



A POSITIVE MENTAL
ATTITUDE IS THE RIGHT
MENTAL ATTITUDE

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STATE OF AFFAIRS

- BAME ARE MORE LIKELY TO BE IN PSYCHITRIC UNIT
- BAME ARE MORE LIKELY DETAINED UNDER THE MENTAL HEALTH ACT
- POOR OUTCOMES AFTER DETENTION
- STIGMATISED AND MENTAL HEALTH NEEDS BEING SEEN AS SECONDARY TO PHYSICAL HEALTH
- MENTAL HEALTH IS UNDERFUNDED
- COMMUNITIES ARE CLOSED/ LACK OF OPEN DISCOURSE ABOUT MENTAL HEALTH
- MISDIAGNOSIS
- OVERMEDICATION
- LIMITED ACCESS TO SERVICE/ CULTURALLY COMPETENT SERVICES

GOVERNMENTAL AND POLICY LEVEL

- Public service reform in Scotland greater influence on factors affecting health
- Community partnerships: Services that are tailored to the needs of those who use the service
- Services which are designed in consultation with the people
- Services that take into account the diversity of people and factors that influence their behaviour, world view, resilience and risks

WHAT ARE WE SAYING THE APPROACH



- TARGETTED APPROACH: **Culture**, including **beliefs**, **values**, **norms**, and **behaviors**, affects how we experience and interpret the world, including the meaning we impart to mental illness.
- Different BAME communities have very different experiences in relation to mental health.
- There are also differences between BAME communities in the impact of COVID-19 on mental health
- In order to plan targeted interventions, we need to understand experiences, strengths and needs of different BAME communities. This can inform targeted interventions to
 - Reduce the risk of people from different BAME communities developing mental illnesses
 - Ensure mental ill health is identified and diagnosis is timely for all BAME communities
 - Ensure health care for people with mental ill health is high quality, appropriate and equitable for all BAME communities

WHAT IS REQUIRED AT LOACL LEVEL

- Research points to a strong need for greatly increased cultural competency in mental health services
- LEADERS HAVE GOT TO WANT TO DO IT
- ADVOCACY.
- practical improvements in language (interpreting, translating, literacy support),
- meeting faith-related and religious needs,
- culturally appropriate food,
- gender-specific services and staff e.g. BLACK THRIVE
- increasing the ethnic diversity of staff,
- and action to address and reduce experiences of racism and discrimination.

POSITIVE ACTION

- PATIENT AND CARER EQUALITY: CONSULTATION
- SYSTEM CHANGE; IMPROVING ACCESS/PREVENTION/EXPERIENCE
- COMMUNITY WORK WITH SYSTEM LEADERS TO HOLD THE SYSTEM TO ACCOUNT
- GET RID OF BEUROCRATIC RESPONSES, TOO MANY TICKBOX
- PREVENTION BEING BETTER THAN CURE/LINKING THE HOUSING WITH EMPLOYMENT/ACCESS TO HEALTH
- FORMULATE A JOINT VISION/COMMON AGENDA OF ALL PARTNERS : STRATEGIC LEADERSHIP – COLLABORATIVE WORK-ENGAGEMENT-SHARED MEASURING SYSTEM-THIS IS HOW WE MEASURE IF TARGETS ARE BEING MET
- ASKING THE RELEVANT SYSTEMS HOW ARE YOU TACKLING ISSUES OF MENTAL HEALTH
- TAKE A SYSTEMIC APPROACH TO A SYSTEMIC PROBLEM

KEY AREAS AT TOP LEVEL

- ADDRESS PERCEPTIONS/STIGMA
- EARLY INTERVENTION
- POWER DYNAMIC
- LANGUAGE TO BE CHANGED
- USE OF DIALOGUE TOP DOWN, BOTTOM UP, HORIZONTAL AND LATERAL
- ACCOUNTABILITY

What can be done AT LOCAL LEVEL

- Assessment : what assessment tools are being used, what information is being collected and how is it interpreted, what questions are on the tool to help identify a person's belief/culture/background
- Diagnosis, Double checking diagnosis/ working in partnership to prevent degeneration to extreme levels treatment or
- Social prescribing versus medical model counseling in a professional relationship to assist

WHAT CAN BE DONE

- BIAS: WORK WITH COMMUNITIES TO IMPROVE UNDERSTANDING. THIS INCLUDES RECOGNISING EARLY SINCE, SUPPORT FAMILIES ON HOW TO SUPPORT THEIR RELATIVE, KNOW WHERE TO GO TO ACCESS SUPPORT
- BIAS WITHIN PROFESSIONALS: GET RID OF THE BIG BLACK GUY SYNDROME: TRAINING OF HEALTH PROFESSIONALS. ORGANISATIONS LIKE PACHEDU WORK IN PARTNERSHIPS WITH UNIVERSITIES, LOCAL AUTHORITY GIVE APPROPRIATE TIME TO TRAINING ON DIVERSITY
- JOINT WORKING OF ALL COMMUNITY GROUPS/NGO TO MAKE AN INPUT IN SERVICE PLANNING AND INFLUENCE A TRIANGULATED HOLISTIC APPROACH TO HOUSING/EDUCATION/SCHOOLING/CAREER PATHWAYS TO GET PEOPLE INTO WORK AND HELP STAYING IN WORK/NEIGHBOURHOOD STRATEGIES
- ACCESSIBILITY: LANGUAGE/ TRANSLATORS MAYBE A DATA BASE OF INTERPRETERS/ THOSE WHO NEED THE SERVICE NEED TO BE ABLE TO GET TO THEM

EG CULTURAL CONSULTATION

- SPECIALIST MODEL: TAKES ACCOUNT OF PERSONAL STORY/ EXPLANATION OF ILLNESS AND WHAT COURSE IT
- INCORPORATE PERSONS NARRATIVE
- HOW THEY EXPERIENCE MENTAL ILLNESS
- HOW THEY THINK IT MIGHT BE REMED
- CONSULTATION
- PSYCHO THERAPIST: LOOK AT THE STEREOTYPES/ NOT LISTENED TO/ AFRAID OF TALKING MENTAL HEALTH/ GENE POSSESSION DON'T WANT TO BE LABELLED AS DELUSIONAL
- PSYCHOLOGICAL THERAPIES/CULTURAL CONSULTATION INTERACT WITH PEOPLE AT INDIVIDUAL LEVEL
- LOOK AT A PERSON IN THEIR WORLD (ETHNOGRAPHIC APPROACH)