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Improving mental health services for people  
from black and minority groups

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# *Is Race on your Agenda?*

**Improving mental health services for people  
from black and minority groups**

**Yvonne Christie and Roger Blunden**

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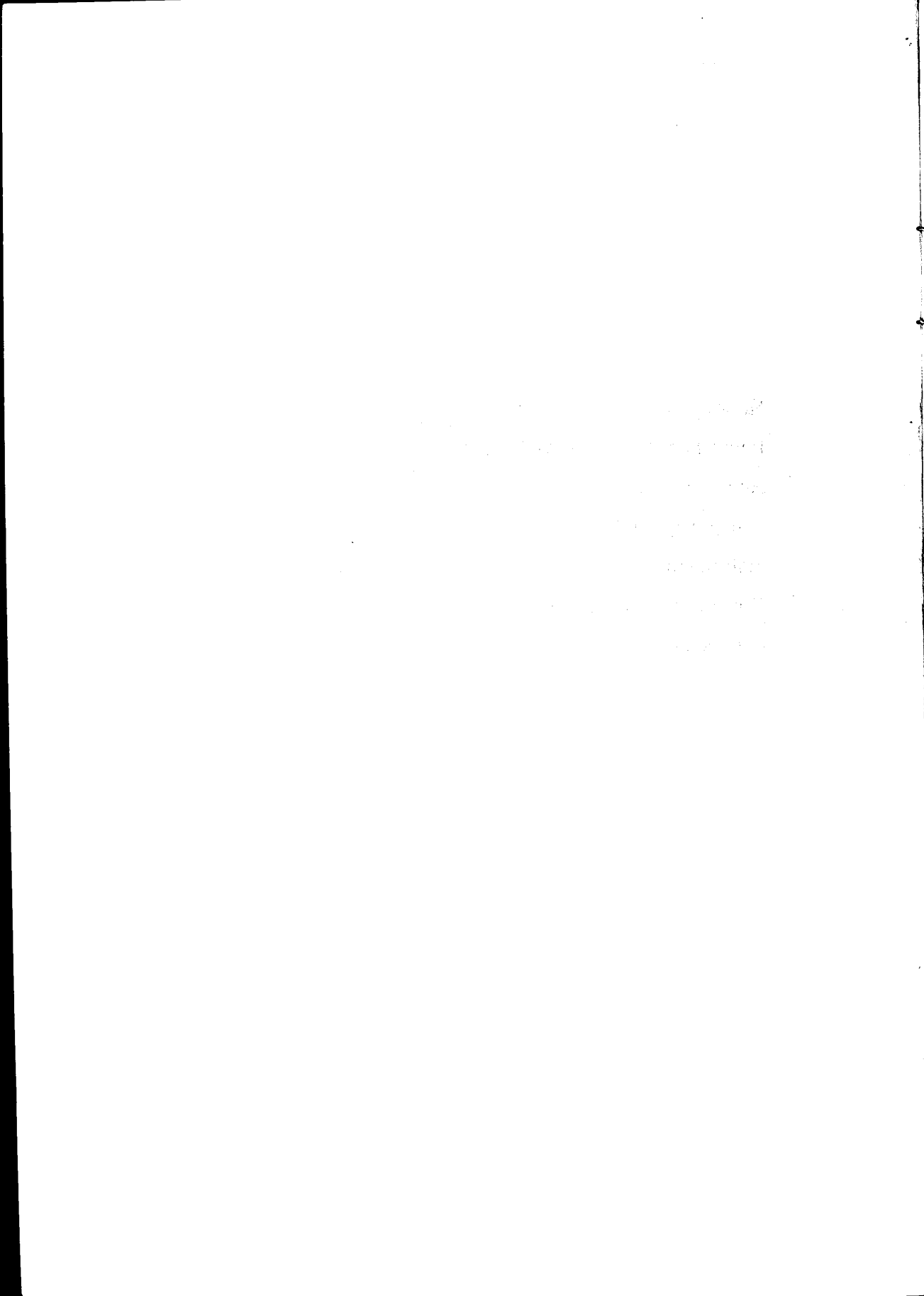
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## Preface

This briefing paper is part of the King's Fund Centre's efforts to promote good mental health services for all members of the community. Our experience shows that services do not yet address the needs of black and minority groups\* in an equitable way. Serious attention therefore needs to be paid to the development of services which address the needs of a multi-racial society.

This document follows a meeting with the then Under-Secretary of State for Health, Roger Freeman, who suggested work on two specific issues. The first was to provide a brief summary of the major gaps in the provision of mental health services for people from black and minority groups. Secondly, we were encouraged to suggest guidelines for consulting people from black and minority communities about the development of better mental health services — particularly in the context of the specific grants which the government is making available as part of its community care programme. Two papers were originally submitted separately to the Department of Health. They have been edited together to produce this document, which we hope will be of wide interest to all those concerned with the development of more effective and equitable services.

This is only a first step, but we hope that this brief review will help to place race firmly on the agenda of local service planning. Major challenges lie ahead, but we feel confident that those who plan mental health services will be encouraged to take on board the important task of involving black and minority communities in all stages of service delivery.

*Yvonne Christie*

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The King's Fund Centre

\* We use the term 'black and minority groups' to refer to people from racial or other minorities who may be disadvantaged because of their racial backgrounds. We have avoided the use of 'ethnic minorities' because a number of people so labelled have told us that they find the term offensive.

# **Part 1: Gaps in Mental Health Services for People from Black and Minority Groups**

## **Introduction**

What are the major gaps in the provision of mental health services for people from black and minority groups? What needs to be done and what progress is currently being made?

In order to tackle this issue quickly, we brought together a small group of people with experience of mental health service provision for black and minority people. The group included representatives of a range of interests, including voluntary and statutory services and national and local organisations with an interest in mental health for black and minority populations.

We have deliberately kept these notes brief. We have included information on some examples of good practice. These examples are illustrative of what can be achieved and are not intended to be an exhaustive list.

## **Geographical priorities?**

The size of minority populations varies throughout Britain. However, problems due to inappropriate or insensitive mental health services need to be tackled whatever the size of the local black and minority population. It is not necessarily appropriate to set priorities for certain areas: all authorities should be working towards better services for people from black and minority groups.

## **Positive mental health**

Positive mental health for black and minority people, as for all others, is based on good social conditions including, for example, good and appropriate housing, financial stability, work and leisure facilities. Steps to tackle inequities in these will go a long way towards reducing mental health problems among black and minority



communities and it is therefore important to include these wider issues in the planning of local mental health services.

### **Appropriate community services**

As with other groups with mental health problems, lack of an appropriate range of community provision leads to people being incarcerated in prison or in hospital. More appropriate community mental health services are needed, including:

- crisis response services
- residential services
- day services and supported employment
- domiciliary services, including support for informal carers
- therapy, treatment and rehabilitation services.

Innovative approaches to these aspects of mental health service provision are required.

### **Housing**

Suitable supported housing is often not available to black and minority people with mental health problems. Where it is provided, it is usually isolated and without adequate daytime support. A greater variety of ordinary and supported housing is required, including:

- housing suitable for younger people
- housing associations run by black and minority people
- halfway housing with adequate support.

Basera, a sheltered housing project for Asian elderly people in Nottingham, includes people with mental health problems. It is a voluntary organisation run by Asian people, with the support of the statutory sector.

### **Initial contact with services**

There is considerable concern that some minority populations are being over-diagnosed with certain conditions (for example schizophrenia among African-Caribbean populations). Other populations appear to be under-represented in mental health services. For example, Asian and Chinese people tend to under-use mental health services. There is often an assumption that communities 'look after their own', but this may well reflect inadequate recognition of people's needs, lack of appropriate local services and a failure of communication between services and these communities.

Services need to develop more effective ways of communicating with local minority populations, so that needs can be more appropriately recognised and responded to.

The Racial Minorities Initiative in Wandsworth is setting out to identify gaps in mental health services for people from minority groups. It works closely with consultant psychiatrists and mental health teams and liaises with local voluntary organisations, service users and carers.

### **Advocacy**

People from black and minority groups sometimes need additional help finding out about their rights and ensuring that these are met. Appropriate and acceptable advocacy services are required including:

- 'professional' advocates with legal, medical or welfare rights experience
- 'citizen advocates' — ordinary citizens take up issues on someone's behalf.

In both cases, it will be important to ensure that advocates are members of, or at least familiar with the person's own culture.

The Bristol Inner-City programme and the Asian Man-Sangathan project in Southall both provide advocacy services to minority group users of mental health services.

### **Interpreting services**

Good interpreting is required for people whose first language is not English. This is not the same as an advocacy service. Clear understanding of what people are trying to communicate is particularly important in mental health, since it forms the basis of much diagnosis and therapy. It should be regional policy that interpreting services are required wherever language is a local issue. Details of which languages are required can be sought from census data.

A useful source of information is The London Interpreting Project, 20 Compton Terrace, London N1 2UO. They have compiled a directory of available interpreting services in London and have detailed local breakdowns of minority populations and languages and dialects spoken.

### **Staff training**

Many mental health services for minority populations are based on inappropriate attitudes, assumptions and stereotyping by professionals. These can be self-perpetuating. For example, people from African-Caribbean populations are more likely to be detained under sections 136 and 2 of the Mental Health Act. This itself can reinforce the view that such people are violent and need containing. At the other extreme, lack of appropriate provision means that many black and minority people do not reach mental health services until

they are in a severe crisis, supporting the notion that their problems are more severe than for others.

Better professional training is required, including race and culture issues, for *all* professionals involved in mental health including social workers, psychiatrists, general practitioners (who are often the first point of contact) and community psychiatric nurses, as well as for other workers who are likely to come into contact with black and minority people with mental health problems (such as the police).

Changes are taking place in social work training. The Central Council for Education and Training in Social Work is ensuring that trainees will have to demonstrate appropriate experience of the needs of multi-racial Britain as part of their core training. Other professional training should follow this example.

### **Planning and consultation**

A great deal could be done to improve consultation and participation with black and minority populations in service planning. If services are to be truly responsive to local needs, it is vital that authorities find effective ways of consulting with local communities. In some situations it may be appropriate to establish consortia of black and minority organisations to be involved in continuing mental health planning and evaluation.

Part 2 of this briefing paper sets out guidelines for authorities on consulting black and minority communities when preparing proposals for specific grants for the development of community mental health services.

## **Contracting**

Recent changes in community care policy encourage the setting up of independent service provision agencies. This could lead to some services being contracted out to black and minority organisations. Requests for tenders should be widely advertised locally. Local organisations may need additional support in the transformation to service provision. Such support could include legal expertise in contract negotiation and the development of management arrangements, as well as help in developing the organisation's capacity to provide services.

Birmingham Health Authority and Social Services Department are both supporting the establishment of mental health services contracted out to minority group organisations.

## **Action by the King's Fund**

The King's Fund Centre is committed to work on the development of better community mental health services which meet the needs of people from black and minority groups. Our programme of work includes the following and further information will be supplied on request.

### *Better Futures*

A major initiative is being launched in Autumn 1990, involving detailed service development work in a small number of localities. Local inter-agency teams will be established with the aim of planning, and subsequently implementing, comprehensive community-based mental health services designed to respond to the needs of individuals. Emphasis will be placed on the design of services for people from black and minority groups throughout and it is planned that at least one of the localities will be an inner-city area with a substantial minority population.

*Information exchange*

An information exchange is being established to address the needs of people from black and minority racial populations. This will include a section providing information on current practices in mental health for black people throughout Britain.

*Support to black mental health projects*

The King's Fund Centre supports the development of services which are appropriate to the mental health needs of people from black and minority populations. Grants have been made available and development work is undertaken by a Senior Project Officer who specialises in the field. The work includes the support of national networks.

## **Part 2: Consulting People from Black and Minority Groups in the Development of Community Mental Health Services: Guidelines for Specific Grant Proposals**

### **Background**

The Government White Paper *Caring for People* proposes that specific grants should be made available to local authorities for the development of community mental health services. This is to help ensure that good community services are established before further reductions take place in the size of mental health hospitals. Regional Health Authorities are to be the agents for paying these grants and the Department of Health wishes to ensure that local authority proposals are acceptable to health authorities.

An important priority is to ensure that local mental health services are responsive to the needs of people from black and minority groups. One way of fostering this responsiveness is through consultation and participation with members of black and minority communities.

The White Paper states that:

‘The Government recognises that people from different cultural backgrounds may have particular care needs and problems. Minority communities may have different concepts of community care and it is important that service providers are sensitive to these variations. Good community care will take account of the circumstances of minority communities and will be planned in consultation with them.’ (para 2.9)

We have written these notes for those at the Department of Health and in Regional and District Health Authorities and Social Services Departments who will have the responsibility for negotiating specific

grants for the development of community mental health services. We set out some guidelines on how people from black and minority groups can be involved in the development of mental health services, and the evidence which might be sought that this involvement is successful. Many of the issues of consumer involvement are common to all racial groups and apply to all health and social services. In our view it is vital that all community services are developed in partnership with people who use the services and their carers. However, we think there is a particular need to establish consultation and participation with people from black and minority groups in the development of mental health services. Whilst we have not specifically addressed the more general issues, the suggestions made here may have more general applicability.

Our aims in writing this document are:

- to encourage local authorities to make an explicit commitment to consultation and participation with people from black and minority groups as an essential feature in planning and delivering mental health services;
- to provide a set of criteria on which plans may be judged;
- to give guidance to those with responsibility for putting consultation and participation into practice.

### **Why should managers and planners gain the participation of people from black and minority groups in the development of mental health services?**

There is considerable evidence that mental health services often fail to meet the needs of people from these groups. (See, for example, Fernando, 1988; Rack, 1982; Littlewood and Lipsidge, 1982; McGovern and Cope, 1987; Rogers and Faulkner, 1987.)



For example:

- Schizophrenia is diagnosed more frequently in the black and Irish populations than in the indigenous population.
- Electro-convulsive therapy and stronger drugs are more likely to be given to black people and Irish populations.
- People from black and minority populations are less likely to be offered alternative treatments, such as psychotherapy.
- People from black and minority groups are less likely to attend existing mental health services voluntarily.
- Black people leaving hospital are less likely than others to be given the choice of good supported housing.
- Mis-diagnosis can occur when English-speaking workers assess individuals where first language is not English.
- There is evidence that professionals do not respond to the effects that racism, at both a personal and an institutional level, can have on people's mental health.

In addition to issues of fairness, when people from black and minority groups do not have access to a range of appropriate services, there are also resource implications. For example, if people do not receive appropriate support at home, they are more likely to make calls on more expensive emergency or residential services. If people are mis-diagnosed, resources will be spent on inappropriate forms of treatment.

It is essential, then, that services are designed in such a way to be sensitive to the needs of people from racial minorities. It is not sufficient to offer a 'colour blind' approach, nor should service design be based on stereotypes or 'common knowledge'. The only way of ensuring that services do meet a diversity of needs is to fully involve people with direct experience of those needs.

### **What are consultation and participation?**

Consultation and participation can be seen as points on a spectrum of activities carried out to ensure that people have some influence over the services they receive. Consultation implies seeking people's advice. This can be done in a tokenistic way, as when proposals are sent out for 'consultation' but with no real opportunity for change. Consultation can also be a constructive activity, for example when a series of meetings is held with consumer groups to agree the overall aims and details of a service development.

Participation implies a greater level of active involvement and influence than consultation. Planning groups are run in a participative way when members of community groups are encouraged and enabled to be full contributing members. Sometimes participation may go so far as to give community members equal powers of decision-making, for example, by co-opting individuals onto health or local authority committees.

It is our view that full participation is necessary for the development of services which will effectively meet the needs of people from black and minority groups. However, in the early stages it may be useful to establish effective mechanisms for consultation.

Consultation and participation are important activities at various stages, for example:

- in planning services it is particularly important that black groups are fully consulted about plans for new services and that effective consultation takes place before plans are developed, so that people from black and minority groups have an opportunity to shape the future direction of service provision and to ensure that services planned are appropriate and relevant to users;
- in monitoring and evaluating services as services develop, they will have to respond effectively and sensitively to the changing needs of the local population; Black and minority groups may be involved in various ways, for example, in setting standards, in conducting monitoring exercises, in drawing up contract specifications;
- in the delivery of services the main aim of consultation and participation is to ensure that services meet the needs of individual users. Thus people from black and minority groups must have confidence that service providers communicate with them effectively, treat them with respect, build on individual strengths and meet individual needs. Consultation and participation with groups of users can help achieve this sensitivity at the individual level.

### **Some steps towards consultation and participation**

A starting point is to consider what arrangements already exist for consultation and participation and to think how these can effectively include people from black and minority groups.

Contacts may need to be developed with local organisations concerned with minority issues. Many districts have active black and minority group organisations. Many of these have a concern with mental health issues, although this may not always be obvious from their title. Contact can be through known groups, community centres, culture shops or via public meetings.

Often black employees of the authority will be able to suggest useful points of contact. Information can be disseminated through community magazines, local radio stations, the local press, cinemas, etc. Personal contact is most effective (for example through community workers, health and social service professionals, religious organisations).

It is particularly important to establish contact with people who use services and carers, since these people have the keenest interest in service provision. This may not be straightforward. There may be no established users' or carers' groups. The health or local authority may be in a position to help form such groups (being careful not to take control) and to work with them, securing their views and advice.

There may be barriers to break down. Over the years, many black and minority group organisations have felt excluded from the structures of mental health services. There may be suspicion and mistrust on both sides. As with any significant change, perseverance and optimism will be essential ingredients.

It will be important to decide a basis for consultation and participation.

- What does the authority want from the exercise?
- What benefits will there be for the people and organisations involved?
- What sorts of issues can usefully be addressed?

It may also be important to identify areas which will not form part of the consultative process. Whilst 'ground rules' are important, it must also be recognised that a good participative relationship will develop over time so that there will be increased scope to include more issues.

It is important that the process of consultation and participation takes place *before* service plans are drawn up. People should have the opportunity to give their views on existing services and their preferences and suggestions for the future. One way of doing this is via a survey, with questionnaires or interviews conducted in appropriate languages and sufficiently open-ended that people can give their views. Public meetings may be appropriate although a series of small-scale local meetings, where people feel comfortable and confident to talk, is likely to be more successful than one large meeting.

Effective consultation and participation require time and money. It should be recognised that these activities are an important use of officers' time and that some resources for expenses should be set aside for the purpose. Furthermore, it will be essential to build staff commitment to the process.

Practical considerations are important too. For example:

- Has a realistic period of time been set aside for consultation so that the results can be incorporated into practice?
- Has enough background information been given to enable people to respond effectively?
- Is the venue for meetings appropriate and accessible?
- Is more than one person from black and minority groups involved, so that they are not isolated and so that a range of views can be represented?

To be effective, consultation will be a continuing process, not just a single meeting. It will form the basis for a dialogue and is the bed-rock from which participation can be built up.

The issues of representativeness and accountability should be revised with local black and minority groups.

- Whose views will people involved in participative work represent?
- How will people be selected to attend meetings or sit on committees?

It is often tempting for authorities always to turn to a small number of established contacts. However, there may be ways of inviting existing groups or forums to nominate or elect their own representatives.

### **A checklist for specific grant proposals**

The questions set out below could usefully be asked by those people with responsibility for drawing up specific grant applications and by those who have to consider such applications for funding. The checklist is necessarily brief, and should be used in conjunction with the guidelines set out above.

- i) Does the application identify the principal black and minority groups in the locality? If not, does it specify how these are to be identified?
- ii) Is there evidence that people from minority groups have been adequately consulted in the drawing up of this application?
- iii) Does the grant application contain details of the arrangements to be made for consumer and public participation in the development and running of community mental health services?
- iv) Do these contain specific arrangements for the participation of people from black and minority groups?
- v) Are there adequate arrangements for publicising the plans to the principal minority communities (by disseminating materials in appropriate languages, holding meetings on people's home territory, etc.)?
- vi) Does the application specify adequate arrangements for supporting people from racial minority groups in membership of planning groups, etc?

vii) Are there adequate arrangements for the continuing participation of people from minority groups in the development of community mental health services, and do the proposals indicate how this participation might be further fostered in the future.

### **Developing participation**

In most parts of Britain there has been very little participation of people from black and minority groups in the development of community mental health services. It is likely that many plans will contain only the first steps towards the sort of participative process which we have outlined. It will be important to ensure that the process continues to evolve and that authorities and members of minority communities learn from their early efforts and build on these. Participation can be fostered by:

- developing and implementing equal opportunity employment policies in mental health services, so that staff, managers and planners reflect the diversity of the local population and may therefore be more sensitive to the issues raised in consultation and participation;
- setting up monitoring and evaluation mechanisms which involve people from black and minority groups and which are sensitive to race issues, for example, monitoring the use of services by black and minority populations;
- making arrangements to review the participation of minority groups with the people concerned and others;
- ensuring that people from black and minority groups have opportunities to serve on important bodies, such as the Mental Health Act Commission Health Authorities, Community Health Councils, hospital managers (lay) and Family Practitioner Authorities;

- statutory authorities supporting the establishment of local minority group forums. These would exchange information and views on the development of appropriate services;
- regularly making information on the development of services available in an accessible form to people from black and minority groups.

### **Conclusion**

We hope this document will prove a useful starting point for people who want to get race on the agenda when planning local mental health services. We recognise that this is no simple task – in most parts of Britain there is a long way to go before race issues are taken on board as a routine aspect of service planning. However, with commitment from the Government and from health and local authorities, much can be achieved. If good working partnerships can be established between planners and the black communities, services will be more valued by a wider cross-section of the population.

The King's Fund Centre is keen to promote such partnerships and will continue to disseminate the lessons learned.



### Some useful reading

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This briefing paper is part of the King's Fund initiative to promote good mental health services for all members of the community.

As yet, services do not address the needs of people from black and minority populations in an equitable way. This document provides a starting point from which to place race firmly on the agenda of local service planning structures.

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