

7.11 Black and Minority Ethnic Communities

Overarching Standard 57: Black and Ethnic Minority Communities

A person from a black or minority ethnic (BME) community should have access to a full range of mental health services that are sensitive to their specific cultural needs and have support to enable good communication

Rationale

Many people from black and minority ethnic communities experience greater social adversity than the rest of the population. Many experience urban poverty, discrimination, racism, housing difficulties and poor employment prospects all of which can affect their mental health and wellbeing. Language and cultural insensitivities are often found to be a problem by a person using services.

People from BME communities also find it difficult to access and engage with mental health services for several reasons. Communication is essential when using mental health services as the diagnostic process relies largely on talking to a person. If English is not the person's first language, the mental health professionals may not get enough accurate information to make an accurate diagnosis. Different cultural attitudes to mental illness are also an important factor which may impact on an individual's willingness to seek professional help.

It is often difficult for people from BME communities to access psychological therapies (talking therapies) which can limit the effectiveness of treatments and medication.

Evidence

Race Relation (NI) Order 1997

http://www.ofmdfmni.gov.uk/index/equality/race/race_relations_order.htm

Race Relations Order (Amendment) (NI) 2003

http://www.ofmdfmni.gov.uk/index/equality/race/race_relations_order.htm

Human Rights Act (1998)

http://www.direct.gov.uk/en/Governmentcitizensandrights/Yourrightsandresponsibilities/DG_4002951

Section 75 of the Northern Ireland Act 1998

<http://www.ofmdfmni.gov.uk/index/equality/statutory-duty.htm>

Exploring Mental Health Needs of the Chinese Community in South and East Belfast HSC Trust (2005)

DHSSPS and Equality Commission (2003) Racial Equality in Health and Social

Care – Good Practice Guide

http://www.dhsspsni.gov.uk/raceeqhealth_cover.pdf

OFMDFM (2005) A Racial Equality Strategy for Northern Ireland 2005-2010

<http://www.ofmdfmi.gov.uk/race-equality-strategy.pdf>

OFMDFM (2007) A Shared Future and Racial Equality Strategy – Good Relations Indicators Baseline Report <http://www.ofmdfmi.gov.uk/good-relations-report.pdf>

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

Inside Out Report (2003)

Responsibility for delivery/implementation

HSC Trusts

Primary Care

In partnership with voluntary and community groups

Quality Dimensions

Person Centred – Being sensitive to individual needs taking into account cultural, religious and language barriers will help empower the person to be involved in their care

Effective - Being able to overcome barriers may improve outcomes

Efficient – Early assessment, intervention, treatment and care will assist people and their families to actively participate in their care

Safe - Improved communication will minimise risk to self and others

Equitable - enables equal access to a range of mental health services for everyone

| Performance Indicator | Data Source | Anticipated Performance Level | Date to be achieved by |
|--|---|---|-------------------------------|
| Review of available services to support BME people | HSC Trust report | Establish baseline Performance levels to be determined once baseline established | March 2013 |
| Percentage of BME people who are in receipt of mental health services that | HSC Trust report to include user and carer feedback | Establish baseline Performance levels to be determined | March 2013 |

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| are sensitive to their needs | | once baseline established | |
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