

Summary of Findings: We Support Together

This pilot study draws on the stories of eight interview participants sharing their experience of peer support for mental health within the South Asian communities of East London. The study was run between the Bromley by Bow Centre and the Centre for Mental Health Research at City, University of London.

The research team explored understandings of mental health and the landscape of mental health support. The interview team were repeatedly told that mental health was a “taboo subject” (I1), particularly in participants’ parents’ generation (most interviewees were aged between 31-40) although there were indications this was changing.

“When we grew up, there was no such thing as mental and social abuse or emotional abuse. There was nothing like that, but now, because it’s being spoken openly in schools, openly to parents, partners, it does really help.” (I5)

There was limited recognition of the term “peer support”. There were four reliable sources of support for mental health: self-reliance, faith in God, support from close family and friends (particularly emotional and practical support) and support from mental health professionals. These sources didn’t always meet participants’ needs and many talked about feeling alone and isolated. However, there was another group of disparate experiences of support which defied categorisation but contained varying elements of “peer support”, both in group and one-to-one settings. This ranged from carers groups to art classes to casual friendships, support from imams, children’s teachers and pharmacists.

“I knew there was a gap, but I didn’t know what it was called” (I10)

“I feel lighter. It really helps me” (I1)

There were many benefits of this wider source of support, which participants connected to improved mental health: improved confidence and self-esteem, validation of shared experiences, a wider support network, positive emotions and self-expression, and power to change the system.

To build an environment to enable these changes, participants stressed above all the importance of trust and listening. Further qualities of this support included:

- Structure: fairness and flexibility
- Approach: character and communication
- Content: learning and perspective taking
- Presence: building relationships in a connected space

“Proper careful listening” (I6)

Three important recommendations emerged from this discussion:

- Support for mental health awareness and education, including in community languages
- Building on what’s strong: funding, connecting and promoting informal activity groups
- Developing dedicated peer support programs built around common experience to be: more integrated into community, present at life transitions, reflective of the supportive qualities and culturally specific.