



# Mental Health and Ethnicity

“Why is it all getting so complicated? As a black user all I want is access to meaningful services; access when I say I need access; to be listened to with respect and accepted; to be informed about what is going on and to be enabled to hold on to my life.”

## Who is this for?

People from ethnic minority communities affected by mental health problems, all those providing services for these groups, including primary care and voluntary sector staff, education, housing, employment and advice services.

## Key facts

- Adults from ethnic minority groups have higher levels of dissatisfaction with mental health statutory services than white people, and are twice as likely to disagree with their diagnosis.



- Stigma and fear within ethnic minority communities, in combination with a distrust of mental health services, means that they often seek professional help at a very late stage when their problems can be more serious.
- People from ethnic minority groups are six times more likely to be detained under the Mental Health Act than white people.
- The prevalence of common mental health problems is fairly similar across different ethnic groups, although rates are higher for Irish men and Pakistani women and lower for Bangladeshi women.
- People from ethnic minority groups are more likely to experience racism, be unemployed, be homeless, have poor physical health and live in deprived neighbourhoods, all of which can contribute to poorer mental health.
- There are particular issues for refugees – two-thirds have experienced anxiety or depression. They might have faced war, imprisonment, torture or oppression in their home country. In their new country they can also experience social isolation, homelessness, language barriers, hostility and racial discrimination.

## Promoting social inclusion

**Health and social care services** need to be aware of the particular needs of people from ethnic minorities when designing and delivering services. This will involve:

- including people using services from a range of backgrounds in the design and delivery of services, and the development of training for the workforce;
- delivering services in appropriate locations, such as community or faith group settings;
- having access to interpreters and translation facilities;
- taking into account the role in the community of the individual and of their families and carers;

### **CHINESE OUTREACH SERVICE, THE KINHON PROJECT, SHEFFIELD**

The four Primary Care Trusts in Sheffield provide an outreach service to their Chinese population, as members of the community are often reluctant to access mainstream services, and half cannot speak English. The project provides a women's drop-in centre and advocacy/translation services, and helps identify high-risk groups. They would like to expand to provide more accessible drop-in facilities, a telephone helpline and an outreach worker for men.

Contact: Andrew Wong – on 0114 2509594 or visit [www.kinhon.fsnet.co.uk](http://www.kinhon.fsnet.co.uk)

- recognising and respecting people's different cultural and religious beliefs, and the inter-relationships between them and those of others; and

### **CULTURAL CONSULTANCY SERVICE, SPEKTRA – SOUTH LONDON AND MAUDSLEY MENTAL HEALTH TRUST**

Spektra is situated within the South London and Maudsley NHS Trust (SLaM). It aims to resolve difficulties that occur between people and clinical teams due to differing cultural perspectives. People are referred (or can self refer) to the service. It aims, not only to recognise and acknowledge the person's own understanding of their mental health problem, which can often be shaped or influenced by their culture, but it also advises the clinical team on how to incorporate such cultural views into the clinical process.

The service will mediate between health and social care staff and the person to ensure that the role of culture is incorporated within the clinical and care process.

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- ensuring where specialist services are more appropriate that they still remain integrated within mainstream health and social care organisations.

**ANTENNA OUTREACH SERVICE, HARINGEY, LONDON**

Since 1999, Antenna has worked with 200 Black African or African Caribbean people aged 16-25 who experience mental health problems. It is funded by the Primary Care and Mental Health Trust.

The service has links with a range of young people's services in North London, and will support mainstream providers working with young people with mental health problems. It has also developed a home tuition scheme, sports and graphic design courses, a music group, and opportunities for people with mental health problems to volunteer for community work through local churches. All of these build contact between people with mental health problems and the rest of the community, and aim to develop skills that facilitate a move out of the mental health sector into mainstream activities.

Contact: Norma Johnson on – 020 8365 9537 or  
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**Self-employment and enterprise** – people with mental health problems from ethnic minority backgrounds can often face double discrimination in the labour market. In discussions with the Social Exclusion Unit, people from ethnic minority groups often stressed self-employment and enterprise as a valuable route back into work (see **Employment** fact sheet for more details).

**Direct payments** offer greater flexibility and choice to people with mental health problems to purchase their own care and support, based on an agreed needs assessment. These can be particularly appropriate for people from ethnic minority backgrounds as it can enable them to purchase care that is more culturally sensitive (described in more detail in the **Day Services** fact sheet).

**Faith and religious groups** can offer a powerful opportunity to build positive social networks for people with mental health problems, and they can be particularly important for some ethnic minority groups. Research has shown that aspects of spirituality are linked with beneficial mental health outcomes and are consistently related to greater life satisfaction, happiness, morale and other indicators of well-being. However, it should be appreciated that the interface between a person's mental health and their faith/religion can be problematic and can cause further difficulties for some.

## Further information

- The Race Relations (Amendment) Act (2000) (RR(A)A) placed a duty on public authorities to actively promote race equality and it requires that listed organisations have a race equality scheme, which will include all Mental Health and Primary Care Trusts. Health and social care agencies have a statutory duty to eliminate unlawful discrimination and to demonstrate evidence such as monitoring the effects of policies on ethnic minority groups, training and setting race equality objectives.
- In October 2003, the Department of Health (DH) launched *Delivering Race Equality: A Framework for Action* for consultation. The draft framework identified what people who plan, deliver and monitor local primary care and mental health services should do for people with mental health problems and carers from ethnic minority groups. The framework is built around improved information, more appropriate and responsive services, and better community engagement. It seeks to improve suicide rates, acute in-patient facilities and averse pathways into care. The final framework is due to be published in November 2004.
- DH has set up a national steering group to oversee ethnic minority and mental health programmes. The steering group is co-chaired by Rosie Winterton (Minister for Health) and Lord Victor Adebawale (Chief Executive of Turning Point). Within this framework the National Institute for Mental Health in England (NIMHE) has established a black and minority ethnic mental health programme. This programme will be implemented nationally, and aims to raise the awareness of mental health problems, reduce discrimination, increase employment and help bridge the gap between mainstream services and ethnic minority communities.
- Diverse Minds was set up by Mind with support from DH in response to ethnic minority groups' concerns about their experiences of mental health care. It acts as an information sharing network and campaigns to improve mental health services for all ethnic minority groups. It has recently produced a set of guidelines supporting best practice in mental health for the black and ethnic minority communities.

## **THE SOCIAL EXCLUSION UNIT REPORT ACTION POINTS**

Action will be taken across government to improve services for ethnic minorities with mental health problems by:

- mapping good practice across the country and developing a model to address routes into and out of care for some ethnic minority groups to ensure that they are dealt with appropriately and responsively (NIMHE/Home Office by 2006, see Action Point 11); and
- improving mental health training for police and probation officers with a strong focus on diversity issues. (See the Social Exclusion Unit report for the timings of Action Point 11.)

In addition, the need to address ethnicity issues is highlighted throughout the action plan, in particular:

- the programme to challenge stigma and discrimination (NIMHE launch by autumn 2004, see Action Point 1);
- new teaching resources to raise awareness of mental health issues in schools (NIMHE/Department for Education and Skills by 2005, see Action Point 2);
- strengthened training for health and social care professionals (NIMHE by 2007, see Action Point 8);
- improved treatment and care for adults with common mental health problems who use drugs (National Treatment Agency by 2005, see Action Point 9);
- promoting greater take up of direct payments (NIMHE by the end of 2004, see Action Point 10);
- piloting support for adults with mental health problems who wish to pursue enterprise and self-employment (Small Business Service from 2004, see Action Point 14);
- the systematic review of evidence and existing support for parents with mental health problems (Social Care Institute for Excellence from 2005, see Action Point 18);
- good practice guidance on Choice-Based Lettings to assist people to make appropriate housing choices (Office of the Deputy Prime Minister by 2005, see Action Point 21); and
- piloting new arrangements for the delivery of advice services (Department for Constitutional Affairs/Legal Services Commission by 2005, see Action Point 23).

## Useful Contacts and Resources

The National Black and Minority Ethnic (BME) Mental Health Network was launched at the Afiya Trust conference in Manchester in September 2004. The aim of the network is to reduce inequality and to promote good practice in mental health for ethnic minority groups. The network has been established through a partnership consortium of interested organisations ([www.afiya-trust.org](http://www.afiya-trust.org)).

Contact the National Institute for Mental Health in England (NIMHE) at [www.nimhe.org.uk](http://www.nimhe.org.uk), or telephone 0113 254 3811, or e-mail [Ask@nimhe.org.uk](mailto:Ask@nimhe.org.uk) for information on the National BME programme. NIMHE has a Knowledge Community where people can exchange information and experiences relating to mental health. This can be found at [kc.nimhe.org.uk](http://kc.nimhe.org.uk).

Diverse Minds: visit [www.diverseminds.org.uk](http://www.diverseminds.org.uk), telephone on 020 8519 2122 or e-mail [contact@mind.org.uk](mailto:contact@mind.org.uk)

The Commission for Racial Equality: the Commission employs officers who specifically work around mental health issues and who can offer advice and support ([www.cre.gov.uk](http://www.cre.gov.uk)). Telephone 020 7939 0000 or e-mail [info@cre.gov.uk](mailto:info@cre.gov.uk)

The Refugee Council: the Council provides information on mental health services to refugees and their advisers ([www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)). Telephone 020 7820 3000 or e-mail [info@refugeecouncil.org.uk](mailto:info@refugeecouncil.org.uk)

Scottish Executive – for information on mental health policy and services in Scotland, contact the National Programme for Improving Mental Health and Well-Being (part of the Scottish Executive). Visit [www.show.scot.nhs.uk](http://www.show.scot.nhs.uk)

[www.socialexclusion.gov.uk](http://www.socialexclusion.gov.uk)

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