

The Paradox of Access to Mental Health Services for BME Population: Using a Local Example

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Objective

- Not to provide answers to access issues
- To raise awareness of access issues
- Trends in the access issues for the BME population
- Paradox of access
- Raise awareness of how professionals can make a difference using an example of a project embarked on in the UK

ETHNICITY

- An **ethnic** group or **ethnicity** is a category of people who identify with each other based on similarities, such as common ancestral, language, social, cultural or national experiences.

Oxford English Dictionary - 2013

ETHNIC MINORITY

- **Ethnic Minorities.** ... An **ethnic minority** is a **group** of people who differ in race or colour or in national, religious, or cultural origin from the dominant **group** — often the majority population — of the country in which they live.

Cambridge English Dictionary; 2014

BME Groups - UK

- Black and Minority Ethnic Group – the name used to refer to members of non-white population in the UK
- Whites
- Asians
- Blacks
- Others

United Kingdom Population 2011

Ethnic Group	Population	%
	63.5m	
White	55m	87
Asians (Pakistani, Indians, Bangladeshis, Chinese and other Asians)	4.5m	7
Blacks	3.5	5
Others	500K	1

Mental Health

- Among all the health conditions in the world, mental health occupies a unique and paradoxical place.
- Over-Treatment
- Profound Under-Recognition
- Mental Health Sufferings
- Across Geographies

Mental Health

- Improvements in clinical trials over last 50 years
- Research into mental health treatments is still relatively underdeveloped (Patel et al, 2012)
- Leads to further under-recognition
- In the developing world
- Effect on BME in developed world

Mental Health

- There are signs that the tide is changing (Tomlinson and Lloyd, 2012)
- Understanding effects on BME Population
- Increasing need for research into mental health treatment for BME population
- Workforce dilemma

UK House of Commons
Committee on Public Accounts

Reviewing

Improving Access to Mental
Health Services Report

2016–2017

Preliminary Info

- 1:4 adults is diagnosed with a mental illness at some point in their lives
- ¼ of them have problem of access to appropriate services with most difficulties of access in the BME group
- Govt's aim is to build well-configured services with access to the services for all in need irrespective of their ethnic origin
- Achieving this depends on the health system having the right workforce (expensive)
- Better information needed to inform planning and decision making.

The Problem of Access

- Good Access to Mental Health Services is important enhance full recovery
- Access is difficult due to complex system of commissioning .
- Pressure on the NHS Budget
- Reliant on External Private Services
- Insufficient Information about workforce skill mix
- Lack of incentives to deliver diversified services to meet community needs assessments

The Paradox Irrespective of Ethnic Needs

- Anatomical and Physiological Similarities
- Similarities/Peculiarities in physical health presentations
- Medical treatments runs similar courses
- Clinical Trials are based on similarities in anatomical and physiological integrities
- Mental Health treatment researches have not until recently considered ethnic implications

Care Seeking Behaviours

- General underutilisation of expensive services by BME group (Nalini-Junko; 2011)
- Acculturation versus Native-Born Issues (Teruya et al; 2015)
- Stigma versus Engagement in Services
- Stigma Social-Cognitive Processes
- Cues, Stereotypes, Prejudice, Discrimination

Discriminatory Process

PUBLIC STIGMA

- Stereotype – “People with mental illness are dangerous”
- Prejudice – “I agree people with mental illness are dangerous and I don’t want to be near them”
- Discrimination – “I don’t want to be near them”

SELF STIGMA

- Stereotype – “People with mental illness are incompetent”
- Prejudice – “ So I am incompetent”
- Discrimination – “Why should I even try – I am incompetent”

Avoid the label – don’t go for treatment
If you are forced to go don’t comply
No one understands

Point of Delivery Effect

- The extent to which a particular population 'gains access to services' has been noted to depend on financial, organisational and social or cultural barriers that limit the utilisation of services. Suggestions continue to identify that the problem is not merely dependent on issues of BME cultural barriers alone, affordability or adequacy of supply; but an in-depth understanding of the barriers and the role of the professional at the “point of delivery” (Guildford et al; 2010)

In-Reach Project; An Example

- July 2012 – June 2013
- Mental Health Service in a highly urbanised locality
- Multi-National Diversity
- Target-Driven Provision
- The Locality falling behind on targets
- Becoming a Commissioning Issue (£££)

Initial Brain-Storming

- Report of First Year – 2011 - 2012
- Poor Opt in Rate –54% of referrals
- Poor Engagement rate – 21.5% of clients who entered treatment completed.
- Long Waiting list and time
- Poor recovery rate – 35.1%
- Concerns about the effects of diversity, complexity and systemic factors associated with the clients' psychological difficulties.
- Language difficulties – Predominant diverse languages of referred clients are English, Urdu, Polish, Punjabi, and Farsi.

Barriers to Access and Engagement

1) Personal and Environmental Factors

- Recognition of mental health problems
- Social Network
- Sex differences
- Stigma and Cultural Issues
- Financial Difficulties

Barriers to Access and Engagement

2) Relationship between Service Users and the provider at point of delivery

- Language Issues
- Communication Problems – Technical Words
- Prioritising their needs
- Power and Authority
- Cultural Naivety/Insensitivity
- Awareness of what we can do for them

Proposed Team Engagement Principle

- AN AIM IN LIFE IS THE ONLY FORTUNE WORTH FINDING; AND IT IS NOT TO BE FOUND IN FOREIGN LANDS, BUT IN THE HEART ITSELF
- Robert Louise Stevenson

Daily Guide – Look for something positive in each patient; even if you have to look harder.

Team Approach

- Active and Sensitive Engagement Strategies
- Sensitive and flexible approach in engaging clients who presented with social, cultural and systemic complexities with their mental health difficulties.
- Flexible formulation approach to incorporate individual complexities into the treatment plan.
- Creating a supportive therapeutic relationship with the client by referring them to local agencies to deal with their social problems whilst working with their mental health issues

- Supporting the clients in ensuring they attend treatment sessions by sending text messages to remind them of their sessions; calling them when they cancel treatment sessions to discuss other mediums e.g. telephone sessions to maintain consistency and progress.
- Be culturally sensitive to BME clients who present with issues of culture and religion as part of their difficulties and incorporate this into our treatment package.
- Improving our contracting strategy at initial sessions to reflect the need for therapy versus need for different approach whilst being conscious other points above.
- Joint working with other voluntary organisations in Slough area. Especially those who deal with specific social and systemic issues which are common to Slough Clients.

- Addressing Language Issues in clients.
- Matching clients to therapists during the assessment phase in order to create opportunity for us to socialise them to therapy in their own words.
- Use of regulated Translation Services
- Organising BME Sensitive Clinical Supervision for staff members.
- Focussed and tactical approach towards recruitments

- Improving Team Dynamics
- Regular Sub-Team Meetings to discuss/review engagement rates and formulating SMART goals.
- Agreeing strategies for achieving the objectives in the meetings.
- Process of shared responsibility for improvement of team performance and positive client outcome.
- Shared communication approach with use of peer supportive approach; fostering mutual trust and understanding amongst staff
- Regular bonding exercise in the team.
- Supportive supervision process amongst the team.
The mentality of “no question is too small to ask”

OUTCOME

	April/June 2012	July/Sep 2012	Oct/Dec 2012	Jan/Mar 2013	Apr/Jun 2013
Referred	588	648	664	681	638
Entered	322	317	409	425	418
% Engaged	21%	48%	61.6%	62.4%	65.5%
Recovery	35%	46.5%	48.6%	50.2%	49.6%

Learning Points

- Stringency and Enthusiasm
- Something wonderful can come out of the paradoxical
- Complexity can be simplified
- Creativity does not live by logic alone
- Logic does not exhaust the way in which people relate to themselves and the world
- Flexibility of the mind

Learning Points

- Paradoxes can exist in our reality
- Demands cognitive processing to be able to work outside the box as professionals.
- It is possible to develop strategies to replace “double bind” in our minds with exciting byroads.
- Paradoxical problems demands paradoxical solutions/strategies
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Thanks

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