Reading list

Mental health - black & minority ethnic communities

August 2014

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BOOKS / REPORTS

Care Quality Commission
Monitoring the Mental Health Act in 2012 / 13.
Newcastle upon Tyne : CQC, 2014 *Web publication*
This is CQC's fourth annual report on statutory monitoring of the use of the Mental Health Act (MHA).
http://www.cqc.org.uk/sites/default/files/documents/cqc_mentalhealth_2012_13_07_update.pdf
Associated documentation:
http://www.cqc.org.uk/content/mental-health-act-annual-report-201213

Fitzpatrick, Rob, et al.
Confluence Partnerships
Ethnic inequalities in mental health : promoting lasting positive change : report of findings to LankellyChase Foundation, Mind, The Afiya Trust and Centre for Mental Health.
London : [LankellyChase Foundation], 2014 *Web publication*
Confluence Partnerships spoke to a large sample of stakeholders including people with lived experience, international mental health specialists, senior clinicians, policy makers and those working in BME community organisations and agencies in the coercive end of the service spectrum. Overall Confluence confirmed the need for concerted action on the ethnic inequality that exists within mental health. Despite the concerted action of 'Delivering Race Equality', a five-year programme targeting black and minority ethnic (BME) mental health conducted between 2005 and 2010, three issues still remain: the continuing over-representation of black African and Caribbean men with mental health problems at the "hard end" of services; Black African and Caribbean people continuing to experience impoverished and harsher treatment from primary and secondary mental health services, low uptake of primary care therapeutic and psychological interventions, and high levels of dissatisfaction with services; and poor access to adequate mental health services across different BME communities. The analysis concluded with suggested principles that need to underpin the way forward: accountability, leadership, the need for creative discourse over time, a positive appreciation of assets and the need to drawing upon progressive models, movements and practice.
http://www.lankellychase.org.uk/assets/0000/2661/EthnicInequalityMH_ConfluenceFullReport_March2014.pdf
Executive summary:
http://www.lankellychase.org.uk/assets/0000/2660/EthnicInequalityMH_ConfluenceSummary_March2014.pdf
Associated documentation:
http://www.lankellychase.org.uk/initiatives/ethnicity_and_mental_health/consultations

Faulkner, Alison
National Survivor User Network (NSUN)
Ethnic inequalities in mental health : promoting lasting positive change : a consultation with black and minority ethnic mental health service users.
London : NSUN, 2014 *Web publication*
This report outlines the results of a consultation carried out by NSUN with black and minority ethnic mental health service users for Lankelly Chase. The aim was to inform the programme of work currently being developed by Lankelly Chase and its partners the Centre for Mental Health, the Afiya Trust and Mind, to promote lasting positive change in the field of ethnic inequalities and mental health. The core aim of this consultation was to explore the kinds of supports and services found to be most helpful to people from BME communities: services and supports that might enable people to access help when they need it and so avoid the distress of emergency or coercive routes into services.
http://www.lankellychase.org.uk/assets/0000/2662/Ethnic_Inequalities_NSUN_MH_ServiceUsersConsultation_February_2014.pdf
Associated documentation:
http://www.lankellychase.org.uk/initiatives/ethnicity_and_mental_health/consultations

Great Britain. Department of Heatlh
Mental health crisis care concordat : improving outcomes for people experiencing mental health crisis.
London : HM Government, 2014 *Web publication*
The document sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the refreshed Mandate for NHS England, which includes a new requirement for the NHS that "every community has plans to ensure no one in mental health crisis will be turned away from health services".
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf
Associated documentation:
https://www.gov.uk/government/publications/mental-health-crisis-care-agreement

Lavis, Paula
Race Equality Foundation
The importance of promoting mental health in children and young people from black and minority ethnic (BME) communities.
Better Health Briefing ; 33 (April 2014)
London : Race Equality Foundation, 2014 *Web publication*
This briefing looks at the policy framework for mental health service provision and provides examples of existing practice which promote mental health for BME children and young people. It also highlights the impact of poor or incomplete data on commissioning and provision of mental health services for BME children and young people. It looks at specific factors that put children and young people from BME communities at risk of developing mental health problems as well as protective factors that can help build resilience.
http://better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2033(2).pdf

Centre for Mental Health
Black and minority ethnic (BME) communities, mental health and criminal justice.
Bradley Commission Briefing ; 1
London : CMH, 2013 *Web publication*
This briefing argues that community groups are key to engaging BME groups that are disproportionately represented both in mental health care and in the criminal justice system. It discusses examples of some services making excellent progress in this area but argues that there is a lot of room for other services and commissioners to build on such examples of good practice.
http://www.centreformentalhealth.org.uk/pdfs/Bradley_Commission_briefing1_BME.pdf

ISBN: 9781846369940
Health and Social Care Information Centre. Community and Mental Health Team
Mental health bulletin : annual report from MHMDS returns : England, 2012/13.
Leeds : Information Centre, 2013 *Web publication*
The figures presented within this annual report provide a comprehensive picture of people using adult specialist mental health services in 2012/13. The information presented uses the latest version of the Mental Health Minimum Data Set (v4) which underpins this annual report; this was introduced in April 2011/12, when there were some changes to the collection and processing methods. The report also uses the latest population figures from the Office for National Statistics 2011 census.
http://www.hscic.gov.uk/catalogue/PUB12745/mhb-1213-ann-rep.pdf
Associated documentation http://www.hscic.gov.uk/catalogue/PUB12745

Mind
Mental health crisis care : commissioning excellence for black and minority ethnic groups : a briefing for clinical commissioning groups.
London : Mind, 2013 *Web publication*
The briefing focuses on: consultation and engagement in commissioning; assuring values and capabilities of organisations and their staff; commissioning a range of options; information, advocacy, engagement and control.
http://www.mind.org.uk/media/494422/bme-commissioning-excellence-briefing.pdf

Kalathil, Jayasree
National Survivor User Network (NSUN) and The Afiya Trust
Dancing to our own tunes : reassessing black and minority ethnic mental health service user involvement.
London : NSUN, 2013 *Web publication*
This document is a reprint of the 2008 report with a review of work undertaken to take the recommendations forward. This review has the following specific aims: to take stock of the work done to implement the recommendations from the initial report, reflecting on internal organisational initiatives; to present a quick overview of the current status of black and minority ethnic user involvement in mental health, reflecting on external policy and political contexts; and to present the 2008 report in the current contexts and reflect on future priorities for development.
http://www.nsun.org.uk/assets/downloadableFiles/dtoots-report---for-website2.pdf
Associated documentation:
http://www.nsun.org.uk/about-us/our-reports-and-publications-we-refer-to-in-our-work/

ISBN: 9781873912296
Latif, Zahira
Race Equality Foundation
The maternal mental health of migrant women
Better Health Briefing ; 31
London : Race Equality Foundation, 2013 *Web publication*
This briefing examines why there is low take-up of maternal mental related services by migrant women in the UK. It considers how maternal mental health care providers can develop services which meet the needs of migrant women.
http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health_Briefing_31_0.pdf
Better Health Briefing papers: http://www.better-health.org.uk/briefings

Hills, Dione, et al.
Tavistock Institute of Human Relations
Traditional healers action research project : final report prepared by The Tavistock Institute of Human Relations for The King's Fund.
Partners for Health report
London : Tavistock Institute, 2013 *Web publication*
This report is an account of a project that was set up explore the potential for improving the understanding of community mental health care between 'mainstream' NHS health practitioners and practitioners from African healing 'traditions'. This was to be achieved by engaging practitioners from those different healing traditions and service users in an action research project that would foster intercultural dialogue. A key aim was to promote an increased understanding of different explanatory models of mental health and well-being, in order create new ways forward for improved patient-centred care, particularly for members of African and Caribbean communities in East London who were experiencing mental health problems.
This project was supported by a King's Fund Partners for Health grant.
http://kingsfundlibrary.co.uk/partnersforhealth/TraditionalHealersActionResearchProject.pdf

NHS Confederation. Mental Health Network
Race equality in mental health.
London : NHS Confederation, 2012 *Web publication*
This Briefing summarises the findings and recommendations from a recent report, commissioned by the Department of Health, into race equality in mental health. The report is based on a series of interviews with NHS and local authority leaders.
http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Race_equality_in_mental_health_final_for_website_8_May.pdf

Memon, Anjum, et al.
NHS Brighton & Hove
A qualitative study of BME mental health and wellbeing in Brighton and Hove.
Brighton : NHS Brighton & Hove, 2012 *Web publication*
The aim of the study was to examine the level and quality of mental health services being accessed by people from BME groups in Brighton & Hove, with the goal of improving access to these services and the quality of treatment within them.
http://www.bhconnected.org.uk/sites/bhconnected/files/BME%20Mental%20Health%20study.%20Brighton%20%26%20Hove.%20June%202012%20Final.pdf

Office for National Statistics
First ONS annual experimental subjectice well-being results.
Newport : ONS, 2012 *Web publication*
This report presents experimental estimates from the first annual Subjective Well-being Annual Population Survey (APS) dataset, April 2011 to March 2012. Overall estimates of people's views about their own well-being are provided as well as estimates for: key demographic characteristics (such as age, sex, ethnic group), different geographic areas and countries within the UK, aspects which are considered important for measuring national well-being (such as personal relationships, health and work situation) These first annual estimates of subjective well-being are considered experimental statistics, published at an early stage to involve users in their development. ONS is collecting subjective well-being estimates to complement existing socio-economic indicators to allow a fuller statistical picture of the nation's well-being.
http://www.ons.gov.uk/ons/dcp171766_272294.pdf
Associated documentation:
http://www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/index.html

Karpuk, Dzmitry, et al.
Positive Action for Refugees and Asylum Seekers (PAFRAS) and Touchstone
Understanding how asylum seekers and refugees access and experience mental health support in Leeds.
LEEDS : [PAFRAS], 2012 *Web publication*
In July 2011, NHS Leeds commissioned Positive Action for Refugees and Asylum Seekers (PAFRAS) and Touchstone to undertake some participative research into: the way in which refugees and asylum Seekers (RAS) navigate their way into and through mental health services of Leeds; how existing support systems can be made leaner and more responsive; and how the system might better respond to the needs of people in mental distress, but who do not meet the criteria for mental health interventions.
http://www.pafras.org.uk/wp-content/uploads/2013/01/Understanding_PT_2012.pdf

Mohebati, Lisa M.
Time To Change
Challenging mental health related stigma and discrimination experienced by black and minority ethnic communities.
Position paper; October 2012
London : Time To Change, 2012 *Web publication*
Time to Change is England's biggest programme to end the stigma and discrimination faced by people with mental health problems. The programme is run by the charities Mind and Rethink Mental Illness, and funded by the Department of Health and Comic Relief. This paper sets out the work that Time to Change has already done with black and minority ethnic communities, what has been learnt, and what activity is being carried out in the new phase of the programme.
http://www.time-to-change.org.uk/sites/default/files/black-minority-ethnic-communities-position-statement.pdf

Malek, Mhemooda
Afiya Trust
Enjoy, achieve and be healthy : the mental health of black and minority ethnic children and young people.
London : Afiya Trust, 2011 *Web publication*
This report highlights the emergence of BME children receiving insufficient and ineffective consideration due to their age and ethnicity. The report is the result of a policy overview and consultation with 11-25-year-olds. In relation to the coalition government's 'No health without mental health' strategy, the report shows: 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 why; and risk factors highlighted for children and young people regarding mental health fail to include racism, racial harassment or racist bullying.
http://www.afiya-trust.org/images/files/reports/afiya_young_people_report.pdf

Magee, Diarmuid
Camden and Islington NHS Foundation Trust
Dual heritage study – Camden and Islington : a review of Mental Health Act Assessments 2007-2010.
London : NMHDU, 2011 *Web publication*
The purpose of this project was to identify learning from a small study into the access and experience that people of dual heritage have in a mental health service. The findings of the study identify a need for a fuller scale study and help make a case for further funding. The study looked at people of dual heritage backgrounds who were subject to Mental Health Act assessments in the three years 2007-2010 in Camden and Islington. Despite the small numbers involved, the findings are important for all providers, (Note: the larger cohort of people from mixed heritage backgrounds was narrowed for the purposes of this study to people of black/white dual heritage.)
http://www.hsconsultancy.org.uk/system/resources/20/Dual-heritage-study--camden-and-islington.pdf?1353603748

Care Quality Commission and National Mental Health Development Unit
Count me in 2010 : results of the 2010 national census inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales.
London : Care Quality Commission, 2011 *Web publication*
This report on the Count me in 2010 census calls for organisations outside of the health care sector to help improve mental health and well-being among black and minority ethnic (BME) groups. Collaborative work with education authorities, police authorities, the criminal justice system, voluntary organisations and BME groups in particular is needed. This to tackle the economic and social factors that contribute to higher-than-average hospital admission rates among some ethnic groups.
http://www.cqc.org.uk/sites/default/files/documents/count_me_in_2010_final_tagged.pdf

Mind in Croydon
The first step : an exploration of how Croydon's black and minority ethnic communities access counselling services.
Croydon : Mind in Croydon, 2011 *Web publication*
People from Black and Minority Ethnic (BME) groups are less likely to access counselling services and other preventative community services than White British people. However, local mental health charity, Mind in Croydon, found that people from BME communities were accessing their counselling service in numbers that represented their population's presence in the community, even though the service made no particular effort to target such communities. This study aimed to research and understand the levels of uptake of Mind in Croydon's counselling service by BME communities. It can be used to inform effective commissioning and reduce inequalities in access to non-pharmacological sources of support to BME communities in the London Borough of Croydon.
http://www.mindincroydon.org.uk/DocumentLibrary/BME%20Report%20-%20The%20First%20Step%20-%20WEB.pdf

Edge, Dawn
National Mental Health Development Unit
National Perinatal Mental Health Project : perinatal mental health of black and minority ethnic women : a review of current provision in England, Scotland and Wales.
London : DH, 2011 *Web publication*
This report and related studies seeks to better understand how, and to what extent current and planned perinatal provision is capable of meeting the needs of BME women.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124880.pdf
Associated documentation:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124879

ISBN: 9780199557226
Bhugra, Dinesh, et al., editors
Mental health of refugees and asylum seekers.
Oxford : Oxford University Press, 2010 *RLR (Bhu)*

ISBN: 9780956678409
Burnett, Jon, et al.
Medical Justice
'State sponsored cruelty' :children in immigration detention.
London : Medical Justice, 2010 *Web publication*
This report is the first large scale exploration, in the UK, of the physical and psychological harms caused and aggravated by the detention of children for immigration purposes.
http://www.medicaljustice.org.uk/images/stories/reports/sscfullreport.pdf
Summary:
http://www.medicaljustice.org.uk/images/stories/reports/sscsummaryreport.pdf

Royal College of Psychiatrists
Improving in-patient mental health services for black and ethnic minority patients : recommendations to inform accreditation standards.
Occasional paper ; OP71
London : RCP, 2010 *Web publication*
This report is based on discussions held by an independent expert panel at the Royal College of Psychiatrists and is very closely linked to a review of the standards used by the College Centre for Quality Improvement (CCQI) in three of their in-patient accreditation networks which (directly or indirectly) relate to the care of black and minority ethnic in-patients on acute mental health wards. The report makes recommendations for: improvements to existing standards; issues to be formulated into new standards; and guidance or information that might accompany existing or new standards.
http://www.rcpsych.ac.uk/files/pdfversion/OP71.pdf

ISBN: 9781903567951
MIND
Men and mental health : get it off your chest.
London : MIND, 2009 *Web publication*
http://www.scmhforum.org.uk/documents/Mind/Mw09ReportfinalLR.pdf
Summary:
http://www.scmhforum.org.uk/documents/Mind/Mw09ReportsummE.pdf

ISBN: 9781903567999
MIND
A civilised society : mental health provision for refugees and asylum-seekers in England and Wales.
London : MIND, 2009 *Web publication*
In this report, which maps what services are available to refugees and asylum seekers, MIND found that people who come to the UK seeking refuge face a stark lack of understanding of their mental health needs and are often denied access to crucial services and treatments.
http://www.mind.org.uk/media/273472/a-civilised-society.pdf

ISBN: 9781903567975
Mind
Psychiatry, race and culture : a challenge for the mental health professions.
MindThink report ; 4
London : Mind, 2009 *Web publication*
This document reports a MindThink seminar held on 7 December 2007 at The Kings Fund in London that explored the relationship between the psychiatric profession and ethnic differences in the experience of mental health services. The seminar brought together stakeholders ranging from service users, psychiatrists, voluntary sector representatives, academics and campaigners, all with expertise in race and mental health.
http://kingsfundlibrary.co.uk/partnersforhealth/Mind%20Hammersmith%20and%20Fulham%20Mind%202009.pdf

Shah, Ajit, et al.
Royal College of Psychiatrists
Psychiatric services for black and minority older people.
London : Royal College of Psychiatrists, 2009 *Web publication*
Council report ; CR156
The report examines what changes have occurred in psychiatric services offered to BME older people since the College's original report was published in 2001.
http://www.rcpsych.ac.uk/files/pdfversion/CR156.pdf

ISBN: 9781843106210
Sewell, Hári
Working with ethnicity, race and culture in mental health : a handbook for practitioners.
London : Jessica Kingsley, 2009 *IJH:RLQ (Sew)*

Greene, Ruby, et al
Social Care Institute for Excellence
Black and minority ethnic parents with mental health problems and their children.
London : SCIE, 2008 *Web publication*
Research Briefing ; 29 (September 2008)
http://www.scie.org.uk/publications/briefings/files/briefing29.pdf

ISBN: 9780415414876 ISBN: 0415414873
Fernando, Suman, editor
Mental health in a multi-ethnic society : a multidisciplinary handbook. 2nd edition.
London : Routledge, 2008 *IJH:RLQ (Fer)*

ISBN : 978906162245
Mental Health Foundation
Engaging with black and minority ethnic communities about the Mental Capacity Act.
London : MHF, 2008 *Web publication*
This report makes some important recommendations about how to improve the implementation of the Mental Capacity Act and how to make it work for everyone but particularly for people from a black and minority ethnic background.
http://www.mentalhealth.org.uk/content/assets/PDF/publications/BME_MCA_final_report.pdf

Newbigging, Karen, et al.
Social Care Institute for Excellence
Commissioning and providing mental health advocacy for African and Caribbean men.
London : Social Care Institute for Excellence, 2008 *Web publication*
SCIE Resource Guide ; 21
http://www.scie.org.uk/publications/guides/guide21/files/guide21.pdf

JOURNAL ARTICLES

Banal, Narinder, et al.

Disparate patterns of hospitalisation reflect unmet needs and persistent ethnic inequalities in mental health care : the Scottish health and ethnicity linkage study.

Ethnicity and Health 2014; 19 (2): 217-239 (April 2014)

OBJECTIVES: The presence and extent of mental health inequalities in Scotland is unclear. We investigated ethnic variations in psychiatric hospitalisations and compulsory treatment in relation to socioeconomic indicators. DESIGN: In a retrospective cohort study design, using data linkage methods, we examined ethnic variations in psychiatric [any psychiatric, mood (affective), and psychotic disorders) hospitalisations and use of the Mental Health (Care and Treatment) (Scotland) Act 2003 (Emergency Detentions (ED), Short-Term Detentions (STD) and Compulsory Treatment Orders (CTO)] using age (and sex for compulsory treatment), car ownership, and housing tenure adjusted risk ratios (RR). 95 per cent CIs for the data below exclude the reference White Scottish group value (100). RESULTS: Compared to the White Scottish population, Other White British men and women had lower hospitalisation from any psychiatric disorder (RR = 77.8, 95 per cent CI: 71.0-85.2 and 85.8, 95 per cent CI: 79.3-92.9), mood disorder (91.2, 95 per cent CI: 86.9-95.8 and 83.6, 95 per cent CI: 75.1-93.1), psychotic disorder (67.1, 95 per cent CI: 59.9-75.2 and 78.5, 95 per cent CI: 67.6-91.1), CTO (84.6, 95 per cent CI: 72.4-98.9) and STD (88.2, 95 per cent CI: 78.6-99.0). Any Mixed Background women had higher hospitalisation from any psychiatric disorder (137.2, 95 per cent CI: 110.9-169.6) and men and women had a higher risk of psychotic disorder (200.6, 95 per cent CI: 105.7-380.7 and 175.5, 95 per cent CI: 102.3-301.2), CTO (263.0, 95 per cent CI: 105.4-656.3), ED (245.6, 95 per cent CI: 141.6-426.1) and STD (311.7, 95 per cent CI: 190.2-510.7). Indian women had lower risk of any psychiatric disorder (43.2, 95 per cent CI: 28.0-66.7). Pakistani men had lower risk of any psychiatric disorder (78.7, 95 per cent CI: 69.3-89.3), and higher risk of mood disorders (117.5, 95 per cent CI: 100.2-137.9). Pakistani women had similar risk of any psychiatric and mood disorder however, a twofold excess risk of psychotic disorder (227.3, 95 per cent CI: 195.8-263.8). Risk of STD was higher in South Asians (136.9, 95 per cent CI: 109.0-171.9). Chinese men and women had the lowest risk of hospitalisation for any psychiatric disorder (35.3, 95 per cent CI: 23.2-53.7 and 44.5, 95 per cent CI: 30.3-65.5) and mood disorder (51.5, 95 per cent CI: 31.0-85.4 and 47.5, 95 per cent CI: 23.2-97.4) but not psychotic disorders and higher risk for CTO (181.4, 95 per cent CI: 121.0-271.0). African women had higher risk of any psychiatric disorder (139.4, 95 per cent CI: 119.0-163.2). African men and women had the highest risk for psychotic disorders (230.8, 95 per cent CI: 177.8-299.5 and 240.7, 95 per cent CI: 163.8-353.9) and were also overrepresented in STD (214.3, 95 per cent CI: 122.4-375.0) and CTO (486.6, 95 per cent CI: 231.9-1021.1). Differences in hospitalisations were not fully attenuated when adjusted for car ownership and housing tenure and the effect of these adjustments varied by ethnic group. CONCLUSION: Our data show disparate patterns of psychiatric hospitalisations by ethnic group in Scotland providing new observations concerning the mental health care experience of Chinese, Mixed background and White subgroups not fully explained by socioeconomic indicators. For South Asian and Chinese groups in particular, our data indicate under and late utilisation of mental health services. These data call for monitoring and review of services. [Abstract]

Becares, Laia and Nazroo, James

Social capital, ethnic density and mental health among ethnic minority people in England : a mixed-methods study.

Ethnicity and Health 2013; 18 (6): 544-562 (December 2013)

OBJECTIVES: Ethnic minority people have been suggested to be healthier when living in areas with a higher concentration of people from their own ethnic group, a so-called ethnic density effect. Explanations behind the ethnic density effect propose that positive health outcomes are partially attributed to the protective and buffering effects of increased social capital on health. In fact, a parallel literature has reported increased levels of social capital in areas of greater ethnic residential diversity, but to date, no study in England has explored whether increased social capital mediates the relationship between protective effects attributed to the residential concentration of ethnic minority groups and health. DESIGN: We employ a mixed-methods approach to examine the association between ethnicity, social capital and mental health. We analyse geocoded data from the 2004 Health Survey for England to examine the association between (1) ethnic residential concentration and health; (2) ethnic residential concentration and social capital; (3) social capital and health; and (4) the mediating effect of social capital on the association between the residential concentration of ethnic groups and health. To further add to our understanding of the processes involved, data from a qualitative study of quality older ethnic minority people were be used to examine accounts of the significance of place of residence to quality of life. RESULTS: The association between ethnic density and social capital varies depending on the level of measurement of social capital and differed across ethnic minority groups. Social capital was not found to mediate the association between ethnic density and health. Structural differences in the characteristics of the neighbourhoods where different ethnic groups reside are reflected in the accounts of their daily experiences, and we observed different narratives of neighbourhood experiences between Indian and Caribbean respondents. The use of mixed methods provides an important contribution to the study of ethnic minority people's experience of their neighbourhood, as this approach has allowed us to gain important insights that cannot be inferred from quantitative or qualitative data alone. [Abstract]

Saltus, Roiyah, et al.

Inpatients from black and minority ethnic backgrounds in mental health services in Wales : a secondary analysis of the Count Me In census, 2005-2010.

Diversity and Equality in Health and Care 2013; 10 (3): 165-176

Count Me In was an annual census of mental health inpatients that was undertaken in England and Wales from 2005 to 2010. Apart from brief, unpublished commentaries by the Welsh government, the data generated in Wales have received little attention and limited analysis. This paper presents a secondary analysis of the census data, with a focus on mental health inpatients from Black and minority ethnic (BME) backgrounds in Wales. Analyses focused on the number and characteristics of patients (age, gender, ethnicity, language and religion), the distribution of patients across Wales, sources of referral, detention status under the Mental Health Act 1983 on admission, and length of stay from admission to census day. The results revealed that the numbers of BME patients from different ethnic groups fluctuated over the 6 years; it was difficult to identify any distinct pattern. The number and proportion of BME patients admitted to, or being supervised by, inpatient facilities increased year on year from 57 (2.7 per cent of all patients) in 2005 to 76 (3.2 per cent) in 2010. The three highest ethnic-group categories were 'Other', 'Black African' and 'Mixed Caribbean.' Racialised minorities in Wales were over-represented in inpatient mental healthcare, including compulsory detention. A consistently higher proportion of BME people than White people in Wales were referred from the criminal justice system, while a consistently higher proportion of White people than BME people were referred by GPs. Although the results cannot reveal the care pathways followed by particular groups or indicate emerging trends for the BME inpatient population, there are differences between the majority and minority ethnic population groups. Action is required to address this imbalance, and future data collection is necessary to determine whether this action has any impact. In-depth exploration of care pathways remains another clear priority for research and policy. [Abstract]

Singh, S., et al.

Ethnicity, detention and early intervention : reducing inequalities and improving outcomes for black and minority ethnic patients: the ENRICH programme, a mixed-methods study.

Programme Grants for Applied Research 2013; 1 (3): (December 2013)

BACKGROUND: Black and minority ethnic (BME) service users experience adverse pathways into care. Ethnic differences are evident even at first-episode psychosis (FEP); therefore, contributory factors must operate before first presentation to psychiatric services. The ENRICH programme comprised three interlinked studies that aimed to understand ethnic and cultural determinants of help-seeking and pathways to care. AIMS AND OBJECTIVE: Study 1: to understand ethnic differences in pathways to care in FEP by exploring cultural determinants of illness recognition, attribution and help-seeking among different ethnic groups. Study 2: to evaluate the process of detention under the Mental Health Act (MHA) and determine predictors of detention. Study 3: to determine the appropriateness, accessibility and acceptability of generic early intervention services for different ethnic groups. METHODS: Study 1: We recruited a prospective cohort of FEP patients and their carers over a 2-year period and assessed the chronology of symptom emergence, attribution and help-seeking using semistructured tools: the Nottingham Onset Schedule (NOS), the Emerging Psychosis Attribution Schedule and the ENRICH Amended Encounter Form. A stratified subsample of user-carer NOS interviews was subjected to qualitative analyses. Study 2: Clinical and sociodemographic data including reasons for detention were collected for all MHA assessments conducted over 1 year (April 2009â€“March 2010). Five cases from each major ethnic group were randomly selected for a qualitative exploration of carer perceptions of the MHA assessment process, its outcomes and alternatives to detention. Study 3: Focus groups were conducted with service users, carers, health professionals, key stakeholders from voluntary sector and community groups, commissioners and representatives of spiritual care with regard to the question: “How appropriate and accessible are generic early intervention services for the specific ethnic and cultural needs of BME communities in Birmingham?” RESULTS: There were no ethnic differences in duration of untreated psychosis (DUP) and duration of untreated illness in FEP. DUP was not related to illness attribution; long DUP was associated with patients being young (< 18 years) and living alone. Black patients had a greater risk of MHA detention, more criminal justice involvement and more crisis presentations than white and Asian groups. Asian carers and users were most likely to attribute symptoms to faith-based or supernatural explanations and to seek help from faith organisations. Faith-based help-seeking, although offering comfort and meaning, also risked delaying access to medical care and in some cases also resulted in financial exploitation of this vulnerable group. The BME excess in MHA detentions was not because of ethnicity per se; the main predictors of detention were a diagnosis of mental illness, presence of risk and low level of social support. Early intervention services were perceived to be accessible, supportive, acceptable and culturally appropriate. There was no demand or perceived need for separate services for BME groups or for ethnic matching between users and clinicians. CONCLUSIONS: Statutory health-care organisations need to work closely with community groups to improve pathways to care for BME service users. Rather than universal public education campaigns, researchers need to develop and evaluate public awareness programmes that are specifically focused on BME groups. [Abstract]

http://www.journalslibrary.nihr.ac.uk/__data/assets/pdf_file/0011/96194/FullReport-pgfar01030.pdf

Leiba, Tony

Mental scars of racism.

Nursing Standard 2012; 27 (5): 22-23 (3 October 2012)

The over-representation of black and minority ethnic (BME) people in mental health services may reflect their exposure to overt and covert racism, which acts as a 'chronic stressor'. Mental health professionals can help by building positive relationships with their BME patients. [Summary]

Corrigall, Richard and Bhugra, Dinesh

The role of ethnicity and diagnosis in rates of adolescent psychiatric admission and compulsory detention : a longitudinal case-note study.

Journal of the Royal Society of Medicine 2013; 106 (5): 190-195 (May 2013)

OBJECTIVES: To explore whether ethnic variations in psychiatric admission and detention reported for adults also apply to adolescents and to establish the influence of diagnosis. DESIGN: A longitudinal, case-note study over a 10-year period. SETTING: An adolescent inpatient psychiatric unit in London. PARTICIPANTS: All adolescents admitted to the unit. MAIN OUTCOME MEASURES: Rates of admission and detention under the Mental Health Act, according to catchment area population. RESULTS: Young Black people were nearly six times more likely than the White group to be admitted with psychosis but showed no increase in admission for non-psychotic conditions. Young people in the Other group were over three times more likely to be admitted with psychosis but showed only a modest increase in admission with non-psychotic conditions. Young Asians were over twice as likely to be admitted with psychosis but were only one-third as likely to be admitted with non-psychotic conditions. Young people with psychosis in the Black and Other groups were around three times more likely to have been detained, but there were no significant differences for non-psychotic conditions. CONCLUSIONS: Significant ethnic variation was found in the rates of admission and detention for adolescents. However, diagnosis was also an important consideration and must be taken into account when examining for evidence of ethnic bias in the use of mental health services by young people. Further investigation is required to establish whether adolescent care pathways are providing a safe and appropriate level of inpatient care for all ethnic groups.[Abstract]

Newbigging, Karen, et al.

Mental health advocacy and African Caribbean men : good practice principles and organizational models for delivery.

Health Expectations 2013; 16 (1): 80-104 (March 2013)

BACKGROUND: Advocacy has a critical role to play in addressing concerns about access to appropriate mental health care and treatment for African and Caribbean men. AIM: To investigate good practice principles and organizational models for mental health advocacy provision for African and Caribbean men. STUDY DESIGN: The study consisted of: (i) A systematic literature review. Bibliographic and internet searching was undertaken from 1994 to 2006. The inclusion criteria related to mental health, advocacy provision for African and Caribbean men. (ii) Four focus groups with African and Caribbean men to explore needs for and experiences of mental health advocacy. (iii) An investigation into current advocacy provision through a survey of advocacy provision in England, Wales and Northern Ireland. (iv) Twenty-two qualitative stakeholder interviews to investigate the operation of mental health advocacy for this client group. The study was undertaken in partnership with two service user-led organizations and an African Caribbean mental health service. RESULTS: Primary research in this area is scant. Mainstream mental health advocacy services are often poor at providing appropriate services. Services developed by the Black Community and voluntary sector are grounded in different conceptualizations of advocacy and sharper understanding of the needs of African and Caribbean men. The lack of sustainable funding for these organizations is a major barrier to the development of high-quality advocacy for this group, reflecting a lack of understanding about their distinctive role. CONCLUSIONS: The commissioning and provision of mental health advocacy needs to recognize the distinct experiences of African and Caribbean men and develop capacity in the range of organizations to ensure equitable access. [Abstract]

Bernardes, Dora, et al.

Researching the mental health status of asylum seekers : reflections and suggestions for practice.

Diversity and Equality in Health and Care 2012; 9 (3): 201-208

We used a multi-method approach to investigate aspects of the mental health of asylum seekers who had recently arrived in the UK. We used the Post-Migration Living Difficulties Scale, the Generalised Anxiety Disorder-7 Scale, the PTSD Symptom Scale Interview, the Clinical Outcomes Routine Evaluation and in-depth interviews. A total of 29 asylum seekers, 26 of whom were male, representing 13 countries, agreed to take part. This paper presents reflections on some of the challenges that arose during our investigation, and offers recommendations that may be of help to other researchers embarking on research in this field. [Abstract]

Duval, Suzanne

Race equality on the map.

Open Mind 2012; 171 14 (March 2012)

The inequalities faced by minority ethnic people in the mental health system need collaborative and decisive action. [Introduction]

Duval, Suzanne

Race equality on the map.

Open Mind 2012; 171 14 (March 2012)

The inequalities faced by minority ethnic people in the mental health system need collaborative and decisive action. [Introduction]

Strassmayr, Christa, et al.

Mental health care for irregular migrants in Europe : barriers and how they are overcome.

BMC Public Health 2012; 12 (367): (20 May 2012)

BACKGROUND: Irregular migrants (IMs) are exposed to a wide range of risk factors for developing mental health problems. However, little is known about whether and how they receive mental health care across European countries. The aims of this study were (1) to identify barriers to mental health care for IMs, and (2) to explore ways by which these barriers are overcome in practice. METHODS: Data from semi-structured interviews with 25 experts in the field of mental health care for IMs in the capital cities of 14 European countries were analysed using thematic analysis. RESULTS: Experts reported a range of barriers to mental health care for IMs. These include the absence of legal entitlements to health care in some countries or a lack of awareness of such entitlements, administrative obstacles, a shortage of culturally sensitive care, the complexity of the social needs of IMs, and their fear of being reported and deported. These barriers can be partly overcome by networks of committed professionals and supportive services. NGOs have become important initial points of contact for IMs, providing mental health care themselves or referring IMs to other suitable services. However, these services are often confronted with the ethical dilemma of either acting according to the legislation and institutional rules or providing care for humanitarian reasons, which involves the risk of acting illegally and providing care without authorisation. CONCLUSIONS: Even in countries where access to health care is legally possible for IMs, various other barriers remain. Some of these are common to all migrants, whilst others are specific for IMs. Attempts at improving mental health care for IMs should consider barriers beyond legal entitlement, including communicating information about entitlement to mental health care professionals and patients, providing culturally sensitive care and ensuring sufficient resources. [Abstract]

http://www.biomedcentral.com/1471-2458/12/367/

Astell-Burt, Thomas, et al.

Racism, ethnic density and psychological well-being through adolescence : evidence from the Determinants of Adolescent Social Well-Being and Health longitudinal study.

Ethnicity and Health 2012; 17 (1): 71-87 (February 2012)

OBJECTIVE: To investigate the effect of racism, own-group ethnic density, diversity and deprivation on adolescent trajectories in psychological well-being. DESIGN: Multilevel models were used in longitudinal analysis of psychological well-being (total difficulties score (TDS) from Goodman's Strengths and Difficulties Questionnaire, higher scores correspond to greater difficulties) for 4782 adolescents aged 11-16 years in 51 London (U.K.) schools. Individual level variables included ethnicity, racism, gender, age, migrant generation, socio-economic circumstances, family type and indicators of family interactions (shared activities, perceived parenting). Contextual variables were per cent eligible for free school-meals, neighbourhood deprivation, per cent own-group ethnic density, and ethnic diversity. RESULTS: Ethnic minorities were more likely to report racism than whites. Ethnic minority boys (except Indian boys) and Indian girls reported better psychological well-being throughout adolescence compared to their white peers. Notably, lowest mean TDS scores were observed for Nigerian/Ghanaian boys, among whom the reporting of racism increased with age. Adjusted for individual characteristics, psychological well-being improved with age across all ethnic groups. Racism was associated with poorer psychological well-being trajectories for all ethnic groups ($p<0.001$), reducing with age. For example, mean difference in TDS (95 per cent confidence interval) between boys who experienced racism and those who did not at age 12 years=1.88 (+1.75 to +2.01); at 16 years = +1.19 (+1.07 to +1.31). Less racism was generally reported in schools and neighbourhoods with high than low own-group density. Own ethnic density and diversity were not consistently associated with TDS for any ethnic group. Living in more deprived neighbourhoods was associated with poorer psychological well-being for whites and black Caribbeans ($p<0.05$). CONCLUSION: Racism, but not ethnic density and deprivation in schools or neighbourhoods, was an important influence on psychological well-being. However, exposure to racism did not explain the advantage in psychological well-being of ethnic minority groups over whites. [Abstract]

Bhui, Kamaldeep, et al.

Ethnicity and its influence on suicide rates and risk.

Ethnicity and Health 2012; 17 (1): 141-148 (February 2012)

OBJECTIVES: To investigate the influence of ethnicity on suicide, and related risk indicators including psychiatric symptoms, among patients committing suicide whilst admitted to psychiatric hospitals. DESIGN: The suicide rates and standardized mortality ratios (SMRs) for inpatient suicides between 1996 and 2001 were calculated from national suicide data on the four largest ethnic groups in England and Wales: Black Caribbean, Black African, South Asian (Indian, Pakistani, and Bangladeshi), and a White British comparison group. The symptoms and risk indicators at the time of the suicide were retrospectively reported by the lead clinician who was responsible for the hospital care of the patient. RESULTS: Classical suicide risk indicators such as suicidal ideas, depressive symptoms, emotional distress, and hopelessness were significantly more common among White British inpatients than other ethnic groups. Male inpatients from Black African backgrounds were significantly more likely to have committed suicide than White British men (SMR 2.05, 95 per cent confidence interval (CI): 1.12-3.43). Women committing suicide as inpatients were significantly less likely to be of South Asian (SMR 0.4, 95 per cent CI: 0.17-0.78) and Black Caribbean (SMR 0.26, 95 per cent CI: 0.09-0.62) backgrounds than White British women. CONCLUSIONS: Suicide rates and classical indicators of suicide risk among inpatients committing suicide vary by ethnic group. Black African men have the highest rates of suicide compared to the White British group. [Abstract]

Fazel, Mina, et al.

Mental health of displaced and refugee children resettled in high-income countries : risk and protective factors.

Lancet 2012; 379 (9812): 266-282 (21 January 2012)

We undertook a systematic search and review of individual, family, community, and societal risk and protective factors for mental health in children and adolescents who are forcibly displaced to high-income countries. Exposure to violence has been shown to be a key risk factor, whereas stable settlement and social support in the host country have a positive effect on the child's psychological functioning. Further research is needed to identify the relevant processes, contexts, and interplay between the many predictor variables hitherto identified as affecting mental health vulnerability and resilience. Research designs are needed that enable longitudinal investigation of individual, community, and societal contexts, rather than designs restricted to investigation of the associations between adverse exposures and psychological symptoms. We emphasise the need to develop comprehensive policies to ensure a rapid resolution of asylum claims and the effective integration of internally displaced and refugee children. [Summary]

Taloyan, Marina, et al.

Kurdish men's experiences of migration-related mental health issues.

Primary Health Care Research and Development 2011; 12 (4): 335-347 (October 2011)

BACKGROUND: The migration process may impose stress on the mental health of immigrants. AIM: To describe the experiences of immigrant men of Kurdish ethnicity during and after migration to Sweden with regard to mental health issues. METHOD: Using the grounded theory method, we conducted a focus group interview with four Kurdish men and in-depth individual interviews with 10 other Kurdish men. FINDINGS: A model with two major themes and interlinked categories was developed. The themes were (1) protective factors for good mental health (sense of belonging, creation and re-creation of Kurdish identity, sense of freedom, satisfaction with oneself) and (2) risk factors for poor mental health (worry about current political situation in the home country, yearning, lack of sense of freedom, dissatisfaction with Swedish society). IMPLICATIONS: The study provides insights into the psychological and emotional experiences of immigrant men of Kurdish ethnicity during and after migration to Sweden. It is important for primary health care providers to be aware of the impact that similar migration-related and life experiences have on the health status of immigrants, and also to be aware that groups are comprised of unique individuals with differing experiences and reactions to these experiences. The findings highlight the common themes of the men's experiences and suggest ways to ameliorate mental health issues, including feeling like one is seen as an individual, is a full participant in society, and can contribute to one's own culture. [Abstract]

Hatch, Stephani L., et al.

Identifying socio-demographic and socioeconomic determinants of health inequalities in a diverse London community : the South East London Community Health (SELCoH) study.

BMC Public Health 2011; 11 (861): (11 November 2011)

BACKGROUND: Responses to public health need require information on the distribution of mental and physical ill health by demographic and socioeconomic factors at the local community level. METHODS: The South East London Community Health (SELCoH) study is a community psychiatric and physical morbidity survey. Trained interviewers conducted face-to-face computer assisted interviews with 1,698 adults aged 16 years and over, from 1,076 randomly selected private households in two south London boroughs. We compared the prevalence of common mental disorders, hazardous alcohol use, long standing illness and general physical health by demographic and socioeconomic indicators. Unadjusted and models adjusted for demographic and socioeconomic indicators are presented for all logistic regression models. RESULTS: Of those in the sample, 24.2 per cent reported common mental disorder and 44.9 per cent reported having a long standing illness, with 15.7 per cent reporting hazardous alcohol consumption and 19.2 per cent rating their health as fair or poor. The pattern of indicators identifying health inequalities for common mental disorder, poor general health and having a long term illness is similar; individuals who are socioeconomically disadvantaged have poorer health and physical health worsens as age increases for all groups. The prevalence of poor health outcomes by ethnic group suggests that there are important differences between groups, particularly for common mental disorder and poor general health. Higher socioeconomic status was protective for common mental disorder, fair or poor health and long standing illness, but those with higher socioeconomic status reported higher levels of hazardous alcohol use. The proportion of participants who met the criteria for common mental disorder with co-occurring functional limitations was similar or greater to those with poor physical health. CONCLUSIONS: Health service providers and policy makers should prioritise high risk, socially defined groups in combating inequalities in individual and co-occurring poor mental and physical problems. In population terms, poor mental health has a similar or greater burden on functional impairment than long term conditions and perceived health. [Abstract]

http://www.biomedcentral.com/1471-2458/11/861

Adamson, Jean, et al.

A case study of organisational cultural competence in mental healthcare.

BMC Health Services Research 2011; 11 (218): (15 September 2011)

BACKGROUND: Ensuring Cultural Competence (CC) in health care is a mechanism to deliver culturally appropriate care and optimise recovery. In policies that promote cultural competence, the training of mental health practitioners is a key component of a culturally competent organisation. This study examines staff perceptions of CC and the integration of CC principles in a mental healthcare organisation. The purpose is to show interactions between organisational and individual processes that help or hinder recovery orientated services. METHODS: We carried out a case study of a large mental health provider using a cultural competence needs analysis. We used structured and semi-structured questionnaires to explore the perceptions of healthcare professionals located in one of the most ethnically and culturally diverse areas of England, its capital city London. RESULTS: There was some evidence that clinical staff were engaged in culturally competent activities. We found a growing awareness of cultural competence amongst staff in general, and many had attended training. However, strategic plans and procedures that promote cultural competence tended to not be well communicated to all frontline staff; whilst there was little understanding at corporate level of culturally competent clinical practices. The provider organisation had commenced a targeted recruitment campaign to recruit staff from under-represented ethnic groups and it developed collaborative working patterns with service users. CONCLUSION: There is evidence to show tentative steps towards building cultural competence in the organisation. However, further work is needed to embed cultural competence principles and practices at all levels of the organisation, for example, by introducing monitoring systems that enable organisations to benchmark their performance as a culturally capable organisation. [Abstract]

http://www.biomedcentral.com/1472-6963/11/218

Sisley, Emma J. and Hutton, J. M.

An interpretative phenomenological analysis of African Caribbean women's experiences and management of emotional distress.

Health and Social Care in the Community 2011; 19 (4): 392-402 (July 2011)

African Caribbean women are under-represented within mental health services in the United Kingdom, despite sociocontextual vulnerabilities which may increase emotional distress. This qualitative study aimed to explore individual explanatory models of experiences of distress, coping and help-seeking choices, with a view to improving cultural relevance of services. Participants were recruited following their self-referral to self-help community wellbeing workshops. Interpretative phenomenological analysis was carried out following semi-structured interviews with seven African Caribbean women in central London, who reported previously experiencing emotional distress. The study was conducted during 2009. Five super-ordinate themes emerged from the data: explanations of distress, experiences of distress, managing distress, social and cultural influences and seeking help. Each super-ordinate theme consisted of several subthemes which described participants' experiences. Gender roles and a cultural legacy of being strong and hiding distress emerged as influential in participants' beliefs about managing personal difficulties. However, this was balanced with an acknowledgement that intergenerational differences highlighted an increasing acceptance amongst the community of talking about issues and seeking professional support. The findings offered support for the notion that understandings and responses to personal distress are subject to broad-ranging and interwoven influences. This complexity may be conceptualised as an 'exploratory map' where individuals make links between their current and newly encountered knowledge and experience to guide their personal route to coping and help-seeking. The study provides support for tailoring services to individual needs using a flexible approach which empowers individuals from black and minority ethnic groups by valuing explanatory models of distress alternative to the westernised medical model. Furthermore, findings emphasise the importance of readily available and accessible information about statutory and non-statutory community resources which use language relevant to the communities they are aimed at engaging. [Abstract]

Bookie, Matthew and Webber, Matthew

Ethnicity and access to an inner city home treatment service : a case-control study.

Health and Social Care in the Community 2011; 19 280-288 (3): (May 2011)

There is strong evidence suggesting ethnic variations in mental health service use and disproportionate numbers of people of black ethnic origin being admitted to hospital. The objective of this study was to establish whether people of black ethnic origin had equal access to home treatment in a mental health crisis. Using a case–control design, we selected a random sample of 240 inpatient episodes and compared them with a sample of 77 home treatment episodes over a 12-month period (1 April 2008–31 March 2009). We found no difference in the proportion of people of black ethnic origin being home treated in comparison to receiving an inpatient admission, although they experienced longer hospital admissions than people of other ethnic origin. Diagnosis, housing status and source of referral were found to be significant in influencing the choice of intervention in our multivariate analysis. People of black ethnic origin were found to use home treatment to the same extent as other ethnic groups in a mental health crisis, but further research is required for the early discharge function of home treatment teams to evaluate whether this aspect of care is experienced differently by different ethnic groups. [Abstract]

Edge, Dawn

'It's leaflet, leaflet, leaflet then, 'see you later' :black Caribbean women's perceptions of perinatal mental health care.

British Journal of General Practice 2011; 61 (585): 256-262 (April 2011)

BACKGROUND: Despite high levels of psychosocial risks, black women of Caribbean origin rarely consult health professionals regarding symptoms of perinatal depression. Reasons for this are unclear as there has been little perinatal mental health research among this ethnic group. AIM: To examine stakeholder perspectives on what might account for low levels of consultation for perinatal depression among a group of women who are, theoretically, vulnerable. DESIGN OF STUDY: A qualitative study using focus group interviews. SETTING: Community settings in the northwest of England. METHOD: A purposive sample of black Caribbean women (n = 42) was split into focus groups and interviewed. This sample was drawn from a larger study. Interviews were digitally recorded and transcribed verbatim. Framework analysis was used to generate themes. RESULTS: Perceptions of practitioners' lack of compassion in delivering physical care and women's inability to develop confiding relationships with professionals during pregnancy and childbirth were significant barriers to consulting for depressive symptoms in particular, and health needs more generally. Advocating a `stepped-care' approach, black Caribbean women suggested that new care pathways are required to address the full spectrum of perinatal mental health need. Apparently eschewing mono-ethnic, `culturally sensitive' models, women suggested there was much to be gained from receiving care and support in mixed ethnic groups. CONCLUSION: Black Caribbean women's suggestions for more collaborative, community-based models of care are in line with policy, practice, and the views of members of other ethnic groups. Adopting such approaches might provide more sustainable mechanisms for improving access and engagement both among so-called hard-to-reach groups and more generally, thereby potentially improving maternal and child outcomes. [Abstract]

Robinson, Mark, et al.

Ethnicity, gender and mental health

Diversity in Health and Care 2011; 8 (2): 81-92 (2011)

This paper reports on primary research that focused on men from specific black and minority ethnic (BME) groups. The project aimed to provide a better understanding of the men's beliefs about mental health and their experiences of mental health services. The paper presents key findings and issues in interpreting the experiences of BME groups. It considers the complexities of men's gendered identities and the interplay of these with 'race', ethnicity and cultural influences. Twelve focus groups, each consisting of men from specific BME groups, were convened in various locations in London and the West Midlands. The ethnic groups were as follows: two AfricanCaribbean groups, two African groups, two Indian groups, two Pakistani groups, two Bangladeshi groups and two Chinese groups. The findings include BME men's narratives of well-being, which highlight the importance of relational and normative aspects and the influences of gender and ethnicity on aspirations, identity and values. Factors contributing to mental illness relate to gendered and racialised social expectations, economic factors, generational and gender issues, and experiences of services. The paper concludes that a complex mix of gendered and racialised experiences, including social stigma, the coercive power of institutions, and men's own perceptions of services, and vice versa, can contribute to cycles of disengagement and isolation for marginalised BME men with mental health problems. Specific recommendations are made for breaking out of the cycle. For research, it is suggested, the priority should now turn to identifying and assessing initiatives that address the issues, and in particular, identifying models of support towards recovery. [Abstract]

Dunning, Jeremy

Keeping the faith.

Community Care 2011; (1855): 26-27 (3 March 2011)

Mental health among Muslims is deteriorating as the community increasingly feels under siege. But, as Jeremy Dunning reports, services need to understand the importance of faith when treating the patient. [Introduction]

http://www.communitycare.co.uk/articles/02/03/2011/116342/using-faith-to-help-muslims-face-mental-health-problems.htm

Seebohm, Patience

Community development approaches to working with groups of people with mental health problems to promote race equality in mental health.

Diversity in Health and Care 2010; 7 (4): 249-260

Community development is a process whereby people come together to address shared concerns. Community development workers (CDWs) support these processes, promoting justice and equality. In the UK, CDWs have had a long history of adapting to different contexts, but when in 2005 they were introduced within mental health services to promote race equality, expectations were said to be too high. This study explores the role of CDWs by focusing on how they worked with peer-led groups of people with mental health problems to increase race equality in terms of well-being and mental healthcare. Employing a two-step process, the study began with a survey to find out which CDWs worked with people with mental health problems, what this involved and how they felt about working with peer-led groups. A diverse sample of those who prioritised work with peer-led groups of people with common or severe mental health problems was selected for semi-structured interviews to explore their purpose, activities and perspectives, using thematic analysis. A total of 46 CDWs responded to the survey, representing approximately eleven per cent of the workforce. Most of them worked with people with mental health problems to promote inclusion, well-being and engagement, and four of them sought to help groups to pursue their own goals. Nine CDWs were selected for interviewing and, despite the small sample, three distinct approaches to their work were identified. The first approach supported service user-led groups to address the power imbalance in services, the second approach supported community-led groups to promote social inclusion, and the third approach focused on policy implementation and outputs. Differences were associated with CDWs' previous experiences of mental health and workplace context. Conclusions can only be tentative due to the small sample size, but the findings suggest that CDWs can promote race equality in mental health services, using diverse approaches to community development. However, few of them appear to help service user-led groups to pursue radical change. [Abstract]

Cooper, Jayne, et al.

Ethnic differences in self-harm, rates, characteristics and service provision : three-city cohort study.

British Journal of Psychiatry 2010; 197 (3): 212-218 (September 2010)

BACKGROUND: Studies of self-harm in Black and minority ethnic (BME) groups have been restricted to single geographical areas, with few studies of Black people. AIMS: To calculate age- and gender-specific rates of self-harm by ethnic group in three cities and compare characteristics and outcomes. METHOD: A population-based self-harm cohort presenting to five emergency departments in three English cities during 2001 to 2006. RESULTS: A total of 20,574 individuals (16–64 years) presented with self-harm; ethnicity data were available for 75 per cent. Rates of self-harm were highest in young Black females (16–34 years) in all three cities. Risk of self-harm in young South Asian people varied between cities. Black and minority ethnic groups were less likely to receive a psychiatric assessment and to re-present with self-harm. CONCLUSIONS: Despite the increased risk of self-harm in young Black females fewer receive psychiatric care. Our findings have implications for assessment and appropriate management for some BME groups following self-harm. [ABSTRACT]

Cormac, Irene, et al.

Facilities for carers of in-patients in forensic psychiatric services in England and Wales.

Psychiatrist 2010; 34 (9): 381-384 (September 2010)

AIMS AND METHOD: A postal survey of forensic psychiatric facilities in England and Wales was undertaken to obtain information about the services provided for carers of in-patients within these services. RESULTS: Forensic psychiatric services vary in the support and facilities provided for carers. Many do not comply with current legislation for carers. Most units informed carers of their rights to have an assessment, but only a minority provided facilities for carers from black and minority ethnic backgrounds. CLINICAL IMPLICATIONS: Forensic psychiatric services should meet standards for the involvement and support of carers in mental health settings, and comply with legislation for carers. [Abstract]

Pinto, Rebecca, et al.

Differences in the primary care management of patients with psychosis from two ethnic groups :

Family Practice : an international journal 2010; 27 (4): 439-446 (August 2010)

BACKGROUND: Ethnicity is an important dimension in many aspects of psychosis. OBJECTIVE: To investigate ethnic differences in the primary care management of patients with psychosis. METHODS: Data were obtained from Lambeth DataNet, a database of computerized general practice case records derived from practices in an inner city London borough. We undertook a cross-sectional survey of patients with psychosis. OUTCOME MEASURES: health screening, chronic disease management and prescribing data and differences between ethnic groups were expressed as odds ratios (ORs). RESULTS: One thousand six hundred and ninety-four of 165,911 (1.02 per cent) registered patients had a diagnosis of psychosis; 1,090 (64 per cent) had ethnicity recorded; 501 were White and 403 were Black or Black British. There were no significant ethnic differences for blood pressure, cholesterol or HbA1c monitoring or control; cervical or mammography screening; treatment with hypotensives, statins, antidepressants, lithium, antipsychotics or atypical antipsychotics. Depot injectable antipsychotics were more likely to be prescribed to Black patients than other delivery modes: OR 2.10 (95 per cent CI: 1.20–3.67). CONCLUSIONS: Measurable aspects of physical health care of patients with psychosis were similar, regardless of ethnicity. Increased use of the depot antipsychotic medication in black patients needs further exploration. [Abstract]

Evans, Rob, et al.

Supervised community treatment in Birmingham and Solihull : first six months.

Psychiatrist 2010; 34 (8): 330-333 (August 2010)

AIMS AND METHOD: To describe the first six months of the newly introduced community treatment orders (CTOs) in Birmingham and Solihull mental health services; to establish a clearer picture of patterns of use and some early outcomes. Computerised note systems were used to collect a range of sociodemographic and clinical data using a specially designed data collection tool. RESULTS: We observed higher than expected numbers of CTOs compared with previous use of Section 25 supervised discharge. Our results were consistent with international studies in showing that CTOs are typically used in males aged around 40 with a primary diagnosis of psychotic illness. Compared with the census population, Black and minority ethnic groups were overrepresented in our sample. There were high recorded rates of comorbid alcohol or substance misuse and violence. The majority of patients on CTOs were being followed up by community mental health teams or assertive outreach teams. CLINICAL IMPLICATIONS: It is difficult to draw firm conclusions at this early stage of implementation. However, there are likely to be resource implications in view of the high numbers of CTOs applied compared with Section 25 discharge. Service providers, clinicians and commissioners need to ensure CTOs are backed up by high-quality care. Further research is required into the impact of CTOs on a range of outcomes and to understand differential rates of CTO across different ethnic groups. [Abstract]

Shah, Ajit

Access to services for older BME patients.

British Journal of Healthcare Management 2010; 16 (6): 274-282 (June 2010)

This article examines avenues of improving the inequity in access to services experienced by older people with mental illness from black and minority ethnic (BME) communities by examining demography, epidemiology, and potential explanations for inequity in service access. A series of strategies to improve access to mental health services for BME older people are provided in the final section of the article. [Abstract]

Dunning, Jeremy, et al.

Out for the count?

Community Care 2010; (1807): 26-27 (25 February 2010)

The latest Count Me In survey shows that efforts to reduce the number of people from ethnic minorities in the mental health system are falling. Jeremy Dunning reviews the findings while Patrick Vernon and Steve Shrubb debate the way forward. [Abstract]

http://www.communitycare.co.uk/articles/19/02/2010/113852/count-me-in-racial-inequalities-in-mental-health-services.htm

Connolly, Ann

Race and prescribing. [Editorial]

Psychiatrist 2010; 34 (5): 169-171 (May 2010)

Treatment of mental illness in black and minority ethnic groups differs from that in the white majority. Large differences in admission, detention and seclusion rates have been recorded. These disparities extend into the physical healthcare setting, particularly in the USA but also within the UK National Health Service. There are many influences on prescribing of psychotropic medication, not least the metabolising capacity of the individual. Ethnic differences do occur, particularly for East Asian peoples. However, these differences are broadly similar across ethnic groups, particularly for the cytochrome P450 enzymes responsible for metabolising psychotropic medicines. Psychotropic medication prescribing also differs by ethnicity. Specifically, antipsychotic dose, type and route of administration may differ. However, most data originate in the USA and UK studies have not replicated these findings, even after controlling for multiple confounding factors. Similarly, antidepressant prescribing and access to treatment may differ by ethnicity. These differences may have complex causes that are not well understood. Overall, prescribing of antipsychotics appears to be broadly equitable in black and minority ethnic groups. [Summary]

Edge, Dawn

Ethnicity and mental health encounters in primary care : help-seeking and help-giving for perinatal depression among Black Caribbean women in the UK.

Ethnicity & Health 2010; 15 (15): 93-111 (February 2010)

BACKGROUND: Perinatal depression among Black Caribbean women in the UK remains an intriguingly under-researched topic. Despite high levels of known psychosocial risks, Black Caribbeans remain relatively invisible among those seeking/receiving help for depression during and after pregnancy. METHODS: In-depth interviews were undertaken with a purposive sample of twelve Black Caribbean women selected from a larger sample (n=101) to examine prevalence and psychosocial risks for perinatal depression among this ethnic group. The study also sought to explore women's models of help-seeking. During analysis, the context in which help-seeking/giving is mediated emerged as a key issue. We explore the nature of these encounters thereby opening up the possibility of finding common ground between service users and providers for enabling women to receive the care and support they need. FINDINGS: Whether or not women configure depressive feelings as 'symptoms' requiring external validation and intervention is a reflection both of the social embeddedness of those individuals and of how 'help-givers' perceive them and their particular needs. We suggest that the ways in which help-seeking/giving are commonly conceptualised might offer at least a partial explanation for apparently low levels of diagnosed perinatal depression among Black Caribbean women. CONCLUSIONS: Popular approaches to health seeking behaviours within health promotion and practice focus on individuals as the fulcrum for change, tending to overlook their embeddedness within 'reflexive communities'. This might serve to reinforce the invisibility of Black Caribbean women both in mainstream mental health services and associated research. Alternative approaches may be required to achieve government targets to reduce inequalities in access, care, and treatment and to deliver more responsive and culturally-appropriate mental health services. 2 figs. 82 refs. [Abstract]

Amos, Tim

Ethnicity and coercion among involuntarily detained psychiatric in-patients.

British Journal of Psychiatry 2010; 196 (1): 75-76 (January 2010)

We assessed whether adult black and minority ethnic (BME) patients detained for involuntary psychiatric treatment experienced more coercion than similar white patients. We found no evidence of this from patient interviews or from hospital records. The area (mental health trust) where people were treated was strongly associated with both the experience of coercion and the recording of a coercive measure in their records. Regarding charges of institutional racism in psychiatry, this study highlights the importance of investigating the role of area characteristics when assessing the relationship between ethnicity and patient management. 1 table 11 refs. [Abstract]

Shepherd, Stuart

Think positive about therapies.

Health Service Journal 2009; 119 (6178): 20-21 (15 October 2009)

A programme to improve access to psychological care is reaching into BME communities, reports Stuart Shepherd. The Improving Access to Psychological Therapies Positive Practice Guide makes it clear that anybody accessing mental health services faces potential barriers. Ethnicity, culture, faith or language may all place additional barriers in the way of people from black and minority ethnic communities. 1 table [Introduction]

Patel, Kajal and Shaw, Ian

Mental health and the Gujarati community : accounting for the low incidence rates of mental illness.

Mental Health Review 2009; 14 (4): 12-24 (December 2009)

This paper explores issues surrounding the under-representation of people from the Gujarati community in mental health statistics and services in the UK and asks why people from the Gujarati communities are less likely to seek assistance for mental health problems. It is well known that members of the African-Caribbean community are over-represented in mental health statistics, and this is attributed to factors such as racial discrimination, social adversity and stress of migration. However, members of the Gujarati community have also been exposed to these hardships, but are not similarly represented in the mental health statistics. The paper explores a selection of the key literature. Two questions are considered: first, whether this group genuinely has very good mental health (and if so why); and second, whether there are any factors that hold members of this community back from seeking help. [Abstract]

Davis, Carol

Therapeutic tales.

Nursing Standard 2009; 24 (5): 21-22 (7 October 2009)

Mary Seacole House provides a haven for black and minority ethnic mental health service users. Their stories of discrimination have been compiled into a book that seeks to help shape better services for the future. [Introduction]

Nilforooshan, Ramin, et al.

Ethnicity and outcome of appeal after detention under the Mental Health Act 1983.

Psychiatric Bulletin 2009; 33 (8): 288-290 (August 2009)

AIMS AND METHOD: There is insufficient research into the relationship between ethnicity and appeals against detention under mental health legislation. We sought to identify rates and success of appeals in different ethnic groups through a retrospective analysis of all detentions under the Mental Health Act 1983 over one year. RESULTS: We found high rates of appeals overall, with substantial differences between ethnic groups (36 (39 per cent) White British compared with 71 (63 per cent) Black Caribbean (P = 0.0001) and 21 (68 per cent) White Irish (P = 0.01) individuals (Yates corrected chi-squared)). Success rates on appeal were very low in all groups. CLINICAL IMPLICATIONS: There are significant ethnic differences in appeals against detention under the Mental Health Act. 1 table 18 refs. [Abstract]

Rellon, Lakhvir

Rules of engagement : reaching out to communities.

Nursing Management 2009; 16 (3): 18-21 (June 2009)

With the right form of engagement, so-called hard-to-reach communities can play vital roles in shaping and improving services. This article describes some of the innovative ways in which Birmingham and Solihull Mental Health NHS Foundation Trust engages with local communities and offers some advice to senior nurses and managers who want to make contact with people in their localities. [Summary]

Tribe, Rachel, et al.

Working towards promoting positive mental health and well-being for older people from BME communities.

Working with Older People 2009; 13 (1): 35-40 (March 2009)

This article identifies some of the key issues that need to be considered when trying to promote positive mental health and well-being for older people from black and minority ethnic (BME) communities. The authors say that while developing a cultural understanding is important for providing good care for BME elders, it is also important to recognise that a number of structural or organisational issues that go beyond language or culture can affect health and access to health. The article also promotes the significant role of voluntary sector organisations in developing culturally appropriate mental health promotion services for BME elders. 12 refs. [Introduction]

Oommen, Geetha, et al.
Ageing, ethnicity and psychiatric services.
Psychiatric Bulletin 2009; 33 (1): 30-34 (January 2009)
In 2001, the Royal College of Psychiatrists produced Council Report (CR103) [Psychiatric services for black and minority ethnic elders] which concluded that services for black and minority ethnic elders had received little attention. The report also called for an urgent need to establish a reliable and informative database of good practice and increased research. It is currently under review by the College. This article attempts to set out some of the issues that remain as well as newly identified ones. In particular, the article hopes to heighten awareness and raise debate about these issues and to link these with the College's Race Equality Action Plan. 26 refs. [Summary]

Priebe, Stefan, et al.
Patients' views and readmissions one year after involuntary hospitalisation.
British Journal of Psychiatry 2009; 194 (1): 49-54 (January 2009)
BACKGROUND: Little is known about the long term outcome of involuntary admissions to psychiatric hospitals. AIMS: To assess involuntary readmissions and patients' retrospective views of the justification of the admission as one year outcomes and to identify factors associated with these outcomes. METHOD: Socio-demographic data and readmissions were collected for 1,570 involuntarily admitted patients. Within the first week after admission 50 per cent were interviewed, and of these 51 per cent were re-interviewed after one year. RESULTS: At one year, 15 per cent of patients had been readmitted involuntarily, and 40 per cent considered their original admission justified. Lower initial treatment satisfaction, being on benefits, living with others and being of African and/or Caribbean origin were associated with higher involuntary readmission rates. Higher initial treatment satisfaction, poorer initial global functioning and living alone were linked with more positive retrospective views of the admission. CONCLUSIONS: Patients' views of treatment within the first week are a relevant indicator for the long-term prognosis of involuntarily admitted patients. 1 fig. 3 tables 34 refs. [Abstract]

Social Care Institute for Excellence
Ethnic minority parents with mental health problems.
Community Care 2008; (1738): 24-25 (11 September 2008)
Research findings suggest that in the UK about four per cent of all parents with dependant children have mental health problems, with lone parents being particularly vulnerable and women being more vulnerable than men. It is unclear how many of these are from ethnic minority communities as there is little reliable data about the number of ethnic minority parents treated by mental health services. [Introduction]
http://www.communitycare.co.uk/articles/10/09/2008/109338/parents-from-ethnic-minorities-with-mental-health-problems-and-their.htm

McIntosh, Kaye
Under the radar.
Health Service Journal 2008; 118 (6118): 20-21 (7 August 2008)
From 2005 to 2012 the older BME population is likely to rise 170 per cent. The health service is failing to pick up on the needs of older BME people with mental health problems. The NHS should use the experience of voluntary groups and older people in shaping services. [Summary]

Valios, Natalie
Sheffield's very own Epic.
Community Care 2008; (1721): 36, 38 (8 May 2008)
Sheffield is pioneering the enhanced pathways approach to mental health services that links the mainstream to key parts of ethnic minority communities. Natalie Valios reports. [Introduction]
http://www.communitycare.co.uk/articles/07/05/2008/108130/sheffield39s-pakistani-community-helped-with-mental-illnes-by-enhanced-pathways-in-care.htm

How we can keep everyone in mind.
Health Service Journal 2008; 118 (7002): 26-27 (1 May 2008)
Partnerships with imams are breaking down barriers between mental health workers and Sheffield's Pakistani community. [Introduction]

Kirkbride, J. B., et al.

Psychoses, ethnicity and socio-economic status.

British Journal of Psychiatry 2008; 193 (1): 18-24 (July 2008)

BACKGROUND: Consistent observation of raised rates of psychoses among black and minority ethnic [BME] groups may possibly be explained by their lower socio-economic status. AIMS: To test whether risk for psychoses remained elevated in BME populations compared with the white British, after adjustment for age, gender and current socio-economic status. METHOD: Population-based study of first-episode DSM-IV psychotic disorders, in individuals aged 18 to 64 years, in east London over two years. RESULTS: All BME groups had elevated rates of a psychotic disorder after adjustment for age, gender and socio-economic status. For schizophrenia, risk was elevated for people of black Caribbean (incidence rate ratios [IRR]=3.1, 95 per cent CI 2.1-4.5) and black African (IRR=2.6, 95 per cent CI 1.8-3.8) origin, and for Pakistani (IRR=3.1, 95 per cent CI 1.2-8.1) and Bangladeshi (IRR=2.3, 95 per cent CI 1.1-4.7) women. Mixed white and black Caribbean (IRR=7.7, 95 per cent CI 3.2-18.8) and white other (IRR=2.1, 95 per cent CI 1.2-3.8) groups had elevated rates of affective psychoses (and other non-affective psychoses). CONCLUSIONS: Elevated rates of psychoses in BME groups could not be explained by socio-economic status, even though current socio-economic status may have overestimated the effect of this confounder given potential misclassification as a result of downward social drift in the prodromal phase of psychosis. Our findings extended to all BME groups and psychotic disorders, though heterogeneity remains. 4 tables 42 refs. [Abstract]

Bhui, Kamaldeep, et al.

Ethnicity and religious coping with mental distress.

Journal of Mental Health 2008; 17 (2): 141-151 (April 2008)

BACKGROUND: There is a growing evidence base for how people use religious and spiritual coping, and how coping patterns differ between ethnic groups. AIMS: To describe what constitutes religious coping and compare patterns of religious coping across ethnic groups. METHODS: In-depth interviews were completed by 116 people recruited from six ethnic groups. Subjects described how they cope with mental distress; their accounts were recorded, transcribed and subjected to the 'framework' approach to qualitative data analysis. RESULTS: Formalized religion was not always necessary for individuals to make use of religious coping. Religious coping was most commonly practiced by Bangladeshi Muslims and African Caribbean Christians. Coping included prayer, listening to religious radio, using amulets, talking to God, having a relationship with God and having trust in God. Cultural or spiritual coping practices were indistinguishable from religious coping among Muslims. There was a greater degree of choice and personal responsibility for change among Christians who showed a less deferential and more conversational quality to their relationship with God. Religious and spiritual coping practices were frequently used, and led to a change in emotional states. CONCLUSIONS: People use religious coping, and this has implications for promoting resilience and recovery. 1 table 36 refs. [Abstract]

NHS Confederation. Mental Health Network

Delivering race equality in mental health care.

NHS Confederation Briefing 2008; (158): (March 2008)

'Delivering race equality [DRE] in mental health care' sets out how services can adapt and offer appropriate, timely and culturally-capable care to an increasingly diverse population. There is evidence of high rates of severe mental illness among some black and minority ethnic [BME] communities, but also evidence of wider inequalities in communities' access to, and experience of, services. Community development workers help to build bridges between mental health services and their local communities. Over 350 are already in place and primary care trusts are making progress towards a national workforce of 500. The starting points for trusts integrating DRE principles into everyday practice are the mental health service priorities in the 2008/09 Operating Framework for the NHS; improving access to psychological therapy, early intervention and crisis resolution. Mistrust within BME communities of statutory services is one barrier to equal access. Trusts can do more to involve communities and demonstrate how the care they provide meets their particular needs. [Introduction]

Social Care Institute for Excellence

Commissioning mental health advocacy for African and Caribbean men.

Community Care 2008; (1713): 34-35 (13 March 2008)

This article sets out good practices in commissioning mental health advocacy provision for African and Caribbean men. [KJ]

http://www.communitycare.co.uk/articles/11/03/2008/107559/commissioning-mental-health-advocacy-for-african-and-caribbean-men.htm

Cooper, Claudia, et al.

Perceptions of disadvantage, ethnicity and psychosis.

British Journal of Psychiatry 2008; 192 (3): 185-190 (March 2008)

BACKGROUND: People from black ethnic groups (African-Caribbean and Black African) are more prone to develop psychosis in Western countries. This excess might be explained by perceptions of disadvantage. AIMS: To investigate whether the higher incidence of psychosis in black people is mediated by perceptions of disadvantage. METHOD: A population-based incidence and case-control study of first-episode psychosis (Aetiology and Ethnicity in Schizophrenia and Other Psychoses [ÆSOP]). A total of 482 participants answered questions about perceived disadvantage. RESULTS: Black ethnic groups had a higher incidence of psychosis (OR= 4.7, 95 per cent CI 3.1-7.2). After controlling for religious affiliation, social class and unemployment, the association of ethnicity with psychosis was attenuated (OR=3.0, 95 per cent CI 1.6-5.4) by perceptions of disadvantage. Participants in the black non-psychosis group often attributed their disadvantage to racism, whereas black people in the psychosis group attributed it to their own situation. CONCLUSIONS: Perceived disadvantage is partly associated with the excess of psychosis among black people living in the UK. This may have implications for primary prevention. 3 tables 33 refs. [Abstract]

Chandler-Oatts, Jacqueline and Nelstrop, L.

Listening to the voices of African-Caribbean mental health service users to develop guideline recommendations on managing violent behaviour.

Diversity in Health and Social Care 2008; 5 (1): 31-41

This paper reports on the process of collecting information to develop recommendations for a national UK guideline for the short-term management of disturbed/violent behaviour in adult psychiatric inpatients and emergency departments. Part of this information was gathered using focus groups undertaken with service users. The views of African-Caribbean individuals were a particularly important part of this information gathering, as numerous reports and inquiries have demonstrated that black people are more likely than others to have negative experiences of mental health services. Twenty-four mental health service users and nine staff, all, except one staff participant, of African-Caribbean origin, took part in focus groups. Data were transcribed and content analysis was conducted independently by three researchers. Findings revealed four overarching themes: voicelessness, powerlessness, inappropriate treatment and control. These themes informed the generation of recommendations. This paper shows that focus group data ensure that service users' voices are heard and that those voices can contribute to the development of guidelines alongside other data. In doing so, service users' voices can help to improve the sensitivity and quality of guideline recommendations. 3 tables 43 refs. [Abstract]

Hackett, Rashna

Improving quality of mental health care for BME clients.

Nursing Times 2008; 104 (1): 35-36 (8 January 2008)

This article shows how nursing leadership can contribute to service development to improve care for black and minority ethnic clients through the Delivering Race Equality [DRE] policy (Department of Health, 2005). It describes the Enhancing Pathways in Care [E.P.I.C.] project for clients of Pakistani origin in Sheffield who need acute mental health services. 4 refs. [Summary]

WEB RESOURCES

Better Health
Race Equality Foundation
http://www.better-health.org.uk/

Black Mental Health UK (BMH UK)
http://www.blackmentalhealth.org.uk/

Chinese Mental Health Association
http://www.cmha.org.uk/

MIND – Equality Improvement
http://www.mind.org.uk/about-us/policies-issues/equality-improvement/

Jewish Association for the Mentally Ill (JAMI)
http://www.jamiuk.org/

National BME Mental Health Network
http://www.afiya-trust.org/index.php/our-work/mental-health/154-national-bme-mental-health-network-.html

NSUN - network for mental health
http://www.nsun.org.uk/