

# **Master Classes**

## **Mental Health, 'Race' and Culture**

**5. Movements to reform psychiatry in the  
UK: How to make effective changes**

# **RACIAL AND CULTURAL ISSUES FINDINGS IN ENGLAND**

***Black / Ethnic Minorities more often:***

**Diagnosed as schizophrenic**

**Compulsorily detained under M.H.Act**

**Admitted as 'Offender Patients'**

**Held by police under S. 136 of M.H.Act**

**Transferred to locked wards**

**Not referred for 'talking therapies'**

**Ref: Fernando, S. and Keating, F. (2009) *Mental Health in a Multi-ethnic Society*. 2<sup>nd</sup> edn. London and New York: Routledge.**

# **MANY OFFICIAL REPORTS**

- **MHAC REPORTS 1987 ONWARDS**
- **BLACKWOOD INQUIRY REPORT  
(SHSA, 1993)**
- **DIALOGUE FOR CHANGE (NHS  
EXECUTIVE, 1994)**
- **CIRCLES OF FEAR (SAINSBURY  
CENTRE, 2002)**
- **INSIDE OUTSIDE (NIMHE, March 2003)**
- **DELIVERING RACE EQUALITY (DOH,  
October 2003)**
- **BENNETT INQUIRY REPORT  
(December 2003)**

# **EMPHASIS OF DRE**

**Community engagement to reach out to BME communities**

**not 'development' (i.e. empowerment)**

**Short term projects among BME communities**

**supervised by a university as 'research'**

**Data collection ('Count me in census')**

**University research to explore problem areas**

**e.g. pathways to care, suicide rates**

**Race Equality Leads and Community Development Workers**

**With little power and virtually no support from the top**

**Focused Implementation Sites as examples but not accountable**

# **ACTION GOALS FOR DRE (BY 2010)**

**Reduce levels of fear of mental health services among BME communities and service users**

**Reduce rate of admission of people from BME communities**

**Reduce disproportionate rates of compulsory detention of BME service users**

**Reduce rates of seclusion in BME groups**

**Provide a balanced range of effective therapies, such as peer support services, psychotherapy and counselling, and culturally appropriate and effective pharmacological interventions**

**Ref: Department of Health (2005) Delivering Race Equality in Mental Health Care. An action plan for reform inside and outside services (Department of Health, London).**

# **WHY DRE FAILED**

**Cultural sensitivity was leading issue addressed**

**Human rights, racism and discrimination played down or ignored**

**No strategy to address racism although 'race' in the title 'DRE'**

**Black visibility (via RELs and CDWs) but no power**

**Looked to medical-type research to provide answers**

**Money diverted to 'research projects' and university departments**

**Failed to challenge professional practice especially psychiatry**

**Institutional racism and limitations of 'medical model' ignored**

**Seemed to see information gathering as an end in itself**

**Even more information seen as 'progress'**

**Allowed regressive changes in legislation to go through**

**e.g. changes in Mental Health Act**

**See Fernando, S. & Keating, F. (2009) Mental Health in Multi-ethnic Society (London: Routledge) pp. 235-258.**

# **BARRIERS TO SYSTEMIC CHANGE (Crisis)**

**Post 9/11 lack of political will to tackle racism**

**Dominance of illness thinking about mental health**

**Emphasis on psychiatry as social control  
'Risk-assessments' leading practice**

**Powerful new (regressive) changes in legislation  
Exacerbates / seemingly validates institutional racism**

**Rhetoric on new approaches not matched by action**

# MENTAL HEALTH FOR ALL 4

## Re-structuring systems of 'care'

- **Cultural understanding replace individual diagnosis**  
**'multi-systems approach' (Boyd-Franklin and Shenouda, 1990)**
- **User-choice within a wide range of support services**  
**Choice and partnership (CAPA) working (Kingsbury and York, 2006)**
- **Legal system promoting 'treatment' not custody**  
**separate risk assessment from mental 'illness'**

### References

- Boyd-Franklin, N. and Shenouda, N. T. (1990) 'A Multisystems Approach to the Treatment of Black Inner-City Family with a Schizophrenic Mother' *American journal of Orthopsychiatry*, 60(2), 186-95.
- Kingsbury, S. and York, A. (2006) *The 7 Helpful Habits of Effective CAMHS and The Choice and Partnership Approach*, A Workbook for CAMHS, 2<sup>nd</sup> edn Hampton Wick, Surrey: CAMHS Network.
- See Fernando, S. (2010) *Mental Health, Race and Culture* third edition Palgrave/Macmillan pp. 174-184.

# **GUIDING PRINCIPLES IN SCOTTISH MENTAL HEALTH ACT\***

- 1. Non-discrimination**
- 2. Equality**
- 3. Respect for diversity**
- 4. Reciprocity**
- 5. Informal care**
- 6. Participation**
- 7. Respect for carers**
- 8. Least restrictive alternative**
- 9. Benefit**
- 10. Child welfare**

\*<http://www.scotland.gov.uk/publications/2004/01/18753/31686>

**PARADIGM SHIFT UNREALISTIC  
OVERALL PLAN UNLIKELY  
AIM FOR SMALL CHANGES AT VARIOUS LEVELS**

**CHANGES IN PRACTICE**

**CHANGES IN PROFESSIONAL TRAINING**

**INVOLVING COMMUNITIES SELF-HELP AND  
EMPOWERMENT (VIA 'VOLUNTARY  
SECTOR')**

**REVISED LEGAL FRAMEWORK**

See Fernando, S. and Keating, F. (2009) *Mental Health in a Multi-ethnic Society* (London and New York: Routledge) Esp. Chapters 2 and 19.

# **CHANGES IN LEGAL FRAMEWORK**

## **Restrictions on definition of mental disorder**

For purposes of sectioning mental disorder should not be construed by reason only of culturally appropriate beliefs and / or behaviours

## **Meaningful appeal against sectioning (MH Review Tribunals)**

An amendment to Schedule 2 of the 1983 Act should ensure that (a) the legal persons appointed by the Lord Chancellor should have experience in the race relations field; and (b) the non-legal, non-medical persons appointed by the Lord Chancellor should have experience in anti-discriminatory practice.

An amendment to Section 78 (Procedure of Tribunals) should state that the Tribunal, in arriving at their decision, takes account of cultural diversity and institutional racism.

An amendment to Section 72 (Power of Tribunal) should enable a Tribunal to direct the detaining authority to seek additional information on cultural background of the patient.

## **Multicultural definition of ‘appropriate treatment’**

Appropriate treatment imposed compulsorily should take account of patient’s culture, gender, sexuality, and social background

# **SUPPORT & MODIFY 'NEW APPROACHES' IN MH, ETHICAL PRACTICE AND HUMAN RIGHTS**

**Recovery Approach**

**Addressing Spirituality**

**Promoting Well-being**

**Supporting Resilience**

**Personalization agenda?**

**Support critical psychiatry (anti-narrow medical model)**

**Support social perspectives**

**Support and modify equality agenda**

# **SHIFTING MODELS**

## **Therapies aimed at specific problems**

**Anti-racist therapies**

**Strategies for dealing with institutions**

**Recovery approach (expanded)**

**‘Cultural Consultancy’ by individuals who are racism-aware**

## **Fusion therapies**

**e.g. Islamic psychotherapy / counselling**

**Christian counselling**

## **Community-based approaches (‘Voluntary sector’)**

**Plurality of therapies with user-choice**

**Inter-agency (indigenous-allopathic mixtures)**

**‘Community psychology’ – wellbeing model**

# **CHANGES IN PROFESSIONAL TRAINING (esp. psychiatrists and psychologists)**

## **Practical principles in training**

**Joint training of various disciplines**

**Social perspective of illness and health**

**Involving service users, religious organisations etc.**

## **Curriculum principles**

**Study of (culturally) diverse forms of psychology**

**Cultural diversity of 'mental', 'spiritual', 'mind', illness etc.**

**Social construction of 'illness' and limitations of diagnoses**

**Racism in psychiatry – history and current**

**Concepts of 'liberation' (from suffering) / 'recovery'**

**Variety of interventions ('therapies')**

**CONTACT ME AT**

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