

Delivering Race Equality in Mental Health Care: A Summary

An action plan for services - A model for reform



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Black and minority ethnic communities in England do not get the quality of mental health care that they are entitled to. BME patients are more likely than their white British



counterparts to be detained compulsorily, to be admitted to hospital rather than treated in the community, to be subject to measures like seclusion in hospital, and to come into contact with services through the criminal justice system. This fuels a vicious circle that can deter BME people from seeking care early in their illness.

In January 2005 the Department of Health published *Delivering Race Equality in Mental Health Care*. DRE is a five-year action plan for tackling discrimination in NHS and local authority mental health services, and is a key component of the Department's wider equality and human rights strategy. Implementing it will help NHS trusts to reach their core standards and comply with their duties under the Race Relations (Amendment) Act 2000.

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The action plan is based on three tried and tested building blocks of reform:

- **better, more responsive services**
- **better engagement of services with their local communities**
- **better information**

Together these building blocks have the potential to transform mental health care, but they are also exportable to other areas of public service – they have already been used successfully to improve BME substance misuse services, for example.



Better services

Equity in services requires co-ordinated change across the whole system of care. DRE sets out action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups. It covers:

- strong, top-level leadership for the action plan, both nationally and locally
- the need for active race equality and cultural capability frameworks in every organisation
- recruiting, supporting and training a diverse and culturally capable workforce – including a common skills set for mental health practitioners and work to map out training needs and good practice
- better clinical care – for example through improved pathways to recovery and providing more services in community settings
- better care for specific populations such as older people, asylum seekers and refugees, and children



Better community engagement



Mental health providers need to strengthen relationships with the local communities they serve and promote good mental health within those

communities. That means harnessing the expertise that exists within the BME voluntary or not-for-profit sector and giving communities a bigger role in planning and providing services. The practical action initiated or supported by DRE includes:

- 500 new, full-time Community Development Workers to help build bridges between services and communities. Primary Care Trusts have already been funded for the posts and are expected to have the workers in place by the end of 2006 at the latest
- around 80 local engagement projects, run by independent sector organisations, helping to develop partnerships with statutory services. Projects will get training as well as funding
- PCTs and local authorities working in partnership with the BME independent sector and BME service users in planning processes and groups



- new research on suicide in BME communities
- “Shift”, a five year plan for tackling stigma and discrimination that addresses the issues of race and culture



Better information

Better services also depend on comprehensive monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. DRE sets out new action including:

- “Count Me In”, a new annual census of mental health patients covering ethnicity, faith, legal status, how they came into contact with services etc. The census will provide more accurate analyses of the issues and allow us to monitor DRE’s progress year on year
- NHS organisations ensuring that they routinely record all service users’ ethnicity, and other relevant information such as faith and language
- matching that data to information about the use of different sorts of medication, rates of diagnosis, user satisfaction etc.
- a national group to develop guidance on translation and communication support in mental health settings
- evaluation of all DRE’s major projects



Making DRE happen – focused implementation

The work to implement DRE began immediately across the country, but it is being led from a number of Focused Implementation Sites. FISs are the “hothouses” of reform, identifying and spreading best practice. To help them, the National Institute for Mental Health in England and the Department of Health offer support in the form of expert advice and guidance, targeted resources, and a national database to collect data on outcomes and provide feedback on progress.

The goal

If DRE is successful, the vision is that by 2010 we will have mental health services characterized by:

- less fear of services among BME communities;
- increased satisfaction with services;
- a reduction in the rate of admission of people from BME communities to inpatient units;
- a reduction in the rates of compulsory detention of BME service users;
- fewer violent incidents that are secondary to inadequate treatment;
- a reduction in the use of seclusion in BME groups;
- the prevention of deaths in mental health services following physical intervention;
- more BME service users reaching self-reported states of recovery;



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- a reduction in the ethnic disparities found in prison populations;
- a more balanced range of effective therapies, such as psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective;
- a more active role for BME communities and BME service users in the planning and provision of services; and
- a workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

For free copies of DRE please e-mail dh@prolog.uk.com quoting reference number 265605.

You can download DRE and keep up to date with the BME mental health programme at www.dh.gov.uk/bmentalhealth

The Care Services Improvement Partnership (CSIP) BME Mental Health Programme is playing a leading role in implementing DRE. CSIP has been created to support improvements within a range of health and social care services, including people with mental health problems. CSIP brings together care improvement programmes including the National Institute for Mental Health in England (NIMHE) under the shared goal of improving people's lives through better care services.

For more information e-mail us at bmmentalhealth@dh.gsi.gov.uk

For more information on the National Institute for Mental Health (NIMHE) BME programme visit: www.nimhe.org.uk



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