I feel more peaceful talking in my own language ... because there are few things which you can't explain ... I can't." (Salma, Pakistani)

Those who had worked with an Asian counsellor often switched between the two languages. For example, the session might start off in English but to explain something specific the client would switch to, say, Punjabi, and then revert to English.

The majority of participants expressed satisfaction with their counsellor, seeing them as 'caring', 'professional', and able to listen and fully understand their problems. Shahida recalled that although her Scottish counsellor did not have any knowledge of her customs and traditions, she was "willing to learn". However, Rahim, who had a female Asian counsellor, felt that his counsellor was able to "understand better", since she spoke

the same language as him and shared similar customs.

For a few respondents, the issues of power and control were acutely worrying factors. Expecting the client–counsellor relationship to be one in which both were equals, Zabi was dismayed to find that she often felt inferior and intimidated. For other participants, there was some dissatisfaction around the time boundary that was set. This was found to be somewhat inhibiting for a few clients who felt that it limited the depth and quality of the experience. For example, Rani felt that her half-hour sessions were completely inadequate to describe what she was going through.

A few participants felt that their counsellor had failed to assess their situation adequately, giving rise to feelings of frustration and helplessness. At least one participant attributed the failure to understand to prejudice on the part of the counsellor and felt offended by it:

> "This guy made me feel uncomfortable thinking about, as I said, like 'where has she crawled out from'." (Raksha, Scottish-Sikh).

Impact of counselling

For the majority of participants, counselling proved to be a comforting and beneficial experience. Participants were able to open up to the counsellor, unburden, talk through things they had been unable to express to even their closest friends or family and resolve some long-standing issues. For example, counselling made Ali feel 'lighter in the heart' and able to look to the future.

Some participants reported that counselling had had a long-term constructive impact in enabling them to build up self-esteem and create a greater sense of control over their lives. This was certainly the case for Mamta:

> "Emotionally you feel inside, you are coping well. You feel better. You get control over your emotions ... more confidence. No feeling low ... generally I feel very good." (Asian)

Counselling also enabled some participants to develop their ability to understand themselves and their situation more clearly and to develop strategies for coping more effectively.

For some, counselling was also a liberating experience, allowing them to pour out their problems, and leaving them feeling free and relieved. These participants clearly appreciated the time and space to explore personal issues and the opportunity to fully express how they felt. Nari, for instance, who had been preoccupied and worried about how members of her family were coping with the loss of another family member, was only able to give vent to her own feelings within her counselling sessions.

Interestingly, several participants reported that the experience of counselling had alleviated physical symptoms, such as panic attacks, chest pain, coughing fits and inability to sleep. In some cases, the effect was immediate. In Nari's words:

> "When I left the room and he said to me, 'How are you feeling now?'. And I said, 'Oh, a lot better'. I just come out and then after that, there was no temperature, no chesty cough, nothing ... I slept right through at night-time." (Indian)

While the majority of men found counselling had a positive impact, about half the women found the experience to have been of limited value. For most, the dissatisfaction arose from being mismatched with a counsellor who did not meet their needs or preferences. Concern was expressed not only about the lack of suitability of the counsellor with regard to ethnicity but also about the lack of consultation in the process:

> "They went out of their way to find me an Asian doctor [psychiatrist] which was sort of stupid … I wouldn't have liked to have an Asian doctor even if he could speak my language. I would have preferred it if they'd told me, 'Well this is who we've found', I would have said 'No', and it would have saved me the trauma...." (Raksha, Scottish-Sikh)

In contrast, some clients who did not have a counsellor from their own ethnic background felt that little had been gained from the experience. A few participants expressed some dissatisfaction with their experience of counselling which they linked explicitly to the gender of the counsellor ("I just didn't feel comfortable talking to a man").

However, even a few of these participants felt that they had benefited in some way through counselling. While Karima found she was less confused, Raksha asserted that, although her experience of counselling was difficult and limited, it had made her stronger.

Summary

- Clients' knowledge and understanding of counselling services were very low prior to their use of the service. The circumstances which led participants to seek counselling were generally major life events such as death in the family, marital or relationship breakdown, redundancy and separation from the family.
- The GPs and other professionals involved were not fully aware of the range of counselling services which were available to meet the specific needs of different groups. As a result, they were unable to refer clients to appropriate services.
- For the majority of participants, the impact of counselling has been overwhelmingly positive. Counselling provided them with time and space to explore personal issues and feelings in a safe environment, build self-esteem and confidence, and deal with their problems.
- The key factors which would enable clients to maximise the potential benefits of counselling are: consultation on their preferences for a counsellor, allowing them a greater sense of control within the sessions and a genuine engagement on the part of the counsellor in understanding their circumstances and feelings.

4

Expectations and preferences for service delivery

Clients' and non-clients' expectations and preferences for counsellors and counselling sessions are vitally important factors to consider in the planning and delivery of culturally sensitive services. It is important to note that although many clients did not have clear expectations initially, as they became more familiar with the process, they developed clear preferences concerning several aspects of the service. Failure to fully consider these views is likely to result in dissatisfaction and low use of the service. In this chapter, we consider what participants expect from their counsellors and their preferences for important aspects of the service. Finally, we examine the factors which clients and non-clients feel would facilitate access to counselling services.

Essential qualities of counsellors

Generally, participants were very articulate in their expectations of their counsellors:

> "Their role is ... not just to listen but ... to make the person think of other possibilities and reasons why they are going through this crisis." (Bushra, age 32, Scottish-Asian)

> "[Counsellor] must have something ... which is healing, supportive ... encouraging, which gives hope, which gives off positive vibes, and this is what I mean by healing." (Noori, age 33, Indian)

> "Counsellor has to be patient, polite and know how to approach problems and never ever show them that he is like a teacher, sitting over and above them in asking questions, treat his or her equal, that's important." (Asif, age 61, Pakistani-Scottish)

Irrespective of age, gender or ethnicity, it was clear that participants wanted their counsellors to be actively engaged, demonstrate a positive attitude towards them and treat them with respect.

Ethnicity of the counsellor and language of counselling

About half of all participants did not see the ethnicity of the counsellor in itself as an important issue. The remaining participants had either a strong preference for an Asian counsellor or, conversely, a strong aversion to a counsellor from their own ethnic background. Raj, who had lived in the UK for 10 years, spent six months tracking down an agency which provided counselling specifically for Asian people. Explaining his preference for an Asian counsellor, Raj felt that a non-Asian counsellor might, after some time, reach an understanding of his different cultural values, family structures and dynamics. However, he was not confident that they would fully understand how these values and systems were actively translated and experienced.

Those who preferred not to have a counsellor from the same ethnic background spoke about their reluctance to reveal their personal circumstances to someone who might know them or their family personally. For some, a fear of being judged on the basis of the cultural norms and values of their community which they do not share, was another critical factor. Ram, aged 33 and born in the UK, said:

> "If I'm going to go out and see someone I'm not going to see someone who's like my aunty, I don't want to see someone like that – I don't want to go. Call it my prejudices, or presumptions or whatever." (Indian)

Not surprisingly, clients' preferences for the ethnicity of their counsellor were closely related to their preference for the language of counselling. Where individuals did not feel comfortable speaking in English, they expressed a strong preference for someone who could speak the Asian language(s) in which they could fully express themselves. The use of interpreters in counselling was universally seen to be inappropriate due to the intensely private nature of what would be communicated and related to concerns over confidentiality.

The majority of client-participants, however, were comfortable speaking in English, with several registering English as their first language. Others reported that they were equally comfortable speaking either in English or in an Asian language. However, a few of these people asserted that, faced with the prospect of an Asian-speaking counsellor, who might possibly be known to them, they would opt for an English-speaking counsellor. Regardless of their individual preference, many clients spoke of the important need for counselling to be available in Asian languages. This indicated that they knew of people who were not able to fully communicate in English and who would benefit from counselling provided it was available in an appropriate language.

Gender of the counsellor

About two thirds of the participants felt that the gender of the counsellor was an important issue, with women expressing a stronger preference for a counsellor of the same gender than men. This preference was linked to a sense of ease and safety ("Our ladies, they are frightened, they are very comfortable with females"). Other women felt that female counsellors would be better able to understand their problems. For some men and women, preference for a counsellor of the same gender was explicitly linked to their religious beliefs.

In spite of a preference for a counsellor of the same gender, the majority of men were less rigid in their gender-related preferences. However, there were some exceptions to this, with some male participants stating that they would prefer a female counsellor. A small minority of female participants also preferred a counsellor of the opposite gender, underlining the need for trained counsellors of both sexes and highlighting the importance of consulting clients on their preferences.

Age and religion of the counsellor

The overwhelming majority of participants felt that the age of the counsellor was very important, relating it to greater maturity and experience in dealing with problems. Mamta (age 45) who had seen an Asian counsellor of about her own age, expressed a typical view:

> "I would rather have an experienced person rather than a very young 20-year-old. Because age and experience also makes a person very rich and all the training and understanding helps them to relate to their own age and experience as well." (Asian)

Interestingly, the counsellor's religion was unanimously viewed as totally unimportant. This was particularly striking, given the great importance that religion played in the lives of some of the participants.

Preferences for venue

Most of the clients had received counselling in a voluntary sector agency while a few had seen a counsellor at a GP's surgery, hospital, university or at work. They were largely satisfied with the location, with only a few complaining of having to travel a long distance.

In contrast, non-clients varied significantly in their preferred location. Just under half of the non-clients identified the home as their preferred venue. In addition to feeling that it provided a comfortable and safe environment, other reasons given for this preference included the difficulty of leaving the house. As Simeela, who cares for a disabled child, makes clear:

> "A younger woman has children to look after in the house or has to bring the children from nursery, or go to school, so they won't have time on their hands to go. It's easier for them to talk in their own house, while the older woman has time. They can go to different centres or hospitals … unless they are very depressed and they are not coming out of the house, then the counsellor has to go to them." (Pakistani-Asian-Muslim)

On the other hand, a few non-client participants stated they would prefer counselling sessions to be held outside their homes. This was either linked to the desire for a change of environment or privacy from other family members.

Both clients and non-clients were comfortable with agencies catering for both men and women, with only a minority of female clients identifying a women-only agency as their preference. Some participants felt that counselling should either be located within GP surgeries or should be community-based to ensure easy and affordable access to the service.

Length and frequency of sessions

Almost none of the past clients had been able to decide the length of their sessions, and only a few had been able to agree it jointly with their counsellor. Sessions were usually of 50 to 60 minutes fixed duration. Only one participant reported that the length of her sessions was flexible, and varied according to her needs. Overall, however, the overwhelming majority of past clients were satisfied with the length of their sessions.

Participants had a greater influence when it came to deciding the frequency of their sessions, with half reporting that they had either decided this themselves or in collaboration with their counsellors. The majority of participants were satisfied with the length of time between sessions, however this was arrived at. A few reported that they were able to contact their counsellor by telephone in between sessions, if they needed to, but that the need had not arisen.

Increasing access to counselling

Participants generally commented on the low levels of awareness in their communities of counselling. Mamta, a past client who works as a social worker, spoke of the stigma which is related to mental health and counselling and of the importance of counteracting this attitude:

> "I feel that people don't recognise or understand what counselling is. So it needs more awareness and publicity ... there's stigma about going to a counsellor. People really look at you and feel, 'Why she has to go to a counsellor? He or she was mad'." (Asian)

Some of the suggestions for enhancing awareness of counselling and facilitating access included the implementation of 'telephone-hotlines' and the distribution of leaflets and posters in English and Asian community languages. Importantly, several participants felt that counsellors should do more outreach work to publicise the service and change people's attitude towards mental health problems and the role of counselling services. Suki suggests appropriate locations for 'outreach work':

> "Go out like, maybe like temples ... or women's groups ... and explain to them in Punjabi ... and they would understand. I think a lot more people would start using it ... you'd have to make them more aware, make the community outside more aware that this service is there, and that there is no way that anybody else would find out, if anybody has used it or not, you know, that kind of confidence building has to be installed in them." (Scottish-Sikh)

Summary

- Clients value counsellors who treat them with respect, show a genuine interest in them, and who have a real understanding of their problems.
- As familiarity increases, clients develop clear preferences in relation to the ethnicity, gender and age of their counsellors and the language of counselling. Failure to take account of these preferences leads to dissatisfaction and low use.
- The diverse preferences of clients for the ethnicity and gender of the counsellor highlights the importance of providing clients with adequate choice and of consulting clients on their preferences. It also highlights the importance of training all counsellors in racial and cultural awareness.
- Some non-clients expressed a strong preference for counselling to be provided within the home, highlighting the need for increased flexibility in service provision.
- Both clients and non-clients were concerned about the low awareness of the service in their communities. They felt that increased attention should be paid to publicising the existence and nature of counselling services through a variety of means, particularly outreach work.

5

Review of counselling services in the voluntary sector

While counselling provision has expanded rapidly in recent years, the largest growth of service provision has occurred in the voluntary sector. The voluntary sector has traditionally been credited with the ability to respond flexibly and innovatively in meeting users' needs, often providing services which are not offered by statutory organisations. However, it is well known that agencies operating in the sector are limited in their ability to strategically plan their services due to the short-term and limited nature of funding.

In this chapter, we consider the nature of counselling services and the organisational contexts within which they are offered. We also examine their accessibility and sensitivity to the perceptions, needs, experiences and preferences of Asian people as described in Chapters 2, 3 and 4.

Range of services

The range of services provided by agencies under the banner of 'counselling' varies greatly. The BAC distinguishes between activities recognised as counselling and those identified as utilising 'counselling skills' or 'a counselling approach'. Counselling is understood to take place only when the counsellor and client explicitly agree to enter into a counselling relationship. Counselling skills, on the other hand, may be used to enhance another professional helping role such as social work or vocational guidance or telephone help-line support.

In general, the training requirements and professional obligations of counsellors are more rigorous than for counselling skills practitioners. The former are obliged to adhere to a professional code of ethics, monitor their own practice and have regular ongoing counselling supervision while the latter are not.

Several agencies combine the use of a counselling skills approach with other services, for example, information and advice-giving. Typically, such agencies may sometimes refer to this type of work as 'counselling'. While acknowledging that such services have a useful role to play in certain contexts, we have, for the purposes of our review, chosen to focus on agencies that offer services which are closely aligned with the BAC definition.

Participating agencies

Ten agencies were identified in Glasgow, Bristol, Leeds and London. These included five agencies which seek to cater for the needs of the whole population and five agencies specifically catering for the needs of one or more minority ethnic groups. For convenience, we shall refer to the former as mainstream organisations and the latter as black-led agencies. In addition, three umbrella organisations with responsibility for planning counselling services and/or providing training in counselling were also examined (see Appendix C for a list of agencies involved in the study).

What are the sources of client referral?

There are three main sources of referral: external, internal and self-referral. External referrals are usually generated from the agencies' local networks. Several agencies reported that a large number of their referrals come from GPs. Other referral sources vary according to the nature of

the service. For example, one agency which provides counselling and advice to young people reported that schools, youth workers and social workers generate a number of their referrals. Another agency, which supports black people with mental health problems, obtains a significant number of their referrals from community mental health teams, consultants at hospitals and from other voluntary organisations.

Internal referrals are common where agencies provide a range of differing services for a particular client group. In these agencies staff may suggest that users of other services go for counselling, if they feel it would be beneficial.

Self-referral is seen as an important means of access. It is closely linked to recommendations by past clients or a person's family and friends.

How do mainstream agencies explain the low use of counselling by black people?

While all the agencies in our sample expressed a desire to increase uptake of their services by black people, they reported variable rates of success in achieving this. It is interesting to note that where agencies offered more than one type of counselling service, significant variations were reported in the rates of uptake by black people. For example, in one mainstream agency, an informal drop-in service for young people attracted the most culturally diverse group of clients.

Mainstream agencies reported that several factors impacted on their ability to successfully attract black clients, notably:

- the ethnic composition of the local population;
- the ethnic composition of the counselling team;
- the limited and short-term nature of funding;
- structural factors such as institutional racism.

Nevertheless, given that the agencies were located in areas with a relatively dense population of minority ethnic people, the low use of most agencies' services by black people, including Asian people, was disturbing.

What efforts do agencies make to publicise their services?

While black-led agencies tend to carry out considerable outreach work, there was little evidence that the majority of mainstream agencies invested time or effort to publicise their services to black communities. Indeed, a few of these agencies expressed some concern about actively publicising their services to the latter because of their long waiting lists or, in one case, uncertainty about their ability to meet the needs of these clients.

What issues lead clients to seek counselling?

All agencies reported that it was common to find clients initially presenting with one problem while other equally important, or more important, issues would only be revealed later. Among the generic counselling services the most common issues identified were:

- depression;
- marital and relationship difficulties;
- domestic violence;
- alcohol abuse;
- self-harm;
- sexual abuse.

Agencies specialising in drug or alcohol work found that a dependency problem was often symptomatic of other underlying issues, including unemployment, bereavement and relationship difficulties. Furthermore, alcohol and/or drug dependency could lead to other problems, such as marital breakdown and criminality.

In addition, the issues reported by those agencies serving a large number of Asian clients included issues such as living with an extended family, resistance to and difficulties resulting from arranged marriage, and inter-generational conflict.

How sensitively do agencies work with difference?

In the UK, counsellors are generally trained in one or more of a number of theoretical orientations. Of these, the most common are the person-centred and psychodynamic counselling

approaches. Most black and mainstream agencies were confident that, regardless of their theoretical orientation, they would be able to offer a sensitive service to black people since their counsellors were trained to respect and work with the diverse views of their individual clients, including their cultural and religious beliefs:

> "... it's really being very pro-active and mindful of the client's wishes and needs, whichever model or theoretical base we use." (Director, black counselling agency)

However, it was significant that agencies varied in the extent to which they felt that an intimate knowledge of the cultural background, values and religious systems of their black clients was important. Although a few mainstream agencies lacked confidence in their ability to work with black clients and were concerned about their lack of experience in the area, the generally held view was that what the counsellor needed to know would emerge in their work with individual clients. This tendency of mainstream agencies to trust that issues about race, culture or religion would surface within the context of counselling sessions and that individual counsellors would then 'learn' the relevance of these issues for their clients was worrying. There appeared to be little awareness of the impact of racism or other social factors that are likely to contribute to psychological distress.

In contrast, counsellors working in black agencies were quick to point out that, although their views and values often differed substantially from those of their clients, they felt that they were able to offer a service that was finely tuned to their clients' needs. They attributed this to their extensive experience of working with clients from one or more minority ethnic backgrounds, which had led them to develop certain distinct practices.

Flexible approach in meeting clients' needs

Black-led agencies tend to adopt a more flexible approach in enabling their clients to deal with their difficulties. For example, many reported that, in their experience, Asian clients often expected to be given advice. While some agencies strongly resisted all attempts to elicit advice, others were prepared to offer some in the initial stages with a view to progressing towards greater autonomy as the relationship developed. Depending on the needs of the client and the organisational context, some counsellors would also be willing to act as advocates to facilitate access to other services.

In addition, many black-led agencies actively sought to work with their clients' families where they felt that the issues their clients faced were closely bound up with those of their family members. Counsellors often took on the role of family mediator or conciliator, providing a safe space for family members to listen and communicate with each other and work together towards a deeper understanding and respect for each other's views. Although mainstream agencies expressed a willingness to work with members of the family if this was desired by the client, it was clear that this was not common practice.

What arrangements are made for counselling sessions?

There were few significant differences between black and mainstream agencies in the contractual arrangements for counselling. Table 1 summarises the main details.

How do agencies cater for language requirements?

Where clients do not feel comfortable speaking in English, the ability of the counsellor to speak the client's first language is crucial. Most black-led agencies were able to offer counselling in a number of community languages as well as English and, as a result, were widely successful in meeting this need.

Most mainstream agencies either did not have any counsellors who were able to speak Asian languages or an extremely small number of such counsellors. Furthermore, several took the view that Asian clients who wished to work with a counsellor who spoke their mother tongue would either contact an Asian agency themselves or would be referred there. A recurring theme expressed by mainstream agencies in support of their largely 'English language only' provision was that black clients often expressed a preference to see someone who was *not* from their own community or from a similar cultural background. This was linked to concerns about loss of confidentiality. While this view was supported by

some of the client participants in the study, many others confirmed that they would be more comfortable speaking in an Asian language.

Service provision by mainstream agencies which is based on the assumption that black people who cannot speak English, or prefer not to, will be served by black agencies appears to be an abdication of responsibility. Furthermore, such a view is of particular concern given the low number of black agencies providing counselling in the UK and the complete absence of such services in many parts of the country.

How able are counselling agencies to meet specific preferences?

In both mainstream and black agencies, there were considerable limitations with respect to the degree of choice available to clients. As had emerged in the interviews with participants, the agencies reported that female clients generally exhibit a stronger preference for seeing a counsellor of their own gender than their male counterparts. Nevertheless, since most counsellors are female, some agencies experienced difficulty in accommodating men who wished to see a male counsellor. Interestingly, in at least one of the Asian agencies reviewed, the preference of female counsellors to work with female clients is also taken into account.

Table 1: Summary of contractual arrangements

Location of services	Counselling is normally delivered on the agency premises, although some agencies are prepared to see clients in their own homes either initially or, in exceptional circumstances, thereafter. In many Asian agencies, 'telephone counselling' is also available to those who find it difficult to leave their homes. These agencies reported that due to the limited availability of appropriate support in the UK, they also receive calls from other parts of the country.
Initial meeting	Agencies commonly offer an introductory or assessment session at which the needs of the client are explored and the nature of the service is explained. Agencies vary in the length of time clients may have to wait between this initial meeting and their first counselling session.
Counsellor allocation	Agencies usually allocate clients to counsellors on the basis of availability. The nature and severity of the problem are key factors in identifying a counsellor with an appropriate level of skill and experience. Where specific client preferences are expressed at the initial session, these are accommodated when possible (see the section on meeting specific preferences, pp 21-2).
Length and timing of counselling sessions	Counselling is usually conducted in weekly sessions of 50 or 60 minutes. Although some agencies are prepared to maintain client contact between sessions in cases of particular difficulty, this is not usually encouraged.
Duration of counselling	Agencies vary in whether or not they normally restrict clients to a maximum number of counselling sessions. Nevertheless, all agencies acknowledged that some clients require long-term work, for example, those who have experienced sexual abuse or other severe childhood traumas. However, contracts which exceed a year are extremely rare.

Consequently, clients who express a particular preference for a counsellor may face a conflict between the urgency of their situation and the amount of time it may take to meet their expectations. As a result, clients are often faced with either accepting what is available or being put on a waiting list:

> "So if they want to see a woman or they want to see a man or they want to see a Bangladeshi counsellor or whatever, we will try and meet that wherever it is possible. Sometimes that means we end up saying to them, 'You have a choice, yes, we have a male Afro-Caribbean counsellor that you can see, but if you want to see him you have to wait six weeks. If you want to see someone sooner than this, this is what we can offer'." (Coordinator, mainstream agency)

How are services evaluated?

Most counsellors build in an initial review session between the third and sixth sessions to monitor the effectiveness of the counselling process for the client. They usually also conduct a final review and incorporate periodic reviews in ongoing, longer-term work.

However, few of the agencies had put into place any formal mechanisms for obtaining client feedback either when counselling was completed or at some interval following the final session. Nor did they seek to obtain feedback from clients who did not attend their initial meeting or who failed to return for later sessions. In general, the effectiveness of service provision was rather simplistically judged, largely in terms of the number of referrals and clients' willingness to complete their therapeutic courses.

Furthermore, although the counselling agencies generally maintain basic records of their clients, they do not conduct ethnic monitoring of their service. As a result, they have no access to the following valuable information pertaining to their black clients:

- the nature of problems which lead such clients to seek counselling;
- the routes by which they access the service;
- the numbers of counselling sessions used;
- the proportion of clients who complete therapeutic sessions to the satisfaction of both the client and the counsellor;
- specific interventions which facilitate the process and those which hinder it.

Designing effective evaluation mechanisms raises some challenging ethical issues concerning the precise nature of the process, maintenance of confidentiality and respect for client autonomy. Nevertheless, the need to address these difficulties must be seen in the context of the importance of improving service provision and quality for all sections of the population.

How do agencies train and select counsellors?

The training requirement for a professional counsellor is typically at diploma level. The relationship between training providers and agencies varies. Some of the larger agencies provide their own training programmes which their counsellors undertake. Most locally-based agencies, however, do not have access to in-house training and recruit trained counsellors and/or trainees from a variety of programmes.

Mainstream agencies consider the 'cultural mix' of their counselling staff to be of considerable importance in their ability to attract clients from diverse cultural backgrounds. As a result, a key issue for several mainstream agencies is their capacity to recruit counsellors from diverse backgrounds:

> "One of the things that was clear to us from the very beginning was that if we were going to provide a service to the Bangladeshi community, then we needed to have Bangladeshi counsellors." (Coordinator, mainstream agency)

The agency cited above acted on this recognition by recruiting a new member of staff with relevant skills and experience and then providing them with training in counselling. However, this practice appeared to be the exception rather than the norm, with other agencies relying on encouraging black people to undertake training.

How adequately are counsellors prepared and supported?

All accredited counselling training programmes provide some input on cultural difference, although the extent and breadth of such input varies considerably. In addition, both black and mainstream agencies seek to address issues of cultural difference within the wider context of continuing professional development. This is generally conducted within the context of ongoing supervision and periodic in-service training.

Counsellors in several black-led agencies expressed concern over the suitability of currently available counsellor training for adequately preparing people to work with clients from diverse communities:

> "We learn about all these theories which don't actually apply to 90% of our clients.... In practice, what do you do faced with a client who is completely different from what you ever learnt about?" (Coordinator, black counselling agency)

Generally, agencies reported that the professional requirements for supervision were being met and were working well; that supervisors were often experienced practitioners who had undertaken training in supervision; and that their experience helped to ensure adequate awareness of racial and cultural difference.

Summary

- While all agencies expressed a willingness to increase use of their services by black clients, there was little evidence on the part of most mainstream agencies of any strategy to specifically target black communities in their efforts to publicise their services.
- Some mainstream agencies reported that they were wary of publicising their services more widely, because of their inability to meet the demands of existing clients or their lack of confidence in meeting the needs of black clients.
- While all black-led agencies felt that it was important to have a deep understanding of the racial and cultural background of their clients, many mainstream agencies felt that issues about race, culture or religion would emerge in counselling sessions and that counsellors would learn the significance of these issues from their clients.
- In general, agencies' ability to provide clients with choice with respect to counsellors, language and location for counselling was limited.
- The tendency of mainstream agencies to trust that black agencies would cater to the needs of those who did not speak English was disturbing, given the very limited availability of black counselling agencies.
- Agencies commonly did not carry out ethnic monitoring, obtain formal feedback from clients who had failed to attend sessions or follow up clients who had completed counselling. Valuable information about the nature of problems faced by black clients, their routes of referral and their satisfaction with the service was thus not available.
- Although mainstream agencies expressed willingness to recruit black counsellors, generally, little effort had been put into how they might actively encourage black applicants.
- Several black counsellors expressed concern about the adequacy of existing training courses in preparing counsellors for meeting the needs of black clients.

6

Conclusions and policy implications

In the light of the growing recognition of the value of counselling and the rapid expansion of counselling services in the last two decades, the continuing low uptake of counselling services by black people is a matter for concern. In this chapter, we draw on the findings which have emerged from the earlier chapters and set out suggestions for improving policy and practice. While the specific focus of this study has been on Asian people, the implications which follow are broadly relevant to increasing the uptake and use of counselling services among other black people.

Barriers which inhibit access to appropriate counselling

Our findings suggest that low awareness of the existence and the nature of such services among Asian people is a major barrier. Once Asian people are aware of counselling services, negative preconceptions of counselling may hinder their uptake of the service, for example:

- counselling is only intended for the white population;
- counselling is only provided by white people;
- counsellors who come from a different cultural background would not be able to understand their problems.

Self-referrals among Asian people tend to be low. Our findings suggest that Asian people tend to access counselling only at crisis points, when their distress reaches such proportions as to merit concern among friends, family members, employers or GPs, who may then suggest counselling.

Importantly, the low use of counselling services by Asian people also indicates that there is a low referral rate from GPs and other potential referrers. This supports the view that GPs and other referrers either frequently fail to diagnose mental health problems in this client group, are unaware of the relevance of counselling for them or do not know of appropriate services. In this context, the failure of mainstream counselling providers to carry out outreach work in black communities and with potential referrers is particularly worrying.

Our findings strongly suggest that Asian clients, like many other clients, prefer access to services which are not biased by stereotypical views of what is appropriate. However, while there are some areas where Asian clients' needs and preferences are being met by agencies, there are several areas where there are either gaps or mismatches (see the Summary of findings on page vi). Consequently, it is difficult to avoid the conclusion that while, in general, most agencies are guided by the principles of affording maximum choice, flexibility and control to their clients, in practice they are limited in what they can offer. This is particularly the case for black clients, even in geographical areas where there is a relatively high, visible black presence.

Recommendations for improving practice and policy

The suggestions set out below are directed towards funders, policy makers, potential referrers, training providers, community-based organisations and agencies which provide counselling. Our findings suggest that mainstream agencies have to work much harder than black-led agencies to address the low use of counselling services by black people. All those involved in the planning and delivery of mental health services from the earliest stages of diagnosis to 'after-care' following discharge from institutional care have a variety of approaches at their disposal to improve service provision for black people. These approaches need to be rooted in an equal opportunities policy, which acknowledges the potential for discrimination not only on the basis of 'race', but also gender, disability and sexual orientation.

Being clear about 'counselling'

A wide range of services exist which are referred to as 'counselling', from the giving of practical information and advice to the therapeutic work which is the focus of this study. To ensure that clients receive the most appropriate service for their needs, it is crucial that:

- Policy makers, funding bodies and potential referrers are aware of the precise nature of the range of available services which are described as counselling, and their various strengths and limitations (distinguishing between 'counselling' and the use of 'counselling skills').
- Agencies are transparent about the nature of the service they offer to their clients and make appropriate referrals, where necessary.

Increasing *access* to counselling services

Below we describe three key steps which will facilitate increased access to counselling by black people:

- increase the numbers of external referrals;
- encourage a greater number of self-referrals;
- make counselling services more directly accessible.

Increase the numbers of external referrals of black people

A strategy to increase the referral rate would most appropriately be initiated by counselling providers in collaboration with potential referrers. It would seek to involve GPs, community psychiatric nurses (CPNs), health visitors, social workers and others whose professional and personal contacts are likely to bring them into contact with black people.

Key questions for referrers

- Are we familiar with the range and nature of counselling services in our catchment area?
- Do we know which services are most adequately prepared to meet the specific needs of black people?
- Do we ethnically monitor our referral rates to ensure that the needs of black people are not being missed or overlooked?

Key questions for providers

- Do we liaise with other agencies that may be in contact with potential clients, such as psychiatric services or agencies which provide information and/or advice?
- Do we liaise with black-led voluntary organisations and projects in statutory organisations which specialise in work with black communities?
- Should we specifically identify, and liaise with, professionals who are themselves from a minority ethnic background?

Encourage a greater number of self-referrals

A carefully designed communications or outreach strategy by providers would go a long way towards raising the awareness of black communities of counselling services and would contribute to an increase in self-referrals.

Elements of a communication/outreach strategy

- Which minority ethnic group should we target first?
- Have we conducted outreach work in appropriate areas and publicised our services through a variety of channels, such as notices in GP surgeries, schools, shops?
- Have we liaised with relevant black community-based organisations, religious leaders and other community leaders?
- Have we clearly explained the nature and purpose of counselling?
- Have we made clients aware of the benefits they can expect from the service?
- Have we emphasised the confidential nature of the service?
- Does the 'public face' of our organisation, for example, literature about available services, publications in waiting rooms, composition of staff, reflect its intention to make its services accessible to all sections of the population?

Make counselling services more directly accessible to black communities

Provision of more flexible services by mainstream providers is likely to increase the uptake of counselling by black people.

Questions for mainstream counselling providers to consider

- Could we work with black-led voluntary organisations in organising information days, introductory sessions or regular surgeries within their agencies?
- Would we be willing to meet with the client at home, at least initially?
- Do we have the resources to provide a 'drop-in' facility or a telephone hotline?

Increasing the *appropriateness* of counselling services for black communities

The White Paper *Caring for people* (DoH, 1989) explicitly recognised the merits of planning community-based services in consultation with people from minority ethnic communities. Our findings confirm that participants value being consulted with respect to various elements of the counselling process. Our research also suggests that four key steps can be taken to increase the appropriateness of counselling services:

- increase the number of trained counsellors from diverse communities;
- increase the availability of culturally sensitive provision;
- increase inter-agency collaboration;
- review service provision.

Increase the number of counsellors from black communities

This study revealed that some of the least satisfactory counselling experiences occurred when clients' preferences with regard to the ethnicity and gender of the counsellor and the language of counselling were not met. It is important that agencies are not only able to provide clients with appropriate choice but that their composition reflects the diverse communities which they serve.

Key questions for counselling providers

- Do we have enough trained counsellors from black communities? If not, how can we increase the numbers of these counsellors?
- Do our selection criteria make it difficult for such applicants to be recruited?
- Can we provide counselling training to suitable applicants with relevant skills who do not possess the necessary academic qualifications?
- Can we actively encourage increased applications from black people, for example by providing bursaries or other forms of financial support?
- Are there sources of funding that we can access in order to increase the numbers of trained black counsellors?

Increase the availability of culturally sensitive provision

Our research revealed that most mainstream agencies tend to trust that issues of race, culture or religion will emerge in the course of the counselling process and that the relevance of these issues for their clients can then be learned. However, it is perhaps obvious that counsellors who have been equipped with adequate training in racial and cultural issues are better prepared to work with black clients.

Important areas for service and training providers to review

- To what extent do counsellors publicise their clients' right to express their preference or dissatisfaction with any aspect of the service?
- To what extent do we recognise that 'cultural sensitivity' is a quality which can be distinguished from the more general sensitivity of counsellors to individual circumstances and feelings?
- Have issues of race and culture been sufficiently integrated into all basic and advanced-level training, alongside issues about gender, disability and sexuality?
- Do we have sufficient input from experienced black counsellors, or other relevantly skilled black professionals, in our training courses?
- Do we provide our trainees with adequate exposure to clients from diverse communities?
- Does our supervision training adequately prepare practitioners for supervising counsellors who work with black clients?
- How can we maximise opportunities for enhancing cultural sensitivity within the context of continuing professional development?

Improve inter-agency collaboration

Our review of agencies found that individual agencies tend to develop specific areas of expertise as a result of extensive experience of serving particular client groups or dealing with particular issues. Consequently, there is considerable scope for collaborative work between mainstream and black-led agencies.

Measures to increase collaboration between agencies

- Have we investigated the possibility of organising secondments for staff or placements for volunteers in other agencies?
- Would it be feasible to exchange our experience and expertise with that gained by other relevant organisations through joint training sessions?

Reviewing service provision

Our study revealed that ethnic monitoring was not routinely carried out by the majority of agencies. This is worrying, particularly in the case of mainstream providers, since agencies can only tell if they are making progress in making their services available to all sections of the population by ethnic monitoring and by actively seeking black people's views and experiences of their services.

Main areas that providers need to review

Do we ethnically monitor:

- the number of clients?
- the numbers and sources of referrals from other agencies?
- the presenting issues and outcomes (including whether each client does or does not complete therapy)?
- the number of sessions?
- the client's and counsellor's levels of satisfaction with the counselling?

and:

- Do we follow up people who do not complete their course of counselling?
- Do we maintain contact with our clients after their last session to ascertain the long-term impact of the service?
- Have we considered organising focus group discussions with willing clients to obtain feedback about the quality of our service?

The role of black communities in promoting awareness and acceptability of counselling services

While it is clear that policy makers, referrers and counselling providers can do much to improve services, black communities themselves have an important role to play in encouraging people to seek appropriate support from counselling and other mental health services.

Three questions for leaders and members of black communities

- What can be done within our community to examine attitudes to mental health and confront prejudice in this area?
- Do we recognise that seeking professional help in dealing with psychological difficulties is a *positive* strategy?
- How do we support those who seek counselling and other mental health services?

The role of funders in increasing investment into counselling provision

Efforts to improve counselling services to black communities must be contextualised within the current climate of increasing demand for such services and growing recognition of their value, particularly among medical and other professionals. However, the increases in demand have not been matched by appropriate increases in funding. Our study supports previous research which has shown that voluntary agencies are limited by financial constraints which make it difficult for them to plan and develop their services strategically.

Key questions for funders

- Do we recognise the potential for increased investment in counselling to prevent the deterioration of mental health in individuals and the consequential financial impact on health services and society at large?
- Do we enable voluntary counselling agencies to strategically plan and develop their services?
- Do we give agencies enough support to enable them to provide the broad range of services which are required?

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Appendix A: Methodology

Collecting information from participants, and ethical concerns

We carried out interviews with 38 Asian men and women. Here we describe how we identified the people who took part in this study and we discuss some of the ethical issues involved.

Initially, we contacted voluntary organisations providing mental health services and black community centres. Through carrying out personal visits ('putting a face' to the project) and distributing leaflets in English and Asian languages, we established a snowball system through which interviewees were identified. We were also in close contact with Asian community workers who promoted our project among the Asian communities. This 'word-of-mouth' process facilitated the largest number of participants. Additionally, we approached counselling services to assist us in making contact with past clients.

Due to the personal and sensitive nature of the research, all interviews were conducted by two members of the research team. Each interview was carried out at a venue which was decided by the participant. In most cases, this was their home although some participants chose to be interviewed in a quiet space outside their home, for reasons of confidentiality. A few participants were living with people who did not know they had gone for counselling. Participants were asked which language they would prefer the interview to be conducted in and, where necessary, interviews were facilitated by interpreters to ensure effective communication.

All interviewees were informed that they could terminate the interview at any point, and that they could choose not to answer any of the questions. Interviewees were also assured of complete confidentiality. Recognising that the task of conducting interviews of such a sensitive nature might be emotionally exacting, arrangements were also put into place for the interviewers to be supported through supervision by a counsellor, should this be required.

Rationale for selection of voluntary sector agencies in the study

Ten agencies were selected for review from Bristol, Leeds, Glasgow and the London boroughs of Tower Hamlets, Hounslow, and Kensington and Chelsea, local authority areas with an Asian population ranging from 1.61% of the total population in Bristol to 24.71% in Tower Hamlets. Two criteria were adopted as the basis for selection.

First, we attempted to reflect the different contexts in which counselling was provided within voluntary sector agencies. Accordingly, the agencies selected included two specialist counselling agencies dealing with relationship problems, three agencies supporting those with alcohol and drug dependency, two agencies supporting mental health sufferers, two women-only agencies with a broad social care remit, and a counselling and advisory service for young people. Second, wherever possible, we attempted to identify locations where we could 'match' agencies which were intended to serve the whole population with agencies which specifically catered to the needs of one or more minority ethnic groups, while dealing with similar issues. For example, in Leeds, we reviewed MIND and the Leeds Black Mental Health Forum (LBMHF) which both support people with mental health

problems. For convenience, we refer to the former as mainstream agencies and the latter as black agencies. Accordingly, an equal number of mainstream and black-led agencies were selected.

In addition, we examined the policy and practices of three umbrella organisations with strategic responsibility for the planning and provision of counselling services. Two of these organisations were also responsible for providing training courses in counselling

Appendix B: Interviewee profiles

Profile of non-clients				Profile of clients			
Pseudonym	**Gender**	**Age**	**Ethnicity**	**Pseudonym**	**Gender**	**Age**	**Ethnicity**
Sahila	F	40	Pakistani	Zabi	F	24	Pakistani
Bushra	F	32	Scottish-Pakistani	Munna	M	44	Pakistani
Aysha	F	21	Pakistani	Karima	F	60	Asian
Abdulah	M	39	Bangladeshi	Ali	M	42	Asian-Scottish
Mohammed	M	52	Indian	Nari	F	53	Indian
Memet	M	52	Muslim-Pakistani	Noori	F	35	Indian
Uma	M	63	Bangladeshi	Ram	M	33	Indian
Sima	F	72	Indian	Rani	F	54	Indian
Champa	F	47	Muslim	Shyam	M	45	Indian
Rasa	F	50	Pakistani	Gopal	M	60	Hindu
Radha	F	57	British-Indian	Rahim	M	49	Asian
Bees	F	30	Indian	Raj	M	48	Indian
Banoo	F	37	Bangladeshi	Mamta	F	45	Asian
Suki	F	50	Scottish-Sikh	Salma	F	46	Pakistani
Sakhi	F	67	East African	Asif	M	61	Pakistani-Scottish
Kaji	M	75	Asian	Khalid	M	45	Pakistani
Sharat	M	54	Hindu	Raksha	F	46	Scottish-Sikh
Bibi	F	41	Muslim	Shahida	F	44	Indian
Simeela	F	59	Pakistani-Asian-Muslim	Jasmin	F	28	Indian

C

Appendix C: Participating agencies

Umbrella Organisations	Relate Headquarters (Rugby) Westminister Pastoral Foundation (London) Alcohol Concern (London)
Black agencies	Leeds Black Mental Health Forum (Leeds) Meridian (Glasgow) Awaz Utaoh (Bristol) Asian Family Counselling Service (London) Ethnic Alcohol Counselling in Hounslow (London)
Mainstream agencies	MIND (Leeds) Bristol Drugs Project (Bristol) Glasgow Council for Alcohol (Glasgow) Tower Hamlets Youth Counselling and Advisory Service (London) Hounslow branch of Relate (London)