# Promoting Race Equality in Mental Health

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# Learning Objectives

- To develop knowledge and understanding of different cultural perspectives in health

- To develop practice skills in working positively with cultural difference

- To understand the impact of stigma on health and social care services

- To find ways to address internalised stigma

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# East Sussex Black and Minority Ethnic (BME) population statistics (ESiF - 2011)

- Overall adult population in East Sussex  422,230 of which 8 % BME  people.

- The largest population after 'White British' was 'White Other' at 3.6%.

- The largest BME population in Eastbourne at 12 %, of which 'White Other' 5.6%.

- Hastings 10.3% of which Black, Asian, mixed and other ethnic group 5.3%.  Lewes 7.2% of which 'White Other' 4.3%

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# Black and Minority Ethnic (BME) Access to Health in Mind

**Jan – March 2017**

- 8.6% BME access, compared with 8% BME population in East Sussex

- 'Not stated' category reduced dramatically to 2.6%

**Reasons for Increase in BME access:-**

- Health in Mind has improved data collection on equalities monitoring since 2011

- Improved engagement strategies

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# Understanding Cultural perspectives on mental health

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# Barriers to Accessing Services

- Lack of information and awareness about services

- High levels of isolation & socio-economic disadvantage

- Ethnocentric health & mental health services

- Lack of empathy and sensitivity

- Prescribed medication that is over the recommended limits and less likely to access psychological therapies

- Negative experiences and dissatisfaction with mainstream services e.g. discrimination

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# Cultural Considerations

- Different perceptions of mental health and health beliefs

- Language support needs e.g. interpreting, bilingual advocacy

- Importance of Spirituality and Beliefs when accessing health care e.g. spiritual support/traditional or faith healer

- Misunderstandings of terminology

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# Suggested Questions

**Mirror the language of the client:-**

- What do you think caused your 'problem'?

- Why do you think it started when it did?

- How do your symptoms affect you and others around you?

- How severe is your 'problem'?

- What do you fear most about it?

- What treatment or help do you think you should receive?

- Within your culture, how would your 'problem' be treated?

- How is your community helping you?

- What have you been doing so far to reduce symptoms, feelings?

- What are the most important results you hope to get from treatment/help?

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# Somatisation

- It is common for refugee people to somatise their psychological stress

- Support the client to make connections between the body and mind

- Avoid dismissing somatic complaints

- If somatic symptoms persist, consider a referral for counselling and support.

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# Culture Bound Communication

- Individualism / Collectivism

- 'Power Distance' culture – high 'power distance' where people comply more with professionals and people in authority.  Low 'power distance' where people challenge or question professionals and people in authority

- Uncertainty avoidance – some people may need professionals to take a directive approach rather than giving people choice

- Masculinity Dimension

- Emotional Expressiveness

- Self-disclosure

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# The Impact of Stigma

- Prejudice is a key driver of stigma – when someone's identity or attributes are not accepted by their community, social networks, family and wider society.

- Externalized stigma – results from the actions of external players

- Internalised stigma – is an individual's own sense of stereotyping, devaluation and discrimination

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# Internalised Stigma

- Plays a part in people shunning health and social care services

- Leads to lowered self esteem - people are reluctant to seek help and do not take advantage of social support

- Attitudes towards people seeking asylum 'as a burden on services' deters people from accessing health care

- Evidence suggests that Black Africans test late for HIV

- When people avoid services because of internalised stigma, or by presenting what they believe others would like to see in them, the risk of ill health will increase

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# What can we do?

- Engage and involve minority ethnic groups in any current and future campaigns addressing stigma

- Adopt a community-based participatory research approach (CBPR), which can effectively be used to address stigma and discrimination

- CBPR engages the participants in the entire process of research, design and implementation of interventions

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# Bilingual Advocacy

- Ideal position to support people in accessing health and mental health services

- Enables a relationship to develop with the client, based on trust and understanding

**Refugee Council support in three main areas:-**

- Advocacy for practical needs
- Counselling
- Family therapy

# Engagement Strategies

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# Evaluation

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# **Thank You**

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