mentalwelfare
commission for scotland

Respecting Diversity

A report from the Mental Welfare Commission's Race and Culture Themed Visit Programme 2003/04

The Mental Welfare Commission is here to make sure that everyone with a mental illness or learning disability

- Is treated with dignity and respect
- Gets the care and treatment that best suits their needs
- Lives free from abuse, neglect, unlawful or unethical treatment
- Is enabled to lead a fulfilling life

Urram dha iomadachd Aithisg bho Phròg ram Thurais Cuspair Cineal agus Cultar aig Coimisean Shochairean Inntinneil 2003/4 Tha Coimisean Shochairean Inntinneil ann gus dèanamh cinnteach gu bheil a h-uile duine aig a bheil tinneas inntinn neo ciorram ionnsachaidh

- a' faighinn làimhseachadh le inbhe agus urram;
- a' faighinn an ìre cùraim agus làimhseachaidh as fheàrr dhaibh;
- le beatha a tha saor bho mi-ghnàthachaidh, neo-chùraim, neo làimhseachadh mi-laghail neo mi-mhonanail;
- a' faighinn cothrom beatha làn, shàsaichte a bhith aca.

Le respect de la diversité

Un rapport sur le Programme 2003/4 de Visites sur les Races et Cultures du Comité pour la Santé Mentale

La raison d’être du Comité pour la Santé Mentale est de s'assurer que toute personne souffrant d’une maladie mentale ou de troubles instrumentaux

- Est traitée avec dignité et respect;
- Reçoit les soins et les traitements les mieux appropriées à leurs besoins;
- Vit une vie libre de tout abus, négligence et traitement illégal ou contraire à l’éthique;
- Est préparée à mener une vie épanouie.

Farklılı_a Saygı Ruh Sa_lı_ı Kurulu’nun 2003/4

Irk ve Kültür Konulu Ziyaret Programı’ndan alınan rapor Ruh Sa_lı_ı Kurulu’nun amaçları, akıl hastalarının veya ö_renme engellilerinin:

- Saygı ve itibar ile muamele edilmelerini sa_lamak;
- htiyaçları do_rultusunda bakım ve tedavi görmelerini sa_lamak;
- Kötü muamele, ihmal, yasa dı_ı veya ahlaka aykırı davranı_lardan uzak tutmak;
- Tatminkar bir hayat ya_amalarını sa_lamaktır.

বৈচিত্র্যতার শ্রদ্ধা করা

2003 /4 সালের ‘মেন্টাল ওয়েলফেয়ার কমিশন’ -এর জাতি এবং সংস্কৃতি ভিত্তিক ভ্রমণের কার্যসূচী

‘দ্য মেন্টাল ওয়েলফেয়ার কমিশন’-এর কাজ হল মানসিক রোগে ভূক্তভোগী বা শৈক্ষিক অক্ষমতা গ্রস্ত সবার জন্য নিম্ন লিখিত সুবিধা সুনিশ্চিত করা:

- মর্যাদাপূর্ণ এবং সম্মানসূচক ব্যবহার পাওয়া
- তাদের প্রয়োজন অনুযায়ী সবচেয়ে উচ্চতম মানের সেবাযত্ন এবং চিকিৎসা লাভ করা
- অত্যাচার , অবহেলা, বেআইনী বা অনৈতিক ব্যবহার থেকে মূক্ত
- পরিপূরক জীবন যাপনে সমর্থ হওয়া

احترام به تفاوت و گوناگونی

گزارشی از دیدار کمیسیون بهزیستی روانی برنامه سال ۲۰۰۴-۲۰۰۳ در رابطه با موضوعات نژادی و فرهنگی

کمیسیون بهزیستی روانی اینجاست تا اطمینان حاصل نماید که هر فردی که از بیماری روانی و یا مشکلات در فراگیری رنج میبرد:

- با وی با عزت و احترام رفتار شود ؛
- مناسبترین مراقبت و معالجه مورد نیاز را دریافت دارد ؛
- در محیطی بدور از بدرفتاری و خشونت، بی‌توجهی و برخوردهای مغایر با اصول اخلاقی و خلاف قانون زندگی کند ؛
- بتواند زندگی پر و رضایت بخشی داشته باشد .

مختلف پس منظروں سے تعلق رکھنے والوں کیلئے عزت واحترام

2003/4ء میں مینٹل ویلفیئر کمیشن کی نسل اور ثقافت کو صحیح پس منظر میں دیکھنے کیلئے کی گئی ملاقات کے پروگرام سے ایک رپورٹ

دی مینٹل ویلفیئر کمیشن اس بات کو یقینی بنانے کیلئے یہاں موجود ہے کہ دماغی بیماری یا سیکھنے کی مشکل میں مبتلا ہر شخص

- سے عزت واحترام سے پیش آیا جائے
- کو ایسی دیکھ بھال اور علاج میسر ہو جو اس کی ضروریات کے عین مطابق ہو
- بغیر ناجائز سلوک، بے توجہی، غیر قانونی یا غیر اخلاقی برتاؤ کے زندگی بسر کرے
- کو ایک مکمل زندگی گزارنے کے قابل بنایا جائے

尊重多元化

精神健康福利委员会主办二零零三/四年种族及文化专题探访计划
报告书

精神健康福利委员会宗旨为确保精神病患者或有学习障碍者

- 受到尊重并得到有尊严的待遇；
- 获得最切合需要的护理及治疗；
- 免受虐待、忽略、非法或不道德的待遇；
- 能充份发挥所长地生活。

尊重多元化

精神健康福利委員會主辦二零零三/四年種族及文化專題探訪計劃
報告書

精神健康福利委員會宗旨為確保精神病患者或有學習障礙者

- 受到尊重並得到有尊嚴的待遇；
- 獲得最切合需要的護理及治療；
- 免受虐待、忽略、非法或不道德的待遇；
- 能充份發揮所長地生活。

Introduction

In December 2002 the Mental Welfare Commission for Scotland conducted a consultation with a wide range of service providers that aimed to identify key areas of development for our work. One of the key themes that came out of the consultation was the need for us to find better ways of communicating with service users from Black or Minority Ethnic (BME) communities. It was also felt that the Commission had an important and influential role to play in developing awareness of BME issues and that there was an opportunity to link more effectively with groups, organisations and networks who were active in this field. These views led to the organisation of the Race and Culture Themed Visiting Programme which aimed to:

- Raise the profile of the Mental Welfare Commission among organisations with an interest in working with people from a BME background who experience mental illness or learning disability
- To raise awareness of issues relating to race and culture within the Commission
- To provide an overview of national and local concerns relating to the position of people from BME communities who experience mental illness or learning disability.

During 2003-04 the Commission visited five national and 15 local organisations across Scotland with a specific focus on BME issues (see Appendix 1) Most of these organisations were located in Glasgow and Edinburgh, where the BME population is most heavily concentrated, but organisations in Fife, Aberdeen and Falkirk were also contacted. This allowed us to consider the needs of people with learning disabilities and mental illness in urban, as well as rural areas where members of BME communities are present in smaller numbers. This document is based on issues emerging from those visits.

The aim of the report is to contribute to awareness and debate of issues affecting BME service users, leading to more culturally appropriate services for individuals. We have also identified recommendations for actions for the Commission itself and for the range of providers, inspectorates and other agencies involved in ensuring the quality of mental health and learning disability services.

The new Mental Health (Care & Treatment) (Scotland) Act 2003 is based on a series of guiding principles that aim to promote respect for the individual. Key among these principles is that of 'Respect for Diversity' and we hope that this report will provide a timely contribution to awareness of issues around this principle as well as contributing to improved practice in service provision.

A summary of key areas for service development identified within the report

- Need for more pro-active mainstreaming of services for BME people with mental disorder
- Improved access to interpreting services for patients
- More appropriate care settings, especially in relation to single sex accommodation
- More culturally sensitive assessment procedures
- Clear discharge protocols
- More appropriate placements in the community
- Improved access to ethnically sensitive advocacy services
- Staff training in diversity issues
- Improved information and sharing of good practice

The legislative and policy context

The legislative and policy contexts provide many opportunities for considering service improvements to BME communities with mental disorder and those who care for them. Chief among these for the Mental Welfare Commission is the new Mental Health (Care and Treatment) Act. One of the principles that underpin the Act is the principle of respect for diversity, that service users should receive care, treatment and support in a manner that accords respect for their individual backgrounds, including their cultural and religious background.

The Race Relations (Amendment) Act 2000 places a general duty on public authorities to promote racial equality and prevent racial discrimination. All public bodies are required to produce race equality schemes that set out their arrangements for consulting with, and assessing the impact of their functions on these communities, for monitoring for any adverse impact of their policies and for publishing the results of such monitoring. In the context of health services, the 'Fair for All' strategy provides the policy framework for promoting racial equality.

The Commission for Racial Equality (CRE) has done work with inspecting/regulating bodies (e.g. Audit Scotland, Fire and Prison Services and the Police) to assist them in promoting racial equality in their regulatory and inspecting functions and has produced guidance on this in the 'Framework for Inspectorates in Scotland'. The framework provides a guide for inspectorates to capture evidence that public authorities are meeting their duties and suggests various outcomes that distinguish successful authorities.

This is likely to provide useful guidance to the Mental Welfare Commission in promoting race equality through its visits to psychiatric and learning disability units throughout Scotland.

In the context of health services the Scottish Executive's 'Fair for All' strategy provides the policy framework for promoting racial equality. The National Resource Centre for Ethnic Minority Health (NRCEMH) has been funded by the Scottish Executive to provide expert assistance to NHS Boards to implement the strategy. This is a welcome development, as one of the main issues identified by national organisations was the need for greater awareness of race and culture issues in the planning and provision of Scottish mental health services at a strategic level.

The emergent picture is one of services straining to meet the needs of diverse groups

Factors affecting minority ethnic people with mental disorder

Certain factors were identified as significantly impacting on people with a mental illness or learning disability in BME communities:

- Experience of racial discrimination and harassment
- Social isolation and loneliness
- Limited formal support from public services
- Limited informal support from families
- Financial problems and difficulties in securing employment and housing
- Difficulties in accessing relevant services due to institutional barriers and lack of awareness
- Stigma relating to mental health in certain communities, leading to under-reporting of mental health problems.

Those providing services, particularly in the Glasgow area, commonly identified the circumstances of asylum seekers and refugees as an area of major concern. The emergent picture is one of services straining to meet the needs of diverse groups of people, often in highly deprived areas, such as Sighthill and Springburn. Some of the problems identified by those working with asylum-seekers and refugees are major mental illness and trauma, brutalising experiences such as torture and rape in the country of origin, and hostility in the asylum-seeking process in this country. Staff sensitivity and understanding of different views/cultural interpretations of mental health was considered vital to the provision of mental health services to these and other communities.

Other groups identified as being vulnerable to mental health problems in BME communities include:

- Young women, some of whom had self harmed
- Older people who were not able to speak English and had difficulty in accessing services
- Drug and alcohol abusers in BME communities, including women
- Those living in rural areas where specialist mental health services for BME communities were non-existent
- Detainees
- Women with dual heritage children (who often lacked community support)
- Certain ethnic groups, such as the Bangladeshi community.

It was also felt that the distinct needs of certain white minority groups, e.g. the Polish community, were often seen as not significant.

Services Provided

Most specialist service provision for people with mental disorder from minority ethnic backgrounds comes from voluntary agencies. From the visits that we completed, there is scant evidence of pro-active mainstreaming of provision within local authorities and trusts.

The Commission continues to invite and welcome examples of good practice from both service providers and service users.

Specialist mental health services and other projects for BME communities are mainly concentrated in Glasgow and Edinburgh. Across large geographical areas of Scotland, including rural areas, there is little or no specialist mental health provision or infrastructure for BME communities. In Fife and Aberdeen, specialist services are at the early stages of development.

It is worth noting that during the period the visits were carried out, there was no specialist project working with BME people with learning disability in Scotland, apart from a nurse specialist for Ethnicity and Culture who was part of the learning disability team within Glasgow Primary Care NHS Team.

A wide range of services was provided by the organisations visited, not all of which were directly related to mental health.

They included advocacy, information and advice giving, home visits, counselling and other therapeutic services, support in accessing mainstream services, befriending, complementary therapies, clinical psychology and psychiatric services, training, consultancy and drop in services. Lack of funding and the time-limited nature of some grants significantly affected the work of voluntary organisations and their ability to plan strategically.

Examples of good practice

What constitutes good practice can be contentious and subjective. For example, although the services provided by many of the projects we visited appeared to be culturally sensitive, staff working in the projects felt that examples of good practice on the ground were scarce. Some exceptions included the provision of praying facilities in hospitals, a one-stop drop in centre for women and the provision of training to GPs.

However, the work carried out by two projects emerged as particularly significant in the way that they had dealt with new demands on services or raised awareness of particular issues at a strategic level: the Asylum-seekers and Refugees Mental Health Liaison Team at Stobhill Hospital (Glasgow) and Minority Ethnic Carers of Older People Project (Edinburgh). The former has a tracking process for all asylum seekers in contact with mental health services and has extensive experience of working with interpreting services, since 30 languages are spoken by their client group. The latter had developed a strategic response to identified gaps in service provision, including developing assessment tools and guidance notes on community care. It was also carrying out development work to enable carers to access mainstream respite, day care and residential care services.

Key issues and gaps in provision

Lack of pro-active mainstreaming of services for BME people with mental disorder

One of the main issues was the lack of pro-active mainstreaming of services for BME people with mental disorder in statutory organisations. The general inaccessibility and inflexibility of mainstream provision for BME people with mental disorder was a recurrent theme.

Barriers in communication

Among the main themes emerging from the visits were difficulties in communication due to language difficulties and the persistent lack of interpreters. This issue has been raised as a key concern by BME organisations for a number of years and emerged in the Commission's previous enquiry into the care and treatment of Mr J.

Barriers in communication were reported to lead to delays in accessing services in the early stages of illness and lack of accuracy in the diagnosis of mental illness, including misdiagnosis.

Voluntary organisations faced particular difficulties in accessing interpreting services due to lack of funding. Where interpreters were available, concern was raised about:

- The lack of knowledge of some interpreters of mental health issues
- The lack of continuity in the provision of interpreting services; service users and providers may meet different interpreters each time
- The ability of professionals to work effectively with interpreters, where they had little experience in this area and no formal training

It was felt that there was a need to establish a standard for much more frequent interpreting, particularly for detained patients in the early stages of their admission, where daily input would seem a reasonable standard.

Lack of appropriate care settings

Another key concern was the lack of appropriate care settings for BME people with mental disorder relating to day care, hospital wards, respite care and rehabilitation or detoxification facilities.

Lack of single sex accommodation in wards was also seen as a problem. Often, people from BME backgrounds might be isolated as the only person from a minority ethnic group in a ward, among staff with limited experience of issues relating to race and culture. Relatives and carers of people with mental disorder were often reluctant for them to go into hospital or residential care. This sometimes placed a heavy burden on carers, since there was also a lack of appropriate respite facilities. It was suggested that culturally appropriate alternatives, such as community-based services or the provision of sitter services within the home, were needed. Rehabilitation wards were also reported to be a less threatening environment, compared with acute and continuing care settings for some clients.

Need for culturally sensitive assessment procedures

The need for culturally sensitive assessment procedures was seen as crucial in planning packages of care for BME people with mental disorder and their carers.

The need for training related to race and culture matters was identified

It was important for those who were responsible for carrying out assessment procedures to be sensitised to varying cultural needs.

Need for clear discharge protocols

The need for clear discharge protocols for those leaving hospitals also emerged as a key concern among hospital-based service providers. It was reported that uncertainty about culturally appropriate follow up had, in some instances, led to individuals not having adequate plans for follow-on care.

Need for appropriate placement in the community

There was a need for more sensitive housing allocation procedures in placing homeless people from minority ethnic communities with a mental disorder. Fear of racial harassment on the part of service users meant that their placement in perceived 'safe areas' (where there is less risk of racial harassment) was crucial to their well-being.

Need for ethnically sensitive advocacy services

Currently there is only one advocacy service that serves BME communities in Scotland (located in Glasgow). It works holistically and does not specialise in mental health problems. Since it is not possible to set up specialist services throughout Scotland, it is important for joint working to be encouraged and for culturally sensitive advocacy services to be developed.

Need for staff training

The need for training related to race and culture matters was identified across all professional groups, including those involved in the tribunal system under the new Mental Health Act, mental health officers, psychiatrists, nurses, social work assistants and homemakers.

Need for more information and sharing of good practice

There is a need for much better information relating to the access and use of services for people with mental disorder from BME communities. There are generally few opportunities to share experiences and to learn from good practice.

Improved ethnic monitoring and analysis

Ethnic monitoring needs to be more effectively established in public authorities, including the Mental Welfare Commission. An internal review of the effectiveness of the Commission's own ethnic monitoring system revealed under-recording of cultural and other diversity issues for BME patients, limiting the extent to which patterns of use can be analysed.

In order to facilitate the setting up of appropriate monitoring systems, there is a need for available guidance to be disseminated covering:

- The type of information to be collected
- The purposes for which it should be collected
- Who should collect it
- Means of supporting participants in the process
- Methods for analysing data
- Guidance on interpreting and using data.

The CRE has produced guidance on ethnic monitoring for public authorities to support compliance with the Race Relations (Amendment) Act 2000.

Recommendations

1. **Providers of mental health and learning disability services** must demonstrate their commitment to inclusion of BME people. To demonstrate this commitment, specialist services should be an integral part of mental health care and must have funding that is secure and not time limited.

Services should:

- Identify areas of high need and consider the need for specific targeted services for this population, e.g. asylum seekers
- Ensure cultural issues are addressed during assessment, hospital care, discharge planning and community care
- Ensure the availability of interpreting services where appropriate
- Develop culturally sensitive advocacy services
- Provide training for staff in cultural issues within mental health and in working with interpreters
- Regularly monitor ethnic data on service users and compare this with the population they serve, to demonstrate equal access to services
- Provide information about services in appropriate languages and disseminate this to appropriate places in local communities.

2. **Other bodies, e.g. NHS Quality Improvement Scotland, Social Work Services Inspectorate, Care Commission**, should:

- Take note of the findings of this report
- Review the standards against which they measure services, to ensure that the recommendations of this report are incorporated
- Inspect the care provided by mental health services and identify and act to correct any failures to provide acceptable quality of service for people of BME background.

3. **The Scottish Executive** should take note of the findings of this report. In particular, we recommend that the Executive incorporates recommendations into the Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003. The Act requires any person discharged functioning to have respect for diversity and this report outlines many ways in which this respect can be demonstrated.

4. **The Commission** will continue to review the accessibility and appropriateness of its own services for BME service users on a regular basis. We currently identify and visit at least one patient whose first language is not English in all service visits to psychiatric and learning disability units, as a means of finding out whether people from BME communities are receiving appropriate care. Other actions we have identified include improving the quality of information provided to BME users and increasing the accessibility of information provided about our visits to hospitals and other settings. We have also reviewed the effectiveness of our current ethnic monitoring systems and intend to improve the quantity and quality of ethnically disaggregated information we collect. Finally, we intend to maintain the links we have established with the BME organisations contacted in the visiting programme and to continue to make links with other BME groups.

Appendix 1

National Organisations

Scottish Executive Commission for Racial Equality

National Resource Centre for Ethnic Minority Health

Scottish Independent Advocacy Alliance

Penumbra

Local Organisations

Glasgow

Ethnic Minority Advocacy Service

Mental Health Services for Asylum Seekers

Glasgow Association for Mental Health

Glasgow Social Work Department

ESHARA Gorbals Addiction Service

Greater Glasgow NHS Trust

Edinburgh

Saheliya

Royal Edinburgh Hospital

Men in Mind

Minority Ethnic Carers of Older People Project

Polish Outreach Service

Others

Central Scotland Race Equality Council

FRAE Fife

Cornerstone Community Care (Aberdeen)

Dungavel Detention Centre

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