



National Ambulance
BME Forum

Race to Inclusion

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Mental Health within the BME community

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Aims



- To discuss mental illness and its impact on the BAME community
- To discuss the BAME community experience of mental health services
- Explore issues impacting on BAME mental health and wellbeing through discussion
- To focus on Mental Health wellbeing within the BAME workforce



Background



- Good Mental wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and wider environment
- Mental Health is A complex interaction between the individual's genetic, biological, neurodevelopmental, environmental factor: the conditions people are born into, grow up in, live and work in



Background

- Mental illness: a wide range of conditions that affect mood, thinking and behaviour causing distress according to ICD10
- Mental illness affects 1:4 people in the course of their lives. Only 30% access care



Background



- Access to care in the early stages offers the greatest opportunities for recovery
- Treatment of mental illness is a combination of pharmaceutical and psychological therapies.
- Research shows that BAME groups experience significant variation when accessing care.
- Higher numbers of BAME patients access Mental health care via the criminal justice system rather than primary care than the average population

The BAME experience of MH services



- BAME communities are not a homogenous group
- Individual circumstances and needs are complex and varied
- 93.2% report some form of discrimination.
- Between a half and two thirds report discrimination in finding or keeping a job; in housing or education; and in forming relationships or having a family.
- Half (49%) say they experience discrimination from mental health staff



Big Black and Dangerous

- African-Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups
- However are more likely to be diagnosed with severe mental illness
- Have longer durations of untreated illness therefore more chronic presentation at contact of services
- Three to five times more likely to be diagnosed and admitted to hospital for schizophrenia.
- Psychotic disorders were also more than 10 times more prevalent among Afro-Caribbean men than white men – 3.1% versus 0.2%.



Big Black and Dangerous

- More likely to enter the mental health services via the courts or the police, rather than from primary care, which is the main route to treatment for most people
- Access to care is through adverse pathways
- More likely to be treated under a section of the Mental Health Act



Big Black and Dangerous

- More likely to receive medication, rather than be offered talking treatments such as psychotherapy
- Lowest treatment rates 6.2% (compared to 13.3%)
- Are over represented in in-patient psychiatric services, in high and medium secure units and prisons
- Poorer experiences and poorer outcomes



Asian community



- Mental health problems are often unrecognised or not diagnosed
- Have better rates of recovery from schizophrenia, which may be linked to the level of family support
- While this may be beneficial, it may generate feelings of guilt and shame, resulting in people feeling stigmatised and unable to seek help.
- Suicide is low among Asian men but high in young Asian women compared with other ethnic groups



Asian community

- Indian men have a high rate of alcohol-related problems
- Research has suggested that Western approaches to mental health treatment are often unsuitable and culturally.
- Asian people tend to view the individual in a holistic way, as a physical, emotional, mental and spiritual being.



The Forgotten BME Women

- Women in general 16-24yrs are 3 times more likely to experience MH problems
- Higher self-harm, bipolar, PTSD related to higher levels of sexual assault however black women are less likely to report or seek help
 - Are they taken seriously?
- Within the university context, South Asian women experience anxiety and depression 63.5% compared to 28.5% white women



Attitudes in the community

- Stigma of illnesses like depression/anxiety/
Psychosis
- Shame and embarrassment
- Fear of talking about and acknowledging mental
illness
- Derogatory views of people with mental illness
- Impact of drugs within the community



Attitudes of the patient

- Fear of the services, isolation, marginalisation, discrimination, reprisal and judgement
- Inward facing systems, lack of awareness of support network
- Shame and embarrassment
- Religious and cultural views (punishment/ blessing)
- Lack of peers and poor peer experiences
- Being devalued resulting in negative self image, maladaptive behaviours and immobilisation



Attitudes of the Mental Health care provider

- BAME patients associated with particular type of mental health problems
- More likely to be white upper class (Unconscious Bias)
 - Lack of cultural understanding (discrimination)
 - Fear/anxiety
 - Listening/ Communication
- Experience of the BME patient is more likely to be through the criminal justice system



Attitudes of the Mental health care provider

- Use of high dose antipsychotics
- Less likely to get therapeutic intervention
- Likely to use restraint
- Secure units and criminalisation
- Prolonged admission, reluctance to discharge
- Omitted from research and developments to improve diagnosis, and management



Attitudes towards BAME within Criminal Justice system

- BAME groups make up 25% of the UK prison population (11% gen pop)
- Not always perceived as vulnerable adults but as violent stereotypes
- More likely to come into contact with Mental health services via the Criminal justice system than via primary care
- More likely to be sectioned under Part 3 of the MHA



BAME workforce

- BAME More likely to be disciplined
- Less likely to meet career goals (Snowy white peaks of the NHS)
- More likely to experience abuse and less likely to feel supported
- More likely to be lower paid and work unsocial hours



Methods to manage your mental health



- Seeking and accepting support
- Work and home life balance
- Practice mindfulness/ Relaxation
- Healthy Diet and nutrition; Sleep well
- Maintain your physical health
- Social engagement



Supporting others experience mental health issues

- Offering Advocacy emphasising cultural sensitivities
- Signposting to support services
- Talking about sensitive issues
- Recognising changes such as disengagement
- Early referral to professional help
- Active Listening (verbal and non-verbal communication)
- Show you care. Ask somebody how they are and mean it



Methods to manage your mental illness



- Early intervention and support
- Consider support groups
- Approaching your GP
- Early referral for therapy
- Engage with secondary care and community care
- Family/ community based support
- Accepting prescribed Medication
- Avoiding illicit substances and alcohol
- Recognising deterioration and seeking help



Case Discussion



- “The scenario is that he would be admitted to a psychiatric ward and transfer to a more secure environment due to violent behaviour. It was a circle of going into custody, then mental health inpatient care being discharged from there and then readmitted quickly again.
- Just drugged up by MH care services. He told me he was racially abused and that he was taunted and was not prepared to tolerate it.”.



Case Discussion



- The community care he received primarily consisted of his injections. Nobody seemed concerned about what he did or did not do, or where he was going with his life or whether he wanted a job, or whether he wanted any education or how the family was coping.
- "There is a risk that.....people may never develop the awareness and skills to deal with black people".



Case discussion

- All managers and clinical staff, however senior or junior, should receive mandatory training in all aspects of cultural competency, awareness and sensitivity. This should include training to tackle overt and covert racism and institutional racism.
- The workforce in mental health services should be ethnically diverse. Where appropriate, active steps should be taken to recruit, retain and promote black and minority ethnic staff.



Questions



- What are your experiences as BAME professionals
- What are the attitudes to Mental Health and mental illness in your communities
- How do you look after you own mental health
- What can you do to support BAME people with mental health issues you come into contact with

