

**Ethnicity and the Use of the Mental Health Act 2007 Conference Held at Friends House Euston, London on 24th May 2010. Organised by EHTNIC HEALTH INITIATIVE [www.bmehealth.org](http://www.bmehealth.org)**

**2010**

A total of 185 delegates attended this one day conference, which was held at the Friends' Meeting House, Euston, London. Professor Sashi Sashidharan, Co-Director of the Centre for Research in Ethnicity and Mental Health, Warwick Medical School, University of Warwick chaired the event. Professor Sashidharan stressed the fact that the issue is not only the fact that BME communities are disproportionately represented in terms of the numbers of people being detained under the Mental Health Act, but it is the fact that this pattern is persistent. He asked the following questions:

- "Why are effective solutions to this issue so difficult?"
- "Why do we allow this major discrepancy to persist?"

Professor Sashidharan summarised the history of people from BME communities in the UK and their contact and experiences with mental health services. He highlighted the fact that the Delivering Race Equality Programme in 2005 marked the beginning of a focus on action and on making changes. He stated that unfortunately, he did not think that much has been achieved via the five year D.R.E. programme. He said that the needs of BME communities in the UK are the same as they were forty years ago and that the changes BME communities are calling for to be made to the way mental health services are delivered have not changed either, yet little progress has been made. He encouraged delegates to use the conference as the

beginning of serious engagement on this issue.

**Professor Tom Burns, Professor of Social Psychiatry, Department of Psychiatry, University of Oxford.**

His talk was entitled "Ethnic variations in mental health admissions: There is more to race than racism". He discussed how most academic studies have consistently come to the conclusion that a diagnosis of mental illness is more frequent in Black and minority ethnic communities in the UK. He highlighted the fact that the over representation of mental illness in Black and minority ethnic communities goes back to further than the 1960's as suggested by Professor Sashidharan.

He reminded us that this issue arose with the Irish as far back as in the 1860's. Professor Tom Burns stated that he disagrees with the value of the term "Institutional Racism" and said that he thinks it "clouds more than it clarifies". It is a term used to refer to the Police in the 1980's which has is now being applied to our modern mental health care system. He stated extent to which modern epidemiological studies take into account social issues needs consideration.

Professor Tom Burns stated that epidemiological studies can only be published if they have controlled for social deprivation and disadvantage. He stated that all illnesses (including mental illness) aside from Chronic Fatigue Syndrome are more frequent

in the socially disadvantaged. He gave the example of the AESOP study which focused on aetiology and ethnicity in schizophrenia. This study controlled carefully for deprivation. He also highlighted the fact that mental illness is not without mortality rates from any ethnic group. People can die if they do not receive appropriate treatment. In this presentation, Professor Tom Burns then summarised the possible explanations which have been suggested in relation to why BME communities are over represented.

He stated that the rate of mental illness in second generation migrants is raised yet we do not know why. He stressed the need to consider the needs of each individual and not to focus on institutional racism. He concluded his presentation by suggesting that the way forward is not to deny that real mental illness is not there. He said that it is not what GPs write in patients' notes that is damaging but it is what mental illness can and does do to people which is damaging.

**Dr Rami Nilforooshan, Specialist Registrar in Neuropsychiatry, Scutari Clinic, Adamson Centre, St Thomas' Hospital presented a paper "Ethnicity and the outcome of Appeal after detention under the Mental Health Act 1983".**

His research study was conducted in a hospital in Brent, North London. The study involved a sample of 462 individuals who had been detained under the Mental Health Act 1983.

270 were male and the remainder female. Out of the total sample, 191 were detained under Section 2, 220 under Sections 3 and 51 were detained under forensic sections. A total of 50.2% of those detained appealed against their section. Only 2% were successful with their appeal. In comparison with White British, Black Caribbean and White Irish individuals appealed significantly more. No differences were found between the rates of appeal for White British with Black African or Asian people.

The study found that the rates of appeal had increased and concluded that this may be due to a change in attitudes by those being detained and clinicians, a greater understanding of the appeal process or greater awareness of their rights. However, the success rates for appeals have fallen. The researchers concluded that this may be because the Mental Health Review Tribunals and HMA Tribunals may have adopted a less liberal approach or alternatively because many people who appeal do so yet the chance of being successful is low and unrealistic.

Dr Nilforooshan raised the issue of the costs involved in the appeal process which are around £2,500 per case. He also raised the issue of whether or not the ethnic background of the Mental Health Act Managers may have an impact on the outcome of the appeal.

**A Service User perspective was presented by Paul Grey.**

His key message was that it is about "life". He stressed the inadequacy of asking service users the question "Are you ok?" He highlighted the importance of hope and of positive words which can make a real difference. He valued the care he had received from staff who were willing to take risks eg by allowing him off the ward to go home for a period of leave. He highlighted how important his faith is to his recovery.

He spoke about how it was if certain things such as having a pension, having life insurance, being loved, being in a relationship was "for certain people", the implication being that they were not for him. He described this as negativity and said "Its set at default for Black people". He stressed the importance of listening to service users and learning more from them about their dreams and aspirations. He emphasised the fact that his life is not defined by mental illness.

**Professor Chris Heginbotham, OBE, International School for Communities, Rights and Inclusion, Professor of Mental Health Policy and Management, University of Central Lancashire presentation was entitled "Ethnicity and the impact of mental health legislation".**

He outlined the fact that the "Count Me In" census is now in it's sixth year. He said it was important to think about how the data had been analysed and said that he thought that we have all been misled by using the wrong terminology. He

highlighted a serious problem with the Health Care Commission analysis of the data and stated that the Count Me In census does not measure admission, rather it is a snap shot on one day measuring bed occupancy on that day. This means that the data shows standardised occupancy ratios and not standardised admission ratios. He stated that census data shows that the referral routes remain similar to those in the 2005 census.

Little has changed in relation to referral routes and use of the Mental Health Act over the last five years. He highlighted the fact that people from some ethnic groups have considerably longer lengths of stay in hospital than others. He cited the example of Chinese men. Once admitted to hospital, the figures show then tend to stay longer. He also highlighted the fact that the rates of Community Treatment Orders are higher in some ethnic groups and said that one possible explanation could be the need to organise appropriate accommodation.

He concluded his talk by saying that the census does not give us a clear picture of what is actually happening. Some groups are more likely to be detained, namely Black Africans, Black Caribbeans and Black British. He stressed the need for us to understand the frequency of admissions and re admissions. He also stated that there continues to be a need to improve access via primary and community care for Black groups.

**Professor Swaran Singh, Professor of Social & Community Psychiatry, Health Sciences Research Institute, University of Warwick.**

He said that it was important that people listened carefully to what he had to say. He stated that he was not stating that racism does not exist. He discussed how the rates of psychosis appear to be high in all migrant groups. He cited the some examples of existing research evidence which shows that a) Ethnicity has not found to be a predictor in seclusion (Gudjonsson et al 2004) b) No differences have been found in relation to over prescribing by ethnicity c) In treatment, White patients are twice as likely to be treated with ECT than Black patients. Professor Singh suggested that social factors cause the increase rates of psychosis, probably in the case of migrants because they lack a GP, a carer or may have history of a family member with mental illness.

He highlighted the fact that minority groups are more likely to suffer from multiple deprivation. He stated that by focusing our attention on mental health services we raise awareness of the issues but we don't tackle the cause. He stressed that in the UK individuals are only detained under the Mental Health Act in instances where they refuse assessment or treatment. A range of alternatives to admission for example are usually offered.

The Mental Health Act is enabling and protects people. It allows people who

need protection to receive care. He said that the way forward involves tackling unmet needs and societal disadvantage. He stressed the importance of mental health services reaching out and engaging with communities.

**Professor Philip Thomas, Honorary visiting professor in the Department of Social Sciences and Humanities, University of Bradford gave a talk entitled "Community responses to compulsion: From "Circles of Fear" to Circles of Engagement".**

He summarised the history and illustrated the number of inquiries which have taken place following the deaths of patients from BME communities. He also highlighted the fact that the Race Relations Act has been amended and that services now have to complete Equality Impact Assessments. Professor Thomas then outlined a model for community development in mental health in the UK. He gave as an example the work which has been undertaken by Sharing Voices in Bradford.

Bradford was an identified Focussed Implementation Site via Delivering Race Equality. An In Reach project with the inpatient wards was established. The aim of the project was to increase the knowledge and skills of the mental health workforce, to offer more culturally appropriate care, to build confidence and enable service users from BME communities to engage with services, to reduce fear of services and to involve service users and their families in care

planning, to develop a close relationship between inpatient services and the voluntary sector and to increase social inclusion.

The project focused on values based practice on the acute admission wards. Service users were offered access to spiritual relaxation tapes, regular visits from Imams and an African healer and dedicated interfaith facilities were established. Service users were offered culturally and spiritually appropriate support. BME service users and their families and carers became actively involved in care planning.

He concluded his talk by stating that a radical model of community development works with BME communities and mental health services. It appeared to be effective in improving partnership working, overcoming mutual mistrust and misunderstanding.

Questions asked by participants included:

- Has the Delivering Race Equality Programme been successful?
- What are your thoughts on the death rate amongst Black people with mental illness?
- Is there or is there not a higher rate of mental illness in BME communities?
- At what point does someone stop being a migrant? Why are rates of mental illness higher in the second generation?

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- Why are we not targeting resources where they are required?
- How do you get Consultant Psychiatrists engaged? They are key as they hold the power.
- This debate has been going on for a long time. Why are we still here?

Health Initiative for facilitating the day and for allowing people the time to safely and openly debate these issues.

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Comments made by participants during the course of the day:

“Third sector organisations try to encourage people. They are the individuals therapeutic ally”.

“The mistake is to think people need mental health care for life”

“Social support is what is important”

“There is a lack of funding within third sector organisations. We need to bolster funding in the third sector”.

Professor Sashidharan summarised what had been discussed during the course of the day. He said that it was clear that the Delivering Race Equality Programme had been ineffective. There is now a situation which is worse with a lack of leadership and no resources. The Black Mental Health UK organisation have a manifesto for change. They have set out what needs to happen for things to improve and change.

He was clear that the solutions to this issue lie within BME communities themselves. He said that we all have a responsibility to address these issues and seek solutions. He thanked Ethnic