improving mental health for bme communities:

an event report

brap

ONE IN FOUR PEOPLE WILL EXPERIENCE MENTAL HEALTH ISSUES THIS YEAR

the proportion of Black mental health patients is 3x higher than the proportion of Black people in the population

the proportion of Asian mental health patients is 1/3 lower than the proportion of Asian people in the population

Suman Fernando, former psychiatrist and activist, has suggested 'that the health service could be "institutionally racist", arguing that "inherited" ideas about racial stereotypes among mental health professionals – such as the "perceived dangerousness" of black men – has produced a skewed diagnostic and treatment system.'

Rates for detention under the Mental Health Act 1983 are 6% lower than average for White British patients

They are 32% higher than average for Black Caribbean patients and 24% higher for multiple heritage White and Black Caribbean patients

NOTES AND EXPLANATIONS

1. One in four British adults experience at least one diagnosable mental health problem in any one year (The Office for National Statistics Psychiatric Morbidity report, 2001, quoted by Mental Health Foundation: www.mentalhealth.org.uk)

2. 8.94% of mental health patients are Black, compared with 3.32% of people in England and Wales. 4.52% of mental health patients are Asian, compared to 6.82% of people in England and Wales. 'Black' refers to people from Black Caribbean, Black African, and Black Other backgrounds. 'Asian' refers to people from Indian, Pakistani, Bangladeshi, and Asian Other backgrounds (Care Quality Commission, Count Me In 2010 and Office for National Statistics Census 2011)

3. The paragraph outlining Suman Fernando's views is taken verbatim from an article in *The Guardian*: 'Black and minority ethnic mental health patients 'marginalised' under coalition', 17 April 2012

4. Detention rates are taken from Count Me In 2010

improving mental health for bme communities

On 3 December 2012 over 20 organisations got together to discuss how mental health services can be improved for Black and minority ethnic (BME) communities. This paper outlines some of the key themes arising from the discussion.

1. BACKGROUND

There have been a number of high profile campaigns to raise awareness of mental illness, and to help people understand the impact of discriminatory attitudes towards those who are affected. Celebrity confessions about mental illness are doing their part to help to normalise peoples' attitudes. But what if you are from a BME group and you also have a mental illness? Does it matter? Do these dual labels conspire to make your life harder?

Given some of the statistics on the previous page it's not surprising there have been a raft of initiatives designed to identify disproportionalities in the ethnicity of those cared for and the kind of care they receive. In many ways, though, recent changes to the NHS appear to have overlooked these issues. Recognising that the institutional memory and expertise with regards to addressing race equality and mental health may dissipate with the creation of new structures, a Joint Commissioning Panel for Mental Health was established. The Panel's role was to provide leadership to support improved mental health commissioning by identifying good models of service provision across a range of mental health services.

On 3 December 2012, brap together with Birmingham and Solihull Mental Health Foundation NHS Trust invited a number of organisations and individuals to attend a consultation event on mental health. The purpose of this event was to:

- identify some of the challenges surrounding mental health provision

- consider the kinds of things that could and should be commissioned if services to BME communities are to improve

Over 60 people attended a very lively meeting and the results of their deliberations are described in this paper.

2. SUMMARY

- Services delivered by BME-led organisations need to do more to demonstrate their impact and positive outcomes on mental health service users. The value added of these types of services must be clearly articulated if they are to be re-commissioned

- Attendees at the event were concerned that any gains made in understanding and addressing discrimination in mental health may be lost as a consequence of health restructuring

- In relation to the above point, organisations that had run community provision were finding it difficult to survive in the current financial climate

- More should be done to enable primary care to recognise the early signs of mental health distress and to work with others in the system to support individuals to maintain their health

- Many of the factors which impact on mental health wellbeing are disproportionately present in poorer communities and more adversely affect members of the BME community

- Given that outcomes for some BME groups are so poor, more should be done to engage communities and voluntary sector organisations as part of the care package

- Discrimination and negative perceptions about mental illness need to be addressed across the whole community, including people from Black and minority ethnic communities

- Mainstream provision is still churning out disproportionate levels of satisfaction between White and BME service users and unexplained treatment patterns. There appears to be no clinical consensus as to the reasons for this, with some psychiatrists claiming that some BME groups have a disposition towards mental ill health, while others claim that discrimination within society is in part to blame for higher numbers

- Unfortunately, some BME groups have little reason to express confidence in mental health provision. For most service users engagement with these services can create a lifelong relationship which is often debilitating and distressing

3. PARTICIPATING ORGANISATIONS

- Advocacy Matters
- Aspects Care
- Barnardo's ARCH Project (Achieving Resilience, Change and Hope)
- Birmingham City Council Employment Services
- Birmingham North and East PCT
- Creative Support
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Voice

- Health Visitor
- Hear Me! Advocacy
- Heart of Birmingham Teaching PCT
- Phoenix Futures
- Sandwell & West Birmingham Clinical Commissioning Group
- SCYS UK (Sikh Community & Youth Services)
- Sikh Health & Wellbeing Trust
- South Birmingham Hub & Spokes Day Services
- South Essex Partnership University NHS Foundation Trust
- Staffordshire & West Midlands Probation Trust
- STaR Service
- Start Again Project CIC
- Trident - Reach the People Charity
- West and Central Birmingham LAC CAMHS
- Wolverhampton - Black Country Partnership Foundation Trust

4. KEY THEMES

THE COMMUNITY

- Community attitudes to mental health need to change. It was recognised that mental health is still taboo in society at large and that BME communities are no different in their often negative response towards these issues. Although participants didn't want to invoke stereotypes, some of the group mentioned that for some individuals mental health issues are considered the work of 'demons' or 'jinn'

- Education is required to make the community more supportive – people don't just live in their family units. More work needs to done to help the community at large understand mental health issues. This includes schools and religious groups. These organisations have a significant impact on people's lives through their positions in the community

- Community networks/gatherings can be built and/or nurtured: these will offer help and support and act as gateways to service providers. There has been some work undertaken in London to include informal activities and voluntary sector provision as part of the 'prescription' for an individual's health and wellbeing. More work needs to be done in this area

- Periods of mental ill health are often precipitated by changes in people's material circumstances: housing issues, unemployment, financial problems. Community-based support for these types of challenges are important in reducing incidences of mental illness

THE 'SYSTEM'

- Participants talked about a need to simplify the mental health care pathway. Given that people who are mentally ill can sometimes be confused or respond negatively to stressful situations, the process of getting and going through care can be complex. People are often unaware of the next stage in their treatment programme, have little understanding of their rights within the system, and can often fall through the 'gaps' created by poor referral

- There is still a negative trend for BME service users to access less 'talking therapy'. This means that there is unequal access to treatment: BME people are less likely to be diagnosed in a way which gives them the best opportunities for recovery. More needs to be done to ensure BME service users are offered the full range of pathways options

- There was some debate around the extent to which care professionals focus on the individual and their needs, rather than seeing someone's ethnicity and grouping them according to the perceived needs of a particular group. Coupled with this was a desire to see newly commissioned services future-proofed to ensure they don't build in stereotypes (around people's religious preferences, for example)

- It is important that mental health professionals are supported to develop their understanding of what human rights, respect, and dignity mean in terms of their day-to-day roles. Compassion and 'softer' caring qualities can sometimes be missing from people's treatment

PRIMARY SERVICE PROVIDERS

- Some participants expressed concern about referrals from GP services. Figures from the 2010 Count Me In census show that referral rates, from GPs, are 8% higher than average for White British patients. In contrast, referral rates for Black Caribbean patients are 64% *lower* than average.[1] Participants suggested this reflects people's propensity to access GP services and particular GP training needs

- Primary care could be the first point for an effective intervention or the first point for prevention. In this respect, more GP education and response to issues of 'distress' is essential for primary care to play a greater role in supporting mental illness in its earliest stages. One suggestion was that a friend service attached to the GP service could be prescribed to offer emotional support

- Support services need to be better identified and mapped. There needs to be improved awareness of the extent of provision available, including provision within the community. Given the variety of needs, resources need to be differentiated, and effectively commissioned across geography as well by condition

- More could be done to disseminate good practice outlining where and how treatment has made a difference

- About 1 in 10 mental health patients are referred from the police, prison, and

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[1] Care Quality Commission (2011) *Count me in 2010*

probation service. Participants felt more could be done to support these professionals around mental health issues. In doing so, it is important to recognise that other health and social care professionals need training in identifying mental health issues, since this may not be their primary, day-to-day concern

- Connected with the above point, greater multi-agency working should be facilitated

- There should be more evidence-based commissioning, helped by greater involvement of 'experts', including representation from those who treat/support and use services

THE VOLUNTARY SECTOR

- The voluntary sector can play a much greater role in educating communities and reducing stigma. There are many well-resourced, high-profile national campaigns aimed at tackling mental health taboos which have not properly understood or engaged with BME communities

- Often voluntary sector provision is specialised, with providers delivering services to either women or men, for example. In addition, the sector often bases its provision around BME cultural, ethnic or religious needs. More needs to be done to understand the outcomes of this for individuals. Commissioners need evidence that will enable them to understand how to commission good provision based on these social determinants

- It should be recognised that achieving the above could be difficult as there are capacity issues for many smaller organisations

- There was some suggestion that the NHS could be challenged as the main provider for particular communities. Smaller organisations, it was argued, often have a better track record of delivering positive outcomes

5. SUGGESTIONS FOR CHANGE

Participants were asked if they had specific suggestions for improving mental health provision in primary, community, and inpatient mental health care. These are some key snippets from the conversation.

PRIMARY MENTAL HEALTH CARE

- Primary health provision should be more like a 'one stop shop': an inclusive service where everyone can get the best provision. It was recognised, however, that this a very tall order

- Participants pointed out that demographic change mean certain services have become isolated and sections of the community can't access them. Services should evolve

- More effort should be made to enable early intervention services and support packages. Evidence quite clearly shows that preventing people from entering 'the system' can be the best way of ensuring their mental wellbeing

- Care providers should be supported to implement innovative engagement practices, especially through patient involvement structures, such as HealthWatch

COMMUNITY MENTAL HEALTH CARE

- Participants were particularly concerned about young people groomed to become carers (there was some suggestion that this phenomenon has been growing over the last few years). In particular, there was concern that some children are the main support for adults not only in relation to their illness but also in relation to language support. Overall, this is dangerous and damaging to children

- There is an urgent need for more transparency across the mental health system. People need to understand who does what, especially in terms of community provision

- More time and resources should be allocated to activities which might prevent people from developing mental health issues. The provision of life coaching or mentoring, for example, would be worthwhile

- In a similar vein, support around child mental health and early intervention is important. Ideas in this area included an online mental health assessment tool for teachers and pupils to manage emotional wellbeing. Other people talked about encouraging parenting skills that minimize the risk of development of mental health conditions in children. The Sutton Trust has an early intervention project along these lines which is worth exploring

- Organisations that are doing well sometimes get inundated with referrals. This needs to be addressed

- The deployment of community development workers (CDWs) can be improved by clarifying their roles. Currently, CDWs often have a wide-ranging remit, which can differ from person to person. More specificity on this would allow the provision of better, more relevant training that would help CDWs deliver services and functions the community need most[2]

- There was some discussion around the effectiveness of mental health workers setting up clinics within identity-specific institutions (such as places of worship). Some participants suggested commissioners use these arrangements to 'discharge' their obligations to the BME community. More research into the outcomes and consequences of such activities would be welcome

INPATIENT MENTAL HEALTH CARE

- Services should understand their outcomes, especially in relation to the outcomes and experiences of BME groups. This would help them focus on continuous improvement. Currently mental health provision is 'in denial' about the scale of inequalities within the system

- Derbyshire Voice organises a series of patient-led reviews of in-patient care.[3] This has been extremely effective in highlighting instances of inequitable and unfair treatment. As such, it may be worth exploring the applicability of this model to other areas

[2] For more information on this, see our report *Great Expectations* (2010)

[3] See http://derbyshirevoice.co.uk

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brap is transforming the way we think and do equality. We support organisations, communities, and cities with meaningful approaches to learning, change, research, and engagement. We are a partner and friend to anyone who believes in the rights and potential of all human beings.