

## **Executive summary**

### **1. Introduction**

This report presents the process, and results of an evaluative piece of research into mental health service provision for black African and African Caribbean people in Birmingham. Previous studies indicated that black service users who have mental health problems are more likely than white service users to be diagnosed as schizophrenic, to be prescribed psychotropic medication, to be sectioned under the Mental Health Act or regarded as violent and in need of detention in secure accommodation. They are less likely than white service users to be offered social and psychological interventions. In addition, deaths among black detainees mean that black people have come to distrust and even fear mental health services that fail to meet their needs.

The research set out to address these issues by examining current statutory and NGO provision for African and African Caribbean communities in relation to a range of factors including its accessibility, cultural appropriateness, the extent to which it meets the needs of service users, the impact of factors such as racism, discrimination, culture and religion and issues relating to funding. The research also aimed to explore the views and experiences of service users and carers in relation to these issues, and examined the extent to which the current services are meeting the government directive on Delivering Race Equality (DRE).

A range of methods and data sources were used including a structured telephone survey of 15 non-governmental organisations (NGOs) and statutory providers; nine focus groups and four semi-structured individual interviews with a total of 25 service users and 24 carers; and three focus groups (involving 15 people in total) and 16 semi-structured individual interviews with a range of professionals from statutory providers, commissioners and independent sector providers (**see section 3.1- 3.3**). A range of methodological issues were encountered and resolved during the process of data collection (**see section 3.4**)

Findings are reported in **section 4** by each phase of data collection. **Mapping voluntary sector provision** indicated that there was huge variety among the 15 organisations surveyed in terms of the range of services provided; the mix of staffing; opening hours and advertising. Sustainability is a major issue for NGOs and turnover is high. The majority of organisations surveyed rely on volunteers.

For the majority of NGOs, the focus of their work is broader than mental illness. This is particularly true of NGOs working with African communities, they tend to be supporting all members of communities, not just people with mental illness and their carers, and taking a holistic approach recognising the complexity of people's lives and the multiple issues they are facing.

Wider concerns highlighted in this phase of the research include concerns about misdiagnosis and over-representation of black people in the system; the need for services to be geared up to respond to post traumatic stress disorder; and perceived insufficient collaboration between statutory services and NGOs.

**Findings from focus groups and interviews with service users and carers** are broken down by different stakeholder groups: African Caribbean service users; African service users; African carers/community leaders and African Caribbean carers. The range of issues highlighted is rich and complex and it is recommended that the **section 4.2 in particular**, is read in full. Themes arising from this phase of the research focus on the range of mental health services used; different ways that mental health is understood; experiences of using mental health services; how accessible, responsive and culturally appropriate services are; issues relating to the targeting of service provision to the specific needs of African and African Caribbean people; actions required to improve services for black people and roles for service users and carers in improving those services.

**Similar themes were identified from phase three:** interviews and focus groups with commissioners and providers from statutory agencies and the independent sector. Additional themes include cultural factors that affect the way services are provided; perceptions relating to culture including recognition that culture can include the culture of service users, service providers and the wider host culture. Culture determines what is considered to be normal and abnormal behaviour and within the wider “host” culture, African Caribbean communities are more likely to be labelled as deviant. Again the data here is rich and it is worth reading **section 4.3 in full**.

Summary of findings (**see section 5**) from the analysis of data from the three phases of data collection indicate some clear overall themes. They include:

- The role of non-governmental organisations (NGOs).
- Understanding mental health.
- Accessibility of services.
- Experiences of using services.
- Facilitators and barriers to developing culturally appropriate services.
- The need for mental health service provision that is targeted to African and African Caribbean people.
- Roles for service users and carers.
- Actions that should be taken to improve services.
- Acknowledging the stress of working in mental health services.
- The role of social and family support.

In addition, the findings highlight issues of health in equality in the provision of services for Black and minority population, particularly in relation to use of psychosocial therapies. It also raises concerns about the impact of the socio-political issues on mental health status of refugees and asylum seekers and their use of health and social care services.

The main findings and themes are discussed in relation to the national, regional and local reports and papers, and the implications of the findings for the providers and commissioners of the mental health services are highlighted, **see section 6 for details**. This section also discusses ways of redressing this problem by better use of NGO and understanding issues involved in promoting mental health amongst BME population. In addition it also argues the importance of investing in mental health promotion, environmental and family support for early intervention and recognition of signs of mental distress, as well as better communications and trust between all parties involved in the use and delivery of mental health services.

Facilitators and constraints to meeting service users' needs are also identified and include commitment of the Trust and commissioners to meeting the diverse needs of mental health service users as evidenced through backing from the Executive and the Board; staff champions and a Diversity Directorate; an emerging commissioning strategy and service redesign process. Constraints acknowledged and highlighted as; financial and human resources under the current health economy to support the implementations of the Delivering Race Equality and the Trust's service re design, and the lack of a clear lead from the Department of Health.

The report concludes that mental health services are at a crossroads. There are many opportunities for mental health services to develop and achieve the vision of responsive, culturally appropriate services including national and local policy frameworks (see **section 7 for details**). The reports advocate investment in public health promotion for de-stigmatising mental health, and influencing the wider determinants of health through working with parents, schools, policy makers and service providers in order to strengthen community relationship, create supportive environment and networking for the management and prevention of mental health problem. It proposes a move away from what currently appears to be an either/or approach to developing targeted services and mainstreaming. It recommends more funding to support Delivering Race Equality, building capacity and creating a sustainable NGO sector, and empowering users and carers to be involved and take lead in the path way to care plan, safe management and recovery.