



A CALL FOR SOCIAL JUSTICE

Changes to policy and practice
that will improve the lives and mental
wellbeing of mental health service
users from Black and Minority Ethnic
communities

EXECUTIVE SUMMARY
JUNE / 2018

EXECUTIVE SUMMARY

“If you are from
an ethnic minority
in modern Britain,
it can sometimes
feel as if you are
living in another
world, let alone
part of a one
nation country.”

BBC News website, David Isaac, Chair, Equality
and Human Rights Commission (2016).

<https://www.bbc.co.uk/news/uk-37114418>

(16 October 2017)

A CALL FOR SOCIAL JUSTICE



A CALL FOR SOCIAL JUSTICE

Changes to policy and practice
that will improve the lives and mental
wellbeing of mental health service
users from Black and Minority Ethnic
communities

INTRODUCTION

A CALL FOR SOCIAL JUSTICE

*“It’s not just about looking at improving services that fix us; it’s also about looking at what broke us in the first place”**

Changes to policy and practice that will improve the lives and mental wellbeing of mental health service users from Black and Minority Ethnic communities.

Black and Minority Ethnic (BME) communities face disadvantages, reduced opportunities and structural and institutional racism. These contribute to our higher rates of mental distress than the White British population. We also experience unfavourable treatment and outcomes when coming into contact with the very mental health services that should be helping us get better. These factors constitute what have been termed racial inequalities in mental health.

These inequalities have been known about for decades. Nevertheless, structural and institutional racism persists, due to a lack of focus, political will and a long-term, concerted strategy for action, backed by adequate resources.

This document, A Call for Social Justice, has been developed by BME mental health service users. It draws on the evidence from two decades of research on BME mental health and learning from our own consultations with 200 BME mental health service users, and sets out our priorities for action to tackle racial inequalities.

**Note - All quotes in main body of text are attributed to BME mental health service user consultees.*

“Mental health systems are segregated from other healthcare and based on outdated practices that violate human rights. I am calling on States to move away from traditional practices and thinking, and enable a long overdue shift to a rights-based approach. The status quo is simply unacceptable”
United Nations Human Rights Office of High Commissioner (2017). World needs “revolution” in mental health care – UN rights expert. Available from: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21689>.

A CALL FOR SOCIAL JUSTICE

METHODOLOGY

A Call for Social Justice is based on a thematic analysis of 18 consultations undertaken with BME mental health service users in Southwark and Hammersmith boroughs, London, from 2015 to 2017. The questions asked at the consultations were informed by a literature review of initiatives, projects and reports over the last two decades. The project was led by Raza Griffiths, a Black and minority ethnic service user activist who worked for Kindred Minds, a BME mental health service user led peer support group, with a grant from Trust for London. He was supported by an advisory group made up of a majority of BME mental health service users.

Given the large total Black populations in Southwark and neighbouring boroughs and the long-standing urgency of the issues they face, the focus of this document is mainly on Black communities, though it is also relevant to many BME communities.

NOTE ON LANGUAGE

This document has been written by mental health service users from Black and Minority Ethnic communities. These are the communities being referred to whenever words like “we”, “us” and “our” are used.

KEY AREAS FOR ACTION

1. Create a race equality strategy

“Racism is a political issue. Inequality is a political issue. Mental health is a political issue. We should hold politicians to account”.

The government must show it is willing to take the lead in challenging racial inequalities by developing an ongoing race equality strategy

“State institutions are not concerned to address social inequalities that might underpin increased risk of criminal activity or severe mental disorder; rather, they ... amplify race inequality”

Nazroo, J. (2008).

Response to: McMahan, W. and Roberts, R. (2008)

Ethnicity, harm and

crime: a discussion paper.

Available from: [https://](https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/James%20Nazroo%20response.pdf)

[www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/James%20](https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/James%20Nazroo%20response.pdf)

[Nazroo%20response.pdf](https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/James%20Nazroo%20response.pdf).

[Nazroo%20response.pdf](https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/James%20Nazroo%20response.pdf).

(21 October 2017).

A CALL FOR SOCIAL JUSTICE

that is properly resourced and staffed. This strategy must call for targeted reduction in racial inequalities across a range of life areas affecting BME communities. Responsibility for the strategy should rest with a newly appointed Secretary of State, with clear accountability and governance arrangements in place across government departments to push forward delivery and liaison with devolved governments.

2. Join up the many different agencies whose work affects BME communities

“There is a bigger picture to our mental ill health but all we get are scattered initiatives – inadequately funded and temporary – which attempt to deal with bits of the jigsaw”

The race equality strategy must ensure that different agencies in areas like education, employment, benefits, housing, mental health and criminal justice work together across different life stages and at the local, regional and national levels.

3. Address the multiple forms of marginalisation faced by BME service users

“Services are sometimes just about able to talk about cultural appropriateness when it relates to one aspect of diversity, such as race. But they do not acknowledge that some of us experience oppression on account of other factors too, like gender or sexuality”

The race equality strategy must ensure that the multi-factorial nature of the disadvantage experienced by many BME mental health service users informs all future actions. This will require proper consideration of gender, class, gender identity, sexual orientation, age, ethnicity, refugee or asylum-seeker status and levels of English language proficiency.

X3 - Black Caribbean pupils are three times more likely than their White British counterparts to be excluded from the school system, with even higher exclusion rates for those from the Roma and Traveller communities
Race Disparity Audit (Cabinet Office, 2017)

A CALL FOR SOCIAL JUSTICE

4. Strengthen and upscale independent BME mental health service user peer support

“The huge positive potential of peer support has not been allowed to be realised”

Local and national government, the NHS and other funders must better prioritise the funding of independent BME service user-led peer support. In dialogue with BME service users, the government should consider how to scale up this support so it plays a pivotal role as an accessible service that emphasises a community strengths-based approach.

5. Make mental health services safe, accessible and appropriate for BME communities

“Rather than help us heal ourselves when we are broken by society, mental health services break us even more, so why would we seek help there?”

The Mental Health Act must be brought into line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and ban detention and compulsory treatment. At the same time, Mental Health Trusts must learn from the non-coercive approaches that have already been adopted in some areas and comply with the Mental Health Units (Use of Force) Bill 2017 introduced by Steve Reed MP, to tackle racial bias by requiring hospitals to publish data on how and when physical force is used, and ensure that any non-natural death in a mental health unit triggers an independent inquiry.

Mental Health Trusts need to move away from the purely biomedical approach long applied in clinical settings and towards a diversity of approaches that BME service users find beneficial and can access in community settings. All this must be done in active partnership with BME mental health service users, the BME voluntary sector and BME communities.

X4 - Black people are four times more likely than White people to be detained under the Mental Health Act, while people from south Asian countries as a whole also have higher than average detention rates (although Indian people were the exception in not having higher rates).

X3 - Diagnosis of psychotic disorders is almost three times higher for Black people than for White people.

X10 - Diagnosis of psychotic disorder a staggering ten times higher than average rates among south Asian groups as well.

*Race Disparity Audit
(Cabinet Office, 2017)*

A CALL FOR SOCIAL JUSTICE

6. Strengthen and realise the potential of the BME voluntary sector

“The BME voluntary sector has been slashed – [this includes] even some initiatives doing sterling work helping us negotiate life challenges and understanding our rights”

National and local government, the NHS and grant givers must ensure proper funding for the BME voluntary sector in recognition of the specialist knowledge it provides and its links to the BME communities they serve. This funding is needed to redress the damage caused by cuts that have disproportionately affected the BME voluntary sector – it is, thus, essential for nurturing the sector’s potential.

7. Create a fairer and more accessible benefits system for BME service users

“Vulnerable people are dying as a result of the political project of austerity and cuts to benefits”

The government must ensure that future benefit reforms comply with the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), which the UK has ratified. The government must also conduct a comprehensive review of the cumulative impact of benefits changes so that the overall disproportionately negative effect of these policies on BME communities can be exposed and mitigating steps taken.

Campaigning groups should make greater use of Freedom of Information requests, employing ethnicity markers to highlight instances of unfair practices against applicants. Professional bodies like the British Psychological Society, whose members are involved in assessments that could lead to benefits sanctions, must develop proper ethical guidance to ensure members’ actions do not harm clients.

“People who have lived with discrimination don’t need a government audit to make them aware of the scale of the challenge. But this audit means that for society as a whole – for government, for our public services – there is nowhere to hide. These issues are now out in the open. And the message is very simple: if these disparities cannot be explained then they must be changed”

Theresa May, on publication of the Racial Disparity Audit, quoted in Asthana, A. and Bengtsson, H. (2017). Audit lays bare racial disparities in UK schools, courts and workplaces. The Guardian, 9 October. Available from: <http://www.theguardian.com/uk-news/2017/oct/09/audit-lays-bare-racial-disparities-in-uk-schools-courts-and-workplaces>. (9 December 2017).

A CALL FOR SOCIAL JUSTICE

8. Tackle racial inequalities in employment

“Even if you are a well-qualified Black person, it is harder to get a well-paid job than for a White person who isn’t as well qualified”

The race equality strategy must tackle racial inequalities in employment, including higher levels of unemployment among BME communities compared to the rest of the population.

The strategy must also address race-based discrimination in recruitment and promotions, wage inequalities and the greater risk of people from BME communities being in insecure or low-paid work with few legal rights including as undocumented migrants. Mental health services must be kept completely separate from jobcentres so that mental health service users are not put off seeking the support they need.

9. Provide safe and adequate housing for BME communities

“Living in insecure and overcrowded housing can affect our mental health and even lead to violence between generations”

The race equality strategy must ensure that national and local government housing policies make proper use of Equality Impact Assessments so that they do not disadvantage BME communities. The government must also abolish the Bedroom Tax, which is discriminatory against BME communities. Local and national policies must ensure that there is an adequate supply of social housing. Councils need to adopt a gold standard for the private rental market and put a cap on private rents while also taking action against slum landlords. Agencies must take proper account of the wishes of vulnerable Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) asylum seekers and refugees when they are being housed.

14.3% - Black people who leave school with A-levels typically get paid 14.3% less than White people with similar levels of education

23.1% - Black workers with degrees earn 23.1% less on average than White workers with the same level of qualification.

Equality and Human Rights Commission (2016). Healing a Divided Britain: The Need for a Comprehensive Race Equality Strategy.

A CALL FOR SOCIAL JUSTICE

10. Improve support for children and young people

“There’s a modern day Bermuda Triangle for black men, which is located between the 3 points of, Education (the entry point), Criminal Justice and Mental Health. Thousands will pass through, but a disproportionately high number will quite literally disappear within the black man’s Bermuda triangle”

Overcoming the underachievement and exclusion of BME pupils and supporting Black university students must be high priorities in the race equality strategy. Within schools, tough action against bullying is essential. School curriculums must focus more on the positive achievements of BME people by emphasising Black contributions to history. The goal should be to help young BME people develop pride in their identity and counteract negative racial stereotypes that can be internalised early on and inhibit achievement. Increased funding is needed to improve the accessibility of Child and Adolescent Mental Health services and ensure they meet the needs of BME young people.

11. Improve support for parents and other adults

Local and national level government must draw on the lessons of the now defunct Sure Start programme and provide better signposting to services and advocacy about parenting and managing life transitions. The government must also increase funding for the teaching of English as a foreign or second language (EFL/ESL) without imposing any language-learning requirements, which would be stigmatising and discriminatory. Local Recovery Colleges need to better reflect the diverse populations they serve, offering courses that reflect the interests of BME service users. They should also ensure we are meaningfully involved in developing and leading on courses.

X3 - The number of times more likely Black Caribbean pupils are excluded from the school system than their White British counterparts, with even higher exclusion rates for those from the Roma and Traveller communities
Race Disparity Audit (Cabinet Office, 2017)

A CALL FOR SOCIAL JUSTICE

12. Create a fairer criminal justice system that BME communities can trust

“Stop and search is used against us in a way that alienates us”

The liaison between senior police and mental health service users must be improved, in order to challenge undesirable practices such as the use of police cells as “places of safety” and the transporting of people to hospital in police vans. Senior police must improve liaison with BME service user groups to help find ways to de-escalate incidents without using a Section 136. The government must fund programmes to increase trust between police and BME communities. Police must also change their ways of working including introducing proper monitoring of stop-and-search and physical restraint. Better access to legal redress is required for relatives and those campaigning for justice in cases of deaths in police custody. The Independent Police Complaints Authority must be abolished and a new, truly independent watchdog created to ensure that the police work in a lawful and non-discriminatory way. We need to see systematic monitoring of race-based disparities in sentencing, bail and parole conditions as well as in policing.

13. Tackle physical ill health together with mental ill health

“On average we [mental health service users with serious mental illness diagnoses] are dying 13 years earlier”

More effective programmes must be set up to address mental and physical health together. The focus should be on improving services so that BME people’s negative experiences within the mental health system no longer inhibit their engagement with any kind of health professional. More should

41% - the percentage of young prisoners from minority backgrounds in 2016

25% - The percentage of young prisoners from minority backgrounds in 2006

66% - The fall in total prison numbers in this time period.

X2 - Meanwhile, the number of Muslim prisoners has almost doubled in the last decade *Lammy, D. (2017). The Lammy Review - An Independent Review into the Treatment of, and Outcomes for, Black, Asian and Minority Ethnic Individuals in the Criminal Justice System. HM Government.*

A CALL FOR SOCIAL JUSTICE

be done to highlight the positive ways that BME service users look after their physical health using a strengths-based approach rather than one limited to risk minimisation. There must be more focus on providing information from accessible and trusted sources such as BME advocacy and BME peer support within non-clinical settings. Information about the physical side effects of medication must be provided to BME service users as early as possible.

13. Develop more meaningful BME service user involvement and power-sharing in mental health and society at large

“It is difficult for us to engage with improving the services where we have often been subject to institutionalised racism and violation of our human rights”

The race equality strategy and all organisations/projects engaged in service user involvement must follow the recognised guidance on good practice in involvement that was developed with Department of Health funding, the 4PI Framework (Faulkner, A, 2015)². It should also be informed by the guidance on how non-BME, non-service user led organisations can respectfully work with BME service user led initiatives like the Dancing to our own tunes Charter (Kalathil, J, 2009)³. This guidance should inform all efforts to meaningfully involve and work in successful partnership with BME service users, ensuring that wherever possible mental health service users take leading roles and receive all support needed to this end.

X4 - The number of times Black people are more likely than White people to be detained under the Mental Health Act, while people from south Asian countries as a whole also have higher than average detention rates (although Indian people are the exception in not having higher rates).

X3 - The number of times more likely Black people will be diagnosed with psychotic disorders than for White people

X10 - The times more likely for Black men than for White men, with higher than average rates among south Asian groups as well *Race Disparity Audit (Cabinet Office, 2017)*

A CALL FOR SOCIAL JUSTICE

14. Support service user production of knowledge and research

“Knowledge [production] is important because it helps inform the training of professional bodies and government policies that affect our mental health”

Knowledge producers who are not BME service users must better recognise the value of the knowledge that BME service users produce. They should also develop greater self-reflexivity around their own knowledge production in terms of White privilege, Eurocentrism, sanism and other biases that disempower BME service users and strive to work with BME service users to correct these blind spots.

Those involved in developing policy and practice, must also better recognise the knowledge and research that BME mental health service users have developed, in order to develop policy and practice that is fit for purpose.

² Faulkner, A. (2015). Involvement for Influence. National Involvement Partnership.

³ Kalathil, J. (2009). Dancing to Our Own Tunes: Reassessing Black and Minority Ethnic Mental Health Service User Involvement. NSUN.

THE FULL KINDRED MINDS MANIFESTO IS AVAILABLE FROM THE BOTTOM OF THE FOLLOWING WEBPAGE:

<https://www.nsun.org.uk/News/bme-mental-health-service-users-launch-manifesto>

We would like to thank and acknowledge the following for their support throughout:

“As Black and Minority
Ethnic mental health
service users, we want
to be supported to play
a full role in putting this
Report and Manifesto’s
recommendations into
practice.”



info@nsun.org.uk

www.nsun.org.uk

NSUN, PO Box 74752,
London E11 9GD.

First published
June 2018

© National Survivor User
Network (NSUN) 2018