Dear Anne

Having read the report ‘Understanding Psychosis and Schizophrenia’ we decided it important to write to you as editor in the first place because it refers to a field we feel strongly about—namely the nature of what ‘schizophrenia’ and ‘psychosis’ mean in our British multicultural society and the impact these diagnoses have on people of all communities who use services. In our view, the report has a lot of well-argued points and much information such as the importance of childhood adversity in causing mental health problems. And it gives a good idea of what clinical psychologists could do in helping people given the diagnoses ‘psychosis’ or ‘schizophrenia’—and this is important for people to know about. However, we believe that the report has some very serious shortcomings.

A glaring flaw in the report is that it fails to address the problems experienced by British black and minority ethnic people and the well-known issue of ‘over-representation’ associated with excessive sectioning, seclusion, over-medication etc. which the contributors to the report must have been aware of. In fact the use of the diagnosis ‘schizophrenia’ and ‘psychosis’ (and the implications of this) has resulted in mental health services in general being experienced as racist by Black people in the UK. Of particular significance here in relation to the purpose of the report is the evidence that Black people are much less likely to be offered non-pharmacological forms of help, such as spiritual, social, cultural and psychological and social support. The report’s failure to take this into account sadly renders it irrelevant to British people whose cultural backgrounds may be very different to that of majority cultural groups in UK. For this reason the report is unlikely to be taken seriously by BME groups in general. This serious deficiency in the report appears to have resulted from (a) BME groups / people in UK not being involved in drawing up the report; (b) experience of black people given the diagnoses ‘psychosis’ and ‘schizophrenia’ not being sought for some reason; and (c) the professionals and academics involved in drawing up the report not accessing—or wishing to consult—the vast literature available in anthropology, transcultural psychiatry and psychology, sociology and the psychologies of the Global South (often held within religion and philosophy). In other words, in drawing up the report, the DCP appears to have excluded BME groups, minority voices in Britain and non-western knowledge sources. Why?

We believe that the DCP has access to funds to commission other reports. Perhaps it may consider commissioning a report on ‘Race’ and Culture in the diagnosis of ‘psychosis and ‘schizophrenia’, and the help and support on offer to them—perhaps coupled with the impact of these diagnoses on black people?

We trust you would share this letter with the other contributors to the report.

Kind regards,

Suman, Phil, Jayasree and Jan

Suman Fernando
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Jayasree Kalathil
Jan Wallcraft