

**Delivering Race Equality: A Framework for Action – Consultation  
Mental Health Services  
Department of Health  
October 2003**

**Response from the Sainsbury Centre for Mental Health (SCMH)**

The Sainsbury Centre for Mental Health (SCMH) is an independent charity working to improve the quality of life of people with severe mental health problems. Our work incorporates research, training and development with health, social care and related services.

In 2002, SCMH published *Breaking the Circles of Fear*, the first national study of the relationship between mental health services and African and Caribbean communities in the UK. The study produced 15 recommendations for action. A subsequent implementation programme is working to put many of those recommendations into action. The substance of our response to *Delivering Race Equality* is derived from that work. More details about the programme are contained in the appendix to this document.

**Introduction**

The Sainsbury Centre for Mental Health welcomes *Delivering Race Equality: A Framework for Action (DRE)*. We believe this is long overdue and provides an opportunity to develop a national perspective to address the inequalities that people from Black and minority ethnic (BME) communities face in mental health service delivery. DRE clearly outlines and supports the case for changes in the delivery of mental health care and treatment to these communities. The use of the Race Relations Amendment Act 2000 (RRAA) is a useful starting point and highlights the fact that there is now a statutory obligation for remedial action to be taken.

SCMH's response is outlined below. We have not followed the questions suggested in DRE as SCMH is not a service provider. Our response is organised around the three building blocks.

**1. Better quality and more intelligently used information**

We agree that quality information is necessary for service planning, but this will not naturally lead to 'culturally capable' individual care plans and 'culturally competent' services. Information collection should be a means to an end and if it is not part of an overall strategy to achieve change in how services are organised and delivered, it will be a meaningless activity. We therefore suggest that there need to be specific mechanisms to assist mental health services to use information to develop appropriate and responsive services.

## 2. Appropriate and Responsive Services

DRE recognises that services should be responsive and appropriate to the needs and wishes of service users. However, it does not challenge the key concerns that have been raised by service users and a large body of literature that document these concerns. Inaccurate assessments, limited treatment options, restrictive treatment regimes, and lack of alternatives (to name a few) have been cited as key concerns, yet there is no strategy within DRE to analyse, address and overcome these concerns. Moreover, we have evidence<sup>1</sup> that fear drives the interactions between mental health services and African and Caribbean communities.

We suggest that there should be concerted efforts to eliminate these fears through:

- a) workforce development particularly building capability through training that is team based, solution focused and experiential;
- b) bridge building programmes to establish credibility of mental health services in the community and to develop local opportunities for activities that meet a wider range of needs;
- c) supporting and sustaining Black voluntary sector agencies;
- d) developing service user and carer networks;
- e) developing community based services.

Our evidence also shows that there are a range of impediments to change that include bureaucratic service arrangements and entrenched service cultures. These need to be addressed if we are to achieve lasting change. We therefore recommend that DRE should be underpinned by clear strategies to:

- a) achieve structural change, e.g., review the models of mental illness and health that are being used and explore how other models can be incorporated in to current service philosophies, and examine how power is used given the negative experiences of BME communities with structures of power in general;
- b) achieve organisational change, e.g., review how communities are consulted, how service users are involved in decision making, and how conflicts are mediated and resolved;
- c) build clinical practice, e.g, review the tools being used for assessment, adopting models of recovery, and developing effective strategies for engaging with the lived experiences of service users;
- d) deal with resistance: proposals for internal changes have already been made in Inside Outside and these should be incorporated in DRE.

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<sup>1</sup> Sainsbury Centre for Mental Health (2002) Breaking the Circles of Fear: A Review of the relationship between mental health services and African and Caribbean communities. London: Sainsbury Centre for Mental Health

### **3. Increased Community Engagement**

Engagement of BME communities is an appropriate strategy to bridge what we term the schism between BME communities and mental health services. However, DRE seems to suggest that the problem or issue of non-engagement is situated within these communities.

SCMH and other evidence shows that there are high levels of fear and mistrust towards using mental health services – it is this that stops people from seeking help at an earlier stage. We believe that BME communities will only use mainstream mental health services when they are convinced that it will be to their advantage to do so.

Black voluntary sector agencies have demonstrated that they are able to engage with communities. It is therefore important that statutory services use this intelligence to inform and structure how they deliver services. The role of the Black voluntary sector needs to be strengthened significantly. The strategy to employ community development workers to work within both communities and mental health services is problematic. These are two separate roles and each require a different set of skills. A number of issues need to be addressed for this to be successful. For example, the status and roles of these workers need to be clarified, the content of training needs to be explicit, support mechanisms developed and the levels of accountability and responsibility made clear. Building the capacity of existing black community organisations, is a major task of Breaking the Circles of Fear, and is an strategy we would strongly endorse for all BME communities.

In addition, we recommend the development of leadership programmes for Black people working in both statutory and voluntary organisations. This is a key element of our implementation programme which could be broadened out to other communities.

#### **General comments**

- i) DRE is aimed at improving the delivery of service to a wide range of communities. It acknowledges that there is diversity within and between these communities. The document fails to acknowledge the variations in disadvantage and inequalities experienced by different groups. The heterogeneous nature of these communities has to be acknowledged, but more importantly, the DRE should indicate how these would be addressed in each of the building blocks.
- ii) The infrastructure for implementing and monitoring DRE is not clear. We believe that service users, families and carers should have a key role in this activity, and access to advocacy must be improved. Acute inpatient care for Black people should be reviewed systematically.

- iii) DRE outlines the key actions, outcomes and local stakeholders for each of the building blocks. What is lacking is a clear framework of responsibility and accountability, how it will be monitored and what the sanctions/implications will be for those chief executives and service that do not deliver.

## **Conclusion**

SCMH welcomes DRE and we look forward to assisting and supporting the development and implementation of the final strategy. We hope this can be achieved in close collaboration with our Breaking the Circles of Fear programme.

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The Sainsbury Centre for Mental Health**

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## **Appendix: The Breaking the Circles of Fear Implementation Unit**

### **Introduction**

Following the recommendations in the *Breaking the Circles of Fear* report (BCOF) SCMH has employed a dedicated team of people (hereinafter 'the Unit') with specific skills in order to deliver the BCOF recommendations. The purpose of the Unit is to:

- Implement BCOF recommendations
- Work in partnership with other organisations
- Be a catalyst for change in the statutory and voluntary sectors
- Function as a Unit within SCMH focusing on ethnicity issues.

The Implementation Unit's main workstreams are outlined below:

### **Capacity building and Organisational Development**

*Objective:* Establish Gateway organisations to develop bridge-building programmes to support reintegration of Black service users. To increase the capacity of the Black voluntary sector to play a more significant role in the delivery of mental health services to African Caribbean people.

### **Leadership development**

*Objective:* Increase the availability of dedicated leadership development programmes for Black people working in the mental health field in the voluntary and statutory sectors. Programmes to be delivered mainly in the form of training, mentorship, and bursaries to be tailored to the needs of Black workers.

### **Black service user empowerment**

*Objectives:* To facilitate the development of Black service users groups locally and establish a national network. The aim is to strengthen the voice of Black service users.

### **Training and workforce development**

*Objective:* To devise a model of training and workforce development which does not rely on culture or cultural 'fact-files' to inform its rationale but rather relies on action learning sets where practitioners bring their issues to the training directly from the workplace and are assisted to find a solution to a specific problem.

### **Carers and advocates**

*Objective:* To develop and support carer networks, and to ensure that advocates are involved in care planning and have access to adequate information.

### **Acute in-patient care**

*Objective:* Acute in-patient services must be systematically reviewed. SCMH will devise an information-based model for monitoring services by means of a minimum data set focusing on the priority areas or access, assessment, content of care plans, and engagement strategies. The model will include a system for reviewing and acting on the information to improve services.

### **Research and evaluation**

*Objective:* To change the research agenda from a concentration upon epidemiological studies to practical questions relating to diagnosis, access, engagement strategies and the content of care programmes.