Mental health, mental illness and psychological help-seeking in St. Lucia: An exploration of young adult men's understanding using thematic analysis

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Table of contents

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Abstract

There is a need to understand the psychology of Caribbean people, particularly Afro -Caribbean men, in order to recognise and meet their mental health needs, within both a Caribbean and a non-majority population context. This research adds to the much-needed Caribbean mental health literature pool; using a qualitative methodology to explore how young adult St. Lucian men (age 18-40 years) made sense of the concepts of mental health, mental illness and psychological help seeking. A thematic analysis of the data found stigma played an important role in participants' understanding of mental health and how they relate to people who are deemed as mentally ill. Help-seeking was seen as a feminine behaviour which participants interpreted as weak and therefore did not fit with their ideas of being 'a man'. Maintaining a favourable image and adhering to masculinity ideals, such as being stoic and strong, was a common thread throughout the participants' narratives; leading to conflict between their desire to get help and the fear of negative evaluation if they actually seek help. Participants' accounts reflected a reluctance to describe any of their experiences as mental health related and also desire to dissociate themselves from anything or anyone associated with the word 'mental', due to the influence of stigma. Participants talked about fear of mental health services, with the salient feature of this fear directed towards the perceived mental health treatment of the mentally ill in St. Lucia. This fear was not as a result of the impact of racism or discrimination as have often been found in men from ethnic minority backgrounds, in non-majority populations. The need for mental health education to reduce the stigma and mental health promotion to increase awareness of the importance of mental

well-being, was clearly evident in participants' narratives. These findings, therefore, have significant implications for policy makers, mental health promoters and practitioners both locally and internationally.

Introduction

This study is set in the English-speaking Caribbean island of St. Lucia. It presents the outcome of a qualitative exploration of young adult (18-40 years), St. Lucian men's understanding of mental health, mental illness and psychological help seeking.

Mental health research in the Caribbean is lacking (World Health Organization, 2011; Sharpe & Shafe, 2016; Nicolas & Wheatly, 2013), particularly in the English-speaking Caribbean (Ward & Hickling, 2004). Most of the mental health related research on Caribbean people, are conducted outside of their home countries, where they are grouped as minority ethnic and the research are conducted by people who can be classed as 'outsiders' (Nicolas & Wheatley, 2013; Ward & Hickling, 2004). There is therefore a need for Caribbean research, which centres on each island individually, focusing on the mental health issues and mental health needs of Caribbean people (Nicolas & Wheatley, 2013). Ideally, this should be conducted by Caribbean mental health researchers who "have a contextual understanding of the population and issues at hand" (Nicolas & Wheatley, 2013, p.172).

Having said that, I believe it would be useful at this point, to provide the reader with some background information about myself and my interest in this topic, in order to make clear how I am situated in the research. This will then be followed by the thesis outline.

My background: I am an Afro- Caribbean woman, in my mid-forties, currently residing in the UK. I possess dual citizenship; therefore, I am St Lucian by birth and British through naturalization. I migrated to the UK 17

years ago to pursue an undergraduate degree in psychology, after practicing as a general trained nurse for almost ten years. While I pursued my part-time psychology degree, I worked full- time as a Registered nurse in the UK to fund my studies. My Professional Doctorate studies was also self-funded by my part- time work as a registered nurse.

While in the UK, my family and I have visited the island of St. Lucia on many occasions; keeping abreast with developments at a local level. It is my hope to return to St. Lucia to contribute to society as a trained counselling practitioner.

My personal interest in the topic: My interest in understanding the mental health needs of young men stems from my personal experience of having several members of my immediate family, all young men, developing mental disturbances which have severely impacted their lives. I developed a curiosity about why and how they experienced mental health issues and had questions about why the family did not notice at an early stage in their illness. I also questioned what stopped the young men from talking about how they felt and remained curious about how they coped with their experiences. I had further questions about the mental health services in St Lucia and wondered why it was the police who had to be called when these young men displayed behaviours that seemed out of character. Why were they medicated regardless of the cause of their mental disturbances and why they did not seem to recover from this first episode of mental illness? In essence, I had a lot of questions and no answers, which created a sense of helplessness. I therefore wondered whether it would make a difference if

they were able to talk freely about their experiences and more importantly, would they be willing to talk?

My desire to make a change, influenced my decision to pursue a career change from nursing to counselling. I believe that training as a counselling psychologist would position me well to be able to explore and understand some of the issues young men face within the St. Lucian society and how practitioners and services could be geared to meet their mental health needs; hence my research area.

Thesis structure

The introduction section will place the study into context; The Caribbean region and the island of St. Lucia will be introduced, followed by a brief psychiatric history of the Caribbean and St. Lucia. The thesis background will be presented; introducing the findings of the 2009 World Health Organization, Mental Health Assessment Report (WHO-AIMS) and the significance of the study to counselling psychology will be described. The literature review will follow; it will set the theoretical framework for the study, highlighting the relevant key concepts in the literature on men and mental health and more specifically black men (referring to Africans, African Americans or Afro-Caribbean) and mental health. The literature review section will conclude with the rationale for the research, including the aims and research questions. I will then outline the methodology which considers the epistemological and ontological position and my reasons for employing such. This will conclude with the method used and a step by step explanation of how the study was conducted. Finally, I will present the results and discussion section which will report my research findings and how it relates

to my research questions and the current literature. This section will then conclude with a summary of the findings, implications for practice and policy makers, study limitations and future research recommendations.

A brief introduction to the Caribbean and St. Lucia

The Caribbean is a region found in the Western Hemisphere, South of North America and surrounded by the Caribbean Sea (Edwards, 2013). A group of islands which are bound together by their geographical location and shared history of European colonization and slavery (Girvan, 2000). These islands share the history and culture of being infiltrated by the French, Dutch, Spanish and English and consequently became a milieu of Spanish, Dutch, French and English-speaking countries (Paul, 2009). Therefore, each group; based on their language have their own culture and way of being (Edwards, 2013; Barker, 2011). This study focuses on the English-speaking Caribbean. St Lucia is a small island in the Caribbean, with a land mass of approximately 617 square kilometers. It is located in the center of the Windward Islands with a UN estimate population of approximately 182,790 (WHO, 2018). The island's religion is predominantly Roman Catholic with a majority population of African descendants. St. Lucia depends on tourism as its main source of income and has English as its first language, but has a patois/ creole dialect, which is spoken and understood by most (WHO, 2009). The Ministry of Health, Family Affairs and Gender Relations manages the health sector, with no specific authority dedicated to mental health (WHO, 2009). A mental health authority is defined by WHO, as an established system within a country, which is responsible for guidance and advice on policies and legislation relating to mental health (WHO, 2009).

St Lucia is a developing country, which gained political independence from Britain in 1979. Despite political independence, the impact of colonization remains, as much of the 'old' British practices remain in effect today (Ward & Hickling, 2004). This is very evident in the structure of the psychiatric system which has a strong focus on institutionalized care and medicalization of those who are deemed as mentally ill (WHO, 2009).

A brief psychiatric history of the Caribbean and St. Lucia

The Caribbean's mental health history can be dated back to 1542, as recorded by a Spanish monk, De Las Casas, cited in, Beaubrun, Barnister, Lewis, Nahy, Royes, Smith & Wisinger (1976) who gave an account of early Caribbean psychiatric history. This account details the use of herbs to deal with those who were deemed to be 'mind- riven'; this was the term used for the mentally ill during this era (Beaubrun et al., 1976). The 'mind-riven' folks were left free to roam in the communities, where food was left hanging on trees to provide nutrition – there was no account of institutionalization in these earlier times (Hickling, 1988).

However, when the Europeans invaded and battled over the islands, they stopped the indigenous people's treatment practices and introduced their European ways of working with the 'mind riven' (Hickling, 1988). This led to the introduction of the 'Lunatic ordinance' and building of lunatic asylums; setting the stage for institutionalization and medicalization (Hickling, 1988; Hickling & Gibson, 2005) of those who were considered as of 'unsound mind' (Alexander, 1985).

The slave trade saw many people becoming mentally ill and being incarcerated and institutionalized or killed (Hickling & Hutchinson, 2012). A

common consequence of this injustice and oppression propelled many slaves to take their own life, as they attempted to fight against this (Hickling 1988) . Prior to colonization and the slave trade, there were few incidents of suicide and mass suicide was unheard of, but during this period there are reports of mass suicides to defy being slaves (Hickling, 1988).

St Lucia's psychiatric history is similar to that of the rest of the English-speaking Caribbean islands. There is however, a paucity of literature detailing specific events as is found about the larger English-speaking countries, such as Jamaica. St Lucia was fought over by the French and the British, with the British winning the war and securing ownership of the island. In 1916, a colonial mental hospital, called the 'Toc Mental hospital', was established, where those who were considered to be 'mentally unsound' were admitted. These included, epileptics, those of feeble mind, idiots and imbeciles (Alexander, 1985). Prior to this, those who were 'mentally unsound' were sent to the neighbouring island of Grenada, to the Colonial Lunatic Asylum for housing. The Toc hospital was renamed 'Golden Hope Hospital' in 1974 (Alexander, 1985). In 2010, a new mental health hospital was built, called the New National Wellness Centre and has a capacity of 104 beds. This new hospital has less beds than the previous Golden Hope Hospital; which had the capacity for 120 people (Francis, Molodynski & Emmanuel, 2018).

The World Health Organization (WHO) recognizes the deficits in mental health care in the Caribbean and in St. Lucia and has called for a shift from institutionalization to a community care approach (WHO, 2009). Some of the Caribbean islands have seen a modification in the way mental health is

viewed and dealt with, which includes changes in mental health policies and the deinstitutionalisation of mental health care, as is seen in Jamaica (Hickling, Hickling & Paisley, 2011; Hickling, 2010). However, St Lucia remains one of the islands which has not made any considerable progress in mental health reform, with most of its focus still on institutionalised care and a lack of availability of primary care interventions (WHO, 2009).

Study background

In 2009, the World Health Organization (WHO) conducted a comprehensive review of the mental health system in St Lucia, using the World Health Organization Assessment Instrument for mental health (WHO-AIMS). This is a mental health assessment tool devised by WHO, which is used to assess and monitor mental health services within the Caribbean (WHO, 2011).

The report underscored several issues with the mental health system in St. Lucia; such as the lack of mental health related research and mental health training for practising mental health professionals. It noted that mental health was not a priority, as evidenced by the 4% of the health budget, which is allocated to mental health care, out of which 97% goes to the mental health hospital (WHO, 2009; Francis et al., 2018). The report further highlighted, the lack of integration of mental health care into the primary care system, a lack of community-based care and a continued focus on institutionalized care (WHO, 2009).

A lack of mental health related research is a theme common to most of the English-speaking Caribbean (Sharpe and Shafe, 2016: WHO, 2011). Mental health related research is almost non-existent in St Lucia; therefore, this research seeks to address this gap.

Significance of this study to the field of Counselling Psychology

This research builds the foundation for future research on the island of St. Lucia, contributing to the much-needed literature on how Caribbean people understand and manage distress (Roopanrine & Chadee, 2016). It is the first research of its kind in a Caribbean context, as far as I am aware. This research provides a unique perspective of the understanding and attitudes of Afro- Caribbean people to mental health and psychological help seeking, which is unadulterated by modern day racism and discrimination. The knowledge gained from this research could contribute to the idea of a Caribbean psychology (Thompson, 2016), which recognises that each culture has their unique way of making sense of distress (Bhugra, 2002). Thus, there is a need to understand how Caribbean people think and conceive distress, how they feel and experience it and how they behave as a result (Sharpe & Shafe, 2016).

The findings can potentially inform service providers in St. Lucia of the types of services that will meet the needs of young adult men and inform the practice of those who currently involved in mental health promotion and education. This knowledge can also transcend to countries such as UK and the USA, to possibly inform the practice of those who provide counselling to minority ethnic groups. Counselling psychology acknowledges that experiences are rooted in historical, cultural, social and political context (James, 2016). Thus, services need to acknowledge this and recognize that western psychiatry may not be transferable (James, 2016; Bhugra, 2002). Therefore, practitioners need to remain mindful of the multi-cultural world that we live in and so the need to develop multicultural competencies is a growing

necessity (Ponterotto & Casas,1993; James, 2016; Thompson, 2016). Thus, “as ethnic groups migrate across the globe, a counselling psychologist could have a multi-ethnic case load while working in a Western country” (James, 2016).

Literature review

The concept of mental health and mental illness

The World Health Organization defines mental health as “a state of well-being in which the individual realizes his or her own ability, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO , 2004 p.12). The concept of mental health goes beyond simply eliminating illness (Lemma, 2005; Manwelll, Barbic, Roberts, Durisko, Lee, Ware & McKenzie, 2015) but, includes the ability to form and maintain good relationships and lead a life that is purposeful and meaningful (WHO, 2001; WHO, 2004; Galderisi, Heinz, Kastrup, Beezhold & Sartorius, 2015). Mental illness on the other hand, is characterized by changes in mental well-being which manifest in changes in cognition, affect and behaviour, resulting in difficulty in day to day functions (WHO, 2017; US Department of Health and Human Services, 1999).

Mental health varies and so does mental illness; one can be mentally healthy whilst having a diagnosis of mental health problem (Marsella, 2003). Likewise, mental illness can range from mild to severe and includes a variety of problems which present with different signs and symptoms (WHO, 2017). These concepts can be viewed as being on a continuum (WHO 2017). How

the continuum is perceived is influenced by many factors such as culture (Choudhry, Mani, Ming & Khan, 2016; Napier, Ancamo, Butler, Calabrese, Charter et al., 2014).

However, research has shown that mental health and mental illness both tend to carry a negative connotation and are often used interchangeably regardless of age, gender or culture (Armstrong, Hill & Secker, 2000; Choudhry et al., 2016; WHO, 2004). Despite the 'health' aspect of mental health, people tend to pay attention to the word 'mental' which in some cases represents 'extreme madness and committed to asylums (Scottish Health Feedback, 2002; Armstrong, Hill & Secker, 2000).

Perceptions of mental health, mental illness and psychological help seeking in the context of culture

Arguably, the universality of this standard definition of mental health, is questionable (Lemma, 2005; Galderisi et al., 2015; Manwell et al., 2015, Bhugra, Til & Sartorius, 2013). In response to this, the World Health Organization has noted that, "just as age or wealth each have many different expressions across the world and yet have a core common-sense universal meaning, so mental health can be conceptualized without restricting its interpretation across cultures." (WHO, 2004, p. 12). Thereby acknowledging the universality of human suffering and raising awareness for culture specific responses (Napier et al., 2014).

Perceptions of mental health and mental illness are subjective and culture specific (Lemma, 2005; Bhurga, 2002). How people interpret and create meaning to their psychological experiences varies, (US Department of Health and Human Services, 1999; Bhopal, 1997; Lemma, 2005), as different

cultures express symptoms of mental illness differently (Lowenthal, Mohamed, Mukhopadhyay, Ganesh & Thomas, 2012; Napier et al., 2014). Culture dictates what is acceptable and what is not in a society (Kleinman, 1988). Some concepts such as mental illness is taboo in certain cultures (Lin & Cheung, 1999). Consequently, creating deliberate avoidance of labelling their experiences as mental health issues (Kleinman, 1988; Ling & Cheung, 1999). For example. Bhopal, (1997) found that Asian patients were more likely to report symptoms that are not related to mental health such as feeling dizzy rather than report feelings that will perhaps indicate a mental illness. Culture can therefore be defined as the beliefs, attitudes and values that are shared among a group of people (DHHS, 1999). It is argued however, that culture is not a fixed permanent way of being as purported by this definition but is adaptable and subject to change (Napier et al., 2014)) and therefore a "dynamic… flexible system of world views" (Fernando, 2003, p 11). Culture changes depending on how people view and decide to accept what needs to be changed or not (Lopez & Guarnaccia, 2000). It influences attitudes and beliefs about mental health and illness and therefore influences the decision to seek help (Choudhry et al., 2016; WHO, 2016; Bhurga, 2002). For instance, African Americans acknowledge their problems but are more likely to deal with their problems on their own rather than seek professional help (Sussman, Robbins & Earls 1987). In the UK it is reported that the African Caribbean community tend to wait until crisis point and are likely to be brought in by the police and more likely to be sectioned and institutionalized due to their lack of early psychological help seeking (Keating, 2009).

Psychological help seeking is defined as “the behaviour of actively seeking help from other people…” (Rickwood, Deane, Wilson & Ciarrochi, 2005, p. 4). It is considered a coping strategy in times of distress (Pitman, Krysinka, Osborn & King, 2012; Chan, 2013**).** Yet, research has found that people from minority ethnic groups, particularly men, are more averse to seeking professional psychological help (Bhurga, 2002). People’s coping strategy are therefore embedded in their cultural beliefs and practices (Fernando, 2003). For example, African Americans are more inclined to seek help for mental health problems from spiritual sources (Neighbours, Musick & Williams, 1998). Also, African and Afro-Caribbean people tend to seek help from spiritual sources, such as the church or obeah men (Hickling, 1988), to help with their psychological distress.

The term obeah was coined in the 18th century , by the Europeans , to encapsulate “African practices that acted powerfully on peoples’ body and minds” (Wisecup & Jaudon, 2015, p.131) . These spiritual practices were enacted by those they referred to as obeah men or practitioners; men or women who implemented these spiritual practices because society believed they possed specific gifts or powers which enabled them to heal or help protect them from evil (Fernandez-Omos & Paravisini-Gerbert, 2003).

The Caribbean, although bound by a history of colonization and slavery, do not all share the same culture (Nicolas & Wheatley, 2013; Hickling, 1988). Therefore, in trying to understand how people make sense of mental health, illness and psychological help seeking, it would be necessary to pay attention to their culture, as attitudes and beliefs about mental health and

illness are significantly impacted by one's culture (Lin & Cheung, 1999 ; Napier et al., 2014).

Research into perceptions and attitude towards mental health in the English-speaking Caribbean is lacking (WHO, 2011) and the concept of psychology is recently beginning to take shape (Ward & Hickling, 2004). There is an increase need to explore the understanding of Afro- Caribbean men's understanding of mental health and mental illness (Keating 2007). Fundamentally, psychiatry is based on practices from the westernized world (Bhugra, 2002; Fernando,2003; Ward & Hickling, 2004), as a consequence, minority groups ways of expressing psychological distress are most often pathologised within westernized practice (Littlewood & Lipsedge, 1981). Therefore, it seems necessary that the understanding of mental health and mental illness is explored, within the context of culture, in order to make sense of the attitudes and beliefs that this group holds towards these concepts (Bhugra, 2002). This needs to be taken into consideration if adequate services are to be provided to meet their psychological needs (Sewell, 2009; Fernando, 2003).

Men and psychological help seeking

There is an abundance of research into the help seeking behaviours of men, for both physical and psychological issues (Wegner, 2011; Galdas, Cheater & Marshall, 2004), with a growing interest in men's help seeking practices for mental health related issues, such as depression and suicide (O'Brien, Hunt & Hart, 2005; Pitman et al., 2012). Findings indicate that men show more negative attitudes to psychological help seeking (Wenger, 2011; Pederson & Vogel, 2007) and utilize mental health services less than women (Andrews,

Issakidis & Carter, 2001; Good & Wood, 1995; Komiya, Good & Sherrod, 2000) even when it is free and accessible (Pederson & Vogel, 2007). Men have been labelled as unwilling to seek help even when they appear to be as distressed as women (Courtenay, 2000; Vogel, Wade & Hackler, 2007; Wahto & Swift, 2014). Thus, more likely to disregard their emotional distress as needing psychological interventions (O'Brien, et al., 2005), yet are more likely to commit suicide (Rasmussen, Haavind & Dieserud ,2014).

Men's negative attitude towards mental health and poor pattern of psychological help seeking have been attributed to several factors, such as gender differences in emotional expression- suggesting that men are less likely to express how they feel compared to women, making them less 'emotionally open' (Komiya, Good & Sherrod, 2000). Some men regard a display of emotion as a sign of weakness and that it is a feminine 'thing' to ask for help (Leong & Zachar, 1999; Courtenay, 2000; Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012; Wahto & Swift, 2014; Newberger,1999; Pederson & Vogel, 2007). This view links to ideas of masculinity (Courtney, 2000; Johnson, et al., 2012) and gender- role conflict (Wenger, 2011; Rickwood, et al., 2005) as barriers to help seeking. Other factors which have been implicated in men's lack of psychological help seeking are, stigma; both public, self-stigma (Corrigan, 2004; Vogel et al., 2007) and more recently family stigma (Mascayano, Tapia, Schilling, Alvarado, Tapia, Lips & Yang, 2016). Ethnicity and cultural orientation (Keating & Robertson, 2004; Bhugra, 2002; Al-Darmaki, 2003; Hofstede, 1997), socio economic status (Galdas et al., 2004), shame (Cleary, 2012) and poor social support (Pederson & Vogel, 2007) have also been implicated in these factors. Some of these factors will

be examined in more details further on in the review.

Minority ethnic research show that men from this group are less likely to seek help compared to their white counterparts (Chandra, Scott, Jaycox, Meredith, Tamielian & Burnam, 2009; Sealy-Jefferson, Vickers, Elam & Wilson, 2015). However, for African and Afro Caribbean men, there are additional factors which negatively impacts help seeking. Factors such as treatment fearfulness (Keating & Robertson, 2004; Good & Wood, 1995) fear of loss of social status (Galdas et al., 2004), poor relationship with mental health services (Keating, 2009) racism and discrimination (Robertson & Keating, 2004; Keating ,2009) impact on their attitudes and help seeking behaviours. Some of these factors will be examined as barriers to help seeking.

The paucity of research on Caribbean mental health in a Caribbean context (Nicolas & Wheatley, 2013) creates a challenge in understanding how Afro-Caribbean men perceive and make sense of mental health and psychological health problems (Keating, 2009).

The view from the literature creates a homogenous perspective of men and portrays a stereotypical image of men as difficult, problematic and unwilling to seek help (Addis & Mahalik, 2003; Wenger, 2011; Galdas, 2009). However, not all men are reluctant to seek help (Galdas, 2009) and help seeking has been found to change depending on the circumstances (Wegner 2011). Research would therefore do well to explore the processes involved in men's help seeking (Wegner, 2011) and under what circumstances they would be inclined to seek help (Galdas, 2009)

Young people mental health and help seeking

Young people tend not to seek help when there is a need (Rickwood et al., 2005) particularly young men (Nam, Chu, Lee, Lee, Kim & Lee, 2010; Le Surf & Lynch, 1999). They are inclined to rely on themselves in dealing their mental health difficulties (Rickwood et al., 2005) which can lead to an inability to cope and resorting to actions such as suicide (Rasmussen et al., 2014). Transitioning into adulthood is a vulnerable time for young people, not just because of the bodily changes that they go through, but it is a critical point where they are likely to develop or show signs of mild to mental health issues (Brawaithe, 1994) .Also, this is the point in their development where young adults are most likely to move away from their social support system, such as the family (Keohane & Richardson, 2018, Rickwood et al., 2005) to try and gain their own independence and sense of self, (Erickson, 1994). This can potentially lead to young men feeling vulnerable and not having enough support to' hold' them which can make suicide seem like an option (Pitman et al., 2014; Rasmussen, Hjelmeland & Dieserud, 2018).

Men and suicide

Suicide attempts and completed suicides are a global concern (WHO, 2018). The World Health Organization recorded an estimate of over 800,000 completed annual suicides globally with more males committing sucide compared to women at a rate of 15.0 per 100,000 population for males compared to 8.0 per 100,000 population for females (WHO, 2018, WHO, 2014). It is purported that for every completed suicide there are several attempts (WHO, 2014). "Suicide attempts result in a significant social and economic burden for communities due to the utilization of health services to

treat the injury, the psychological and social impact of the behaviour on the individual and his/her associates and, occasionally, the long-term disability due to the injury (WHO, 2014 p.25).

Women tend to have more recorded attempted suicides compared to men who have higher rate of completed suicides (Kaplan & Sadock, 1998; Bradley, West, Ford, Frame, Klein & Lohr, 2012; WHO, 2014). This finding is relevant in most countries; men constitute more than 60 percent of death by suicide (WHO, 2014). Few exceptions to this is found in China, where more women, particularly young women, commit suicide compared to men. In China factors such as social issues are blamed for the high rate- issues such as men being valued more than women (Yip, Lui, Hu & song, 2005).

In the Caribbean, death by suicide is a major concern for some and at the same time virtually non-existent in some of the islands (WHO, 2018; Emmanuel & Campbell, 2012). Guyana, a Caribbean country found on the coast of South America, ranks the highest on suicide in the Caribbean and the third highest in the World, with 29.2 suicide per 100,000 people (WHO, 2018). This has caused a public health concern, as most of the suicides are from the Indo-Guyanese ethnic group which form approximately 44 % of the Guyanese population (WHO, 2018). Impacting factors are believed to be poor socio-economic conditions, alcohol abuse and domestic abuse within this ethnic group (Rawlins & Bishop, 2018). On the other hand, the Caribbean also boasts the lowest suicide rates in the world, with islands such as Bahamas, Grenada, Barbados, Jamaica, Antigua and Barbuda reporting extremely low rates or no suicides (WHO, 2018).

However, St Lucia ranks 95th in the world with a suicide rate of 7.8 per 100,000 people. Male to female ratio is estimated at 13.5 to 2.2 respectively (WHO, 2018). There is a lack of epidemiological research in St Lucia; Local media reports between 2010 and 2017 showed: in 2010, there were eleven suicides; which constituted ten males and one female. 2011 recorded ten suicides; all male. 2012 thirteen suicides; ten males and three females. In 2013 ten suicides; all males. 2014 thirteen suicides; ten males and three females. In 2015 seven suicides; all males. 2016 seven suicides; six males and one female. There was no record of attempted suicide. Those who died by suicide had an average age range between 16 -40 years of age (Loop News, 2017).

Young men are at increased risk of taking their own lives (River, 2018), yet many do not seek help when they are in extreme distress (Rickwood et al., 2005). Findings suggest a poor understanding among young people of how they experience distress (Rickwood et al., 2005). This might suggest why young people do not seek help when they need to. However, interestingly, it has been found that young men although not keen to seek help for themselves are more likely to seek help for others, such as their friends (Ritchie, 1999).

Research has shown that factors such as shame, beliefs about being weak and an inability to cope, all contribute to young men believing that suicide is their only way out (Rasmussen et al, 2018). Suicide did not necessarily indicate a cry for help as has been previously thought (WHO, 2014) nor did it simply happen (Rasmussen et al., 2018). Findings highlight that young people felt that suicide was an only option possibly due to a “lack of coping

strategies to handle relational difficulties and regulate overwhelming feelings of shame, failure, worthlessness and helplessness" (Rasmussen et al., 2018 p. 101). This therefore suggest a need for education about mental health and ways of coping and accessing help for feelings that are difficult to express or cope with.

There is no recorded information as to the reasons why people may commit suicide or attempted suicide in St Lucia. However, it is known that mental illness is not always the cause of people attempting and committing suicide (River, 2018). Nonetheless, having a mental illness increases the chances of suicidal ideation and suicide risk (Hawton, Sutton, Haw, Sinclair & Harriss, 2005; Palmer, Pankratz & Bostwick, 2005).

There are certain factors which increases the risk of suicide or attempted suicide which the World Health Organization (2014) have placed into categories: Health system factors: such as difficulty in accessing appropriate care and psychological interventions. Societal factors: such as poverty and unemployment. Community factors: such as trauma and abuse, relationship difficulties and poor social connection. Lastly, individual risk factors which includes previous suicide attempts, poor social status, lack of financial means and the abuse of drugs and alcohol (WHO, 2014).

It would therefore be useful to have some recorded data in St. Lucia and also to investigate further why people attempt suicide to perhaps get an understanding or a sense of what factors impact on their decisions. This would enable appropriate interventions to help reduce the rate of suicide or prevent an act which the World Health Organization believes is completely preventable (WHO, 2014).

Barriers to psychological help seeking

Several barriers have been implicated in the psychological help seeking habits of men. These barriers reduce access to help seeking and therefore present men as not willing to seek help. Below some of the key psychological help seeking barriers will be reviewed.

Stigma: Stigma play a major role in men's willingness to seek help for psychological health concerns and is considered a significant barrier to help seeking (Mann & Hamelin, 2004; Corrigan, 2004). Stigma, both socially and self-perceived, have been found to exist more in men compared to women (Pescosolido,, Medina, Martin & Long). Research shows that men are more vulnerable to developing the belief that help seeking suggests that they are weak and therefore less than a man; thus, being more affected by self-stigma (Vogel et al., 2007).

Self-stigma is characterized as a socially undesirable personal or physical character flaw (Vogel et al., 2007). On the other hand, mental illness stigma is defined as "the perception that a person who seeks psychological treatment is undesirable or socially unacceptable" (Vogel et al., 2006 p. 325). Family stigma refers to how the family treats and behaves towards the individual with mental illness (Mascayano et al., 2016). This has been found to influence help seeking and atitudes towards those who have been diagnosed with a mental illness, with the greater impact being experienced by men due to their roles within the family system (Mascayano et al., 2016). Public stigma, described as the negative attitude of society towards those who have been deemed as socially undesirable, has been found to

significantly affect the level of self- stigma and mental health stigma within society (Corrigan & Watson, 2007; Vogel et al., 2007). Vogel et al., (2007) in their study on the effects of perceived public stigma, self-stigma and attitudes on the individual's willingness to seek counselling, found that that individual attitudes towards seeking counselling was directly influenced by the effects of public stigma and even more so by the degree of self- stigma the individual experienced.

In the Caribbean, there is a high level of stigma attached to mental health (Morrison, Steele & Henry, 2015) and mental health hospitals (Hickling, Hickling & Paisley, 2011). Hickling, Hickling & Paisley (2011), examined the stigma and attitudes towards mental illness in Jamaica. They found that the mental health hospital, named Bellle Vue, generated significant mental health stigma. However, there was a shift in attitudes towards the mentally ill and a significant reduction in mental health stigma after care was incorporated into primary and community care services. (Hickling et al., 2011).

Although, most of the literature suggests stigma as one of the major determinants of help seeking behaviour, recent research seems to indicate that stigma did not matter if men thought their idea of masculinity was in question (Rasmussen et al., 2018). Therefore, if help seeking showed a man as' weak' then that would be a greater deterrent to seeking help compared to stigma (Rasmussen et al., 2018). In this same light, findings that shame and feelings of being a failure superseded the negative effects of stigma for suicidal young men (Moskos, Olson, Halbern & Gray, 2007; Rasmussen et al., 2018). These recent findings lend a different view to how young men's

help seeking processes might be constructed and how perhaps the issue of suicide can be approached (River, 2018).There is therefore a greater need to explore men, young men and more specifically black men's processes of help seeking in order to provide adequate support and provide the necessary services to meet their mental health needs (Mascayano et al., 2016).

Masculinity and gender role conflict: The ideals of masculinity, such as being strong, not displaying emotions and being self-reliant (Mahalik, Ludlow, Locke, Gottfried, Scott & Freitas, 2003) are purported to be cultural constructs which negatively impact (Kimmel,1996; Kimmel & Messener, 2004) on men's help seeking for psychological problems (Vogel et al., 2011 Courtenay, 2000; Mollier- Leimkuhler, 2002). The literature shows a clear distinction between the help seeking behaviours of men and women, with most of the literature citing men as more reluctant or unwilling to seek professional psychological help.

Traditionally, the idea of masculinity conflicts with help seeking, as help seeking is considered feminine behaviour (Connell & Messerschmitt, 2005; Ali, Bamidele, Randhawa, Hoskin & McCaughan, 2017; Keohane & Richardson, 2018; Mollier- Leimkuhler, 2002). This has led to men not seeking help when they need and risking poor health (Oliffe & Philips, 2008). Although the concept of masculinity is constructed differently in diverse cultures (Lui, 2005), most cultures are familiar with the 'boys don't cry' notion, (Vogel et al., 2011). Boys are taught that it is not 'manly' to cry (Newberger, 1999) and led to believe that showing emotions is a feminine behaviour and therefore a sign of weakness (Pederson & Vogel, 2007; O'Neil, 1981 a, O'Neil, 1981)

Men tend to express their emotions in the forms of aggressive behaviors and risk taking which is also in line with masculine norms (O'Brien, Hunt &Hart, 2005). Men are also more prone to deal with their psychological issues by consuming alcohol as a way of looking after themselves (Mollier- Leimkuhler, 2002). On the contrary, these behaviors do not help, and instead of appearing weak some men resort to suicide (Pitman et al., 2014). The limited research on minority ethnic men show that masculinity norms impact negatively on their self-esteem, leading to higher levels of psychological distress (Mahalik, Pierre & Wan, 2006).

Traditional gender socialization has demarcated male and female functions in society; each role has particular expectations and functions which are constructed within the society (Pleck, 1995; O 'Neil, 1981). Gender roles are defined as "behaviours, expectations and role defined by society as masculine or feminine which are embodied in the behaviour of the individual man or woman and culturally regarded as appropriate for males and females" (O'Neil, 1981 p 203). Those who identify as males are expected to adhere to masculine ideals such as being strong (Courtenay, 2002) which creates conflict and confusion in some cases if not adhered to (Boisjolie, 2013).

Consequently, giving rise to 'gender role conflict', which O'Neil (1981) describes as a "psychological state in which gender roles have negative consequences or impacts on a person or others" (p. 203). Essentially, gender roles inhibit growth and expression of the true self, creating "restrictions on the person's ability to actualize…" (O'Neil 1981 p. 203). Gender roles can be quite fixed (O'Neil 1981) resulting in men not seeking

help or admitting they are experiencing psychological difficulties, due to the fear of losing respect of the other men within the community (Vogel et al., 2011; Pederson & Vogel, 2007).

A study on the masculine identity of St Lucian men, found the masculinity norms were mostly in line with other cultures (Davis, Thomas & Sewalish, 2006), however there was a strong emphasis on being able to work and provide for the family as defining their maleness; “responsibility makes me a man” (Davis et al., 2006 p.300). The strong emphasis placed on providing as defining their masculinity is concerning (Davis et al., 2006). It raises questions as to the impact a lack employment could have on a man who is unable to fulfil that role which seems so vital for his identity (Davis et al., 2006). Research indicates that the more likely a man is to adhere to masculinity norms, the higher he is to conform to gender role and less likely to seek professional psychological help (O’Neil, 1981; Pleck, 1981).

Fear of mental health services: The relationship between black people and mental health services is fraught (Keating & Robertson, 2004; Bhugra, 2002). Key to this poor relationship is the fear of inappropriate treatment or treatment misuse by mental health professionals (Keating, 2009; 2004; Keating, et al., 2002). The way black people express themselves is commonly misunderstood and pathologised by health professionals (Littlewood & Lipsedge, 1981) which have also been influenced by racism and discrimination (Keating et al., 2002). Consequently, black people fear exposing themselves to misdiagnoses and unnecessary medication (Lloyd & Moodley, 1992). Studies have demonstrated that people receive different treatment for similar diagnosis, with black people more likely to be given

harsher treatment, such as physical restraints, compared to non-blacks (Keating et al., 2002, Bhugra, 2002). Black people are less likely to be referred for talking therapy and tend to be given medication as first line of treatment even in primary care services (McKenzie, Samele, Van Horn, Tatten, Van Os, & Murray 2001; Keating et al., 2002). They are overrepresented in the mental health system (Keating, 2007; Littlewood & Lipsedge, 1981) and the more likely to be diagnose as schizophrenia rather than depression. In this way, they are more likely to have signs of distress pathologised rather than seen as a consequence of adverse living situations (Martin-Baro,1994). Black people experience higher levels of forced admissions under the Mental Health Act due to delay in getting help and this is most often exercised with the support of the police (Mclean, Campbell & Cornish, 2003)

Rationale for research

"Mental illness is common and universal…yet mental illness and mental health have been neglected topics for most government and societies" (WHO, 2004 P.13). Mental illnesses are not alien to the people of the Caribbean. Despite the exotic image of sand, sea and beautiful beaches, coupled with the friendly greetings and lovely smiles (Ward & Hickling, 2004), they too experience the social injustices, social cultural and socio-political affliction, natural disaster and trauma which are universal and impact on human psychological functioning (WHO, 2004). How people respond to these afflictions is measured to a large extent by their cultural orientation (Marsella, 2003) as cultures express symptoms of mental illness differently (Bhugra, 2002). Reponses to psychological distress can be manifested in

several ways such as drug and alcohol abuse, domestic abuse, gang violence and suicide (WHO, 2004). Therefore, understanding how Caribbean people respond to those life events is imperative if their mental health needs are to be met (WHO, 2004).

The limited research found, relating to the English-speaking Caribbean are based on the larger English-speaking Caribbean countries (Ward & Hickling, 2004; Sharpe & Shafe, 2016) such as Jamaica and Trinidad and Tobago and mainly addresses the stigma which is attributed to mental health and the de-institutionalization of mental health care (Mascayano et al., 2016; Hickling et al., 2011).

Minority ethnic group research tend to group minority ethnic groups under one umbrella, giving the impression that they are a homogenous group (Sewell, 2009). However, minority groups are quite diverse in both ethnicity and culture (Sewell, 2009; Lowenthal et al., 2012). Therefore, to understand a particular ethnic group's attitudes and beliefs about mental health and help seeking these ethnically diverse minority population need to be researched separately (Sewell, 2012; Nicolas & Wheatly, 2013). This also needs to be applied to Caribbean mental health research, as it is a culturally diverse population (Nicolas & Wheatley, 2013).

Most of the research within the literature which examines perception of mental health and attitudes of black people to seeking psychological help are conducted in a European context (Sharpe & Shafe, 2016). In these settings black people are classed as minority with factors such as racism, and discrimination impacting on their mental health and perception of services (Modood, Berthoud, Lakey, et al., 1997; Keating et al., 2002; Keating 2009).

The transferability of their findings is questionable within the Caribbean environment (Sharpe & Shafe, 2016) as the modern-day racism and discrimination due to ethnicity are not factors which Caribbean people are faced with in the Caribbean context. Additionally, Western Psychiatry is based on western values, beliefs and assumptions (Bhugra, 2002; Nicolas & Wheatly, 2013) and may not be shared by Caribbean people. This might be a possible explanation for the negative attitudes demonstrated throughout the literature review.

The World health Organization has acknowledged that there is a need to provide adequate mental health services in the Caribbean to meet the mental health needs of the population (WHO, 2011). Not a lot is known about the mental health needs of the St. Lucian population, neither about young black men (Keating, 2009) and their attitudes to mental health. This however will be achieved through research which speaks the voice of the people for whom the services is geared towards (Sewell, 2009).

Therefore, to address this gap in Caribbean mental health literature, this research qualitatively explored how young adult St. Lucian men understood and made sense of the concepts of mental health, mental illness and psychological help seeking. It is the hope that this knowledge will inform mental health policy makers and service providers of the issues which impact on the psychological health of the young people, particularly young adult men and will inform the type of mental health promotion and services that are needed in St. Lucia.

Aims and questions

This study was designed to explore the understanding of mental health, mental illness and psychological help seeking among young adult St. Lucian men living in St. Lucia. The aims were to explore the aforementioned concepts, to make sense of how their perceptions, understanding and attitudes towards mental health influence their attitudes to help seeking. It was also hoped that these findings would create awareness of how psychological distress is experienced and expressed within this population group and consequently influence the type of services needed to meet these needs.

Due to the dearth of mental health related research in St Lucia, it was the hope that this research would lay the foundation for future research, by starting the process of understanding the sample of the population which is considered most vulnerable to experiencing challenges which can lead to mental distress (i.e. young adults).

Consequently, the research was guided by the following questions:

1. What is the understanding of mental health, mental illness and psychological help seeking among young adult St. Lucian men?
2. How do they make sense of mental health issues?
3. What are the perceived mental health needs of the young adult men in St. Lucia?

Methodology

Design

This study was explorative in nature (Willig, 2013) and aimed to understand and give 'voice' to participants viewpoints, (Braun & Clarke, 2013; King & Brooks, 2017). Thus, a qualitative approach was deemed appropriate as this methodology was best placed to achieve the desired aims. Using one to one virtual interview techniques, I gathered data from young adult male St Lucians, living in St Lucia, to gain insight into how they understood and made sense of mental health, mental illness and psychological help seeking. Data were analysed using Braun & Clarke (2006) Thematic Analysis model (TA); more recently referred to as reflexive thematic ananysis (Braun & Clarke, 2019).

Theoretical underpinnings

This research takes a critical realist ontological position; adopting the view that knowledge is gained through our socialization and that our reality is subjective (Krauss, 2005; Braun & Clarke, 2013). People interpret and view reality through their beliefs and experiences (Strawbridge & Woolfe, 2003) and therefore, in order to understand their perspective, it is necessary to take in to account the factors which shape their reality (Willig, 2013). Considering this ontological stance, a contextualist epistemology was assumed for this project (King & Brooks, 2017; Braun & Clarke, 2013). A contextual epistemology assumes that in order to understand people's life experiences and perspectives, it is imperative that the context in which this is formed be acknowledged (King & Brooks, 2017). Therefore, in order to make sense of young adult St. Lucian males' understanding of the concepts in this study, it

was necessary to consider, the relevant historical and cultural influences which can impact on their views of the world.

Embedded in the epistemology of contextualism is the idea that there is not just one reality but many perspectives of reality, hence one's reality must be accepted as their reality and cannot be quantified or proven (King & Brooks, 2017). Contextualism embraces the position of the researcher in the research process (Willig, 2008). It acknowledges the researcher's potential influence and impact on the interaction between researcher and participants and encourages transparency of this interactive process, through a method of reflexivity (King & Brooks, 2017; Krauss, 2005; Braun & Clarke, 2013). With this in mind I endeavor to be transparent about my assumptions and how I am situated within the research.

Rationale for using a qualitative methodology

Qualitative methodology is interested in human experiences (McLeod, 2015) and is therefore best placed to explore, explain and understand people sense making of events and subjective experiences (Willig, 2013; Braun & Clarke, 2013, McLeod, 2015). It is not restrictive or deterministic and allows participants to express freely their stories, using their own words (Creswell, 2003; Braun & Clarke, 2013). A qualitative approach was used due to the desire to explore and understand how young adult males in St. Lucia made sense of the concepts of mental health, mental illness and psychological help, using their own words to describe their perspectives and beliefs, which has the potential to produce a rich data set (Braun & Clarke, 2013). I chose to explore these concepts qualitatively due to the paucity of mental health research within the Caribbean and St. Lucia by extension. A qualitative

approach is considered the best approach when there is not much known about the area being researched, as it allows for more in-depth information to be gathered (Willig, 2013).

Rationale for using virtual interviews

Interviews have been considered as one of the best data collection techniques (McLeod, 2007). The interview technique can be matched with any data analysis and is used extensively in qualitative research (Willig, 2013; Braun & Clarke, 2013). In particular, the use of semi-structured interview technique affords the researcher the flexibility to further explore the participants responses (DiCicco-Bloom & Crabtree, 2006). In this regard, the researcher needs to ensure that questions are open-ended and that participants are not pushed into disclosing any information which will cause them distress (Knox & Burkard, 2009).

Face to face interviews have also been considered to be the best way to gather information via the interview technique (Braun & Clarke, 2013). However, there are instances where face to face interviews are not suitable, such as with 'hard to reach' or 'hard to engage' populations (Braun & Clarke, 2013). Shaghaghi, Bhopal & Sheikh, (2011) state that it is necessary to be knowledgeable about the population being researched to get an understanding of the potential challenges that the researcher is likely to face in recruiting participants and gathering data. As such, other non-traditional ways of gathering data had to be considered with this participant group (Cohen & Arieli, 2011).

New ways of conducting interviews have been found to be equally effective in producing rich, in-depth data (Meho, 2006). Internet based interviews

provide a host of possibilities which the traditional face to face interview could not afford (Lo Iacono, Symonds & Brown, 2016). Possibilities such as, the flexibility of sending and receiving messages either synchronously or asynchronously, via video, voice or text message, irrespective of geographic boundaries (Boughton, 2016; Deaken & Wakefield, 2014; Lo Iacono et al., 2016). Additionally, it provides added anonymity for those participants who might be hard to reach due to the topic being explored, as face to face may inhibit them from participating (Braun & Clarke, 2013). Participants were given the choice of Skype, or WhatsApp using video, voice only or text base. It was felt that giving the participants that choice created more flexibility and room for those who did not want a face to face encounter.

WhatsApp is an instant messaging tool which has recently come of age (Strokes, 2017). It has become the method of choice for keeping in touch for most young people; it is free and easy to use if connected to Wi-Fi or mobile internet data (Stokes, 2017). Internet based communication techniques such as skype and WhatsApp offer the convenience of conducting interviews wherever one is in the world, without having to travel, saving on both time and money (Lo Iacono et al., 2016). Without the use of virtual interviews, I would have to travel from the UK to St. Lucia to conduct interviews, which would not only incur flight fare, but also incur the cost of travelling to and from the allocated venue which was scheduled for the interview. I would also be faced with time constraints as my leave would be time limited due to work commitments, thereby restricting the number of interviews and time available to deal with eventualities, such of refusal to participate and the possibility of recruiting more participants

WhatsApp offers end to end encryption, the use of text added additional anonymity as there seem to have been a sense of not really wanting anyone else to know they were participating in the research.

The use of virtual interviews was also beneficial, in terms of eliminating the lack of time or busyness which the participants often used as not being able to participate in the research. With the virtual interview, participants had the choice of real time interview or to respond as they had the time. This will be further discussed in the procedure section.

Other methods of data collection were considered, such as focus groups, but was reconsidered, due to the geographical distance and the difficulty in recruiting the participants. Focus groups are generally considered for gathering collective views on subjects which are of social nature (Hennink, 2014). Focus groups have been the method of choice in most of the qualitative research that I have found in the literature review and seemed quite appropriate to illicit good quality in-depth data (Hennink, 2014). However, due to the perceived taboo nature of the topic of mental health and the participants' desire to remain anonymous and to maintain confidentiality, using focus groups did not seem appropriate.

Rationale for using thematic analysis (TA)

(TA) as proposed by Braun & Clarke (2006) was chosen over methods such as Interpretative phenomenology analysis (IPA) and Grounded Theory (GT) due to its general applicability to any theoretical underpinning (Braun & Clarke, 2017). TA is quite similar to both IPA and GT, in that they are most commonly used within qualitative enquires, paying particular attention to the subjective experiences of the individual (Braun & Clarke, 2013). IPA is

primarily concerned with how people make sense of their lived experiences (Smith, Flowers & Larkin, 2009). This study was not concerned with lived experiences and so IPA did not seem appropriate as the method of choice. Similarly, GT is concerned with generating theory to explain a phenomenon and was considered closely but was not employed due to not being compatible with the aims of this study. On the other hand, TA can be used widely, has more flexibility and scope compared to the IPA and GT (Braun & Clarke, 2013). TA is so flexible that there is not a minimum number of participants that it requires and can work with both small and large number of participants (Braun & Clarke, 2013, 2017). “TA is an ideal method for researchers new to qualitative research because it is one of the most accessible qualitative analytic methods…” (Braun, Clarke & Rance, 2014, p.6). TA is well suited to the research question of how young adult St. Lucian men understand and make sense of the concepts of mental health, mental illness and psychological help seeking. TA can be used to explore “participants lived experiences, views and perspectives and behaviours and practices, experiential research which seeks to understand what participants, think feel and do” (Braun & Clarke, 2017, p. 297).

Braun & Clarke’s (2006) version of TA prides itself in its usefulness in qualitative enquiry (Braun & Clarke, 2006, 2013, 2017). Aside from its flexibility with many theoretical assumptions (Braun & Clarke, 2006) it can be used with varied research questions and also makes allowances for the revision and rephrasing of research questions during the process of coding and development of themes (Braun & Clarke, 2017). TA is an in-depth analysis method where it allows the researcher to extract and make sense of

the data which is relevant to the research questions, thereby producing analysis that is robust and rich in its interpretations and assumptions about the data (Braun & Clarke, 2013). TA also appreciates the researcher as central to the interpretation of data and acknowledges the importance of researcher reflexivity , hence recently referred to as reflexive TA (Braun & Clarke, 2019).

Participant recruitment

The research was aimed at young adult males between the ages of 18 and 40 who identified as St. Lucian and currently lived in St. Lucia. Initially, the age range was up to 35 years, but it was extended to 40, in the hope of accessing more participants as males over 35 were making enquiries about the research over social media. Participants were recruited via my social network page (Facebook) where two participants were recruited.

Participants were also recruited from my friends and family's social media (Facebook) page when they shared my recruitment post; this generated five participants. The other six participants were recruited via snowballing, which is described as referrals of friends or contacts by a participant who has taken part in the research (Browne, 2005). Snowball sampling is the best strategy to employ for populations that are considered 'hard to reach' or 'hard to engage' (Cohen & Arieli, 2011; Braun & Clarke, 2006).

This population was considered 'hard to engage or reach', due to the nature of the topic being explored (mental health/ illness) in the context of the St. Lucian society.

In this regard, it was imperative that I expressly stated beforehand, that the information was confidential and that participants will remain anonymous, as

this was key to participants agreeing to get involved in the research. An integral aspect to snowball sampling is trust; participants are more likely to agree if they trust the person who is doing the referral, (Cohen & Arieli, 2006). Therefore, those who were involved in snowballing were also instructed to reiterate the confidential nature of the research to potential participants. Snowball sampling was ideal as it allowed me to recruit successfully for the research (Browne, 2005).

This method of recruitment has its limitations as those who make the referrals are likely to refer their friends and people who are within their social group and possibly exclude those who are not (Browne, 2005). However, with the contact referral from social media, it is less likely that the participants will be from the same group, as the researcher's contacts and the people they know are from different groups. Another area to consider with this type of sampling is the lack of research generalisability (Browne, 2005). Nonetheless, this does not apply to this study as it is not the objective of this research to generalise but to understand the phenomenon under enquiry (Faugier, 1997; Braun & Clarke, 2013).

All participants received an incentive of $20 (Eastern Caribbean Dollars) mobile phone 'top-up' as a thank you for their participation at the end of the interview.

Participant information

A sample size of at least fifteen participants was proposed for this thesis however 12-16 participants are sufficient for a thesis project (Braun & Clarke, 2013). The final sample size was 13 participants out of 35 enquires. Three

participants proceeded to the consent signing stage but did not continue and 17 potential participants made enquires but did not proceed.

All participants confirmed that they were St Lucian living in St. Lucia. None identified as having a mental illness. Participants age range between 18 and 36 years old; refer to table 1 in the results section for further information about participants.

Interview schedule

The interview schedule was designed to capture and reflect participants' understanding of the concepts of mental health, mental illness and psychological help seeking. It consisted of open-ended questions which were carefully considered before the interview, to allow the researcher the flexibility to probe participants' responses further, if needed (William, 2015). It is recommended that the guide be tested before data is collected or the schedule is revised after a few interviews, to ensure the questions are robust enough to answer the research questions (Braun & Clarke, 2013; Willig, 2013). Piloting was conducted with one interviewee; this allowed for questions to be reworded and new questions added to capture rich data about the concepts being explored (William, 2015; Braun & Clarke, 2013). For example, the initial draft interview guide asked about participants personal experience of any difficulties which can be considered as mental health related. The interviewee's response of "no, I do not consider any of my experiences as mental", prompted the addition of, *do you know anyone who has experienced mental health difficulties and how did you understand their experience*? Thus, in order to capture what participants considered to be mental health related and to get an idea of their sense making of mental

health related issues, it would be necessary to expand the question to include their understanding of other people's experiences. When this question was put to the interviewee, he spoke at length about people he knew who were "mad" and how he made sense of their madness.

Research procedure

Participants were given the flexibility of interview methods: skype, voice, video or text, WhatsApp voice, video or text. Eight participants opted for WhatsApp text; out these eight, five were synchronous and three were asynchronous. This lasted between 30 minutes and one hour fifteen minutes. One participant opted for skype video which lasted 40 minutes. One participant chose skype voice, this lasted 45 minutes. Three participants opted for WhatsApp voice, this lasted for 39 to 50 minutes. Two out of three of the voice interviews were conducted in real time.

All participants initially contacted me via WhatsApp, to express their interest and enquiry about the study. They were asked how they heard about my research and a participant information sheet forwarded to them. Participants were instructed to read the information sheet thoroughly and to ask any questions if there were any. They were asked to indicate whether they were still interested in participating, after reading the participant information sheet, by sending a text message to confirm this. Participants were reminded of their right to stop and withdraw at any time and informed that their data would be destroyed, should they wish to discontinue. After the text was received the consent form was sent for signing; all participants were reminded to use a pseudonym chosen by them and rationale for this was explained. For those whose mobile device did not support Word application,

the participant information sheet and consent forms were sent via email. Participants returned their consent form via WhatsApp or email, where a unique code was assigned to each consent so, that if they were to exercise their right to stop or withdraw, their consent would be easily identifiable. Participants were asked to choose their preferred interview method and a convenient time and date was set for the interview.

All interviews started by extending gratitude to the participants for agreeing to take part in the research. Then an introduction about myself and the purpose of the research. They were asked again if there were any questions or queries before proceeding. The interview started by asking some demographic questions such as, age, highest educational level, religion and the part of the island they resided in. This was then followed by the research questions (see appendix 3). Participants demographics such as religion and location, were collected to get a sense of how widely I had recruited for the study.

For WhatsApp text-based interviews questions were sent one at a time and responses awaited before asking further questions. Participants were asked to elaborate on answers which were perhaps too brief or touched on some relevant points for the research question. Messages were summarized and paraphrased to indicate understanding of what was conveyed. WhatsApp has a built-in feature which allows one to highlight the particular text they want to talk about if other messages have been sent by swiping left on the message. This was a useful feature when I wanted to go back to the previous answer to query or ask them to elaborate. There were instances when I sent two questions at a time for the asynchronous interviews and one

was missed and had to go back. Lessons learnt from that was to send one question at a time. The WhatsApp text conversation was saved in WhatsApp chat and exported to a word document where any identifying information was deleted.

For WhatsApp voice, questions were sent one at a time in the form of voice notes for the asynchronous interviews and for the real time interview a continuous conversation which was recorded with a secure recording device; participants were reminded that the conversation was being recorded. For asynchronous interview via voice notes – these were played back and recorded on a secure recording device.

For skype video and voice only interviews these were recorded via skype; all voice recordings were transcribed verbatim. At the end of the interview participants were reminded of the $20 mobile top up voucher and asked to confirm the mobile network and number which they wanted me to send it to. One participant enquired about the top up before commencing and he also asked about it as soon as the interview was completed. This is reflected upon in the reflexivity section.

Ethical considerations

Ethical clearance was granted by the University of the West of England, Faculty Research Ethics Committee (FREC) and the St. Lucia Research Ethics Committee (REC). Ethical guidelines as stated by the British Psychological Society Ethical Principles and guideline (2010) were adhered to; participants were given a participant information sheet (see Appendix 1) to read before consenting and encouraged to ask any questions or pose any queries to the researcher. Following this, they were asked to read and sign

the consent (see Appendix 2) and return it using a pseudonym chosen by them (Braun & Clarke, 2013). All participants were informed of the purpose of the research and what it involved; there was no deception involved. Participants were made aware of their right to withdraw before, during and after the process and were informed that if they wanted to withdraw it had to be within two months of data collection, but once all the data were analysed and thesis written and submitted then they would not be able to withdraw. Willig (2013), posits that ethical issues go beyond the basic considerations as mentioned above; the researcher's main aim is to avoid harm to participants and to ensure mental and emotional well-being throughout the process. In that regard, participants were asked to think carefully about participating in this research and the contacts for some of the services which are available on the island to provide support were included in the information sheet. Participants were assured of confidentiality; this was stated on the research flyer, the participant information sheet and at the start of the interview.

Information was kept confidential and secured via encryption: such as on WhatsApp, on encrypted memory stick and on a password protected personal laptop. Anonymity was maintained by referring to the participants as their chosen pseudonym and any identifiable information removed from the transcript or the text data in the case of WhatsApp text interview.

Data analysis

Braun and Clarke's (2006) six -phase thematic analysis was used to analyse the interview data as follows:

Phase one: familiarizing myself with the data. I engaged with the data by reading the transcripts several times, searching for meaningful data and making notes and observations on information relevant to the research questions.

Phase two: generating initial codes. In this phase the data set was worked through thoroughly searching for interesting and meaningful patterns. Any interesting part of the data was highlighted, and a short phrase was written alongside it to indicate a possible code. All data extracts for each code were then placed together; this was done by copy and paste of all extracts from the original transcripts onto a new word document; each code in a different box on that document. Both descriptive (codes which focused on the content) and interpretative (codes which focused on deeper meaning) were generated (Braun & Clark, 2006). In this phase, it is worth noting that the researcher "can code individual extracts in as many different 'themes' as they fit- so an extract may be uncoded, coded once , or coded many times as relevant" (Braun & Clarke, 2006 p. 19).

Phase three: searching for themes: in this phase generated codes were put together to create potential themes. "A theme captures something important about the data in relation to the research question and represents a patterned response or meaning within the dataset" (Braun & Clarke, 2006, p. 82). Time was therefore spent ensuring that the codes placed under each theme reflected a meaningful pattern within the data (Braun & Clarke, 2013).

Phase four: reviewing themes*:* In this stage the themes identified in phase three were revisited; some were discarded or combined, and others were further developed. I ensured that the data extracts within each theme were coherent and that the themes were distinguishable and relevant to the research question (Braun & Clarke, 2013). Additionally, themes were read several times to ensure they captured the essence of the coded data. I created a thematic map to visually present the relationships between codes and themes (Braun & Clarke, 2006).

Phase five: defining and naming themes*:* A story was created for each theme in this phase. I identified what was unique, interesting and meaningful about the collated data extract thereby extracting its essence to create a story (Braun & Clarke, 2006). I used direct quotations from participants to support the narrative which the data produced and also used direct quotes as some sub themes.

Phase six: producing the report*:* this phase "tells the complicated story of your data in a way which convinces the reader of the merit and validity of your analysis" (Braun & Clarke, 2006, p 23). In telling the story, some extracts were relevant to more than one theme, as a result were used more than once. Several direct quotes from the participants were used to illustrate the essence of the narrative of the data and went beyond a simple description of the content to explore the underlying latent meaning of the extracts (Braun & Clarke, 2006).

Reflexivity

Reflexivity is an integral part of qualitative research (Ahmed, Dunta, Lewando, & Blackburn, 2011). It acknowledges the researcher as part of the research process (Willig, 2013; Patnaik, 2013; Braun & Clarke, 2013); and considers the researcher's values, beliefs and assumptions within the social interaction with participants (Parahoo, 2006). As a result, reflexivity demands of researchers the development of an awareness of how they may influence the research throughout the process, considering their values, biases and positioning (Palaganas, Stanchez, Molintas & Caricativo, 2017; Patnaik, 2013; Berger, 2013) and encourages documentation and reflection throughout the process (Jootun, McGhee & Marland, 2009; Etherington, 2004). At the crux of reflexivity is the researcher's ability "to make the relationship between the influence of the researcher and the participants explicit" (Jootun et al., 2009, p.45). Any similarities and differences between the researcher and the participants need to be highlighted and reflect upon (Grove, 2017). Thus, It is necessary to consider factors such as professional and political beliefs (Berger, 2015) age, gender, socio-economic status, immigration status (Dodgson, 2019) and emotional responses to participants (Teh & Tek, 2018) as these can impact on every aspect of the research process (Dodgson, 2019). Hence the importance of remaining mindful throughout the process; this was achieved by keeping a reflexive journal (Finlay, 2002; Etherington, 2004), where I made notes about my feelings and experiences during the research process.

I was very much aware that I felt extremely grateful towards those who agreed to participate in my research and was mindful not to convey

desperation, which could potentially influence the participants right to withdraw at any time during the process. My knowledge of how mental health is viewed and talked about in St. Lucia could impact on my responses to the participants. Consequently, I had to use techniques such as self-interviewing (Van Heugten, 2004) to bring to my awareness any biases or preconceived ideas that I may hold regarding the participants or the questions asked. In my reflective writing, I also noted the feelings of the therapist part of me who wanted to explore further some responses but was able to refrain from doing so and bracketed the therapist part while focusing on the purpose of the interview and my role as a researcher (Braun & Clarke, 2013). Bracketing is an important skill for the qualitative researcher (Ahern,1999). It is a process where the researcher actively acknowledges the influence of his/her beliefs, expectations and experiences on the research process and creates an awareness of how this could potentially sway responses (Ahern, 1999). In my attempt to bracket , I did not ignore my potential influence but acknowledged and became aware of how my role as a counsellor could influence the research process (Ahern, 1999). Participants' knowledge of my position as a trainee counselling psychologist could have also influenced their responses to my questions. Perhaps this could have influenced some participants willingness to speak freely. However, I recall one participant (Jaya) expressed that "counselling is not for everyone" and this caused me to reflect on my views earlier on in my training; 'that everyone could benefit from counselling'. Upon reflection, I wondered whether this was sensed in some way and noted how there was a sense of defiance from this participant when he responded to the question about his thoughts on getting

psychological help if he needed it. I therefore made note of this and remained aware of my feelings and thoughts when participant responded to my questions.

During the research process, I was fascinated by some participants and not others, upon reflection, the participants who seemed more willing to expand on their responses or who gave elaborate responses initially, captivated my attention.

I noted that one participant seemed quite brief in his responses, regardless of my probing to expand. He was also the same participant who enquired about the 'thank you' mobile phone top-up of token of $20 (Eastern Caribbean Dollars) prior to the start of the interview and at the end. Upon reflection, I sensed that this participant participated because of the incentive of the mobile phone top-up, which could have influenced his brief responses. This could also have influenced other participants decisions to get involved, although majority of the participants did not enquiry about the mobile phone top-up.

Insider / outsider positions: With regards to the insider outsider concept, I consider myself to be both an insider and outsider. As an insider, I share similar ethnicity with the participants and speak the same language. Being an insider, I have the advantage of having a conceptual understanding (Nicolas & Wheatley, 2013) of how people express themselves and talk about certain concepts in St Lucia, so having some pre-existing knowledge can be advantageous (Bridges, 2001) Being an insider may encourage participants to 'open up' more as they may consider me to be a 'local' just as they are (Dwyer & Buckle, 2009).The disadvantage of being an insider is that I may

take it for granted that I know how issues are spoken about and perceived, which might impact on the type of questions asked and how I conduct the enquiry; therefore being aware of this potential pitfall is vital.

I also consider myself an outsider as I am female and much older than some of the participants, therefore part of a different generation. Reflecting on the gender difference between the participants and myself, creates a curiosity about how my gender may have influenced participants' responses. There is some belief that males find it easier to talk to females (Williams & Heikes, 2003), which was echoed by one participant when talking about expressing feelings and seeking help. It would probably have been useful to ask this question at the end of the interview, to hear in the participants' own words whether my gender made a difference in the way they responded.

Another aspect of being an outsider is that , I do not currently live in St Lucia; I have been away for several years and have been exposed to a different culture, which has influenced my world views. I am also in a position where I can pursue post graduate studies, whereas none of the participants have done so. Grove (2017), suggest that there is always a power dynamic being played out in the research process and therefore this must be given consideration as well.

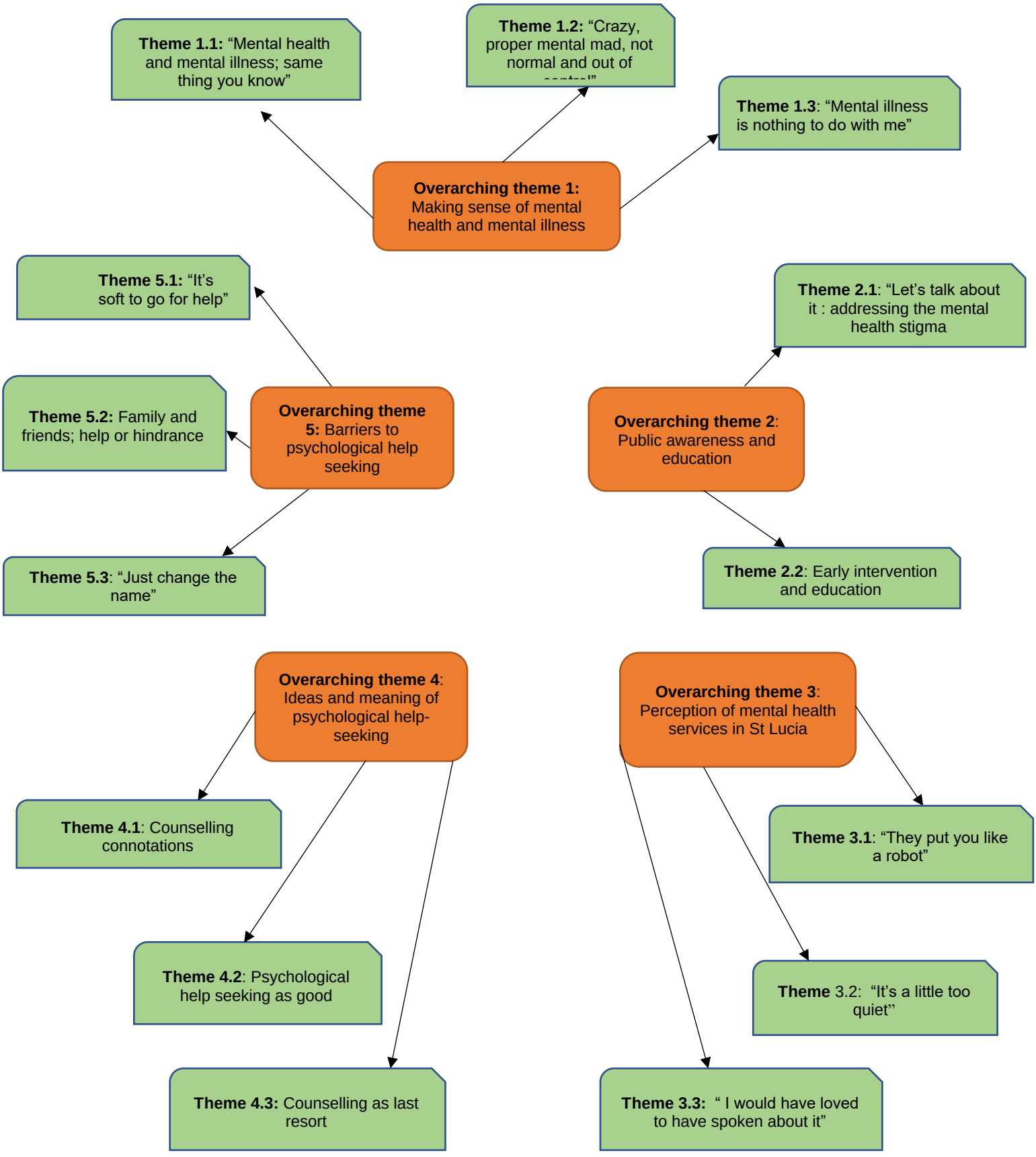
Results

Table 1. Participants demographics

Pseudonym and mode of interview	Age (years)	Educational level	Religion	Location
Gascon WhatsApp text (WAT)	18	Secondary	Roman Catholic (R/C)	East
Jay (WAT)	18	Secondary	R/C	North
Mark (WAT)	19	Tertiary	R/C	East
Jaya (WAT)	19	Secondary	Pentecostal	East
Josh (WAT)	20	Tertiary	R/C	East
Nick (WAT)	20	Tertiary	Seventh-Day Adventist (SDA)	North
Ken2 (WAT)	26	Tertiary	SDA	West
Sil (Skype voice)	28	Tertiary	SDA	East
Johnny WhatsApp voice (WAV)	28	Secondary	R/C	East
Ken1 Skype video	30	Tertiary	R/C	North
X-fire (WAV)	30	Primary	R/C	East
James (WAT)	36	Secondary	R/C	South
John (WAV)	36	Primary	Pentecostal	West

The data analysis yielded five overarching themes and 14 themes; no subthemes were generated. (see figure 1 below). The first overarching theme: ‘Making sense of mental health and mental illness’, captures participants understanding of mental health and mental illness through a context of madness. The second overarching theme, ‘Public awareness and education’, focuses on participants sense making of mental illness in St. Lucia and their desire to effect change at a societal level, addressing mental health stigma, through education and awareness. The third overarching theme, ‘Perceptions of mental health services in St. Lucia’, captures participants mistrust and lack of confidence in the mental health service and focuses on how psychological services can support them. The fourth overarching theme, ‘Ideas and meanings of psychological help seeking,’ focuses on how participants make sense of seeking help for mental health issues using varying context that help seeking can be pursued. The fifth overarching theme, ‘’Barriers to psychological help-seeking’, focuses on the factors which can impact on the young adult men’s help seeking attitudes. Each overarching theme together with its themes will be discussed separately, which will include excerpts from the participants to illustrate points made.

Figure 1: overarching themes and themes illustration.



Overarching theme 1*: <u>Making sense of mental health and mental illness.</u>*

This overarching theme, together with its three themes describe how participants make sense of the concepts of mental health and mental illness. It illustrates their understanding of the concepts as intertwined; unable to think about one without the other. It also shows that both mental health and mental illness are thought of in the context of the extreme end of the continuum; equating 'mental' to madness. This theme also focuses on participants fear of mental illness and the need to distance themselves from anything 'mental'.

The three themes which constitute this overarching theme are: "*Mental health and mental illness almost the same thing you know"; "Crazy, proper mental, mad, not normal and out of control" and 'Mental illness is nothing to do with me'.*

Theme 1.1 *"Mental health and mental illness almost the same thing you know"*

This theme captures participants understanding of mental health and mental illness as similar concepts and how all participants, regardless of whether they appropriately described mental health, described mental illness in the context of madness. It focuses on the negative connotation attached to the word 'mental' and how this association negatively impacts participants understanding of mental health.

Most participants explained mental health as if they were talking about mental illness. This shows the negative association to mental health and how the two concepts are most often used to refer to mental illness (WHO, 2004;

Bradby, Vayan, Oglethorpe et al., 2007; Biddle, Donavan, Sharp & Gunnell, 2007):

> *I understand mental health is when a human being is not really good in the head… and mental illness like when someone does not behave as they should, like they forever have stress* (Jaya).
>
> *Well when I hear mental health I think of mentality and umm the person is not physically and mentally stable. Likewise, mental illness its almost the same thing, you know, I think the person isn't umm, well at all, like he is completely off* (John)
>
> *Well mental health, I think of madness basically…Well mental illness, well the same way like… (*Ken 1*)*
>
> *Well mental health is all about stress, when you are under pressure, you can sometimes feel suicidal. Mental illness I think that's when you proper mental, like you don't know exactly what you are doing… (*X-fire*).*
>
> *Mental health, some sort of issue with the brain, so it is not as healthy… and mental illness, an inability to control one's thoughts actions and emotions* (Sil)

Some participants, however, appropriately described mental health:

> *I believe mental health to be taking care of one's state of mind… being able to cope with and manage stress, depression or anything that might weigh on the mind. Mental illness I believe is a breakdown in one's mental function* (Ken 2)

Well, mental health has to do with overall emotional and psychological state of the individual. Mental illness arises out of issues with their emotional and psychological states (Mark)

I believe mental health allows people to develop the resilience to cope with whatever life throws at them and grow in well-rounded healthy adults. Mental illness are health conditions involving changes in emotion, thinking or behaviour; associated with distress, problems in functioning in social, work or family activities (Jay)

Nine of thirteen participants understood mental health and illness as the same, indicating a lack of awareness of what constitutes mental health and mental illness. These findings are in line with previous research which found that participants regardless of age, gender or culture (Armstrong, Hill & Secker, 2000) people tend to use the terms mental health and mental illness interchangeably (Cattan & Tilford, 2006; WHO, 2004; Manwell et al., 2015. It calls for education and increase awareness of the mental health illness continuum (WHO, 2017).

Theme 1.2: "*Crazy, proper mental, mad, not normal and out of control"*

This theme addresses how mental health related issues are perceived within the St Lucian communities and the influence of this perception on their sense making of mental health problems.

Participants talk of those who are mentally ill as mad and unaware of their behaviours. There is a sense that there is no hope for the person who has been diagnosed with mental illness or deemed, by others, to be mentally ill. It has often been found that the notion of mental illness tends to evoke ideas of madness and incarceration in asylums (Rickwood, et al., 1995; Scottish

health feedback, 2002; Armstrong, Hill & Secker, 2000; WHO, 2004). These ideas are often accompanied with the inaccurate beliefs that mental illness is always severe and cause physical incapacitation or inability to interact socially (Keating, 2009). For example:

> *I understand mental health is when a human being is not really good in the head* (Jaya)
>
> *Well at all like he is off completely… the person is completely mad* (John)
>
> *You proper mental, like you don't know exactly what you doing and you need help* (X-fire)
>
> *I think of it like being confused or having too much to think about* (Gascon)
>
> *You feel stress, you don't really know what you doing, you don't choose the right thing to do, you do anything, you know* (X-fire)
>
> *It's over thinking so that makes you stressed all the time (Johnny)*
>
> *Well mental health is all to do with stress, when you are under pressure, you can sometimes feel suicidal (X-fire)*
>
> *You know, that's people I grew up with, you know I know them pretty well, you know they are not that kind of person, you know where did that come from, how did that happen to them and then they say well they don't know what really happen, it's like he just snap, like he went mad* (ken1)

Ken1 expresses the belief that madness simply happens, which creates a fear of mental illness (Keating, 2004). This fear could be related to the misconception of what constitutes mental illness and the lack of knowledge

of the factors which could negatively impact an individual's mental state (Manwell et al., 2015). Fear is usually linked with mental illness due to the stigma it carries (Keating, 2004) and the social isolation and inhumane treatment that people who are deemed to be mentally ill face in the community (Keating, 2009). Therefore, it is not surprising that the idea that mental illness can just happen, or one can just snap creates fear. Participants appear to understand mental health problems as a way of being; it gives the impression that once an individual is labelled as mentally ill, then there is no return to having a normal life; it is viewed as a permanent state, as explained by these participants:

> *Like I know they were ok and now there are in the mental house right now and ah you know they are not 100% anymore* (Ken1)
>
> *I know someone but I'm not really associated with them; She's not family or a friend; she also looks at things differently in a not normal way* (Jaya)
>
> *Yea… like ok um growing up, those kids, classmates I should say with me they were ok, like I said we grew up together, their childhood was as normal as mine and then being an adult, you hearing they been through things in their life and they in the mental place* (Ken 1)
>
> *Well there are some mental people on the streets which started off normal like us* (Jay)

Participants' ideas about mental illness being a permanent state is influenced by what they have seen in the community and the belief that 'these people' do not function well in society, once they have been treated with medication:

There are quite a few mentally ill people who wander the streets and cause havoc (Mark)

Well there are some mental people on the streets which started off normal like us (Jay)

I never heard of anyone who came back while they get this injection (X-fire)

In contrast to the view that mental illness is permanent, Sil expresses the awareness that mental illness is not a permanent state. However, he agrees with most of the participants that those who are deemed as mentally ill are not able to control their actions, which seems to express fear of those who are deemed to be so.

Well I think they are not able to control, it's not something that they do deliberately, I would think that they need support because of their situation, most times it is not something that is permanent, it is not something that is always in that condition, sometimes they seem normal, well some of them and sometimes they are in that phase (Sil)

Theme 1.3: *Mental illness is nothing to do with me*

This theme gives an understanding of how participants relate to those who are deemed to be mentally ill. Participants express reluctance to associate with anything 'mental', by distancing themselves from those with mental illness and not using the 'label' of mental health problems or mental illness for their experiences. For example:

I know someone but I'm not really associated with them; She's not family or a friend (Jaya).

As for me I know I don't have any mental illness or anything like … (Ken1)

Like if somebody say, hey what's your mental health like? it's like I am not, I'm you know I am average like you're not, to me that's how I would say. Yea so I would be like I'm good I'm straight like, you know I am not crazy or anything like that (Ken1)

Ken1 is expressing the idea that one needs to be careful of acknowledging that there is a problem and needs to ensure that that label is not applied. In doing so, Ken1 was a bit hesitant in finding a 'good enough' way to express the view that he needs to distance himself from that label.

From participants' accounts, the perception of mental health stigma is quite impactful in St. Lucia. How much mental health is stigmatized varies among cultures (Coker, 2005: Fernando, 2003)? People will most often try and distance themselves from labelling their experiences or engage in secrecy about their mental health experiences (Biddle et al., 2007; Vogel et al., 2007), due to the fear of a mental health label and fear of social isolation (Keating, 2004).

Therefore, getting a sense of the impact of stigma within a culture gives an understanding of the attitudes that participants hold and explains why the participants are so conscious of distancing themselves from mental illness. For instance, when asked the question whether they had experienced anything that could be described as mental health related, they replied:

No never (Jaya)

I have but I won't describe it as mental illness (Josh)

Didn't considered it mental (James)

No, I haven't had anything like that (John)

As for me I know I don't have any mental illness or anything like that so it wouldn't, like when I hear somebody speak when it come up, you know I don't think anyway because I know I am not (Ken 1)

Participants also express an 'us' and 'them' divide as if people who are mentally ill are programmed differently or function differently compared to them. For example:

You know that's people I grew up with, you know I know them pretty well, you know they are not that kind of person, you know where did that come from, how did that happen to them and then they say well they don't know what really happen, it's like he just snap, like he went mad… (Ken1)

Well there are some mental people on the streets which started off normal like us (Jay)

Like the first theme, this theme indicates how mental health and mental illness are construed as the extreme. Those who are considered mentally ill are feared and considered to be out of control and dangerous:

They don't really know what's good anymore they just do things without thinking. It brings out fear because I always feel like they can't be trusted it feels like they can just harm anyone at any time, so I never feel safe around them (Jaya)

You proper mental, like you don't know exactly what you doing and you need help (X-fire)

.

Overarching theme 2: *Public awareness and education*

This overarching theme together with its two themes, depict the lack of information about mental health and illness and follows participants' desire to eradicate mental health stigma through early education. It is evident within this narrative, participants' awareness of the lack of information and education pertaining to mental health and mental health related problems in St. Lucia. Participants shared their yearning to address the mental health stigma and to change perception at a societal level, by educating everyone about mental health and mental illness. Participants talked of the need to create the awareness of the importance of looking after their mental health. Ken2 expressed:

> *I just believe the public should be properly educated about it…I also think that a lot of emphasis should be made about its importance* (Ken2)

Theme 2.1: *Let's talk about it: addressing the mental health stigma*

This theme speaks of the taboo nature of the subject and the lack of open social engagement of mental health related topics. This is in line with previous research findings which suggest that the notion of mental health is associated with negative life events and therefore not a socially acceptable topic within some ethnic minority groups (Sainsbury Centre for mental health, 2003; Bhui & Sashidharan, 2003). This is likely to lead to these ethnic minority groups potentially dismissing or hiding their mental health experiences and delay in seeking help for mental health problems (Memon et al., 2016).

Historically, the concept of mental health has been linked with violence and aggression towards the Caribbean people (Hickling & Gibson, 2005) and prejudice and discrimination towards those who are referred to as ethnic minorities (Fernando, 2010; Keating, 2009). The psychological impact of these historic events could possibly be impacting their current ways of thinking, feeling and behaving with regards to mental health and illness (Ward & Hickling, 2004).

Participants expressed awareness of the seemingly taboo nature of the subject and the desire to have an open conversation about mental health. For example:

> *I believe that there is a conversation that needs to be had on mental health as traditionally I don't believe we have dealt with the issue (ken2).*

Additionally, participants felt that the lack of awareness of mental health information and mental health promotion on the island impacted on men's poor help seeking habits:

> *Us men don't take our health seriously as much as women and I think this is because we don't have enough information out there in St Lucia (Josh)*

It is purported that these negative beliefs are usually based on incorrect information which creates problems with perception of mental health (Ayalon & Alvidrez, 2007). Therefore, health promotion is one of the key ways to target the negative beliefs and attitudes that people hold about mental health (Gary, 2005).

Participants expressed the need to have information which will address the stigma and the way in which mental health is perceived in St Lucia, as this has a knock-on effect on how and when people seek psychological help (Biddle et al., 2007). For example:

> *Before you go through mental illness some people think you are crazy…because as long as persons perceive you as crazy you will avoid all these situations, and that's why some people are reluctant* (Sil)
>
> *Insecurity or judgement not knowing what the person will think of them* (Jay)
>
> *The social stigma that people who seek help for mental issues are mad* (Mark)
>
> *If one goes through the process of getting help, he can lead others to get help also* (Josh)

Participants indicated that in order to tackle mental health stigma the topic of mental health needs to be addressed openly and directed at everyone, not just those who are considered to be mentally ill. For example:

> *I think educational programmes should be carried out in the community, not necessarily for just them, because we do not want isolation, but for the community, because the social outlook would be changed (Sil)*
>
> *I think like umm having some kind of activity and inviting people to talk to them (John)*

I just believe the public should be properly educated about it…I also think that a lot of emphasis should be made about its importance (Ken2)

Perhaps if there is some sort of programme that could talk about the importance and screening and um that would encourage others to participate (Sil).

Participants' views echo a need for a systems approach to change (Miller, 1978) in St Lucia. No one exists independently; everything and everyone is interrelated (Lewin 1951; Miller,1978). Therefore, to implement effective change, rather than simply addressing the individuals who are affected, we need to address communities and by extension the entire society (Kitayama, 2002)

Theme 2.2: *'Early intervention and education'*

This theme captures participants' views on the importance and positive impact of early education on the perception of mental health and mental illness in the St. Lucian society:

I personally think that if mental health can be properly addressed and incorporated in school from the early stages, going forward I think it may have a long-term positive impact on our society (Ken2)

Young men should be educated more at schools, groups etc. about their health and so on, so that they can be aware it's not only women that need help but men also. Then seeking help will fall in line when they need it; if one goes through the process of getting help, he can lead others to get help also (Josh)

In school, there is not a lot taught but not how to properly deal with deteriorating mental health (Ken2)

Participants demonstrate their understanding that there is a lot more to mental health than just the idea of madness; that one can be aware of a deteriorating mental state and therefore encourages people, particularly young men to seek help for mental health difficulties and avoid leaving it "too late". For example:

> *Yea maybe for that when they leave it too late their parents call the authority, they get arrested and that's when they get this injection* (X-fire).
>
> *In school, there is not a lot taught but not how to properly deal with deteriorating mental health* (Ken2)
>
> *More talks about mental illness so that they can be more aware of how serious it is* (Sil)

Ken2 has identified that a lack of education in schools about mental wellbeing and mental illness may lead to deteriorating mental health which could have potentially been avoided had the individual have the knowledge of what metal health and mental illness entails. Thus, acknowledging the importance of mental health education in schools (Kidger, Donovan, Biddle, Campbell & Gunnell, 2009).

Participants also express an understanding of mental illness as deteriorating, which contrasts with the views expressed in theme 1.2 about the sudden onset of mental illness. This could be explained perhaps by the various factors such as knowledge of mental health issues and perhaps level of

education. These contradictory beliefs indicate that some participants are aware of what mental health and illness entails.

Overarching theme 3: *Perceptions of Mental Health services in St. Lucia*

This overarching theme and its three themes captures participants' perceptions of the mental health service in St Lucia. It reveals participants' insights into the state of the mental health service and the impact these insights have on the treatment of those who are deemed as mentally ill in St. Lucia. It talks of participants mistrust in the service and the idea that seeking help may be hindered as a result of how the mental health service is perceived.

Three themes constitute this overarching theme: *"They put you like a robot"; "It's a little too quiet"; and "I would have liked to have spoken about it".*

Theme 3.1: *"They put you like a robot"*

This theme talks about the lack of trust in the mental health system in St. Lucia and the perception of the services as treating mental illness with medication and institutionalization. "The system that we have here, it is not one that persons have much confidence in if they are mentally ill" says Sil. There is a sense that there is nothing else going on for those who are diagnosed with mental illness, but 'drugs and injections' from the mental health establishment. For example:

> *It's not good that sometimes you have a little problem and they just inject you with that medicine that destroys your life, because if they inject you with that thing it is very difficult to comeback. You get a lot of people on the streets with mental problems. They are on the streets*

and they need help, because in St. Lucia if you have a mental issue all what they do is to put you like a robot (X-fire)

Most persons who are admitted, they would get some sort of drugs; I am not too informed about the types of drugs, I would think maybe anti-depressants, but the idea that that the drugs itself is not entirely for the condition, that in itself is scary. Also, that you are admitted instead of some analysis being done (Sil)

Yea maybe for that when they leave it too late their parents call the authority; they get arrested and that's when they get this injection (X-fire).

Participants verbalize the need for services which are not about institutionalisation but will respond to individuals need without the use of medication. Their narrative also suggest a need for community services to help care for those who are affected by mental illness. For example:

I only feel sorry for people with these issues because there are little or no provisions made for them in St. Lucian society which allows them to control, come to grips with the situation or control their mental illness (Mark)

It doesn't seem that there is an ongoing procedure that keeps tabs on the individual, like they bring the individuals to the facilities, perhaps drug them and whatever and then send them back and then there is nothing to check whether they are working well within society (Sil).

Theme 3.2: "*It's a little too quiet"*

This theme follows the participants account of a lack of awareness of services geared towards mental health in St. Lucia. These participants explain how they are unaware of where to go or what is available should they have a mental health need. For example:

> *It's all too quiet, like not much people know where to go* (Gascon)
>
> *I think there should be more readily available services in St. Lucia, there are not too many people can walk into* (Jaya)

Participants are expressing the view that if they wanted to seek help then they have no idea where to go to get help if needed. A lack of information about available services have been cited in the literature as reducing accessibility to services when needed and therefore create a barrier to psychological help seeking (Evans-Lacko, Corker, Henderson & Thornicroft, 2014; Vogel et al., 2011).

Participants verbalised the need for such services in St Lucia where people could go if they have an issue and that services should be accessible and affordable to everyone. For instance:

> *Probably have them offered the help free of charge and them being ensured that it is completely confidential* (Mark)
>
> *We need counselling services in St. Lucia, Firstly it must be affordable to the less fortunate, island wide* (James)
>
> *I think there is a great need for counselling services, especially at an affordable rate* (Mark)
>
> *They should get help from the government; there should be free help for the young people* (x-fire)
>
> *It would be a good idea to have better services here* (John)

Participants seem to suggest that services would be utilized if they were accessible and affordable. Fascinatingly, participants refer to 'them' when talking about services which creates the assumption that, mental health services would be for 'others' and not for them. Participants are dissociating themselves from needing help, which is a common thread throughout this study.

Theme 3.3: *"I would have liked to have spoken about it"*

This theme captures participants' ideas about what they would seek counselling for and the issues other young adult men in the St. Lucian society would perhaps need to seek help for. It covers the social issues that young people face and the idea that talking to someone might help. Participants talked about the issues that they would seek help for, if they had access to psychological help. For example:

> *It's just this one time where I believed I might have been depressed and would have like to have spoken about it* (Ken2)
>
> *Family and relationships issues* (Jaya)
>
> *Suicide thoughts, majority of people may be having those thoughts* (Jay)
>
> *Problems with relationships* (Johnny)
>
> *Feelings, thoughts that are difficult to talk about* (Gascon)
>
> *Financial and emotional stress* (John)
>
> *Relationship issues* (Ken1)
>
> *Things like sudden death of a loved one, failure in a major exam, loss of a long-time job, basically something that changes the course of one's life dramatically* (Mark)

On the other hand, when participants considered what other young adult men would likely seek help for, the factors which they believe would influence 'others' help seeking habits were quite different from their own reasons for seeking help. For example:

> *In the case of other men, it could be drug dependency or more than likely verbal or physical spousal abuse* (Mark)
>
> *I think that it will be useful for young men to talk about depression because I believe that men do not know how to cope with it in a health manner. It's either they find negative mechanisms like excessive drinking or go as far as taking their own life* (Ken2)
>
> *so how to deal with anger, most persons I am not sure if they want to know but they just let it out, I believe it is important to know how to deal with anger* (Sil)
>
> *We could go back to the relationship again, cause a lot of young men are killing themselves, you get more men are committing suicide, it's rare, every once in a while, you may get one or two women, but it's always the men who reach a point of drinking poison or hanging themselves, so that's what they should talk about* (Ken1)
>
> *I'll say mostly a breakup or divorce, men usually take these things really hard; some do unthinkable things when getting through those times* (Josh)
>
> *Issues such as gambling and drugs* (X-fire)
>
> *The level of unemployment, the level of responsibility that some of them carry because some of them have children already, they have*

no job and all these things are pressing on their mental state, so they would want to know how to cope (Sil)

*Lack of work and drug*s (Johnny)

Work issues, it can be very stressful for them, because they don't work so they have family problems and stuff (John)

Overarching theme 4*: Ideas and meanings of psychological help seeking*

Central to this overarching theme is the narrative of how young adult St. Lucian men understand psychological help seeking and the influence of this understanding on their help seeking behaviours and their perception of other men's help seeking habits.

Participants view help seeking as an action to resort to when there is nothing else they can do for themselves and an action that 'other men' take, but not them. It also focuses on some of the misconceptions about counselling.

Embedded in the participants views is the narrative of the importance of a positive image, trust and confidentiality in their decision to talk about their mental health experiences to others. Three themes constitute this overarching theme: *'Counselling connotations';* '*Help seeking as good'; and 'Counselling as last resort'.*

Theme 4.1: *'Counselling connotations'*

This theme captures the participants understanding of what counselling is and how counsellors work. It portrays counselling as a 'good' thing which involves help and change. When asked what their understanding of counselling was, participants talked about counselling as professional help

with managing their mental health and emotional issues. This demonstrates that despite the understanding of mental health and mental illness within the context of madness, participants can also make sense of help seeking as something not only for 'mad' people but understand the role that counselling can play in the lives of those who are not deemed as mentally ill. For instance:

Researcher: what do you understand by the word counselling?

> *I believe it is getting to know yourself better or dealing with certain things better* (Ken1)
>
> *Counselling to me is understanding one's issues and going into depth as to where the person is coming from and how they feel about a situation* (Jay)
>
> *It means going for help to help you manage your mental stress or anything like that; going to someone who is a professional, someone with experience who knows exactly what they are doing* (X-fire)
>
> *Teaching people about the good and bad of life and how to trust people more (Jaya)*
>
> *Provides me with guidance, is one who is well trained and qualified to deal with mental health dilemmas so this would give me the confidence in that she could guide me to come up with a solution to my problems* (Mark)
>
> *I believe it would help me better understand myself and how I deal with situations in my life; and may give me even more insight into my own mind* (Ken2)

Some participants talked about counselling as advice and the counsellor telling them what to do or changing them, which created a reluctance to see a counsellor in some cases. For instance:

> *As a means of giving a person advice or guidance on their mental issue* (Mark)
>
> *Going to someone when in need of professional advice and tips on how to cope with whatever situation you are dealing with in a time when you are not sure of what to think yourself* (Gascon)
>
> *Maybe they are afraid that when they go to counselling that the counsellor tell them that they are the problem, like you are the problem. You know nobody likes to be the bad person in any situation* (Ken1)
>
> *It's just that I feel a lot of anger toward a lot of things and people ...my anger has always been a driving factor for me to try to achieve the most out of my life...I fear that therapy may rid me of this anger and that I may now have to find a new motivating factor* (Ken2)

Theme 4.2: *'Psychological help-seeking as good'*

This theme summarises the various context in which participants believe they could seek help. Participants indicate that help seeking is a good idea as it can help people put things in perspective and "get things off their chest". For example:

> *I believe it's always good to seek professional help with emotional difficulties* (Mark)

My view on it is that it is more than okay to ask for support to deal with emotional difficulty…No man is an island as it is said, so we sometimes need outside perspective to help us solve problems (Ken2)

It's always good to do so, can save you from a lot of problems (Jay)

It is good to ask for help during these times because handling problems alone is not always the best idea (Jaya)

Asking for help I think it's good (Sil)

I think that would be a good idea because it would help before it gets too late (Josh)

Yeah, I believe if there is a problem then it's ok to get help for it (Johnny)

Getting things off their chest is the best thing to do (Nick)

A lot of people tend to think, um I don't need that, but I think everybody needs a little bit of counselling (Ken1)

Participants acknowledge that some problems require external support and that dealing with them alone is not a good idea. Thus, having someone that they could talk to or somewhere they could go when the need arises seemed important to them. For example:

I think it is a must. When they realise that they cannot combat the issue on their own or with the help of family and friends, they should seek out professional help (Mark)

I think that it will always be good to know that there is someone to talk to when in need (Jaya)

It's always good to do so, can save u from a lot of problems (Jay)

Some situations can be good to handle alone but handling all is never a good idea (Jaya)

Going to someone who is a professional someone with experience someone who knows exactly what they are doing (X-fire)

They should, cause speaking about problems give you a different mind-set (James)

Interestingly, participants seem to position themselves differently to the 'other men' in relation to help seeking. There is a general sense that participants think that they can 'handle their stress' thus creating the belief that psychological help-seeking is for those who cannot handle their stress'. For instance:

Yeah if you think you can't handle it then that's the first place to go before you start thinking of harming yourself. Hmm, so it's about being able to handle your stress, we spoke about this earlier and if you are not able to handle your stress then you seek help (X-fire)

I think that would be a good idea because it would help before it gets too late (Josh)

I think it is a must. When they realise that they cannot combat he issue on their own or with the help of family and friends, they should seek out professional help (Mark)

Theme 4.3: *'Counselling as last resort'*

This theme focuses on the idea that counselling is an action taken as last resort; when the situation is out of the individual's control or that they must be 'that bad' to seek professional help. For example, Ken1 explains how his

friend perceived counselling and how that perception created a negative attitude towards seeking the help she needed.

> *I had this friend who went through a very bad break up and she was having lots of thoughts of killing herself… so I told her about this lady who used to do counselling, I told her about it and never used the word counselling, because the first time I mentioned it I said counselling and she was like, what! No, I am not that bad, it's not like I am that bad. So, I had to try again in a different way, and it worked* (Ken1)
>
> *Persons need to realise that counselling is not for when situations are at their worst, cause most times when they are at their worst there is nothing much that could be done, and things become awry. For example, you are going through situations day in and day out, some persons are always pressed with issues, they keep on getting stressed, day in and day out until they breakdown. I think just going through normal issues, that are on a persistent and consistent level should seek counselling* (Sil)

Sil makes the point that people need to be educated about counselling; as the idea is that counselling is for when things are 'out of hand' is a misunderstanding of the concept of counselling. Help seeking is construed in the context of those who are mentally ill; there is therefore a need to address this misconception and increase young men's understanding and willingness to seek help when needed.

Participants also talked about the general understanding of counselling in the St. Lucian society: For example:

How counselling is perceived and how it is sold should be improved so that people could actually access and come to counselling, because persons usually come to counsellors when there Is no way out, when there is nothing else they could do, persons come to them and say you need to see a counsellor (Sil)

Some participants consider themselves to be self-reliant, thus, seeking help is seen as embarrassing to them and therefore not considered as a first option. For instance:

I think if you cannot handle your stress you might feel ashamed (X-fire)

I did not talk to anyone; I took control of it (John)

I should clear my mind on my own (Jaya)

Self-reliance is one of the core aspects of traditional masculinity ideals (Vogel et al., 2011; Mollier- Leimkuhler, 2002; Addis & Mahalik, 2003). Thus, the idea of relying on someone and not being able to handle their own problems represents a flaw and can sometimes be viewed as an attack on their masculinity (O'Neil, Helms, Gable, David & Wrightsman, 1986). St Lucian men strongly relate to the idea of being independent and providing for the family as' being a man', (Davis, Thomas & Sewalish, 2006). Therefore, in that context if participants see mental illness as incapacitating then they are likely to refrain from labelling themselves as having a mental illness or mental health problem.

In contrast, when they considered how other young men could view counselling, they voice that the men should get help promptly, particularly to

avoid any escalation of problems, if they cannot ‘handle things’ without external intervention. For example:

> *I think it’s a must. when they realize they cannot combat the issue on their own or with the help of family, they should seek out professional help (*Mark*)*
>
> *Yeah if you think you can’t handle it then that’s the first place to go before you start thinking of harming yourself (*X-fire*)*
>
> *I think that would be a good idea, it would help before it gets too late (*Josh*)*
>
> *When they leave it to late, their parents call the authority, they get arrested and that’s when they get that injection(*X-fire*)*

Interestingly participants viewed others as needing to get help quickly, but they described themselves as getting help if there is nothing else, they can do. This seems to suggest that the degree of self- stigma is quite prevalent among the participants (Vogel et al., 2006)

Some participants also felt that professional help was not for everyone as there is the underlying belief that people should be able to solve their own problems. as illustrated by these participants:

> *Just want to say counselling isn't for everyone some people may help but at the end of the day it comes back so those who are going through it* (Jaya)
>
> *Not everyone tells people what they are going through* (X-fire*)*
>
> *I don’t really talk about my feelings (*Jay*)*
>
> *Well I do not know if it is too much pride, but I am thinking I don’t really need it (*X-fire)

*It won't fix anything, it's up to you, you have to able to let go (*James*)*

These participants seem to be articulating that external help may not necessarily always be useful as the onus lies with the individual themselves and not external factors to help solve their problems.

Overarching theme 5: *'Barriers to psychological help- seeking'*

Three themes constitute this overarching theme*:" it's soft to go for help";*

'Family and friends: help or hindrance' and "Just change the name".

This overarching theme together with its themes focus on the factors which may impeded young adult St. Lucian men from seeking help. They capture participants' sense making of psychological help-seeking through the influences of masculinity ideals and demonstrate how participants negotiate the impact their family and friends can have on their decision to disclose any mental health difficulties. For example:

Theme 5.1: *"It's soft to go for help"*

This theme captures participants narrative that help is viewed as a sign of weakness and feminine within St. Lucian society. Participants talked about idea that some young men may not seek help because help seeking is construed as being 'soft' or a sign of weakness which is perceived as a feminine thing and as a result most men may not seek help when needed, because they need to be perceived as 'macho'. For example:

> *Time and time again, males have this sense of superior being and being the alpha male and feel its soft to go for help or speak their mind or show emotions* (Nick)

A lot of us men see going to get help, its more for the women, because we think nothing is ever wrong with us; we think doing so will show that we are weak (Josh)

*A lot of men play strong, so what happen is they will be going through a problem, like a woman would cry, but a man will not cry so that he is 'macho', and he is strong, you know; I'm ok I'm ok kind of thing (*Ken1)

They think like its girly, e.g. some men refuse to wear pink; they think it's a female colour or its gay, so things like counselling, these things seem to some of them as feminine and they want to show their 'machoness' (Nick)

Yea well, I think that's just a thing with men, men have too much pride. I think it is easier for a woman to come forward and say how she feels about a problem (X-fire)

Men are afraid to talk about how they feel (Jay)

Seeking help is also seen as not being able to handle stress and therefore a sign of weakness. For instance:

Not everyone can take stress. Some people as soon as something happens, they start going mental, like they cannot handle their thing (X-fire)

This idea of being perceived as weak, goes against the image that the young men may have about themselves and therefore create a barrier to seeking help as they do not want to be weak and not being able to 'handle their stress'. This is in line with findings of cultures which adheres to masculine ideal such as being stoic and strong (Mahalik et al., 2003; Courtenay, 2000; Mollier- Leimkuhler, 2002). Consequently, risking isolation and suicidal

ideation instead of appearing weak (Vogel et al., 2011; Keating, 2009). For example:

> *I believe that most of the time, young men tend not to seek help given that we are driven by our egos…as men we are taught to be 'tough' so asking for help seem to come across as weakness* (Ken2)
>
> *Some men might think it is weakness to ask for help* (Johnny)
>
> *Your friends might laugh at you, watch mate! And make fun of you and all kind of stuff like that, so you will not want to go to them so they can laugh at you. So, you will play macho, you good you good, but when you are by yourself, all those thoughts come to your head and you just want to, you just feel like the best thing to do is to kill yourself* (Ken1)
>
> *So, I'll smile among my peers, but go home to deal with it later* (Ken2)

Ken2 above is expressing the need to 'act like all is well' when he is with his friends. Despite how he feels he can keep up his image and not show any signs of not being able to cope as he knows this will be construed as weakness, which goes against the masculine ideals and is seen as feminine behaviour (Keohane & Richardson, 2018; Mollier- Leimkuhler, 2002).

Some of the participants talked about men needing to be perceived positively as a 'man' and the fear that people will not see them as a man anymore keeps them from telling others their problems and creates a barrier to seeking help. For example:

> *Yeah, they feel small; yeah because as soon as people start knowing your problem you feel so low, like you feel oh my God, what are*

people going to say; they won't look at me the same way anymore (X-fire)

Fear of being viewed differently has been found to hinder black men from seeking psychological help (Men's Health Forum, 2006) as they fear losing their status within the community or among the peers and family (Rickwood et al., 2005; Good & Wood, 1995).

Despite participants narrative about the reason some young adult men may not seek help, when referring to themselves, they disclose that they would seek help, regardless. This is contrary to their views of what 'other young men' would do. Many of the participants also said that they would not be afraid to seek help, despite how others would view them. When asked, what would stop you from seeking help participants responded:

No nothing (ken1)

not really, nothing would stop me (Jay*)*

I would seek help regardless (Gascon)

I would not be afraid or worried (Jaya)

I would still go (Johnny)

Umm, nothing would (John)

Well for me, even if I would have been perceived as a crazy; if you are already in that state it's better to get help quickly, even if I am and people and people see, I would still go ahead and look for help (Sil)

Theme 5.2: *'Family and friends: help or hindrance'*

This theme considers how family and friends can be a source of support or a hindrance to the participants psychological help seeking. Participants talked about not telling their family or friends if they were experiencing

psychological problems because they ‘talk too much’ and ‘make things worse’ by not taking the participants issues seriously. For example:

> *Family members they talk about people business and give you jokes afterwards (*James)
>
> *Your friends might laugh at you, watch mate! And make fun of you and all kind of stuff like that, so you will not want to go to them so they can laugh at you. So, you will play macho, you good you good, but when you are by yourself, all those thoughts come to your head and you just want to, you just feel like the best thing to do is to kill yourself* (Ken1)
>
> *I would not go to my uncle because he always seems to make a mockery out of the situation* (Jaya)
>
> *Friends would sometimes take it as a joke; maybe they might end up telling other people* (Gascon)
>
> *So, the fact that a family member may tell a family member and they tell another or one and they feel sorry for you, and you feel that doesn’t help (x-fire)*
>
> *Well, I have to be very careful who I speak to, because you know, family members sometimes instead of helping you they are making fun of you, so I have to be very careful and with friends I have to be very careful who I choose* (John)

John talks about being “very careful” which seems to suggest that if he decides to divulge any information then he must be selective in what he says to friends or family. This indicates the fear of being stigmatized or labelled as mentally ill. This was also echoed by other participants:

I would go to some of them, but not all the time, because I don't believe family should be involved in all matters (Jaya)

I would talk to friends when I got really overwhelmed, but it was to blow off steam more than anything else (Ken2)

There is also the fear that if they confide in a friend, that this friend will discourage them from seeking help. Josh explained:

Friends will also be like, you don't need help, when I was feeling this way or so on, I didn't get help, I just stayed home and took a rest (Josh)

Mark here talks about his family not knowing how to help him and this creates a hindrance to telling them of any psychological difficulties:

My family I could never go to because they have proved time and time again, they do not know how to deal with my need for help…because the simple 'pray about it' is their solution to everything (Ken2)

These findings are supported by previous research. Rickwood et al (2005) found that young men were selective in what they disclosed and preferred informal ways of seeking help, such as talking to their friends. Help seeking is seen as a social process (Biddle et al., 2007) where young men tend to think carefully about what they disclose and to whom and also think about the consequences of their disclosure (Prior, Wood, Lewis & Pill, 2003). Therefore, if a disclosure of mental health issues is likely to change others perception of them or cause others to laugh or see them as crazy, they will be less likely to disclose (Biddle et al., 2007; Rickwood et al., 2005).

Theme 5.3*: "Just change the name"*

This theme encapsulates the negative connotation that the word mental and counselling attracts. It captures the way in which the words 'mental; and counselling are used in St. Lucian society:

> *It brings about a negative feeling when I think of mental health to me it is not a positive thing, especially mental illness, but when I think about mental health I do get some positive aspect because you can be mentally healthy as well as being mentally ill, so when you say mental health I think about both the negative and positive and mental illness I think about the negative* (Sil)

Ken1 below, suggests that the word counselling deters people from seeking help and implies that a change of name or not using the term might increases willingness to seek psychological help:

> *Well I think sometimes you may have to just change the name, yeah because the name, sometimes the name alone, you might tell someone let's go to counselling, just by hearing the name alone, they will say me I don't want to go to counselling, I don't do counselling, but sometimes you might put it in a different way, you might say, hey, I think we need to speak about the problem with a pastor or whoever it is without using the word counselling* (Ken 1).
>
> *I had this friend who went through a very bad break up and she was having lots of thoughts of killing herself… so I told her about this lady who used to do counselling, I told her about it and never used the word counselling, because the first time I mentioned it I said counselling and she was like, what! No, I am not that bad, it's not like I*

am that bad. So, I had to try again in a different way, and it worked (Ken1).

It is arguable whether a change of name would reduce stigma or increase help-seeking, as seeking help for mental health difficulties is most often associated with being 'crazy' in minority ethnic communities (Menon et al., 2016). However, a radical shift, such as a name change might be what is needed to change attitudes towards psychological help- seeking in St. Lucia. Thus, in addressing this issue, it would be necessary to involve people from the public, both men and women, through pilot public survey, to determine whether it is a name change which is needed or the de-stigmatization of the term through public education.

General discussion

This research aimed to explore young adult St. Lucian men's understanding and sense making of the concepts of mental health, mental illness and psychological help seeking. In doing so, it hoped to understand the participants' attitudes to mental health and their perceived mental health needs. To achieve this, three questions guided the research process: what is the understanding of mental health, mental illness and psychological help seeking among young adult St. Lucian men? How do they make sense of mental health problems? And what are the perceived mental health needs of the young adult men in St. Lucia?

The findings of the study provide an understanding of how young adult St. Lucian men relate to concepts of mental health, mental illness and psychological help seeking and give insight into their attitudes and perceived mental health needs. Most of the findings in this study support previous literature, such as: the lack of differentiation between the concepts of mental health and mental illness and the immediate association of mental illness with madness (Armstrong et al., 2000; Cattan &Tilford, 2006; WHO, 2004; Bradby, Varyani, Oglethorpe, Raine & White, 2007).

The study shows that participants' use of language to describe mental illness is quite significant in how people with mental illness are viewed within the St Lucian society; this is embedded in the stigma that is attached to the word mental (Pederson & Vogel, 2007). It also indicates a lack of awareness of the dynamic nature of one's mental state, which creates a fear that once diagnosed then this is the person's mental state for the rest of their lives. This fear creates isolation of those who are deemed to be mentally ill

(Keating, 2007). This fear seems to be driven by a lack of education about what constitutes mental health illness (Ayalon & Alvidrez, 2007); therefore, increasing awareness by way of education is imperative.

Stigma mattered quite significantly to the participants; they make the point that positive public perception is very important to them. Thus, having the label of mental illness creates an unfavourable image which increases the likelihood of self-stigma (Vogel et al., 2007). Consequently, reducing the likelihood of them talking about their mental health experiences and hinders help seeking (Gary, 2005; Ayalon & Alvindrez, 2007; Vogel et al., 2007). Additionally, participants expressed fear of mental health diagnosis and a lack of trust in the mental health service, similar to findings of other studies of black men (Mclean et al., 2003; Keating & Robertson 2004; Keating, 2007). The findings of this study also showed that participants did not describe any of their own experiences as mental health related, which is also supported by other studies (Biddle et al., 2007). Experiences of illness can sometimes be normalised (Gerhardt, 1989), to reduce the impact of the negative consequences such illness might have on the individual (Biddle et al., 2007; Prior et al., 2003).

In this study, people with mental illness are perceived as 'out of control' and 'not normal' like the rest of the population. They are seen as outcast and do not seem to have a place in society. This observation was echoed by a psychiatry professor during his three year stay on the island, as a practicing psychiatrist. He remarked:

> "*The problems and the struggles that people have in your country are identical to those in other parts of the world. Your worries, your*

depression, your nervous breakdowns are the same as experienced by any other human being in any part of the world…after people have had a nervous breakdown you shy away from them, you treat them as if there are from outer space…" (Professor Richard Newman, 1985 cited in Alexander, 1985)

The negative ideas and beliefs that the participants hold about mental health are largely influenced by culture (Bhurga, 2002; Lemma, 2005; Lowenthal, Mohamed, Mukhopadhyay et al., 2012). It is vital to acknowledge how cultural systems impact on health and well-being in order to make sense of how people think about and behave towards those with mental illness (Napier et al., 2014; WHO, 2004). Some cultures view mental health as biological and therefore places the illness within the individual rather than the context in which the individual resides (Napier et al., 2014; WHO, 2004; Chang, 2014). Taking that view increases the risk of pathologizing people's experiences rather than paying attention to the factors which impact on their psychological wellbeing (Goodman et al., 2004-; Napier et al., 2014; Manwell et al., 2015)

There was a profound sense of the need to distance themselves from any labels or experiences that could be classed as mental health difficulties. It is not clear whether participants were aware of this, but every participant seem to desire to do so. In this vein, there were clear contradiction with what participants explicitly stated and what they implicitly implied. For example, participants said that 'nothing would stop them from seeking help', but at the same time they expressed that help seeking is for those who are not able to 'handle their stress'. This may represent a conflict between what participants'

desire to do and what is acceptable for a ‘man’ to do or how a man should behave in St Lucian society. It is possible that this conflict is related to the level of mental health stigma which people who are deemed as mentally ill may be subjected to in St. Lucia. As it was noted, participants expressed that in St Lucia, it is believed that psychological help seeking is for ‘mad’ people; this is also supported in other findings (Menon et al., 2016; Morrison et al., 2015).

One of the salient features about participants’ responses to seeking help was the fact that they all agreed that ‘other men’ need to seek help promptly and the type of issues they believed other young men in society would need support with were very different to their own needs. For instance, most participants reported that if they were to seek professional psychological help, it would be related to romantic relationship difficulties. Whereas, when asked what issues they believed other young men would most likely seek help for, they suggested, areas such as, emotional difficulty, in particular anger, issues associated with unemployment, drugs and alcohol issues . Also, all participants agreed that help-seeking was a ‘good’ action to take. However, the view that seeking psychological help is a ‘good thing’ was directed towards others and not themselves. Another possible explanation for the desire to distance the self may be due to their poor concept of mental illness and the idea that mental illness is a permanent disease which incapacitates and prevents effective functioning within society (Biddle et al.,2007, Mascayano et al., 2016). Additionally, if this belief is coupled with ideas of masculinity in St Lucia, where the most important aspect of being a man is to be independent, have the ability to provide for the family and be

viewed favourably by others (Davies et al., 2006), then having a diagnosis or acknowledging that they have a mental health problem would possibly have devastating consequences for their sense of masculinity (Vogel et al., 2011; Biddle et al., 2007).

Another novel finding relates to participants' fear of mental health services. What is significant about this finding is that the fear is not related to the attitudes of mental health professionals or due to factors such as racism or discrimination as have been found in several of the findings on black men, particularly Afro- Caribbean men (Keating et al., 2002, Keating, 2007). Instead, this fear is related principally to the treatment they perceived those who are mentally ill to receive.

Therefore, this raises the question as to whether Afro-Caribbean people, who reside in countries where they are considered as minority ethnic, would have a negative relationship with mental health services or a fear of mental health diagnosis and treatment whether or not they were faced with racism or discrimination? There is a curiosity as to whether a historical context influences what seems to be a negative intergenerational attitude to mental health and psychological help seeking among black men. Thus, it is worth noting that records of serious mental illness in black people originated after the slave trade and colonisation, where the black people were treated in the most degrading and vicious manner (Hickling, 1988). There are also reports that those who had been considered as 'mind-riven' were treated within the community and not in confinement, before the Europeans invaded their islands (Hickling, 1988). The indigenous people's way of treating those who were mentally ill was referred to as witchcraft by the colonisers and was

banned and considered a crime (Bhopal, 1997; Hickling. 1988). Instead, those who were classed as mentally ill were either killed or treated savagely by their slave masters in the earlier times of colonisation (Hickling,1988) and thereafter institutionalised and medicated (Hickling, 1988; Bhopal, 1997). Halliday (1828) in his writings about the state of mentally ill people in Great Britain and other parts of the world, noted that there was very little incidence of mental illness in the slaves who resided in the West Indies and Africa. Consequently, could the impact on this "psychic upheaval" (Ward & Hickling, 2004 p. 442), caused by the slave trade and colonization be in effect in today's generation of Afro- Caribbean people, particularly men, resulting in a negative attitude and behaviour towards mental health and psychological help seeking; regardless of the society in which they reside? Moreover, could it be the case that black people fundamentally perceive mental health issues differently, bearing in mind the writings of Halliday (1828) and the recorded accounts of De Las Casas (1542) cited in Beaubrun et al., (1976), compared to their white counterparts, which they are usually compared with? Additionally, could this fundamental difference explain the lack of service utilization and most often forceful admissions into mental health services that are reported among black people? This might be worth further exploration in understanding the behaviours and attitudes of black people, particularly men, to mental health and psychological help seeking.

Other findings relating to ideas of masculinity, also support previous conclusions (Courtenay, 2000; Mahalik et al, 2003; Vogel et al; 2011) such as, the need to be stoic and present themselves as 'macho' or the 'alpha male", as participant Mark puts it. Participants also talked about crying as

being weak and feminine, likewise psychological help seeking. This seems to create a sense of confusion with what the participants desire to do, such as seek help and what they actually do, such as refrain from help seeking: to preserve their 'maleness in the face of their peers or communities (Good & Wood, 1995; Rickwood et al., 2005). It is also possible that this fear of being regarded as feminine is related to the fear of being labelled as a homosexual, which is currently unacceptable in St. Lucia and most of the Caribbean countries. Buggery, which refers to sexual intercourse between males, is illegal in St. Lucia (Criminal code, 2005). Although it is punishable by law, to date, there is no record of anyone prosecuted under this law, but those who identify as LGBT are often treated harshly and ostracised in the St. Lucan society (Williams, Forbes, Placid & Nicol, 2020). Therefore, as one participant noted, the idea of wearing pink is referred to as 'girly' or gay and as a result some men may not want to wear this colour in order to avoid the association with being gay. This was echoed in Davies et., al (2006) findings, that participants were averse to being identified as gay or feminine. In their study , participants discounted a man as being masculine if he identified as gay, regardless of whether he adhered to the other masculinity ideals which are key to masculine identity in St Lucia- such as being strong the ability to provide for his family.

Participants' talked about pretending that all is well when they are with their friends so as to maintain a 'strong' appearance and not appear weak. Participants also explained that telling their friends or family they are experiencing difficulties, particularly related to emotions, would not be taken seriously and will be laughed at. In this regard, participants' explained that

they are very selective in what they disclose to their friends and family as they fear being ridiculed or fear losing their status within the group or community (Biddle et al., 2007).

Participants also expressed a strong sense of self-reliance in dealing with the issues they experienced. Most of the participants stated that they dealt with problems on their own which to them, signified strength and the ability to 'handle their own'. This finding is in line with the literature which have found self-reliance to be a key component in the construction of masculinity norms (Courtenay, 2000) which negatively impacts psychological help seeking (Keating, 2009; Vogel et al., 2011).

Findings also provided a sense of the perceived mental health needs of the young adult men in St. Lucia. Participants were keen to have education about mental health to dispel the misconceptions about help seeking. Accordingly, education needs to be centred around what is mental health and what is mental illness and the different ways in which mental illness can be manifested in an individual's life. There is also a need for education on the factors which could impaired psychological wellness and ways in which individuals can recognize when they are being affected psychologically. Additionally, young adult men need to be sensitised to the signs of deteriorating mental health, both within themselves and others, raising awareness of mental health and reducing stigma (Grey, Sewell, Shapiro & Ashraf, 2013). Introducing school children to the concepts of mental health creates a foundation to reducing stigma, as the negative attitudes and misconceptions could be addressed early (Kidger, et al., 2009). As a result,

they may develop positive attitudes to seeking psychological help as adults (Harrington & Clark, 1998).

Participants expressed a need to have services which are not geared towards only those who are severely mentally ill, but to address the social problems which the young adult men face in St. Lucía. Participants stated that young adult men could be supported with issues such as drug and alcohol abuse, anger management and unemployment.

Many findings suggest that social problems play a significant role in mental health (Prilleltensky,1999: Robertson & Keating, 2004; WHO, 2004). Thus, "mental health cannot be treated in isolation from other social issues" (Robertson & Keating 2004, p 446). It is imperative that the social issues which face the young adult men of St Lucia, such as drug and alcohol abuse and unemployment be addressed.

Regardless of the documented impact of social issues and injustices that black people face, "mental health remains a low priority health issue for most Caribbean countries" (Sharpe & Shafe, 2016). There have been considerable strides in the advancement of mental health in the Caribbean post colonization, most notably in Jamaica, where purposeful decolonization of psychiatric services has been implemented (Hickling & Gibson, 2012). In St Lucia however, the mental health system continues to operate under the 'old' the British system, which principally follows the medical model of care and incarceration of the mentally ill (Hickling & Gibson, 2012). Most of the diagnosis in the Caribbean are schizophrenia and manic depressive (WHO, 2004) as has been found for black men in other parts of the world (Mclean, Campbell & Cornish, 2003).

The expressed view that the mental health service in St. Lucia is only for those who are ill can be related to the fact that only those who suffer severe psychological distress, such as psychosis, receive treatment and the main type of treatment is hospitalization and medication. The lack of integrated primary care services and emphasis on institutionalised care within the St. Lucian mental health system was highlighted by the WHO-AIMS (2009) report.

Black men mistrust of mental health services have been supported in previous literature (Keating & Robertson, 2004; Keating 20079 Benkert, Peters, Clark & Reeves, 2006; Betancourt, Green, Carillo & Ananeh-Firempong, 2003). Reasons for this mistrust have been based on the strained relationship that black service users have with mental health services (Keating, 2007). Research has shown that the over- representation of black men in mental health institutions is most likely the cause of this mistrust (Littlewood 1986; Keating et al., 2002; Boast & Chesterman ,1995). X- fire, in his extract to support theme 3.1, talks about the forceful admission to mental health services due reluctance to seek help when they need it. This observation is supported by other research findings where black men are usually brought to the attention of mental health services generally not through the own volition (Keating 2007; Littlewood & Lipsidge, 1981). Integrating mental health services in primary care and creating community-based services to provide care and treatment to those who are mentally ill, have been evidenced to work in the Caribbean (Hickling, et al., 2011). For instance, in Jamaica, community-based care has seen a reduction in mental health stigma and less persons institutionalized (Hickling & Gibson, 2005).

St. Lucia could therefore learn from other Caribbean countries about what has been successful and what has not been so successful in reducing mental health stigma and inhumane treatment of the mentally ill (WHO, 2004).

These new findings from this study provide valuable insight into how the participants understand and make sense of mental health in the context of St. Lucian society. This information can be useful to policy makers and service providers to guide the way forward in looking after the mental health of the young adult men. Regardless of whether they were able to express their experiences as mental health related, it is the view that mental health problems affect every culture (WHO, 2004). Therefore, making provisions to support those who experience mental health difficulties is vital.

Implications for mental health practitioners and service providers

This study highlighted a significant need for mental health promotion and education in St. Lucia. Stigma is most often related to a lack of understanding and misconception of the notion of mental health and illness (Gary, 2005). Thus, this could be tackled, as noted by participants, through education in schools about the importance of mental health (Kidger et al., 2009). Participants' expressed the view that once young people have been educated, this would increase their awareness of the signs of deterioration in their mental health and that of their peers (Rickwood et al., 2005; Grey et al., 2013) and increase the likelihood of seeking adequate help. Hence the suggestion that mental health should be part of the school curriculum from primary school age. Pupils should be taught about mental health and

wellness and the signs of mental ill health. It would also be important to include ways of acknowledging and managing emotions, both the happy and sad emotions, and to notice and speak about feelings which they find difficult. As one participant pointed out, ‘young men may not speak about how they feel if they do not have the emotional competence to do so” (*Mark*). Most participants talked about a lack of awareness of other services on the island, apart from the mental health hospital. This implies a need for promotion, establishment and broadcasting of mental health services on the island. Information about mental health and illness could be disseminated by many means. One example of such means is through the radio stations which have been found to be quite useful in the Caribbean Islands, such as Jamaica (Hickling & Gibson 2005; Ward & Hickling, 2004). Use of the radio stations have aided in the demystifying and de-stigmatising mental illness in the Caribbean island of Jamaica (Hickling & Gibson, 2005) and could work equally well within St. Lucia. To target the young generation, more modern ways of disseminating these findings will also be utilized; as younger people are more inclined to use social media and information can be more accessible via these means , such as twitter, Facebook and Instagram (Cabrera, Roy & Chisolm, 2017; Brownson, Eyler, Harris, Moore & Tabak, 2018)

The idea that only severe mental illness seems to be taken seriously and also catered for in terms of treatment within the government service in St. Lucia is highlighted in this study and needs to be addressed. This quote from Bion seems fitting with the present state of mental health in St. Lucia, noting that the St. Lucian “society has not yet been driven to seek treatment of its

psychological disorders by psychological means because it has not yet achieved insight to appreciate the nature of its distress" (Bion, 2004, P. 14).

Mental health and physical health go hand in hand (WHO, 2004; DHSS,1999), therefore, it is imperative that the government pay attention to the mental health needs, not just the mentally ill who need hospital admission, but the mentally well individual. In St. Lucia, there is very little budget allocation to mental health, (WHO, 2009; Francis, Molodynski & Emmanuel, 2018). Only four percent of the total health budget goes towards mental health and out of this allocated four percent, ninety-seven percent goes towards the mental health hospital (WHO, 2009; Francis et al., 2018). This indicates the emphasis on institutionalised care which the World Health Organisation aims to reduce and encourage more community based and primary care services (WHO, 2004; WHO, 2011).

In Jamaica, where they are leading the way within the English-speaking Caribbean with the de-colonization of the mental health services, there has been a shift from institutionalised care to community-based care for the mentally ill (Hickling et al., 2011; Hickling 1988; Hickling, 2010; Hickling & Gibson, 2005). This has proven to be a success in reducing the number of admissions in the mental health hospital (Hickling & Gibson, 2005) and also succeeded in reducing the mental health stigma (Hickling, 1988). The move away from the colonial way of treating mental illness has transformed the mental health service and reduce the social isolation and fear of those who are considered mentally ill (Hickling, 2010; Hickling et al., 2011). Jamaica has transformed mental health care by focusing on rehabilitation, where they have implemented a form of therapy called cultural therapy, to help bring

about change through therapeutic work (Hickling & Gibson, 2005; Hickling, 1988). This includes, drama, art expressions and interpretations relating to the patient's culture (Hickling, 1988). St Lucia could learn from its neighbouring Caribbean island, Jamaica, and implement some of the programs that have been invaluable in helping to destigmatise mental health. Such programs include, using the radio to disseminate information about mental health, and phoning-in radio sessions to dispel the misconceptions about mental health and create awareness and understanding of mental health, mental illness and when to seek psychological help. Participants also suggested that the terms mental health be changed as the concept evoked negative associations, even though it referred to mental wellness. Albeit a Westernized concept, the term mental health is used widely across the world and the World Health Organization has acknowledged that it relates to everyone (WHO, 2004). In moving towards the defining and establishment of a Caribbean psychology, it is imperative that Western psychiatry be acknowledged for its contributions ,despite the view that it may not be transferable in the Caribbean context (Thompson, 2016; Sharpe & Shafe, 2016). Therefore ,an attempt to change the term mental health and the word counselling, as associated with help seeking, may prove challenging and needs to be at a societal level. Perhaps, linking mental health to physical health and making positive associations could be one way of thinking about this change . The general public can be involved in public surveys to decide whether a name change would be appropriate and necessary and what their suggestions are. This involvement of the general public could help reduce the stigma associated with mental health (Hickling et al., 2011; Armstrong et

al., 2002). Anyone who is in a leadership position can initiate that change and not necessarily those in authority, such as the government, as there is a misconception that it is only those who are in authority can initiate change (Heifetz, 2010) .

The knowledge of participants' perceived mental health needs and their sense making of mental health in St Lucia gives insight into how participants' beliefs impact on their attitudes to mental health and help seeking. Also, this study has shown that many of the issue's participants experience they did not consider them to be mental health issues. It is therefore important that societal values, views and beliefs are respected (BPS, 2009) while considering the impact on cultural beliefs (Kitayama, 2002) on the young adult St. Lucian men's subjective experiences. Although counselling is very effective in helping people make sense of psychological difficulties (Spinelli, 1996), it is also important to note that psychiatry is based on westernized world (Bhurga, 2002; Fernando, 2003). Therefore, practitioners need to be mindful in not transposing this way of working and thinking, in a cultural context which it may not necessarily fit (Bhurga, 2002). Thus, it is imperative that before any services are developed service providers need to ensure that significant progress have been made in destigmatising mental health, paying particular attention to the beliefs that men may hold regarding masculinity ideals and help seeking. Additionally, those who the service is geared towards need to be consulted (Sewell, 2009) as it may very well be that services would be provided and they would not be utilized, due to the many factors which impact on help seeking behaviours of these young adult men.

Therefore, the findings of this study are not only applicable to the practitioners and service providers in St. Lucia, but I believe can also be transferred internationally, to countries such as the UK where there is a lot of reference to providing culturally sensitive services due to the underutilization of mental health services by black people, particularly black Caribbean men (Keating 2007). It may very well be that black Caribbean men share a similar view to the participants in this study, where they do not regard their experiences as mental health, hence the lack of need to utilize the mainstream psychological services provided; this therefore could be a point of further research.

Practitioners who work in countries where the population is becoming increasingly multicultural need to be aware of the diverse ways distress could be talked about (James, 2016; Bhurga, 2002) and therefore having competencies in multi-cultural counselling is useful in order to understand the subjective view of the client's experiences in the context of the society they live in and the factors which may impact on their mental health (Ponterotto & Casas, 1993).

Research limitations

In as much as these findings contribute to Caribbean mental health literature and provide valuable knowledge and insight into mental health and help seeking among young adult St. Lucian men; it does have its limitations, which I will now discuss.

The small number of participants limit the transferability (Braun & Clarke, 2013) of the findings to the rest of the male population in St. Lucia.

Therefore, this calls for wider research within young adult male population in order to increase transferability of the findings. The participants were recruited from social media sites and from snowballing, which had the potential to have people from a particular social circle take part and therefore excluded those who were not part of the social circle or friends with those who invited them to take part (Browne, 2005). Another limitation was the method of the interviews; participants who did not have internet access or smart phone were not able to participate, therefore the research could have made allowances for those who wanted to participate but did not have internet access. In order to reach a wider sample, the research could have included surveys and from the responses selected a few participants for in-depth interview, this could have resulted in a more varied view and understanding of the concepts explored.

A qualitative design was quite useful in producing rich data with a small sample to answer the research questions (Braun & Clarke, 2013). In contrast if a different design was used, such as a quantitative design, it could have potentially yielded a large amount of data due to the larger sample size, but not such rich and in-depth data as this qualitative design yielded (McLeod, 2015).

Participant recruitment was a challenge as indicated previously and non - traditional ways of recruiting and collecting data was employed. Had different methods been employed, such as face to face interviews (either one to one or using focus groups) or recruitment via college campus I believe it would have proven even more challenging to recruit, due to the nature of the subject under study.

However, despite these limitations, I believe that this study offers knowledge and understanding of a population where mental health research is almost non-existent, contributing to the understanding of mental health and help seeking within St. Lucia, thereby adding to the Caribbean mental health literature.

Future research

The need for mental health research within the Caribbean (Sharpe & Shafe, 2012) and the need to understand Afro -Caribbean men's attitude to mental health, within a minority ethnic context (Keating, 2009) have often been highlighted as areas for research. This study adds to this literature pool, but also highlights the need for further research, in understanding the historical context of Afro- Caribbean people's attitude to mental health and help seeking, in particular men, who have been consistently found to have adverse attitude to mental health (Keating, 2007). The findings also highlighted the need to examine closely the role of the mental health hospital as it adds to the stigma which is attached to mental health. Therefore, future research could be focussed on the mental health hospital and mental health stigma, such as have been done in Jamaica, for example. Further, research could also focus on the lived experiences of young adult men with a mental illness diagnosis, to get insight and understanding of how they make sense of their illness and their perception of how society treats them.

A desire to distance oneself from a mental health label and from those who were deemed as mentally ill, was a common theme with every participant; it is not known whether this observation relates to older men or women.

Therefore, using this current study as the foundation for future research, attitude of the general population can be explored to get a sense of how pervasive the desire to dissociate with mental health is within the St. Lucian society. Caribbean research could, therefore, focus on each island and country to get a sense of their individual attitudes and needs, thereby adding to the much-needed literature on the psychology of the Caribbean people.

Conclusion

This study aimed to explore how young adult St. Lucian men made sense of mental health and help seeking and also aimed to get a sense of their perceived mental health needs. Findings underlined the lack of awareness of what mental health is and the need for mental health education in St. Lucia. Participants' responses indicated their willingness to seek help but also highlighted the impact of stigma and the factors which would potentially impeded help seeking, such as the belief that help seeking is good, but only if there is nothing they could do or that only those who are not 'macho' enough seek help. The findings also underscored participants' desire to distance themselves from anything associated with the word mental and the idea that changing the word might create more positive attitudes to mental health. The findings also showed that participants had similar attitudes to mental health and help seeking compared to Afro -Caribbean men in countries where they are considered as minority ethic. However, there was no talk of racism and discrimination which have been found to significantly influence attitudes and behaviour of Afro- Caribbean people who live in a non-majority society (Keating, 2009). This, therefore, raised the question as

to whether there is a historical context to the seemingly intergeneration responses to mental health and health seeking among this ethnic group, whether in the country of origin or in migrated lands. Consequently, highlighting the implications for practitioners, policy makers and service providers both locally and internationally when working with Afro- Caribbean men.

Acknowledging the knowledge and insight into how young St. Lucian men understand and relate to mental health, this study provides some possible ways that this could be addressed in St. Lucia, by taking note of what other Caribbean countries have implemented with success. Thus, the onus is on the government to allocate resources to meet the mental health needs of its young adult men and the entire population. The onus is also on mental health professionals to conduct further research and to develop therapeutic models which are relevant to the Afro- Caribbean cultural context (Sharpe & Shafe, 2012).

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APPENDICES

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Perceptions of mental health and help seeking among young St. Lucian men

Consent form

Thank you for participating in this research about mental health in St. Lucia. My name is Anne Marie Vasson-Philip, a counselling psychologist in training at the University of the West of England in Bristol U.K. This research forms part of my doctoral thesis and is supervised by Dr Toni DiCaccavo, a lecturer at the University of the West of England. If you have any questions about my research, please feel free to contact Dr DiCaccavo at the Department of Health and Social Sciences, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS16 1QY. Telephone: 011 44 1173281234; email: toni.dicaccavo@uwe.ac.uk.

By signing this form, you:

- ✓ Are giving consent to participate voluntarily in this research
- ✓ Understand that you are free to refuse to answer any question and

- ✓ Have a right to withdraw at any time without giving any reason; however, it will not be possible to withdraw once the data has been analyzed and the thesis is submitted.
- ✓ Understand that all information is confidential and anonymous
- ✓ Agree that interviews will be audio –recorded and transcribed
- ✓ Agree that all materials produced will be used as part of my thesis, for conference presentations and possible journal publication.
- ✓ Acknowledge that I am interested in all the answers you give; as there are no right and wrong way of answering the questions.

I have read and understood the information on the participant information sheet and agree to sign this consent.

Pseudo-name: _____

Unique Code: _____

Signature: _____

Witness signature: _____

Date: _____

This research has been approved by the Faculty Research Ethics Committee (FREC)

Department of Health & Social Sciences

Faculty of Health & Applied Sciences

Frenchay Campus

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BS16 1QY

PARTICIPANT INFORMATION SHEET

About the researcher and the study

My name is Anne Marie and I am a Counselling Psychologist in training at the University of the West of England. I am St. Lucian and my doctoral research is based in St. Lucia. I have a keen interest in undertaking mental health related research in St. Lucia and a curiosity about how the young people, particularly young men make sense of mental health issues.

The lack of mental health research and provisions of mental health services in St. Lucia, as pointed out by the World Health Organization in 2009, provides an excellent opportunity for this venture.

My research is interested in looking at perceptions of mental health and willingness to seek counselling. I am focusing particularly on young men, due to the increase evidence that this group is less likely to seek help, whereas they may be the most vulnerable to developing mental health issues.

My findings are not aimed at generalizing about the population, but the hope is that it will give an understanding of how young St. Lucian men make sense of mental health, thereby creating an awareness of some of the mental health needs and issues and also help inform policies and provision of mental health services.

Contact details

Anne Marie Vasson-Philip: **stluciaresearch@gmail.com**

Research Supervisor is Dr Toni DiCaccavo: toni.dicaccavo@uwe.ac.uk

Possible question you may have about the research

Who is eligible to take part?

If you are a St. Lucian male between the ages of 18 and 40 years and you currently reside in St. Lucia, then you are eligible.

Who will interview you?

Individual interviews will be conducted by myself.

How long is the interview?

It is approximately one hour long, however if time is an issue for you then please let me know so I can ensure we wrap up in time.

Where will the interview happen?

Interviews will be virtual; via Skype, WhatsApp (audio, video or text) or email. You will choose which method best suits you. You will choose a time and space that is convenient and confidential to participate in the virtual interview. I will also ensure that I am in a private and confidential space when conducting the interview.

How about anonymity?

You will be asked to choose a pseudo-name (pretend name); by which I will refer to you during the interview. All voice interviews will be audio recorded and will be kept secured on an encrypted file. Interviews will be transcribed with all identifiable information removed. WhatsApp has end to end encryption and the device used for the interviews is password protected.

How will my data be used?

I will write a thesis based on the information gathered. Extracts from the interview will be used; removing all information which can identify you. Findings may also be shared as conference presentations and journal articles. When the data has been analyzed and the thesis is submitted, all audio-recordings will be deleted.

Is there any risk in taking part in the research?

There is no physical risk to participants; neither is there any intention to create psychological distress. Therefore, if you feel that you might be unsettled or upset by taking part in the research, then I would advise that you think carefully before consenting to participate.

I am not able to offer counselling in my capacity as a researcher, however, should you feel the need to speak to someone regarding any mental health issues you might be experiencing; you can contact the agencies below who will be able to support you:

- St Lucia National Wellness Centre, Millennium Highway, Castries, Tel: 4527393
- Insight Therapy, Tel: 4547978 / www.insight-therapy.com
- geunesse-insight, Tel 4547978 / www.geunesseinsight.com

Am I able to change my mind?

You have a right to stop participating at any time, without giving a reason, before, during and after the data collection stage. However, once the data has been transcribed and analyzed it will not be possible to withdraw. You will be given a unique code which you will email to myself or my supervisor, within two months of data collection, should you wish to withdraw. Upon receipt of your email, your audio- recording will be deleted, transcripts, consent form and any demographic information will be destroyed.

How about consent?

Written consent will be obtained before the interview takes place. Your pseudo-name will be used and a unique code will be attached.

If you have any further questions, please feel free to ask before signing the consent form.

Thank you for your participation.

This research has been approved by the Faculty Research Ethics Committee (FREC)

Interview guide

Initial title (Exploring attitudes towards mental health and willingness to seek professional psychological help among young St. Lucian men)

Revised title: Mental health, mental illness and psychological help-seeking in St. Lucia: An exploration of young adult men's understanding using thematic analysis

Let's start by telling me something about yourself. Age, educational level, religion, what part of the island do you live in?

I am interested in finding out how young men understand the terms mental health and mental illness? (How do you understand them? How do you feel about them?) Where did your understanding come from?

Have you ever experienced any difficulties with feelings/emotions? This could be extreme sadness, fear, anger, **or what people might describe as mental illness?** How did you deal with those feelings? What did you do? How did you make sense of what you were feeling? Were you able to talk to someone about how you felt?

Or do you know anyone who has experience those difficulties? how did you understand their experience?

What are your thoughts about whether it's ok to ask for help/support with emotional difficulties?

Who would you go to for help if you felt you had a mental health related issue? Why would you go to that person? Why would you NOT go to that person (e.g. family)

What do you understand by the word counselling or therapy?

What are your thoughts about seeking counselling for yourself? How would you see it as able to help? How might it be useful? What might you be afraid of/worried about?

What are your thoughts about others seeking help (young men)?

What are the kinds of issues that you wish you had a professional person to talk to in a confidential manner?

What are your thoughts about the need for counselling services in St. Lucia?

Are there particular issues that you think men would find it useful to talk about?

What would need to happen to enable men to attend counselling?

Is there anything that you would like to add? Anything that I have not ask?

Journal article

Counselling Psychology Review

This journal is prepared for the Counselling Psychology Review.

*Counselling Psychology Review is the Division of Counselling Psychology's peer-reviewed research publication, bringing together high-quality research pertinent to the work of counselling psychologists.

It primarily focuses upon work being undertaken in the UK, but it is also likely to be of interest to international colleagues and those in related therapeutic disciplines.

The content is pluralist in nature, with its focus being on excellent work rather than methodological or paradigmatic preference. Submissions are invited in the following areas:

- papers reporting original empirical investigations (qualitative, quantitative or mixed methods);
- case studies, provided these are presented within a research frame;
- theoretical papers, provided that these provide original insights that are rigorously based in the empirical and/or theoretical literature;
- systematic review articles;
- methodological papers related to the work of counselling psychologists.

Information to contributors

1. Length:

Papers should normally be no more than 5,000 words (including abstract, reference list, tables and figures).

2. Manuscript requirements:

- Download and complete the cover page. Contact details will be published if the paper is accepted.
- Apart from the cover page, the document should be free of information identifying the author(s).
- Authors should follow the Society's guidelines for the use of non-sexist language and all references must be presented in the Society's style, which is similar to APA style.
- A structured abstract of up to 250 words should be included with the headings: Background/Aims/Objectives, Methodology/Methods, Results/Findings, Discussion/Conclusions. Review articles should use these headings: Purpose, Methods, Results/Findings, Discussion/Conclusions.
- Approximately five keywords should be provided for each paper.
- Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc., for which they do not own copyright.
- Graphs, diagrams, etc., must have titles -these should not be part of the image.

- Submissions should be sent as email attachments. Word document attachments should be saved under an abbreviated title of your submission. Include no author names in the title. Please add ‘CPR Submission’ in the email subject bar. Please expect an email acknowledgment of your submission.

- Please make all changes after review using Track Changes and return them to the Editor-in-Chief. *

    - **This information taken from the Counselling Psychology review web page**

Cover Page

Title: Mental health, mental illness and psychological help-seeking in St. Lucia: An exploration of young adult men's understanding using thematic analysis

Author Names: Anne Marie Vasson-Philip[1*] Dr Toni DiCaccavo[2], Dr Tim Moss

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Declaration of Interests: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this paper. This paper has not been published elsewhere and is not under consideration elsewhere.

Informed Consent: Statement on the informed consent of participants and ethics granting institution and process here.

Word Count: 5771

Mental health, mental illness and psychological help -seeking in St Lucia: An exploration of young adult men's understanding using thematic analysis

Abstract

Background/aims: *There is a dearth of mental health research in the Caribbean, predominantly in the English-speaking Caribbean. Despite the universality of mental illness, mental health provisions are lacking in most Caribbean countries, including St. Lucia. The World Health organization has called for increased research to understand the mental health needs of the Caribbean people. There is also an increasing need to understand how men, particularly black men, make sense of mental health related issues.*

This study aimed to explore and make sense of young adult St. Lucian men's understanding of mental health, mental illness and psychological help seeking and to understand their perceived mental health needs.

Objectives: *To use this research as the foundation for further research in St. Lucia and add to the Caribbean literature pool. The findings will be used to inform policy makers and service providers mental health services in St. Lucia.*

Methodology/methods: *A qualitative methodology was employed. Thirteen male participants (aged 18-36 yrs.) living in St. Lucia took part in virtual, semi-structured interviews, via either WhatsApp and skype (text , video or voice based.)*

Results/ findings: *Data was analysed using reflexive thematic analysis (TA). One over-arching theme will be discussed: 'making sense of mental*

health and mental illness'. Which includes themes: "mental health and mental illness, same thing you know"; "crazy, proper mental, mad, not normal and out of control and mental illness has nothing to do with me.

Discussion/conclusion: *Young adult St. Lucian men's understanding of mental health is underscored by the negative connotation attached to the word 'mental'. The desire to distance the self from anything 'mental' created conflicting views on attitude towards psychological help seeking. Counselling psychologist could do well in understanding how culture influences attitudes and beliefs about mental health. Implications for service providers, policy makers, mental health promoters and practitioners are discussed.*

Keywords: mental health, St. Lucia, young men, help seeking, Caribbean

Introduction

Men and psychological help seeking

There is an abundance of research into the help seeking behaviours of men, for both physical and psychological issues (Wegner, 2011; Galdas, Cheater and Marshall, 2005), with a growing interest in men's help seeking practices for mental health related issues, such as depression and suicide (O'Brien, Hunt & Hart, 2005; Pitman, Krysinka, Osborn & King, 2012). Findings indicate that men show more negative attitudes to psychological help seeking (Wenger, 2011; Pederson & Vogel, 2007) and utilize mental health services less than women (Andrews, Issakidis & Carter, 2001; Good & Wood, 1995; Komiya, Good & Sherrod, 2000) even when it is free and accessible (Pederson & Vogel, 2007). Men have been labelled as unwilling to seek help even when they appear to be as distressed as women

(Courtenay, 2000; Vogel, Wade & Hackler, 2007; Wahto & Swift, 2014). Thus, more likely to disregard their emotional distress as needing psychological interventions (O'Brien, Hunt and Hart, 2005), yet are more likely to commit suicide (Rasmussen, Haavind, Dieserud & Dyregrov, 2014). Men's negative attitude towards mental health and poor pattern of psychological help seeking have been attributed to several factors, such as gender differences in emotional expression- suggesting that men are less likely to express how they feel compared to women, making them less 'emotionally open' (Komiya, Good & Sherrod, 2000). Some men regard a display of emotion as a sign of weakness and that it is a feminine 'thing' to ask for help (Leong & Zachar, 1999; Courtenay, 2000; Johnson, Oliffe, Kelly, Galdas, & Ogrodniczuk, 2012; Wahto and Swift, 2014; Newberger, 1999; Pederson & Vogel, 2007). This view links to ideas of masculinity (Courtney, 2000; Johnson, et al., 2012) and gender- role conflict (Wenger, 2011; Rickwood, Deane, Wilson & Ciarrochi, 2005) as barriers to help seeking. Other factors which have been implicated in men's lack of psychological help seeking are, stigma; both public, self-stigma (Corrigan, 2004; Vogel et al., 2007) and more recently family stigma (Mascayano, Tapia, Schilling, Alvarado, Tapia, Lips & Yang, 2016). Ethnicity and cultural orientation (Keating & Robertson, 2004; Bhurga, 2002; Al-Darmaki, 2003; Hofstede, 1997), socio economic status (Galdas, Cheater & Marshall, 2004), shame (Cleary, 2012) and poor social support (Pederson & Vogel, 2007). Some of these factors will be examined in more details further on in the review. Minority ethnic research show that men from this group are less likely to seek help compared to their white counterparts (Chandra, Scott, Jaycox, Meredith,

Tanielian & Burnam, 2009; Sealy-Jefferson, Vickers, Elam & Wilson, 2015). However, for African and Afro Caribbean men, there are additional factors which negatively impacts help seeking. Factors such as treatment fearfulness (Keating & Robertson, 2004; Good & Wood, 1995) fear of loss of social status (Galdas et al., 2004), poor relationship with mental health services (Keating, 2007) racism and discrimination (Keating & Robertson 2004; Keating 2007) impact on their attitudes and help seeking behaviours. Research has also shown that black men experience higher levels of forced admissions under the Mental Health Act due to delay in getting help and this is most often exercised with the support of the police (Mclean, Campbell & Cornish, 2003; Littlewood, 1986)

Men and suicide

Suicide attempts and completed suicides are a global concern (WHO, 2018). The World Health Organization recorded an estimate of 800,000 completed suicides globally with a rate of 15.0 for males compared to 8.0 for females (WHO, 2018, WHO, 2014). It is purported that for every completed suicide there are several attempts (WHO, 2014). “Suicide attempts result in a significant social and economic burden for communities due to the utilization of health services to treat the injury, the psychological and social impact of the behaviour on the individual and his/her associates and, occasionally, the long-term disability due to the injury” (WHO, 2014 p.25).

In the Caribbean, death by suicide is a major concern for some and at the same time virtually non-existent in some of the islands (WHO, 2018). Guyana, a Caribbean country found on the coast of South America, ranks the highest on suicide in the Caribbean and the third highest in the World,

with 29.2 suicide per 100,000 people (WHO, 2018). On the other hand, the Caribbean also boasts the lowest suicide rates in the world, with islands such as Bahamas, Grenada, Barbados, Jamaica, Antigua and Barbuda reporting extremely low rates or no suicides (WHO, 2018).

However, St Lucia ranks 95th in the world with a suicide rate of 7.8 per 100,000 people. Male to female ratio is estimated at 13.5 to 2.2 respectively (WHO, 2018). There is a lack of epidemiological research in St Lucia; statistic recorded between 2010 and 2017 showed: in 2010, there were eleven suicides which constituted ten males and one female. 2011 recorded ten suicides; all male. 2012 thirteen suicides; ten males and three females. In 2013 ten suicides; all males. 2014 thirteen suicides; ten males and three females. In 2015 seven suicides; all males. 2016 seven suicides; six males and one female. There was no record of attempted suicide. Those who died by suicide had an average age range between 16-40 years of age (Loop News, 2017).

Young men are at increased risk of taking their own lives (River, 2018), yet many do not seek help when they are in extreme distress (Rickwood et al., 2005). Findings suggest a poor understanding among young people of how they experience distress (Rickwood et al., 2005). This might suggest why young people do not seek help when they need to. However, interestingly, it has been found that young men although not keen to seek help for themselves are more likely to seek help for others, such as their friends (Ritchie, 1999).

Background

In 2009, the World Health Organization (WHO) conducted a comprehensive review of the mental health system in St Lucia, using the World Health Organization Assessment Instrument for mental health (WHO-AIMS). The report highlighted several issues with the mental health system in St. Lucia; such as the lack of mental health related research and mental health training for practising mental health professionals. It noted that mental health was not a priority, as evidenced by the 4% of the health budget, which is allocated to mental health care, out of which 97% goes to the mental health hospital (WHO, 2009; Francis, Molodynski & Emmanuel, 2018). The report further highlighted the lack of integration of mental health care in primary care no community-based care and a continued focus on institutionalized care (WHO, 2009).

A brief introduction to the Caribbean and St. Lucia

The Caribbean is a region in the western hemisphere, South of North America and surrounded by the Caribbean Sea (Edwards, 2013). A group of islands which are bound together by their geographical location and shared history of European colonization and slavery (Girvan, 2000). These islands share the history and culture of being infiltrated by the French, Dutch, Spanish and English and consequently became a milieu of Spanish, Dutch, French and English-speaking countries (Paul, 2009). Therefore, each group; based on their language have their own culture and way of being (Edwards, 2013).

St Lucia is a small island in the Caribbean, with a land mass of approximately 617 square kilometers. It is in the center of the Windward

Islands with a UN estimate population of approximately 182,790 (WHO, 2018). The island's religion is predominantly Roman Catholic with a majority population of African descendants. St. Lucia depends on tourism as its main source of income and has English as its first language, but has a patois/ creole dialect, which is spoken and understood by most (WHO, 2009, WHO, 2018). The Ministry of Mealth, Family Affairs and Gender Relations manage the health sector with no specific authority dedicated to mental health; where a mental health authority is defined by WHO as, an established system within a country which is responsible for guidance and advice on policies and legislation relating to mental health (WHO, 2009).

St Lucia is a developing country, which gained political independence from Britain in 1979. Despite political independence, the impact of colonization remains, as much of the 'old' British practices remain in effect today (Ward & Hickling 2004). This is very evident in the structure of the psychiatric system which has a strong focus on institutionalized care and medicalization of those who are deemed as mentally ill (WHO, 2009).

A brief psychiatric history of the Caribbean and St. Lucia

The Caribbean's mental health history can be dated back to 1542 to the account by a Spanish monk, De Las Casas, as detailed in Beaubrun et al (1976) account of early Caribbean psychiatric history (Hickling, 1988). This account details the use of herbs to deal with those who were deemed to be 'mind- riven'; this was the term used for the mentally ill during this era (Hickling, 1988). The 'mind-riven' folks were left free to roam in the communities, where food was left hanging on trees to provide nutrition –

there was no account of institutionalization in these earlier times (Hickling, 1988).

St Lucia's psychiatric history is like that of the rest of the English-speaking Caribbean islands. There is, however, a paucity of literature detailing specific events as is found about the larger English-speaking countries, such as Jamaica.

In 1916, a colonial mental hospital, called the 'Toc Mental hospital', was established, where those who were considered to be 'mentally unsound' were admitted. These included, epileptics, those of feeble mind, epileptics, idiots and imbeciles (Alexander, 1985). Prior to this, those who were 'mentally unsound' were sent to the neighbouring island of Grenada, to the Colonial Lunatic Asylum for housing. The Toc hospital was renamed 'Golden Hope Hospital' in 1974 (Alexander, 1985). In 2010, a new mental health hospital was built, called the New National Wellness Centre and has a capacity of 104 beds.

The Caribbean, although bound by a history of colonization and slavery, do not all share the same culture (Nicolas & Wheatley, 2013; Hickling, 1988). Therefore, in trying to understand how people make sense of mental health, illness and psychological help seeking, it would be necessary pay attention to their culture, as attitudes and beliefs about mental health and illness are significantly impacted by one's culture (Lin & Cheung, 1999).

The current study

Mental health research in the Caribbean is lacking (WHO, 2011) particularly in the English-speaking Caribbean (Ward & Hickling, 2004). Likewise, mental health research on Afro-Caribbean men (Keating, 2009). The paucity of

research on Caribbean mental health in a Caribbean context creates a challenge in understanding how Afro-Caribbean men perceive and make sense of mental health and psychological health problems (Keating, 2009). Research within the literature which examines perception of mental health and attitudes of black people to seeking psychological help are conducted in a European context (Sharpe & Shafe, 2015). In these settings blacks are classed as minority with factors such as racism, and discrimination impacting on their mental health and perception of services (Modood et al., 1998; Keating et al., 2002; Keating, 2009). The transferability of their findings is questionable within the Caribbean environment (Sharpe & Shafe, 2015) as the modern-day racism and discrimination due to culture and ethnicity are not factors which Caribbean people are faced with in the Caribbean context. Additionally, Western Psychiatry is based on western values, beliefs and assumptions (Bhugra, 2002; Nicolas & Wheatly, 2013) and may not be shared by Caribbean people.

This study was designed to explore the understanding of mental health, mental illness and help seeking among young adult St. Lucian men living in St. Lucia. The aims were to explore these concepts to make sense of how their perceptions, understanding and attitudes towards mental health influence their attitudes to help seeking. It was also hoped that these findings would create awareness of the mental health needs of the young adult population in St. Lucia and consequently influence the type of services needed to meet these needs. It is also the hope that this research would create a foundation for further research within St. Lucia and contribute the literature on Caribbean psychology (Thompson, 2014).

Methodology

Ethical clearance was granted by the University of the West of England, Faculty Research Ethics Committee (FREC) and the St. Lucia Research Ethics Committee (REC). A qualitative methodology was used as a qualitative approach is considered the best approach when there is not much known about the area being researched, as it allows for more in-depth information to be gathered (Willig, 2013).

Participants/ recruitment

The research was aimed at young adult males between the ages of 18 and 40 who identified as St. Lucian and currently lived in St. Lucia. The sample consisted of thirteen participants.

Participants were recruited via social network page (Facebook) and via snowballing. Snowball sampling is the best strategy to employ for populations that are considered' hard to reach' or 'hard to engage' (Cohen & Arieli, 2011; Braun & Clarke, 2006). This population was considered 'hard to engage or reach', due to the nature of the topic being explored (mental health/ illness) in the context of the St. Lucian society.

An integral aspect to snowball sampling is trust; participants are more likely to agree if they trust the person who is doing the referral, (Cohen & Arieli, 2006). In this regard, it was imperative that I expressly stated beforehand, that the information was confidential and that participants will remain anonymous, as this was key to participants agreeing to get involved in the research. Therefore, those who were involved in snowballing were also instructed to reiterate the confidential nature of the research to potential participants

Research procedure

Participants were given the flexibility of interview methods; skype, voice, video or text, WhatsApp voice, video or text. Giving the participants a choice created more flexibility and added anonymity for those participants who might be ‘hard to reach’ due to the topic being explored (Braun & Clarke, 2013). Internet based interviews provide a host of possibilities which the traditional face to face interview could not afford (Lo Iacono, Symonds and Brown, 2016), such as the flexibility of sending and receiving messages either synchronously and asynchronously, via video voice or text message irrespective of geographic boundaries (Boughton, 2016; Deaken & Wakefield, 2014; Lo Iacono et al., 2016.).

Data analysis

Data was analysed using thematic analysis using the six-stage process as detailed by Braun & Clarke, (2006). Thematic analysis is a flexible method and can be used widely, with both small and large sample sizes (Braun & Clarke, 2013). Themes were data driven where meaningful patterns were identified within the data set (Braun & Clarke, 2013).

Results

The analysis yielded five over-arching themes; however, one over- arching theme : ‘making sense of mental health and mental illness’, together with its three themes : “mental health and mental illness, same thing you know”; “crazy, proper mental, mad., not normal and out of control and mental health is nothing to do with me, will be discussed in this paper. See appendix 1 for thematic map.

Overarching theme 1*: Making sense of mental health and mental illness.*

This overarching theme, together with its three themes describe how participants make sense of the concepts of mental health and mental illness. It illustrates their understanding of the concepts as intertwined; unable to think about one without the other. It also shows that both mental health and mental illness are thought of in the context of the extreme end of the continuum; equating 'mental' to madness. This theme also focuses on participants fear of mental illness and the need to distance themselves from anything 'mental'.

The three themes which constitute this overarching theme are: "*Mental health and mental illness almost the same thing you know"; "Crazy, proper mental, mad, not normal and out of control" and Mental illness is nothing to do with me.*

Theme 1.1 *"Mental health and mental illness almost the same thing you know"*

This theme captures participants understanding of mental health and mental illness as similar concepts and how all participants, regardless of whether they appropriately described mental health, described mental illness in the context of madness. It focuses on the negative connotation attached to the word 'mental' and how this association negatively impacts participants understanding of mental health.

Most participants explained mental health as if they were talking about mental illness. This shows the negative association to mental health how the

two concepts are most often used to refer to mental illness (WHO, 2004; Bradby et al., 2007)

I understand mental health is when a human being is not really good in the head… and mental illness like when someone does not behave as they should, like they forever have stress (Jaya).

Well when I hear mental health I think of mentality and umm the person is not physically and mentally stable. Likewise, mental illness its almost the same thing, you know, I think the person isn't umm, well at all, like he is completely off (John)

*Well mental health, I think of madness basically…Well mental illness, well the same way like… (*Ken 1*)*

Some participants, however, appropriately described mental health:

I believe mental health to be taking care of one's state of mind… being able to cope with and manage stress, depression or anything that might weigh on the mind. Mental illness I believe is a breakdown in one's mental function (Ken 2)

Well, mental health has to do with overall emotional and psychological state of the individual. Mental illness arises out of issues with their emotional and psychological states (Mark)

I believe mental health allows people to develop the resilience to cope with whatever life throws at them and grow in well-rounded healthy adults. Mental illness are health conditions involving changes in emotion, thinking or behaviour; associated with distress, problems in functioning in social, work or family activities (Jay)

Nine of thirteen participants understood mental health and illness as the same, indicating a lack of awareness of what constitutes mental health and mental illness. These findings are in line with previous research which found that participants regardless of age, gender or culture (Armstrong, Hill & Secker, 2000) people tend to use the terms mental health and mental illness interchangeably (Cattan & Tilford, 2006; WHO, 2004; Manwell, Barbic, Roberts et al., 2015). It calls for education and increase awareness of the mental health illness continuum (WHO, 2017).

Theme 1.2: "*Crazy, proper mental, mad, not normal and out of control"*

This theme addresses how mental health related issues are perceived within the St Lucian communities and the influence of this perception on their sense making of mental health problems.

Participants talk of those who are mentally ill as mad and unaware of their behaviours. There is a sense that there is no hope for the person who has been diagnosed with mental illness or deemed, by others, to be mentally ill. It has often been found that the notion of mental illness tends to evoke ideas of madness and incarceration in asylums (Rickwood, et al., 1995; Scottish health feedback, 2002; Armstrong et al., 2000; WHO, 2004). These ideas are often accompanied with the inaccurate beliefs that mental illness is always severe and cause physical incapacitation or inability to interact socially (Keating, 2007). For example:

I understand mental health is when a human being is not really good in the head (Jaya)

Well at all like he is off completely… the person is completely mad (John)

You proper mental, like you don't know exactly what you doing and you need help (x-fire)

You know, that's people I grew up with, you know I know them pretty well, you know they are not that kind of person, you know where did that come from, how did that happen to them and then they say well they don't know what really happen, it's like he just snap, like he went mad (ken1)

Ken1 expresses the belief that madness simply happens, which creates a fear of mental illness (Keating 2004). This fear is related to the misconception of what constitutes mental illness and the lack of knowledge of the factors which could negatively impact an individual's mental state (Manwell et al., 2015). Fear is usually linked with mental illness due to the stigma it carries (Keating 2004) and the social isolation and inhumane treatment that people who are deemed to be mentally ill face in the community (Keating, 2007). Therefore, it is not surprising that the idea that mental illness can just happen, or one can just snap creates fear.

Participants' use of language to describe mental illness is quite significant in how people with mental illness are viewed within the St Lucian society; this is embedded in the stigma that is attached to mental (Pederson & Vogel, 2007). Those with mental illness are perceived as 'out of control' and 'not normal' like the rest of the population. They are seen as outcast and do not seem to have a place in society. This observation was echoed by a psychiatry professor during his three year stay on the island, as a practicing psychiatrist. He remarked:

"*The problems and the struggles that people have in your country are identical to those in other parts of the world. Your worries, your depression,*

your nervous breakdowns are the same as experienced by any other human being in any part of the world…after people have had a nervous breakdown you shy away from them, you treat them as if there are from outer space…"
(Professor Richard Newman, 1985)

The negative ideas and beliefs that the participants hold about mental health are largely influenced by culture (Bhurga, 2002; Lemma, 2005; Lowenthal, Mohamed, Mukhopadhyay et al., 2012). It is vital to acknowledge how cultural systems impact on health and well-being in order to make sense of how people think about and behave towards those with mental illness (Napier et al., 2014; WHO, 2004). Some cultures view mental health as biological and therefore places the illness within the individual rather than the context in which the individual resides (Napier et al., 2014; WHO, 2004; Chang, 2013). Taking that view increases the risk of pathologizing people's experiences rather than paying attention to the factors which impact on their psychological wellbeing (Goodman et al., 2004; Napier et al., 2014; Manwell et al., 2006)

Participants appear to understand mental health problems as a way of being; it gives the impression that once an individual is labelled as mentally ill then there is no return to having a normal life; it is viewed as a permanent state, as explained by these participants:

Like I know they were ok and now there are in the mental house right now and ah you know they are not 100% anymore (Ken1)

I know someone but I'm not really associated with them; She's not family or a friend; she also looks at things differently in a not normal way (Jaya)

Yea… like ok um growing up, those kids, classmates I should say with me they were ok, like I said we grew up together, their childhood was as normal as mine and then being an adult, you hearing they been through things in their life and they in the mental place (Ken 1)

Well there are some mental people on the streets which started off normal like us (Jay)

Participants' ideas about mental illness being a permanent state is influenced by what they have seen in the community and the belief that 'these people' do not function well in society once they have been treated with medication:

There are quite a few mentally ill people who wander the streets and cause havoc (Mark)

Well there are some mental people on the streets which started off normal like us (Jaya

I never heard of anyone who came back while they get this injection (X-fire)

In contrast to the view that mental illness is permanent, Sil expresses the awareness that mental illness is not a permanent state. However, he agrees with most of the participants that those who are deemed as mentally ill are not able to control their actions, which seems to express fear of those who are deemed to be so.

Well I think they are not able to control, it's not something that they do deliberately, I would think that they need support because of their situation, most times it is not something that is permanent, it is not something that is always in that condition, sometimes they seem normal, well some of them and sometimes they are in that phase (Sil)

This contradiction in participants' views about mental illness as a dynamic state and a static state could possibly be explained by the level of education and influence by the media.

Theme 1.3: *Mental illness is nothing to do with me*

This theme gives an understanding of how participants relate to those who are deemed to be mentally ill. Participants express reluctance to associate with anything 'mental', by distancing themselves from those with mental illness and not using the 'label' of mental health problems or mental illness for their experiences. For example:

I know someone but I'm not really associated with them; She's not family or a friend (Jaya).

As for me I know I don't have any mental illness or anything like … (Ken1)

Like if somebody say, hey what's your mental health like? it's like I am not, I'm you know I am average like you're not, to me that's how I would say. Yea so I would be like I'm good I'm straight like, you know I am not crazy or anything like that (Ken1)

Ken1 is expressing the idea that one needs to be wary of acknowledging that there is a problem and needs to ensure that that label is not applied. In doing so, Ken1 was a bit hesitant in finding a 'good enough' way to express the view that he needs to distance himself from that label.

From participants' accounts, the perception of mental health stigma is quite impactful in St. Lucia. How much mental health is stigmatized varies among cultures (Coker, 2005: Fernando, 2003)? People will most often try and distance themselves from labelling their experiences or engage in secrecy about their mental health experiences (Biddle et al., 2007; Vogel et al.,

2007), due to the fear of a mental health label and fear of social isolation (Keating 2004). This is related to the mental health stigma and the lack of awareness of what is mental health and mental illness (Ayalon & Alvidrez, 2007).

Discussion

The findings of the study provide an understanding of how young adult St. Lucian men relate to concepts of mental health, mental illness and psychological help seeking and give insight into their attitudes and perceived mental health needs. Most of the findings in this study support previous literature, such as: the lack of differentiation between the concepts of mental health and mental illness and the immediate association of mental illness with madness (Armstrong, Hill,& Secker; 2000; Cattan &Tilford, 2006; WHO, 2004; Bradby et al., 2007). Stigma mattered quite significantly to the participants, particularly public stigma, consequently impacting negatively on their attitudes to seeking help or disclosure of problems they may experience (Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011; Vogel et al., 2007; Biddle et al., 2007; Mascayano et al., 2016).

There was a profound sense of the need to distance themselves from any labels or experiences that could be classed as mental health difficulties. There were clear contradictions with what participants clearly stated and what they implicitly implied. For example, participants said that ‘nothing would stop them from seeking help’, but at the same time they expressed that help seeking is for those who are not able to ‘handle their stress’. This may represent a conflict between what participants’ desire to do and what is acceptable for a ‘man’ to do or how a man should behave in St Lucian

society; which reflects the impact of stigma on participants decision (Vogel et al., 2011). Participants expressed a fear of mental health services. This fear was principally related to the treatment they perceived those who are mentally ill to receive and not related to racism and discrimination have been found in various studies (Keating et al., 2002, Keating, 2007).

Therefore, this raises the question as to whether Afro-Caribbean people, who reside in countries where they are considered as minority ethnic, would have a negative relationship with mental health services regardless of whether racism and discrimination existed. There is therefore a curiosity as to whether a historical context (Ward & Hickling, 2004) influences what seems to be a negative intergenerational attitude to mental health and psychological help seeking among black men.

Implications for mental health practitioners and service providers

This study highlighted a significant need for mental health promotion and education in St. Lucia. Stigma is most often related to a lack of understanding and misconception of the notion of mental health and illness (Gary, 2005). Thus, this could be tackled, as noted by participants, through education in schools about the importance of mental health (Prior, 2002). Participants expressed the view that once young people have been educated, this would increase their awareness of the signs of deterioration in their mental health and that of their peers (Rickwood et al., 2005; Grey, Sewell, Shapiro & Ashraf, 2013) and increase the likelihood of seeking adequate help.

The knowledge of participants perceived mental health needs and their sense making of mental health in St Lucia gives insight into how participants'

beliefs impact on their attitudes to mental health and help seeking. Also, this study has shown that many of the issue's participants experience they did not consider them to be mental health issues. It is therefore important that societal values, views and beliefs are respected (BPS, 2009) while considering the impact on cultural beliefs (Kitayama, 2002) on the young adult St. Lucian men's subjective experiences.

Research limitations

In as much as these findings contribute to Caribbean mental health literature and provide valuable knowledge and potential insight into mental health and help seeking among young adult St. Lucian men; it does have its limitations. The participants were recruited from social media sites and from snowballing, which had the potential to have people from a particular social circle take part and therefore excluded those who were not part of the social circle or friends with those who invited them to take part (Browne, 2005). Another limitation was the method of the interviews; participants who did not have internet access or smart phone were not able to participate, therefore the research could have made allowances for those who wanted to participate but did not have internet access. In order to reach a wider sample, the research could have included surveys and from the responses selected a few participants for in-depth interview, this could have resulted in a more varied view and understanding of the concepts explored

However, despite these limitations, I believe that this study offers knowledge and understanding of a population where mental health research is almost non-existent, contributing to the understanding of mental health and help

seeking within St. Lucia, thereby adding to the Caribbean mental health literature.

Future research

The need for mental health research within the Caribbean (Sharpe & Shafe, 2012) and the need to understand Afro Caribbean men's attitude to mental health, within a minority ethnic context (Keating, 2007) have often been highlighted as areas for research. This study adds to this literature pool, but also highlights the need for further research, in understanding the historical context of Afro Caribbean people's attitude to mental health and help seeking, in particular men, who have been consistently found to have adverse attitude to mental health (Keating, 2007). Future research could focus on the lived experiences of young adult men with a metal illness diagnosis, to get insight and understanding of how they make sense of their illness and their perception of how society treats them.

Also, attitude of the general population can be explored to get a sense of how pervasive the desire to dissociate with mental health is within the St. Lucian society. Caribbean research could, therefore, focus on each island and country to get a sense of their individual attitudes and needs, thereby adding to the much-needed literature on the psychology of the Caribbean peoples.

Conclusion

In conclusion, the knowledge and insight into how young St. Lucian men understand and relate to mental health is useful in understanding the possible mental health needs and challenges that this group faces. Ways of addressing this need can referenced form other Caribbean countries such as

Jamaica where changes in mental health promotion have been a success. Thus, the onus is on the government to allocate resources to meet the mental health needs of its young adult men and the entire population. The onus is also on mental health professionals to conduct further research and to develop therapeutic models which are relevant to the Afro- Caribbean cultural context (Sharpe & Shafe, 2012).

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Appendix 1.

Figure 1: overarching themes and themes illustration.