Minority Ethnic Communities in the UK

*Diversity, difference and shared experiences - racialised communities*

- History of slavery, colonisation and the Empire
- Rise of multicultural and multi faith Britain
- Colour bar to snow capping/glass ceiling
- Future generations

Health Inequalities – What Needs to Change

- Disparity in health outcomes
- Disparity within health and social care services
- Disparity in awareness of and influence over health and social care services
- Racism and health inequalities
The Afiya Trust

Established 1997

- Carers
- Mental Health
- Long Term Conditions
- Public Health and Social marketing
- Patient and service user involvement/leadership
The Afiya Trust

Our Current Mental Health Projects

- DH Mental Health Strategic Partnership
- Work and Recovery
- Catch A Fiya
- Advocacy Network
- Survey with NHS Senior Managers
Our Vision

We believe the government can support the wellbeing of individuals and communities by:

- Eradicating the continuing existence of racial inequalities and their impact on people’s health and wellbeing
- Making health a matter of social justice
- Empowering and resourcing local communities to define and effect change
Achieving Race Equality with the Coalition Government

- Coalition government
- Progressive
- Patient focus
- Big Society
- Cutting public sector expenditure
- Local democracy/accountability
- Choice and the market
- Nudging
No Health without Mental Health – Key Priorities

• More people will have good mental health;
• More people with mental health problems will recover;
• More people with mental health problems will have good physical health;
• More people with mental health problems will have a positive experience of care and support;
• Fewer people will suffer avoidable harm; and
• Fewer people will experience stigma and discrimination

Driving Force Ministerial Advisory and Equalities Group
Chaired by Paul Burstow MP, Minister for Social Care and a Call to Action.
FUTURE DIRECTION OF MENTAL HEALTH

- The Legacy of DRE Programme (Rocky Bennett/Inside Out)
- No Health Without Mental Health (New Horizons Mark 2)
- NHS Reforms and The Big Society
- GP Commissioning and Authorisation Process
- Health and Well Being Boards
- Foundation Trusts
- Equality Delivery System
• General lack of awareness of the DRE strategy among service users
• Need for training for mental health staff on how best to engage with people from diverse ethnic communities.
  lack of awareness of mental health issues within diverse ethnic communities, and significant stigma attached to experiencing mental distress.
• Need for greater support for community groups and empowerment of service users and survivors to both influence and provide services.
• Better engagement with faith groups and leaders as a means of disseminating information about mental health issues and services.
• Service users did not perceive substantial progress and had not experienced the types of services DRE was expected to foster
KEY CHALLENGES – WHY MENTAL HEALTH SERVICES STILL DO NOT EFFECTIVELY MEET THE BME COMMUNITIES

• Afterthought
• Justification
• One Size Fits All Solution
• Pressure for Quick Wins
• Lack of Understanding
• Short Terms Solutions
• Structural Racism (still perceived as the ‘other’ or not valued as equal citizens and co creators/producers)
• Power relationships between professionals, service users and carers
THE RISE OF RETRO RACISM
THE AFIYA TRUST

Ken Livingstone: Would I have won if I was Asian?

No Whites Allowed

Midsomer Murders
It's a well known fact that two blacks don't make a white.
Secretary General UN Mr. Ban Ki-Moon

Time has come to pay tribute to the contributions made by people of African descent to the human family, to the advancement of the political, economic, social and cultural development of our societies.

We have to acknowledge that people of African descent are among those most affected by the scourge of racism. Too often, they face denial of basic rights such as access to quality health services and education.

They are also affected by more subtle manifestations of discriminatory practices such as demographic over representation in detention centres.
'I was stripped; my arms held behind me; my legs extended and forcibly separated from each other; I was plunged into the tank and kept under the water till all resistance on my part ceased; their [the nurses] grasp was then relaxed – I rose to the surface and breathed as if it were my last. Scarcely, however, had I drawn my breath when I was again subjected to the same horrible treatment, with the addition of having my head hurt against the sides of the tank, and my poor body beaten and contused with blows, till the fear of murder prompted them to desist'.

Ann Pratt
Detained in Kingston Lunatic Asylum in 1860
Crisis Issues around People of African Descent and Mental Health Services

- Impact of the legacy of slavery (Dr Joy Leary and Barbara Fletchman Smith)
- Black cultural heritage is still based on slavery, carnival and some African American heroes (development of black history month in 1987 and launch of 100 Great Black Britons campaign)
- Stereotyping and risk of Blackman (Orville Blackwood and Christopher Clunis reports)
- Legacy of Windrush Generation (inter generational dynamics and black cultural identity of integration of British society)
- Ones Left Behind and Migration to the UK
- Failure of the education system around aspirations of children young people and parents
- Legacy of sus laws, stop and search and criminalisation process
- Post war conflict legacy
- Under development and structural issues around the success and failure of Black voluntary sector mental health services
- Commissioners and providers have a third world mindset
- Research on black mental health still built on colonial assumptions and stereotypes
- Political correctness on the Black experiences
Enjoy, Achieve and Be Healthy
The mental health of Black and minority ethnic children and young people

Mhemoonda Malek
July 2011
Enjoy, Achieve and Be Healthy: The mental health of Black and minority ethnic children young people

The outcome of a policy overview and consultation with 11-25-year-olds. The report highlights that a worrying profile at national policy level, of BME children receiving insufficient and ineffective consideration due to their age and ethnicity, is emerging. In relation to the government’s ‘No health without mental health’ strategy the report highlights:

Around 20 percent of children and young people are believed to have a mental health problem, yet there is no indication how many are from a BME background.

Despite a breakdown of disorders being available for BME adults, none is available for BME children and young people, and has yet to be explained.

Risk factors highlighted for children and young people regarding mental health fail to include racism, racial harassment or racist bullying.
PUBLIC MENTAL HEALTH AND BME COMMUNITIES

• Bridging the gap between communities and generic services
• Providing services to meet the needs that mainstream providers are either unaware of or do not have the expertise to address
• Empowering communities and supporting their engagement in decision making and leadership
• Informing policy development
• Tackling the wider socio-economic determinants of health
• Tackling discrimination and disadvantage
• Engaging isolated communities and strengthening cohesion
Our framework for action is based on a 7-pronged approach:

1) **Address the diversity of identities and experiences within communities while delivering services**
2) **Develop systems to enable racialised communities to influence policy making at the top level**
3) **Support community-led social marketing campaigns to challenge inequalities and raise awareness**
4) **Set mandatory duty for accountability on health equality outcomes**
5) **Monitor the commissioning process for effectiveness in meeting community needs**
6) **Ensure service user and carer leadership in evaluation of service**
7) **Recognise and respect cultural heritage, identity and belief systems of communities**
What needs to happen at a local Level?

- Equality Impact Assessment
- Challenging decisions by commissioners and providers
- Use existing democratic structures e.g. Health Scrutiny, NHS boards, Links
- Engagement with local communities on the impact of cuts and change in policy
- Explore developing consortium and social enterprises
- Share experiences with local, regional and national organisations
- Equality Delivery System being mainstreamed and implemented
Our events
You can now follow Afiya Trust and the work that we do on the following favourite social media sites. Become a fan on Facebook, follow our tweets on Twitter or view photos from events on Flickr.

http://www.afiya-trust.org
Patrick Vernon
Chief Executive
Contact Phone: 0207 582 0400
Email: patrick.vernon@afiya-trust.org