

**A snapshot of minoritised ethnic men's
health: responses from Bridging Change
survey**



Bridging Change

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Introduction¹

Bridging Change conducted a men's health survey containing 31 questions. The survey begins with questions focused on demographics, follow with access to GP and dentists, mental and physical health, medication, exercise, eating habits and community interventions. There was a total of 37 respondents from Brighton and Hove.

Demographics

Ethnic groups

The first set of questions asked individuals how they identified ethnically, this question involved open-ended questions, allowing respondents to self-describe/define their ethnic origin. The responses varied widely representing the diverse aspects in self-identifying as shown in *table 1*.

Self-identifying ethnicity	Quantity
Black African	6
Indian	4
Igbo	3
Asian	2
British Indian	2
African	1
Arab	1
Black and White Caribbean	1
Black British	1
Black British African	1
Black Caribbean	1
Black Caribbean English	1
British Asian	1
British Bangladesh	1
Ga	1
Kings	1
Mediterranean (Turkish/ Kurdish)	1
Mixed	1
Muslim	1
Negro	1
North African	1
Sikh	1
White	1
White Caribbean	1
Total	36

Table 1: Self-identifying ethnicity

¹ All percentages in this report have been rounded to the nearest whole number for readability.

Country of birth

The graph below depicts the variety of countries where respondents were born. *Figure 1* multiple respondents from individual countries, representing the diversity of respondents engaging with this survey. The majority of respondents were born in Nigeria (26%), United Kingdom (20%) and India (14%).

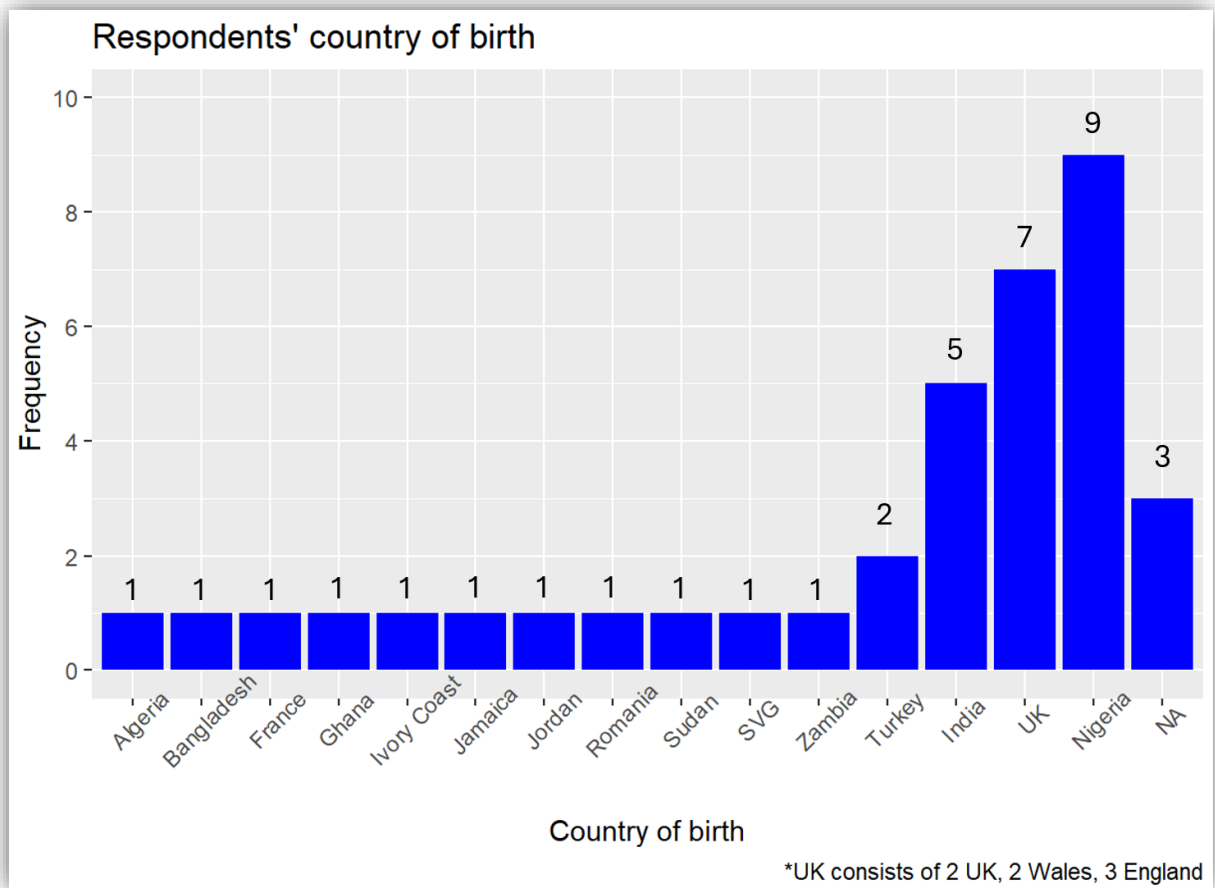


Figure 1: Country birth

Languages spoken at home

One language at home

78% of respondents spoke one language at home of which English was the majority language spoken at home (68%) and Arabic (7%) being the other single language spoken by the respondents. Hindi, Ga, Punjabi, Igbo, Bangla, Turkish and Bengali were also single languages spoken each by one individual (4%).

More than one language at home

22% of respondents spoke more than one language at home. Six of these respondents spoke 2 languages and two spoke 3. Similarly, English was a common language for all but one person.

Below, *figure 2* represents respondents who spoke multiple languages, and what those were.

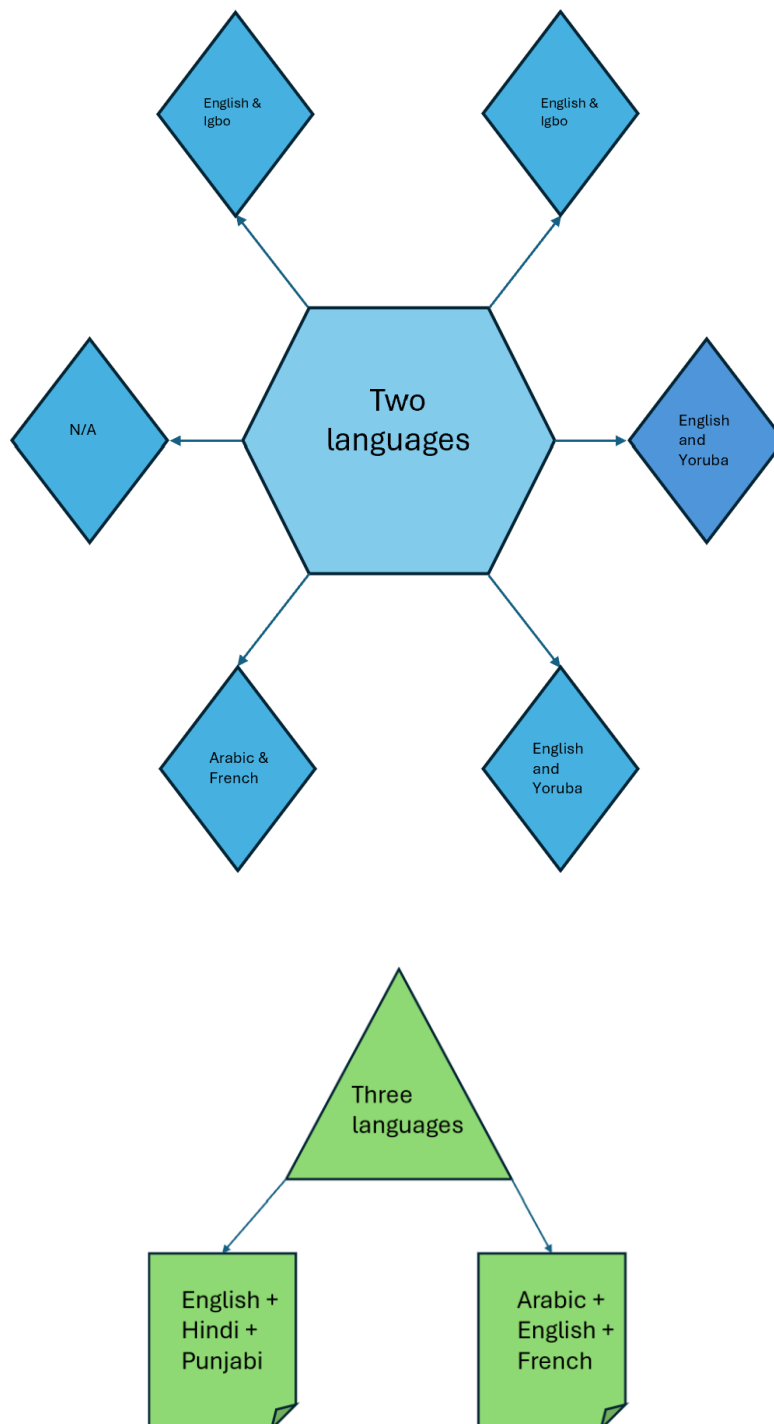


Figure 2: Two and three languages spoken

In total, two-thirds (66%) of respondents spoke English, 11% spoke Arabic, 8% spoke Igbo, and 6% spoke Punjabi, French, and Yoruba.²

Age

There was a wide span of respondents, ranging from late teens to early 80's with a larger proportion from 20-50 (43%). The ages are be categorised by decade in *table 2* below.

Years old	Count
Below 20 years old	1
20-29 years old	6
30-39 years old	9
40-49 years old	4
50-59 years old	8
60-69 years old	3
70-79 years old	2
Above 79 years old	2

Table 2: Respondents ages

² Note that these percentages add up to more than 100% because some respondents are multilingual, meaning they speak more than one language.

General Practitioners

The next sets of questions focused on accessing and experience of using general accessibility of and accessing GP services and were given five options:

- i. *Yes always when I need to*
- ii. *Sometimes*
- iii. *Usually difficult*
- iv. *I do not go to the GP*
- v. *I do not want to go to the GP*

19 of the 36 respondents (53%) *always visited the GP when needed*. Conversely, 7 respondents (19%) *sometimes visited the GP* and the same amount *usually found it difficult*. 3 stated they *do not go to the GP* (8%) with no one saying they *did not want to visit the GP*.

Of the 34 that have visited the GP, majority found their experience as good (47%). 29% of men described their experience as *excellent*, with 24% saying *fair*.

The survey also found when respondents last visited their GP, results were highly varied, with some visiting *fairly recently, many years ago* and *never*. Just over half of respondents had visited the GP *this year* (53%), with a sixth *visiting within this month*. 10 had went to the GP *in 2023* (28%), 5 *before 2023* (14%) and 2 *had never visited their GP* (6%).

The next question asked men to rate each GP experience with receptionists, GP's and the GP services and were given four options: *Friendly and helpful, okay, unfriendly/unhelpful* and *unprofessional*.

Results can be shown in *figure 3*.

When you visited the GP, how do you find the receptionists, GPs and nurse?

Answered: 35 Skipped: 2

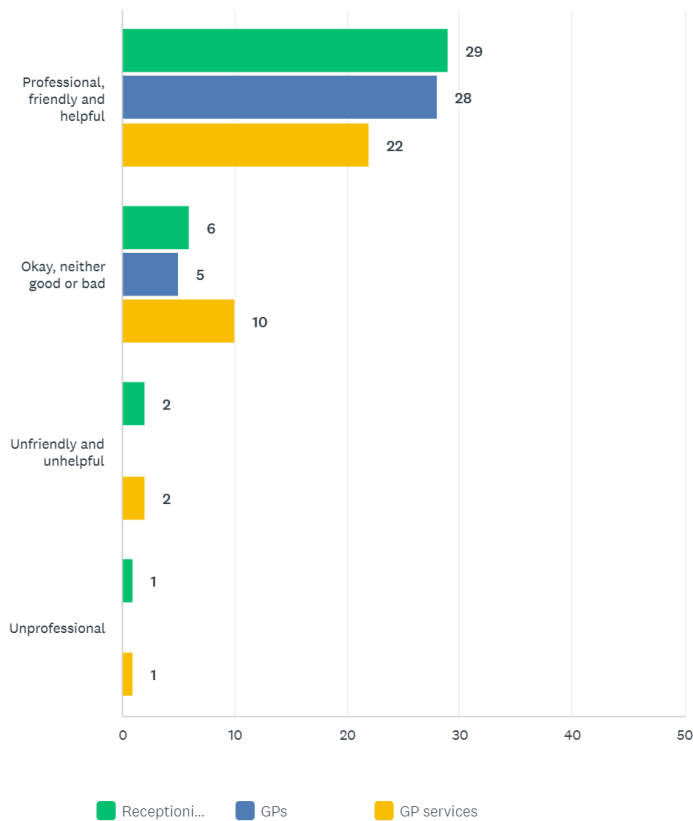


Figure 3: Experiences of receptionists, GPs and GP services

Figure 3, shows how men's opinions differ amongst the receptionists, GP's and GP services:

Receptionists:

- 76% voted professional, friendly and helpful
- 16% chose okay, neither good nor bad
- 5% chose unfriendly and unhelpful
- 3% found them unprofessional

GPs:

- 85% selected professional, friendly and helpful
- 15% decided okay, neither good nor bad
- No one chose unfriendly and unhelpful or unprofessional with the GP

GP services

- 63% stated professional, friendly and helpful
- 29% chose okay, neither good nor bad
- 6% found GP services to be unfriendly and unhelpful
- 2% decided unprofessional

Dentist

Out of the 36 respondents, approximately 30% *have access to an NHS dentist* whereas roughly 14% have a *non-NHS dentist*. A quarter of respondents could *not afford but wanted to pay for a dentist*, with 17% *struggling to find a dentist*. 14% *did not want to go to the dentist*.

Respondents were asked a similar question to raking GPs and GP services but looking at dentists instead. This had the same four options to choose from, focusing on dentists and receptionists.

These trends can be found below in *figure 4*.

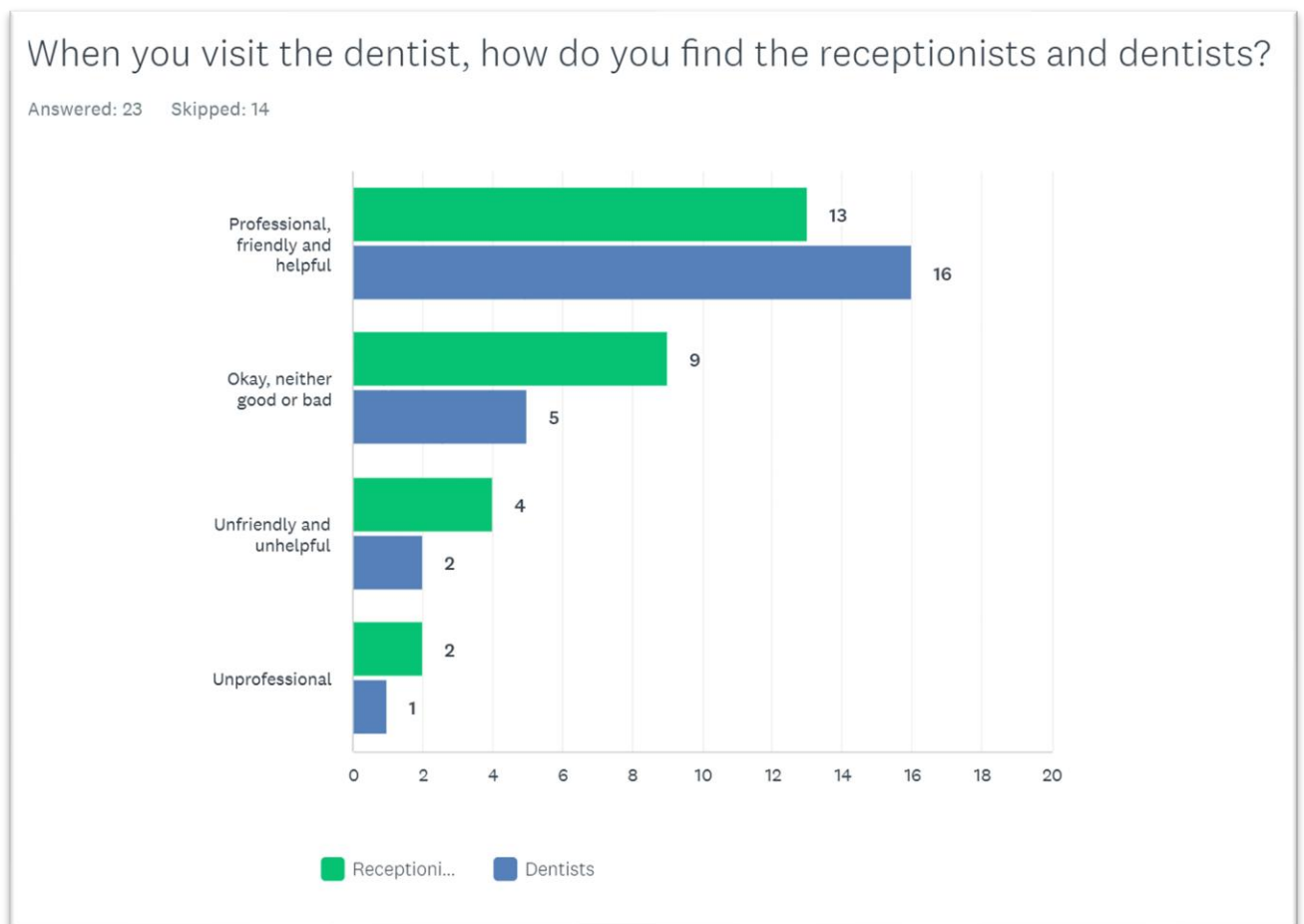


Figure 4: experiences of receptionists and dentists

Receptionists:

- 46% found receptionists as *professional, friendly and helpful*
- 32% described them as *okay, neither good nor bad*
- 14% said *unfriendly and unhelpful*
- 8% had this as *unprofessional*

Dentists:

- Two-thirds found dentists as *professional, friendly and helpful*
- 21% said *okay, neither good nor bad*
- 8% chose *unfriendly and unhelpful*
- 4% claimed *unprofessional*

Mental health

Men from minoritised ethnic groups in the UK face significant challenges with mental health, shaped by both social inequalities and barriers in the healthcare system. Research shows that these men are more likely to experience mental health issues due to stressors related to racism, socioeconomic disadvantages, and social exclusion, which can exacerbate anxiety, depression, and other mental health conditions. However, accessing mental health services is often more difficult for them due to language barriers, stigma within their communities, and a general lack of culturally sensitive services. These barriers lead to lower rates of early intervention and a higher likelihood of reaching services in crisis situations, which often results in poorer outcomes. When they do seek help, men from minoritised ethnic backgrounds are also more likely to face institutional biases, which may lead to mistrust in healthcare providers. As a result, they experience higher rates of compulsory admissions and restraint compared to their white counterparts, indicating systemic inequalities in mental health care access and treatment outcomes. Addressing these disparities requires both policy changes and a commitment to culturally competent, inclusive mental health care practices.³

The greatest proportion of men described their mental health as *good* (47%), with 19% choosing both *excellent* and *fair*. 14% of men described their mental health as “*poor*”, of those 14%, a third stated that they “*sought professional help*”. In total 32% of respondents said they “*sought professional help*”, with 62% saying *no* and 5% preferring not to answer. These results can be shown below in *figure 5*.

³ Gough, B and Novikova, I (2020) Mental health, men and culture: how do sociocultural constructions of masculinities relate to men’s mental health help-seeking behaviour in the WHO European Region? Technical Report. WHO.

Morrow, M., Bryson, S., Lal, R., Hoong, P., Jiang, C., Jordan, S., ... & Guruge, S. (2020). Intersectionality as an analytic framework for understanding the experiences of mental health stigma among racialized men. *International Journal of Mental Health and Addiction*, 18, 1304-1317.

Nazroo, J. Y., Bhui, K. S., & Rhodes, J. (2020). Where next for understanding race/ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism. *Sociology of health & illness*, 42(2), 262-276.

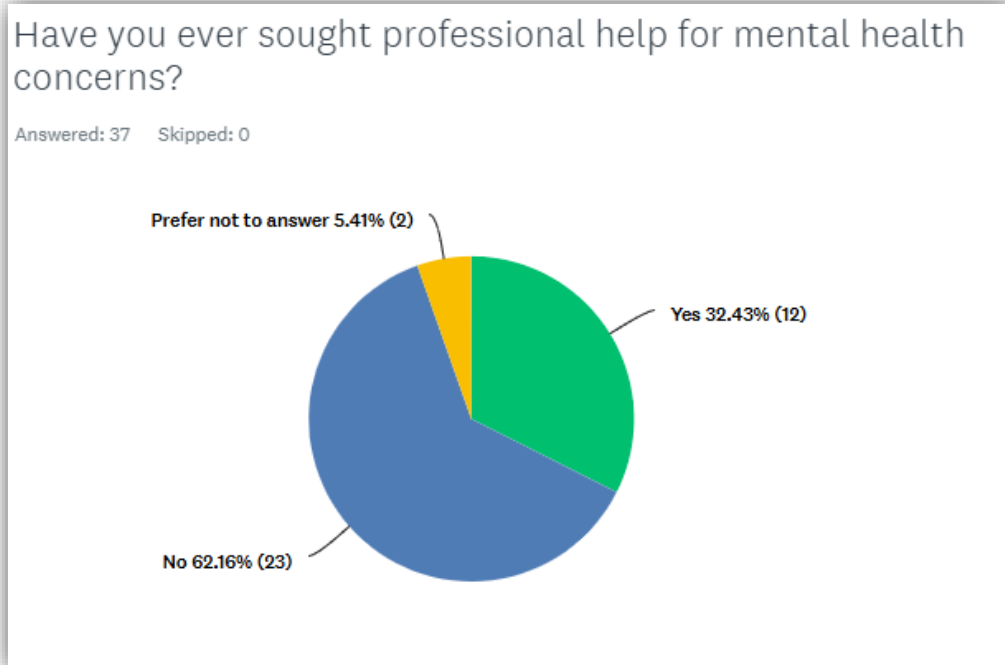


Figure 5: Sought professional help for mental health

Experiencing stress on a regular basis was evident amongst the 37 respondents, with 38% stating *yes* and 46% as *sometimes*. Very few responses dismissed experiencing stress (11%) on a daily basis, with 3% answering as *not feeling stressed*. When asked about methods to help manage stress, these were often focused on exercise and resting including activities such as walking, “working out”, sleeping and meditation. Almost a third of men in this survey said they had sought professional help for their mental health.

There recognition that preventative support strategies can help men to learn about coping skills, manage stress and improve emotional awareness, which were essential in addressing life challenges without reaching a breaking point. Many men faced barriers to seeking help, including stigma, societal expectations around masculinity and limited cultural acceptance of discussing mental health. Preventative approaches, such as stress management programs, community mental health workshops and counselling services, provide accessible, proactive ways to engage men in mental health care before issues become acute.

Health conditions

The survey also explored men's health conditions. 49% of respondents "did not face any forms of health conditions" whereas 51% faced "one or multiple health conditions". A total of 31 health conditions were found where just above half of the men (52%) did not have any health conditions. As shown below in figure 6, high blood pressure was the most common health condition (24%), followed by mental health and diabetes (both 16%) and heart disease (11%). Few respondents also stated health conditions around respiratory, autoimmune and infection diseases. There was no sign of any person having cancer, dementia or obesity. 16 of 19 (84%) respondents facing health conditions did record to taking medication.

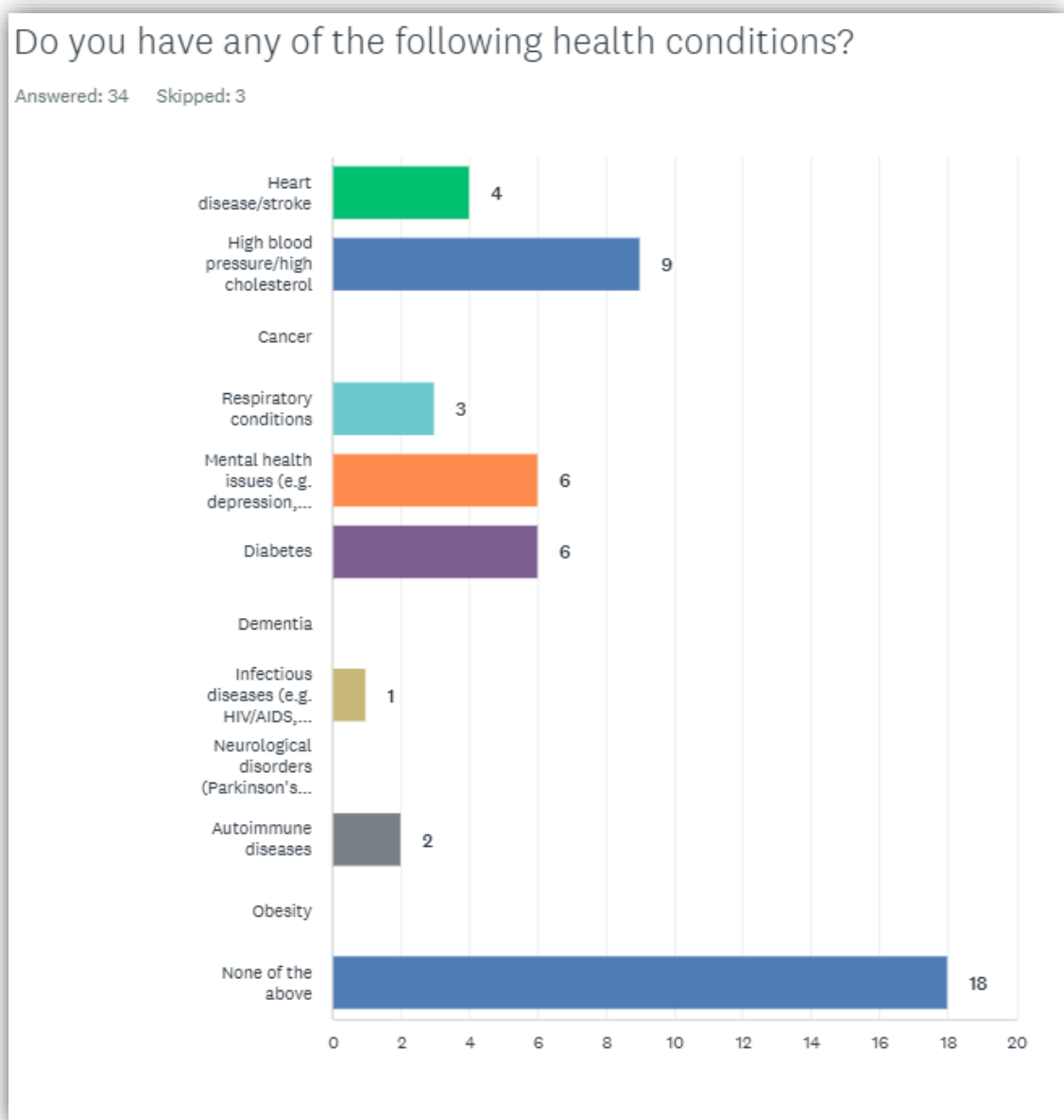


Figure 6: Health conditions

Sleeping patterns:

Sleeping patterns widely varied however, most common sleeping patterns ranged within 6-7 hours, with a couple of men sleeping 8 hours. 10 men recorded sleeping less than 5 hours, with some men noting trends such as “irregular sleeping patterns”.

Smoking and alcohol:

Just below a sixth of respondents smoked (6/37), as shown in *figure 7*, whereas *drinking alcoholic beverages* were significantly lower, with 16 respondents *never drinking* (43%), 15 *less than a month* (41%), 6 drinking *once a week* (16%) and no individual *drinking more than once a week*, shown in *figure 8*. Only one person who smoked, also drank once a week.

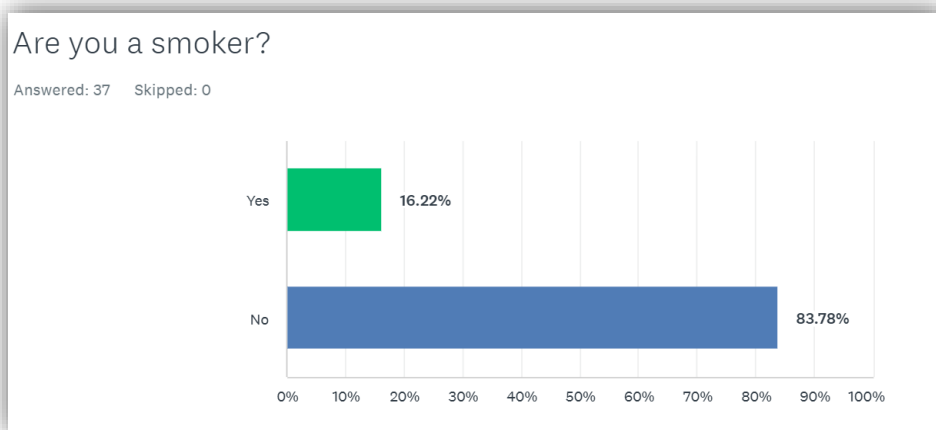


Figure 7: Smoking habits

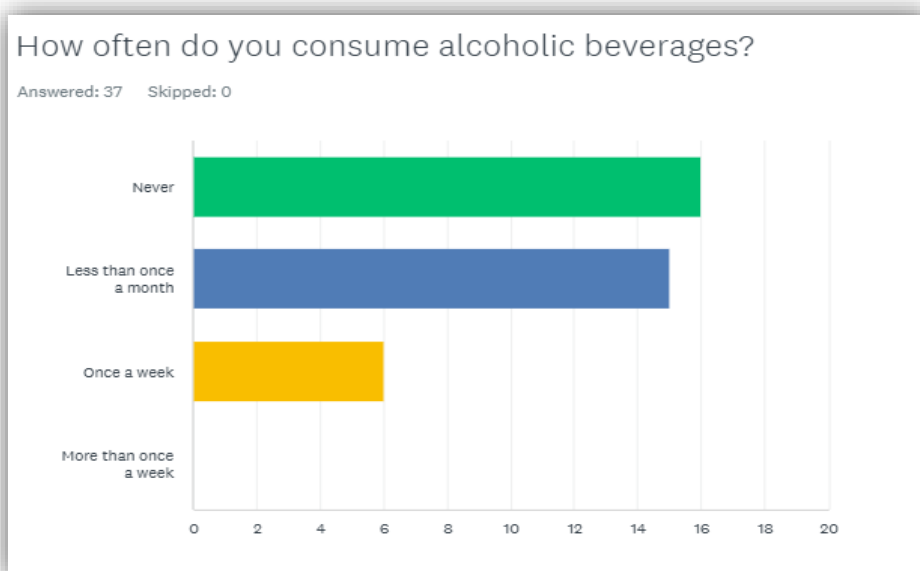


Figure 8: Alcohol consumption

Weight loss and information:

As shown in *figure 9*, a high proportion of men would like to know more about maintaining a healthy diet at 68% of men, whilst 16% were *unsure* and 16% said *no*.

Additionally, this survey explored whether respondents faced significant weight changes over the last year. An even split amongst the three choices were found with men stating *significant weight change* at 32%, *somewhat* at 32% and *not at all* at 35%.

There was a correlation between those who experienced significant weight changes over the last year and wanted to know about maintaining a healthy diet. Those who faced partial weight changes, 83% would like to know more, and of those who have not faced weight changes, 62% of men would like to know more about maintaining a healthy diet.

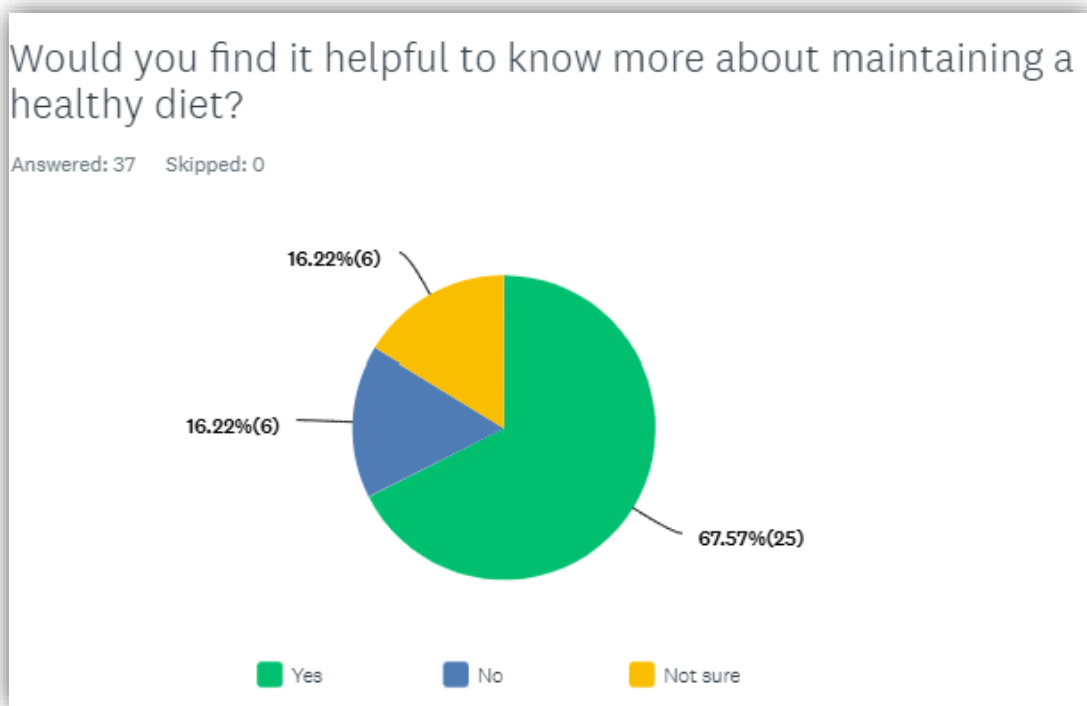


Figure 9: Would you like to know more about maintaining a healthy diet

Physical activity:

Regular physical activity amongst men were common with activities such as *walking*, *running*, going to the *gym* and *playing football* particularly prevalent. A total of 12 respondents participated in *physical activity every day* (32%), with 13 engaging a *few times a week* (35%). Only 2 were involved *a few times a month* (5%), whereas 8 did physical activity *whenever they could* (22%). 2 said they *never did forms of physical activity* (5%). This can be shown in figure 10.

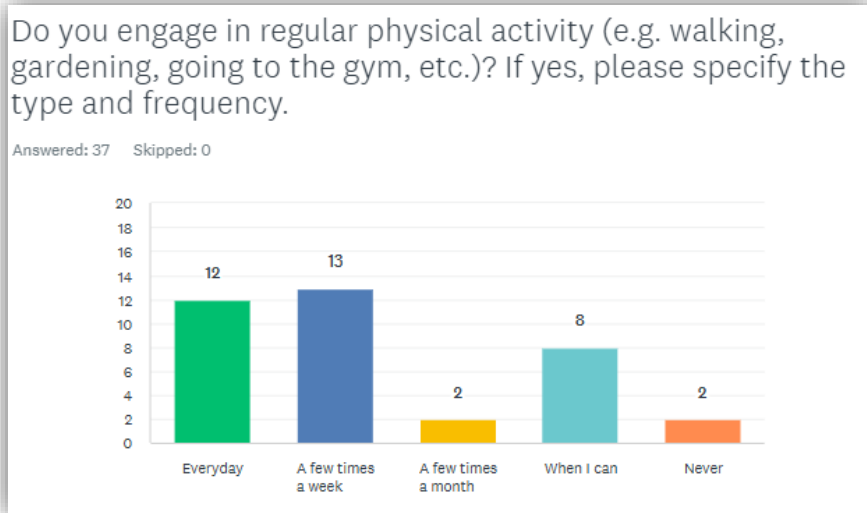


Figure 10: Physical activity frequency

Health services:

Screening

38% of the 37 respondents have been *offered and attended screenings* whereas 35% have *not been offered a screening but would like one* and 27% simply have *not been offered any screenings*.

Services and advice wanted

Services that men wanted further information about can be shown below in *table 3*. Advice around *healthy eating, mental health, sexual health* and *exercising* were most prevalent.

What kind of advice of service would you like to know more about?	Number	Percentage
Healthy eating/ dietician	22	59.5
Mental health	17	45.9
Sexual health	13	35.1
Exercise	12	32.4
Diabetes	6	16.2
Dementia	5	13.5
Cancer	4	10.8
Smoking	4	10.8

Table 3: Services you would like to know more about

Access to appointments and services

16 respondents found *issues around accessing appointments/ services* (47%), arising themes included *long waiting times, lack of appointments available* and *a high expense* which resulted in 12 men being *dissatisfied* and *not wanting to use any health services* (35%). A couple of respondents expressed discrimination based on race and feeling more comfortable with men from the same ethnic background.

Is there anything that could help to improve men's health?

Health

Men surveyed wanted more mental health awareness, greater opportunities for exercise, information around dieting and being offered regular counselling, GP visitations and screenings.

Wellbeing

Regular themes include men's spaces where men can talk about issues faced and having men listen, support and encourage.

Offering more social activities whilst being inclusive (such as ethnicity and retired men), teaching boys and younger men with topics regarding positive role models and stable work."

Additionally, having opportunities that help in getting work and offering financial advice was mentioned.

Conclusion

Focusing on men's health is essential, as this survey powerfully highlights, there are a number of key concerns that men who filled in this survey expressed around accessing mental and physical health services. Many respondents noted difficulties in seeking mental health support due to stigma, which remains a major barrier for men who feel pressured to conform to societal expectations of resilience and emotional strength. Addressing this stigma through targeted outreach and normalising conversations about mental health can encourage more men to seek support early. By prioritising access and reducing stigma, we can help men engage with mental health services, ultimately decreasing the risk of more severe mental health issues. Creating spaces and resources that are approachable and tailored to men's unique experiences can help bridge the gap between their needs and available support.

The survey also underscored men's concerns about managing chronic conditions like high blood pressure, heart disease and diabetes, health issues often exacerbated by limited exercise, poor diet and unaddressed stress. The respondents themselves appreciated the value of preventative healthcare in improving healthcare to make a meaningful impact. Programmes that encourage regular exercise, balanced nutrition and regular health screenings are essential in supporting men to lead healthier lives. By addressing both physical and mental health simultaneously, we can promote holistic well-being, helping men to make sustainable lifestyle changes that reduce risks for both mental health challenges and chronic physical illnesses. Prioritising men's health with accessible, stigma-free resources and practical, preventative measures can empower men to take charge of their health and lead longer, healthier lives.