CONSULTATION RESPONSE

Race on the Agenda

New Horizons: Towards a shared vision for mental health

October 2009

1. Introduction

1.1 About ROTA

Race on the Agenda (ROTA) is one of Britain's leading social policy think-tanks focusing on issues that affect Black, Asian and minority ethnic (BAME) communities. Originally set up in 1984, ROTA aims to increase the capacity of BAME organisations and strengthen the voice of BAME communities through increased civic engagement and participation in society.

ROTA's Articles of Association state that the charity is set up "to work towards the elimination of racial discrimination and to promote equality of opportunity, human rights and good relations between persons of different groups".

For historical and demographic reasons, our work prioritises London, but our activities and a number of our projects have national and international significance. To this end we work in close partnership with our membership and others interested in race equality, human rights and the promotion of good relations.

Our presence in London is enhanced by our regional network, **MiNet,** a BAME network of networks, which joined ROTA in 2002 to strengthen the voice for London's BAME Third Sector in the development of regional policy.

1.2 ROTA definition of BAME and Approach to Race Equality

ROTA works on social policy issues that have an impact on race equality and BAME communities. We use the term BAME to refer to all groups who are discriminated against on the grounds of their race, culture, nationality or religion. The ROTA definition which includes but is not exclusive to people of African, Asian, Caribbean, East European, Irish, Jewish, Roma and South East Asian decent. ROTA adopts a holistic approach to race equality and works in partnership with other Third Sector organisations that complement its expertise and have a similar vision

1.3 Methodology for this response

ROTA's policy work is evidence based in the sense that everything we do is informed by the views and real life experiences of BAME communities and the organisations that are set up to serve them. We collect evidence through:

- action research (qualitative and quantitative surveys)
- MiNet
- events, consultations and conferences
- working in partnership with others.

This response is based on this evidence[1], as well as ROTA's in-house expertise on race equality, health inequality, criminal justice and the BAME third sector. Additionally, this response uses evidence gathered through a consultation event held by ROTA in partnership with BEAM-EM and a number of other agencies in Nottingham on 1st October. The aim of the event was to consider 'New Horizons: Towards a shared vision for mental health' specifically in relation to BAME communities. It was attended by 85 people, 30% of whom were representatives of statutory agencies, with the remaining 70% including carers and representatives of third sector organisations.

2. Consultation response

2.1 Overall comment about New Horizons

We welcome New Horizons and the opportunity to engage this consultation. We are particularly pleased that New Horizons promotes a cross-governmental, multi-agency approach and has a focus, not only on developing mental health services, but also on tackling the root causes of poor mental health. As outlined later, there are a number of key government policy areas which may have a negative impact on the mental health of certain BAME communities and we hope New Horizons and any resultant action will influence the development of policy in those areas.

We welcome the improvements that have been made to mental health services in terms of access, experience and outcomes for BAME communities, particularly since the introduction of 'Delivering race equality in mental health care: An action plan for reform inside and outside services' in 2005 (referred to as DREAP hereafter) and related initiatives. However, we are very concerned that the rate of improvement has not been fast enough, with BAME communities continuing to face significant mental health inequalities. We hope New Horizons will provide an opportunity for the rate of improvement to be accelerated and are pleased that the assessment of DREAP, which will report this autumn, will inform it.

This response highlights key issues relating to the mental health inequalities of BAME communities identified at the BEAM-EM/ROTA event on 1st October and other ROTA evidence. All of the issues covered here were also considered in DREAP, possibly highlighting the need for DREAP to be updated and continued.

[1] In particular evidence generated during ROTA's work in relation to the Mayor of London's Health Inequality Strategy including an evidences submissions in 2007 and 2008.

We would welcome the opportunity for continued engagement with the Department of Health and its cross-governmental and other partners in taking the New Horizons vision forward to implementation stage to ensure BAME communities are adequately considered.

This response does not cover all questions. We support BEAM-EM's response to this consultation.

2.2 What do you think are the three most important changes for mental health and mental health care in the next 10 years? And why?

a. Make mental health and mental health care more appropriate for and accessible to BAME communities

Due to the continued and persistent mental health inequalities faced by BAME communities, this should be one of the most important changes over the next 10 years. Following the assessment of DREAP, the action plan should be updated and implemented with increased resources. There is a need for greater reference to DREAP and BAME communities in New Horizons.

Participants at the BEAM-EM/ROTA event on 1st October identified the following areas as particularly in need of attention:

- There is a need for more specialist mental health services being delivered by BAME third sector organisations in community settings, where there is often a better understanding of the cultural side of mental health issues and engage community members that mainstream services find hard to reach. Such services need to be linked to other third sector and statutory agencies at a local level. While New Horizons refers to the third sector in places, support for its valuable current and potential role, in particular for the BAME third sector, needs greater recognition (see below for further comments about working with the BAME third sector).
- The need to make mainstream services more accessible, for example, by:
    - ensuring frontline staff, psychological therapists, managers, team leaders and commissioners of mental health services undertake equalities and diversity training;
    - tackling discrimination in employment in health care to ensure a diverse workforce that BAME communities can relate to, using the duty to promote race equality;
    - removing language barriers by producing better translated material in non-written forms such as audio tapes and MP3's; and
    - understanding communities needs at a local level and commissioning services to meet those needs.

- Points of entry: People from BAME communities often follow more coercive and complex pathways to the mental health system, including higher rates of referral from the criminal justice system, and are less likely to receive early intervention. There is a need for points of entry for BAME communities to be broadened by, for example:

- ensuring mental health issues are on the agendas of a wider range of agencies that have contact with BAME communities and that relevant staff are trained to identify mental health needs and make appropriate referrals. Such staff should include paramedics, staff in accident and emergency units, police and probation officers, nurses, school staff, midwifes, health visitors, social care staff, health workers for adults and children and staff of young people's services;
- increasing awareness among general practitioners (GPs) about mental health, in particular in relation to BAME communities, to increase the referrals they make;
- increasing opportunities for self-referral (DREAP, for example, suggested community self-referral points and confidential community help-lines);
- supporting and resourcing the BAME third sector to act as points of entry; and
- creating points of entry more suitable for BAME children and young people who currently face barriers.

Ensuring that BAME people enter the mental health system through routes other than the criminal justice system, in particular, through the prison system, would also have the added value of leading to reduced costs in mental health services.[2]

b. There is a need for more emphasis on other areas of government policy
There is a need for emphasis on areas of government policy that may have a detrimental impact on the mental health of certain BAME communities within New Horizons. For example:

- criminal justice policies are known to have a detrimental impact on the mental health of certain BAME communities (this response includes a specific section about the criminal justice system later);
- immigration policy, in particular 'destitution', is known to have a detrimental impact on the mental health of refugee and asylum seeking communities; and
- 'no recourse to public funds' policies are known to have a detrimental impact on women from certain BAME communities who, as a result, may be forced to stay in damaging relationships.

c. Multiple-disadvantage
There is a need for the mental health system to develop greater understanding of and improved responses to the particular needs of those who face multiple-discrimination and disadvantage, for example, BAME women.

d. Refugees and asylum seekers
The limited mention of refugees and asylum seekers in New Horizons was a significant concern of participants at the BEAM-EM/ROTA event on 1st October.

[2] Lord Bradley (2009) *The Bradley Report Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. Department of Health.

Refugees and asylum seekers often face particular and acute mental health issues including:

- physical and psychological trauma as a result of war, imprisonment, torture or oppression
- social isolation, homelessness, language difficulties, hostility and racism all of which are strong predicators of poor mental health
- barriers in accessing and using mental health services.

As such there is a need for refugees and asylum seekers to be given greater consideration in New Horizons.

2.3 Do you support the twin themes of public mental health/prevention and mental health service development? Please explain your views, giving examples if possible.

We support the twin themes and would like to reiterate the point made above about the need for some of the action resulting from New Horizons to consider other areas of government policy which may have a detrimental impact on the mental health of BAME communities in relation to theme 1, 'public mental health/prevention'.

2.4 In your view, which are the most important areas in mental health services where value for money could be improved? And how should that be done? If possible, please indicate examples of the current costs of services and areas where the potential savings might exist.

Value-for-money could be improved by working closer with BAME third sector organisations in the development and delivery of mental health services. There is growing recognition of the role that the third sector can play in providing value-for-money services with government has supported a number of initiatives to build the required capacity. As well documented by ROTA[3] and others[4], specialist BAME organisations, as well as potentially providing value-for-money, can bring a range of added knowledge, abilities and values in relation to mental health, which mainstream public and third sector organisations find difficult to achieve, for example:

- Abilities to reach and engage otherwise isolated communities.
- Knowledge about the experiences of BAME communities and any specialist needs. For example, refugees face multiple barriers that constantly change and without official data about them, knowledge of their disadvantages and

[3] For example see 'Nea, B. & Cox, D. (2008) *Gaps & solutions: Supporting London's equalities sectors.* HEAR. (HEAR is a London regional network that was hosted by ROTA at the time this report was produced).
[4] For example see 'Perry, J. & El-Hassan, A. A., Hact (2008) *More responsive public services. A guide to commissioning for refugee community organisations*. JRF.

achievements rests largely on what they report and, therefore, on strong refugee community organisations.[5]

A national study[6] found that a significant proportion of BAME organisations are already doing work around the mental health of their communities (14% of BAME organisations provide health services, including mental health. Other main services provided include: advocacy and advice on, for example, immigration, legal issues, equality opportunities and anti-racism (17%); welfare and income support services (11%); housing and accommodation services (11%); and school-related education (11%). As it has been estimated[7] that there are between 15,300 and 17,461 BAME organisations in England and Wales, with an estimated 5,000 in London,[8] there is huge potential for the Department of Health to meet its objectives in relation to the mental health of BAME communities by working more supportively and in closer partnership with the BAME third sector. Additionally, as BAME organisations often deliver services looking at more than one key area of life where BAME people experience inequality (e.g. education, employment and mental health), another added value is their potential ability to address mental health issues holistically, looking both at underlying causes while addressing results.

This valuable role of BAME organisations in relation to mental health services is also recognised in DREAP. Despite this, participants at the BEAM-EM/ROTA consultation event on 1st October were concerned about the persistent barriers BAME organisations face in meaningfully engaging in the development and delivery of mental health services and raised the following issues:

- There is need for longer-term investment in BAME organisations to support their sustainability.
- BAME organisations need enhanced capacity-building support:
    - to raise awareness about mental health and reduce stigma where it exists;
    - to support their engagement in commissioning and procurement; and
    - to address general organisational capacity-building needs, for example, relating to governance.[9]
- There is a need for support for meaningful partnerships between mainstream mental health service providers and BAME communities.
- BAME organisations could provide translation and interpreting services.

Specifically, in relation to commissioning and procurement, the following issues were identified:

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[5] Mayor of London (July 2007) *London Enriched: The Mayor's Draft Strategy for Refugee Integration in London*. Greater London Authority.
[6] Chouhan, K., Lusane, C., (2004) *Black Voluntary and Community Sector funding: its impact on civic engagement and capacity building.* JRF.
[7] Voice 4 Change England (2007) *Bridge the Gap: What is known about the BME Third Sector in England. Final report & appendices.* Abridged version.
[8] MiNet (2008)
[9] See 'Nea, B. & Cox, D. (2008) *Gaps and solutions: Supporting London's equalities sectors*. HEAR' for more information about the types of capacity-building needs that BAME organisations have that are not currently being met.

- There is a need for further research into the types of barriers BAME organisations face in engaging in commissioning and procurement and how they might be overcome. While some relevant work has been done, it is patchy and there is a need for a coordinated and concentrated effort to ensure recommendations are taken up by commissioners.
- The levels of bureaucracy are prohibitive, in particular for smaller BAME organisations.
- The BAME third sector needs to prepare for the requirements of World Class Commissioning, especially those who have worked more informally or are supporting newly arriving communities.
- There is a need for greater links between BAME third sector organisations and commissioners.
- There is a need for BAME organisations to be supported to demonstrate their impact more robustly. As mentioned above, BAME organisations often provide significant social impact when delivering services that larger, mainstream organisations, which may be able to provide cheaper services, are not usually able to achieve. Commissioners and funders often do not consider this added value, which can be difficult to demonstrate and which places BAME organisations at a disadvantage. There is a need for commissioners to be made more aware of the value of such social impact and BAME organisations to be helped to demonstrate their impact more effectively.

Case studies

MAAN Somali Mental Health[1]

MAAN Somali Mental Health project was set up in 1994 to meet the needs of the Somali community in Sheffield and, more specifically, to help address the difficulties Somalis face in coping with mental illness. The project employs 7 people who in different ways support people within the community that suffer from mental illness.

The project is able to assist members of the community with mental health problems at all stages from conversations with their GP, transfer to hospital, discharge and future appointments with their GP, accommodation, and reintegration into the Somali community. The project is, however, often made aware of a case of mental illness very late in the process.

The issue of mental health is still not openly discussed or acknowledged among Somalis. Therefore, apart from supporting individual cases of mental illness among Somalis, this project seeks to be a vehicle for the community to identify, understand and address mental health issues and needs within the community. Informing the community about the consequences of experiencing civil war, being an asylum seeker, unemployment and khat chewing on people's mental health is an important part of the work to make the community aware of, and open about, mental health issues.

Further, the project acts as a bridge between the Somali community and service providers. For instance, this role implies on the one hand informing community members about the need to take medication to cure mental illness and on the other hand to explain to service providers that Somalis often consider medication to be dangerous.

More specifically, MAAN Somali Mental Health Project:

- offers support, counselling, interpreting, home visits, and hospital visits to
- Somalis with enduring mental health problems
- provides information and assistance on other services such as housing, GPs, hospitals and social services
- helps Somalis gain independence, awareness and knowledge of their needs
- provides supported, self contained accommodation for Somalis in need of this.'

Enfield Saheli[1]

Enfield Saheli is an Asian Women's organisations, which runs a range of services, including a group counselling and yoga classes. In order to continue to engage the most vulnerable it is important that the group counselling services remain exclusively for Asian women who would be less likely to use them if they were open to all and who would be highly unlikely to use mainstream third or statutory sector services. The yoga classes, on the other hand, are open to all women and are having a positive impact on community cohesion in the locality. The organisation engages the most marginalised Asian women, building their self esteem and then enables them to mix with other women, for example, through the yoga classes.

2.5 In your view, where are the current gaps in research evidence supporting the development of New Horizons?

Many participants at the ROTA-BEAM consultation event on 1st October expressed concerns about limited and patchy information about BAME communities and mental health. In particular, the following concerns were raised:

- There is a need for more comprehensive BAME categories to be used by mental health services when gathering data. The experiences of mainly white Eastern European migrants, for example, are almost wholly absent from official statistics and there is very little good quality research. The invisibility of these migrants was partially revealed by the first annual 'Count me in' census of mental health service users, which showed a substantial number of people within the system identified themselves as 'White Other' with a first language other than English. More information is needed about these people and their experiences within the healthcare system if targeted, responsive services are to be provided.
- Local services should be determined by local needs assessments which include all parts of the community and use data and information held by organisations representing marginalised communities.
- There is a need for research and monitoring of young BAME people in mental health institutions.
- There is a need for greater understanding about the role of spirituality in responding to and supporting people with mental health problems.
- Better monitoring needs to take place to see if changes are being made, for example if GPs are referring more BAME patients to talking therapies.

Other ROTA intelligence identifies the following relevant issues:

- There is a need for more research into other areas of government policy (e.g. criminal justice, immigration) that might have a detrimental impact on the mental health of certain BAME communities.
- New Horizons needs to be more informed by the evidence which informed DREAP and which DREAP resulted in.
- While the 'Count me in' census of mental health service users has improved the data available about how BAME communities experience mental health services, it does not give the full picture. There is an absence of research about the trigger factors for the mental health issues experienced by BAME communities. There is also still an absence of good qualitative data in the healthcare sector, which makes it difficult to monitor differences by ethnicity in the use of NHS services[10]
- Ethnic monitoring in health should be tailored to the needs of the sector, so that the information collected, exchanged and analysed is

[10] Commission for Racial Equality (2007) *A lot done, a lot to do: Our vision for an integrated Britain.*

useful. This includes ensuring that full and accurate information is collected about the health experiences and needs of new migrants.

2.6 How can we promote joint working between local authorities, the NHS and others to make New Horizons effective in your local area?

DREAP included a thorough set of actions aimed at increasing the engagement of BAME communities in mental health services. However, feedback at the BEAM-EM/ROTA event on 1st October and other ROTA evidence[11] indicate BAME communities are still under-engaged. As such, there is a need for BAME organisations to be included in any joint working around the development of mental services in every local area. As many BAME organisations, particularly those supporting the most marginalised and excluded BAME communities, are themselves often under-resourced and lacking in capacity, they may need support and resources to engage meaningfully. Additionally, as BAME people are over-represented within the criminal justice and social care systems, relevant agencies should also be included. There is also a need to ensure the meaningful engagement of BAME organisations in Local Involvement Networks (LINks), particularly as ROTA has collected some anecdotal evidence that suggests their engagement in London's LINks is patchy across the boroughs.

Other anecdotal evidence collected by ROTA indicates that the success of the community development workers (CDWs) introduced under the DREAP agenda so far has been limited and patchy. New Horizons should include more robust measures to ensure this is addressed as a priority.

There is a need for increased joint working between strategic health agencies and BAME third sector organisations, for example through groups such as the Healthcare for London Advisory Group and the Greater London Authorities Health and Communities Group to ensure better priority setting and in order for it to trickle down to the local level.

2.7 What do you think are the most important steps that the Government can take to reduce the inequalities that affect our mental health? And why?

There are many interlinking factors that can lead to ethnicity-related mental-health inequalities; probably the most important is the relative poverty, inequality, discrimination and abuse that people from particular BAME groups are more likely to experience. While the range of government initiatives, including legislation and numerous programmes in areas such as housing, education and employment that have been undertaken to address it have had some impact, BAME communities continue to face persistent inequalities. The following facts

[11] For example see Gavrielides, T. (2007) *Developing the Mayor's Health Inequality Strategy for London: Stakeholder Engagement on Race Equality. Event report*. ROTA.

and figures from the Commission for Racial Equality's' last report[12] demonstrates this:

- BAME children and young people are disproportionately more likely to be poor, particularly among those of African (56%), Pakistani (60%) and Bangladeshi (72%) origin, compared with a rate of 25% for white children.
- BAME young people are more likely to suffer from mental health problems and are disproportionately more likely to be found within the social care system.
- Young black or mixed race men are more likely than others to be prosecuted and convicted.
- BAME people have an employment rate of 60% compared with the overall rate of over 75%.
- Anecdotal evidence suggests that ethnic minority businesses find it more difficult to gain opportunities to tender for contracts and are under-represented in both public and private sector supply chains.
- British people of Pakistani, Bangladeshi, Caribbean and Irish origin are likely to report the poorest health.
- BAME people are over represented in the criminal justice system making up 25% of the male prison population.
- Black people are six times more likely and Asian people twice as likely to be stopped and searched by the police.
- Black people are over three times more likely to be arrested than white people.
- Only 4.1% of local councillors come from an ethnic minority background.
- 67% of BAME people live in the 88 most deprived wards in England.

The Department of Health should be looking to influence other statutory agencies such as the Social Exclusion Unit, the Department for Children, Schools and Families and Youth Services, the Criminal Justice System, the Youth Justice Board, the National Offender Management Service, the Association of Chief Police Officers, employment services etc. to raise awareness about how their policies could impact on the mental health of BAME communities. In many cases, improved health care is central to improved outcomes across the Criminal Justice System, education, employment and so on.

As mentioned, other areas of Government policy, such as immigration policy, anti-terrorism measures and cohesion discourse have exacerbated the inequality, discrimination and abuse faced by certain BAME communities and probably impacted on their mental health.

Criminal justice

Participants at the BEAM-EM/ROTA event, ROTA's policy and research work and others[13] have particular concerns relating to BAME people with mental health

[12] Commission for Racial Equality (2007) *A lot done, a lot to do: Our vision for an integrated Britain.*

issues within the criminal justice system. BAME communities are disproportionately represented in the criminal justice system and face a range of inequities within it. As mentioned, the criminal justice system is one of the key pathways via which BAME groups enter the mental health system. There are even higher rates of BAME women in the criminal justice system than BAME men. BAME women face a range of additional problems within the criminal justice system, which has been designed with men in mind and which is without any realistic chance of addressing the causes of their criminality. Mental health problems are far more prevalent among BAME women in prison than white women and also BAME men.

NHS is not yet providing adequate services for BAME people with mental health issues who come into the criminal justice system and failing to provide the machinery necessary to divert them into suitable care on arrest or from court. There is too much diversion from criminal justice to psychiatry for BAME people without the actual benefit of them then receiving appropriate treatment and care. Again BAME women face additional problems, yet their needs are largely missing from any relevant research, literature and policy initiatives. Foreign nationals make up 19% of the total women's prison population and have even higher incidence of more severe mental health problems and face even greater barriers in accessing good quality and appropriate care.

Responses to BAME people within mental health issues within the criminal justice system should focus on their care and treatment rather than punishment. As recommended by Corston[14], there is a need for a gender specific strategy to support BAME women. Responses should include women-only and community-based services that recognise the impact that victimisation and isolation by disadvantage can have on a woman's behaviour, that are responsive to their particular circumstances as BAME women and to any domestic and childcare arrangements they have.

It is crucial that the health, criminal justice and social care agencies find ways of working with BAME communities to address these problems of unequal treatment and over-representation that exist in both the mental health and criminal justice fields. In DREAP and related initiatives, there has been too little focus on the role of the criminal justice system and offending in mental health, and New Horizons, as a cross-agency initiative, should be used as an opportunity to address this

2.8 In your view, what more should the Government do to combat stigma?

ROTA's policy work on health inequalities[15] and feedback from participants at the ROTA/BEAM-EM event on 1st October found that there are even higher instances of stigma in relation to mental health issues amongst certain BAME communities.

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[13] NACRO (2007) *Black communities, mental health and the criminal justice system*. At www.ohrn.nhs.uk/resource/policy/Nacroblackcommunities.pdf

[14] Baroness Corston (2007) *The Corston Report*: A *report by Baroness Jean Corston of a review of women with particular vulnerabilities in the criminal justice system*. Home Office.

[15] For examples 'Race on the Agenda (2007 & 2008) *Mayor of London's call for evidence on health inequalities.*

Participants made the following recommendations as a means of addressing stigma generally and within BAME communities:

- better national government campaigns to tackle mental health
- carers and support workers need more understanding.
- targeting of awareness raising programmes at BME groups
- need for better understanding of the cultural side of mental health issues and cultural differences within BME groups
- better awareness of how mental health affects communities.

targeting social policy

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