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Cultural diversity

Rethink Policy

Rethink recognises the diverse needs of people with a severe mental illness. Mental health services should address their particular needs and concerns.

Policy development

1 Policies need to be in place to ensure that the diverse needs of people with a severe mental illness are assessed and met. Positive steps should be taken to address the fears of people from all diverse groups using mental health services.

2 Service users from diverse groups should be identified and fully involved in running services, including recruitment and training of staff and evaluation of services.

3 People for whom English is not their first language should have access to staff and advocates who speak their language and/or to interpreters; mental health staff should always be responsive to people who speak little or no English.

4 Faith communities should ensure that people who experience mental illness should have equal access to religious services and gatherings; they should promote a greater understanding of mental health within their communities and of what help is available.

5 Refugees and asylum seekers should be helped especially.

Action

Rethink has an operational policy expressing commitment to oppose all forms of discrimination and take positive steps to implement policies and practices which counter direct and indirect discrimination. This policy applies to all matters relating to employment and **Rethink** services and groups. In July 2003, **Rethink**'s Board of Trustees expressed its commitment on race and ethnicity in a statement of intent, which includes a commitment to respecting and valuing diversity. This policy statement has involved the **Rethink** Race and Mental Health Group and has been amended to reflect their views.

Questions and Answers

Q Why should diversity be valued?

A Valuing diversity is about acknowledging what we have in common with other people as much as about our differences. Increasing our knowledge of other people's culture and beliefs will often lead us to recognise the similarities as much as the differences and can thus help us towards a better understanding and appreciation of individuals or groups. It is about acknowledging our common humanity and this can help us to foster acceptance, respect,

harmony and equality, as well as promote value, worth and inclusion, helping all individuals to reach their full potential and to become fulfilled as people.

Q **How might mental health services be improved to reflect the cultural diversity of those using them?**

A Many people from Black and other minority ethnic groups already work in mental health services. The following steps need to be taken:

- for service users from diverse groups to be actively engaged in the commissioning, planning and delivery of those services
- employing a more diverse work-force, involving people from diverse groups in recruitment
- an improved understanding by mental health staff, including doctors, through training on how best to meet the needs of people from diverse groups, involving people from diverse groups in the training
- improved links between mental health services and diverse groups in the community.

Q **Will this happen?**

A There is a commitment by the Government to make progress on services for people from Black and other minority ethnic communities and for women. Also the Government has consulted on proposals for outlawing age discrimination in employment and vocational training. This is a promising start but there is a long way to go to implement these changes and to cover all diverse groups.

Background

1 *Diversity* refers to those human qualities, which make us different from everyone else. It particularly includes gender, ethnicity, sexual orientation, and age but also includes other personal characteristics that identify us as individuals such as our upbringing, education, abilities, disabilities, religion and experience.

2 The research report published by the Department for Work and Pensions, *Diversity in disability: exploring the interactions between disability, ethnicity, age, gender and sexuality (2003),* found that:

- cultural diversity amongst disabled people, and within wider society, was seen positively
- participants broadly believed that progress had been made in society and that opportunities for disabled people from all groups had substantially increased
- the importance of different personal characteristics or circumstances on shaping people's lives differed from person to person, between life stages and within different spheres of life
- Black Caribbean and African and white lesbian and gay disabled people more readily described experiences of discrimination and prejudice than those from other groups
- the impacts of discrimination were thought to be: lowered self-esteem/confidence, decreased trust, restricted opportunities to fully participate in key areas of life and ongoing effects on physical and mental health

- reactions were mixed around the concept of multiple disadvantage. It had the most resonance for African, Caribbean and gay & lesbian disabled people
- The extent to which people had felt able to overcome disadvantage was attributed to their access to personal, emotional, practical or financial resources.

3 In March 2004, the European Commission launched a 5-year European Union-wide campaign, *For Diversity – Against Discrimination*. The first year will concentrate on workplace discrimination, with trade unions and employers as the main target groups.

4 In 2003, NIMHE issued a report, *Inside Outside*, which says that mental health is an area of particular concern for minority communities. For decades the disparities and inequalities between black and minority ethnic groups and the majority of the white population in the rates of mental ill health, service experience and service outcome have been the focus of concern, debate and much research. However, there is little evidence that such concerns have led to significant progress in these areas. The central objective is to make mental health services appropriate for and relevant to a multicultural society. The following approaches were advocated for enhancing the cultural capability of mental health services:

- all organisations to actively promote and support the attitudes, behaviours, knowledge and skills necessary for the staff to work respectfully and effectively with people from minority ethnic communities
- statutory mental health providers to work collaboratively with the local voluntary sector in developing and sustaining a variety of service models to meet the needs of minority ethnic groups
- mental health services to ensure that services provided are congruent rather than conflicting with cultural norms
- ensuring access to services for people who prefer to use a language other than English.

5 In 2002, the Government published *Women's Mental Health: into the mainstream* on the strategic development of mental health care for women. In July 2003, the Government published *Equality and Diversity: Age Matters* to seek views on proposals for the implementation of a new anti-discrimination law under the European Employment Directive.

6 The Sainsbury Centre for Mental Health research, *Breaking the Circles of Fear (2002)*, found in respect of African Caribbean people:

- a range of fears stop Black people from engaging with services, including at an extreme a fear that engaging with mental health services will ultimately cost them their lives
- mainstream services are perceived as inhumane, unhelpful and inappropriate
- the care pathways of Black people are problematic and influence the nature and outcome of treatment, eg coming to services too late when in a crisis
- there are cultural differences between the professional and the service user understanding of mental illness, which are not understood or acknowledged
- service user, family and carer involvement is lacking

- conflict between professionals and service users is not always addressed in the most beneficial way
- Black-led community initiatives are not generally valued

7 PACE (Promoting Lesbian and Gay Health and Well-being) in *The experiences of lesbians, gay men and bisexuals in mental health services* indicates that they are unwilling to access mental health services through:

- fears about and experiences of mainstream services pathologising those whose identity or behaviour is not heterosexual
- fears about and experiences of being faced with ignorance and homophobia from both staff and users of services
- using services but not being 'out' leading to inappropriate care, loneliness, and isolation
- the non-existence of desired services.

8 In the Mental Health Foundation *Knowing our own minds* survey of 385 service users in 1995, religious or spiritual beliefs played a part in the lives of 223 people (58%). This survey led to the following (paraphrased) recommendations:

- everyone's personal beliefs (or non-beliefs) should be respected
- all mental health professionals should take into account the potential importance of religious or spiritual beliefs of service users, eg through access to clergy or non-Christian ministers while in hospital
- mental health services should consider working with the range of faith communities
- faith communities should ensure that service users have equal access to church services and religious gatherings
- faith communities should promote a greater understanding of mental health within their communities, and of what help is available.

9 In 2002, the Government issued a consultation document, *Equality and Diversity: making it happen*, to ask whether to merge the separate rights commissions. In Northern Ireland, a Single Equality Commission was set up in October 1999. The Government's vision is of an equally inclusive society where everyone is treated with respect and where there is opportunity for all. Everyone must be able to play their part in social and economic life. Cultural, racial and social diversity should be respected.

10 In 2004, **Rethink** issued a booklet, *Dealing with it*, which deals with the particular needs of service users and informal carers from Black and other minority ethnic groups. In its own services, **Rethink** uses its own cultural competency tool.

11 In October 2004, the Church of England and Mentality launched a jointly produced resource for training churches in mental health awareness.

Other related Rethink policies

1 Culture and race.
2 Meeting the spiritual needs of people with a severe mental illness.
3 Choice in the treatment of severe mental illness.
4 Mental health services for women with a severe mental illness.

Drafted by Mike Took **February 2005**