REAL TALK
COUNSELLING

Understanding Men of Colour's Attitudes Toward Counselling

📑 Contents

Executive Summary

This briefing paper brings together qualitative responses from Men of Colour regarding their perceptions of counselling, experiences with mental health services, and preferences for culturally responsive care. The findings reveal significant barriers to access, widespread distrust in mainstream services, and a strong desire for culturally attuned, community-led alternatives. These insights underscore the urgent need for systemic reform and targeted investment in trauma-informed, culturally responsive counselling services tailored to Men of Colour.

📊 2. Methodology

2.1 Research Design

The study was led by Dr Marcia Morgan and employed a qualitative, exploratory design to examine the lived experiences, perceptions, and preferences of 20 Men of Colour (see Appendix 1). Conducted in August 2025, the research sought to uncover barriers to engagement, identify cultural misalignments within existing counselling services, and surface opportunities for redesign informed by community voice and lived experience.

2.2 Participant Criteria

Participants were recruited through community networks and peer referrals. Inclusion criteria were:

- Self-identify as a man of colour
- Aged 16 or older
- Impacted by the criminal justice system (e.g. stop and search, incarceration, probation, diversion, or at risk)
- No formal counselling accessed in the past 12 months

2.3 Data Collection

Data was gathered through semi-structured interviews that consist of 7 questions, conducted in person or by phone (see Appendix 2). Interviews lasted 10 – 15 minutes and followed a trauma-sensitive protocol. Participants were invited to reflect on:

- Their understanding and perceptions of counselling
- Personal or second-hand experiences with mental health services
- Cultural relevance and representation in therapeutic settings
- Barriers to access and trust
- Recommendations for service improvement

Responses were written with consent and analysed.

2.4 Ethical Considerations

- Informed consent was obtained verbally
- Participation was voluntary, with the right to withdraw at any time
- Anonymity and confidentiality were upheld throughout
- Participants were offered signposting to support services if needed
- The research was guided by trauma-informed principles and cultural humility

2.5 Data Analysis

Responses were analysed using thematic analysis. Codes were developed inductively and grouped into overarching themes that reflected both shared experiences and divergent perspectives. Particular attention was paid to language, emotional tone, and cultural nuance. Findings were triangulated with existing literature and relevant policy frameworks to enhance validity and contextual relevance.

2.6 Limitations

This study reflects the views of a purposive sample and is not intended to be statistically generalisable. However, the depth and consistency of responses offer valuable insights for service design, funding strategy, and policy reform.

3 Key Findings:

🧠 3.1 Perceptions of Counselling

- Counselling is broadly understood as a space for emotional support and expression.
- Stigma remains a powerful deterrent, with some viewing counselling as intrusive, unnecessary, or culturally inappropriate.
- Ambivalence and confusion about the role and effectiveness of counselling persist.

“A space where you are able to express your feelings.”
“People think it’s a load of rubbish.”
“Can they help me?”

🚧 3.2 Barriers to Access

Structural Barriers:

- **Cost**: Private counselling is unaffordable for many.
- **Referral Delays**: NHS pathways are slow and limited in scope.
- **Lack of Visibility**: Many are unaware of how or where to access services.

Cultural Barriers:

- **Distrust**: Concerns about medication, misdiagnosis, and lack of empathy.
- **Confidentiality**: Fear of personal information being shared within close-knit communities.

“Had to pay for it myself, and it was very expensive.”
“They pumped him up with medication.”
“A Black counsellor will probably share your business.”

🌍 3.3 Cultural Relevance and Representation

Key Findings:

- Respondents strongly prefer counsellors who share their cultural or ethnic background.

- Cultural matching is seen as essential for trust, understanding, and therapeutic effectiveness.
- However, concerns about confidentiality within the community complicate this preference.

“Wouldn’t understand Caribbean culture.”
“It would be easier to speak to a Black person.”
“No empathy… not there to help.”

🧬 3.4 Experiences with Mental Health Services

Key Findings:

- Direct engagement with mental health services is limited among Men of Colour.
- Many views are shaped by second-hand accounts, often negative.
- Positive experiences do exist, but are overshadowed by systemic distrust and cultural disconnect.

“My friend is messed up… pumped with medication.”
“Staff were polite and helpful.”
“I’ve worked in places where mental health services are, and I’ve not seen any problems.”

🧭 3.5 Preferences and Recommendations

Community Recommendations:

- **Cultural Matching**: Services should reflect the cultural and ethnic backgrounds of clients.
- **Neutral Spaces**: Counselling should be offered in non-clinical, community-based settings.
- **Early Engagement**: Counselling should be normalised as a proactive tool, not just a crisis response.
- **Public Awareness**: Information should be disseminated through trusted channels, including GPs and community networks.

“GPs should send out info like flu jabs.”

“Location-neutral places rather than office-based.”

“You should be able to access counselling when things are okay.”

📣 4 Strategic Implications

To address these gaps, RTC recommends:

Recommendation	**Rationale**
Recruit and train Black male counsellors with lived experience	Builds trust and cultural resonance
Develop community-based, trauma-informed counselling hubs	Reduces stigma and increases accessibility
Partner with GPs and local networks for outreach	Improves visibility and referral pathways
Advocate for funding to subsidise counselling costs	Removes financial barriers
Create anonymous or drop-in models	Addresses confidentiality concerns

📌 5 Conclusion

The findings highlight a deep disconnect between mainstream mental health services and the lived realities of Men of Colour. RTC is committed to bridging this gap through culturally responsive, trauma-informed care rooted in community wisdom and evidence-based practice. This work is essential to dismantling stigma, restoring trust, and building healing pathways that honour cultural identity and lived experience.

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Appendix 1: Participants' demographics

#	Ethnicity	Age	Disability	Employment	Contact with CJS	Location
1	Black British Caribbean	44	Yes	Youth worker	Yes	Brighton
2	Black British Caribbean	30	No	Unemployed	Yes	London
3	Black British	30	No	Bus driver	Yes	London
4	Black British	30	No	Security	Yes	London
5	Black English	28	Yes	Probation Officer	Yes	Brighton
6	Black Caribbean	67	No	Retired	No	Manchester
7	Black British	41	No	Painter & decorator	No	London
8	Black British	20	No	Student	No	Manchester
9	Black Other	25	No	Controller	Yes	London
10	Black Caribbean	47	No	Postman	Yes	London
11	Black Other	40	No	Timpson	Yes	London
12	Jamaican	42	No	Taxi driver	Yes	Gloucester
13	British African	35	No	Teacher	Yes	Birmingham
14	African	59	Yes	Unemployed	Yes	London
15	Black Caribbean	60	No	Youth Justice Case Manager	Yes	Manchester
16	African	27	No	Student	Yes	London
17	Black Caribbean	16	No	Student	No	London
18	Jamaican Caribbean	52	No	Prison Support Officer	No	London
19	Black Caribbean	78	Yes	Retired	No	London
20	Black Caribbean	33	No	Manager	No	Gillingham

Appendix 2: Questions

Perception of counselling

1. What comes to mind when you hear the word “counselling”?
2. Have you ever considered speaking to a counsellor? If yes, why

Barriers and Experiences

3. Have you experienced challenges in accessing counselling in the past?
4. Have you had any experiences with mental health services? What were they like?
5. Do you think counselling services understand your cultural background or experiences?

Preferences and Recommendations

6. Would you access counselling services if the counsellor shared your cultural background or life experience?
7. Is there anything that would need to be change for you to consider accessing counselling?