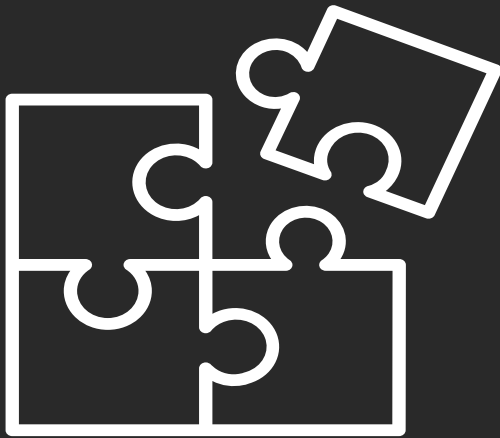


A journey through  
Mental Health  
Services and  
Understanding  
the Impact of  
Inequalities

A carers  
perspective

## What being a carer means



- A carer is a safety net; family, a safe place, advice and guidance, a friend, a confidante. A parent carer also provides unconditional love,
- We provide vital emotional support, especially in times of need to someone who cannot cope without it.
- Carers have a unique insight
- There are fundamental similarities that carers share whether they be carers of elderly, children or people with mental health issues.
- The needs are different, augmented by the needs of the person they care for and the social, economic and cultural barriers and sometimes a hostile environment too
- Carers need support to be effective.

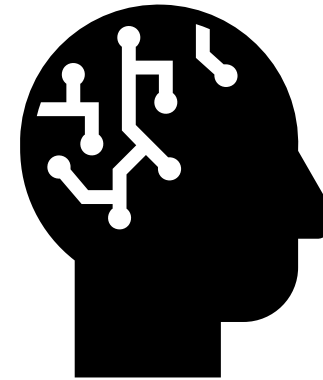
# BAME; Black=African-Caribbean and MHS

BAME is a term that can be offensive but one that helps policy makers and data gatherers. We are cultural groups with different needs. The experience of the Black element is particularly disturbing.

People from the African-Caribbean diaspora are:

- More likely to have experienced numerous traumas including; discrimination exclusion from school, poverty, gang grooming and violence, seeing peers die, low self-esteem, asylum journey, sex inequality; FGM, Breast Ironing, child marriage...
- Over-represented in MHS and 50% more likely to be referred to mental health services via the police than their white counterparts.
- Less likely to experience recovery following psychological therapies than their white counterparts. Only 43% of black recipients of therapies experience this. The model of therapy is Eurocentric/ westernised.
- Able to benefit from therapies if the way it's delivered is adapted, culturally responsive and trauma informed.
- Disproportionately disadvantaged in OoA placements

**Trauma informed care**



**Culturally  
responsive services**

# Know your community: A Black Mother's Hidden Secondary Trauma



A harrowing *TIME* magazine cover (15/06/20) following the eruption of nationwide protests in the wake of George Floyd's killing by police in Minneapolis, by artist Titus Kaphar.

"In her expression, I see the Black mothers who are unseen, rendered helpless in this fury against their babies,"

"As I listlessly waded through another cycle of violence against Black people, I paint a Black mother... eyes closed, furrowed brow, holding the contour of her loss."

"I have given up trying to describe the feeling of knowing that I cannot be safe in the country of my birth,"

noting that neither his prestigious grant nor university degree grant him safety from racial violence, discrimination and inequality.

"This Black mother understands the fire, Black mothers understand despair... She walks me through the flames of rage."

# BEING BLACK PUTS YOUR LIFE AT RISK

Sean Rigg – RIP  
Kingsley Burrell – RIP  
Seni Lewis – RIP  
Joy Gardener – RIP  
Covid 19

## The Impact of Health & Social Care Inequalities

Injustices reported daily; in papers, on social media etc, impacts a community's psyche.

Published reports and data provide evidence of the inequalities and health and mortality risks to particular communities eg African-Caribbean

We have the laws and data to justify funding for specifically culturally responsive service provision.

We're not asking for special favours just the right treatment at the right time. We have the right to services that respond to our needs.

# An experience of the mental health service

At early onset of psychosis the Early Intervention Service was brilliant! The care co-Ordinator worked closely with us to support me and ensure my loved one enjoyed a fairly socially inclusive life. We benefitted from having a compassionate, knowledgeable, skilled and supportive Care Co-ordinator.

In transition things changed:

- We lost a brilliant professional
- We lost the personalised care
- We lost the outreach services
- We weren't being listened to
- I wasn't supported
- Long periods without a Psychiatrist/care worker
- No access to talking therapies

Denying individual's needs is a false economy - buy cheap, buy twice (my Mom)

General medical treats patient with options for the best possible outcome that meets the individual's needs so that they can enjoy as fulfilled a life as possible.

The outcome won't change if you keep doing what you've done and it hasn't worked in the past, it just perpetuates the situation. Being open minded and Innovative in using community assets can help bridge/fill gaps.

Legislation and data is there to be used to support us

Good communications doesn't cost much but can ensure the right treatment and better outcomes = cost saving

Desperate searches led me to RCPsych where I learned about the Rehabilitation Faculty which represented the style of psychiatry, I believed was the right one for my loved one. However, it wasn't available in my borough but was literally, 15 mins walk up the road in my neighbouring borough!

# It's Our Right to get Rehab Services

- Used what I learned about Rehab to argue a case for my loved one to have a change in the care plan. I had to go to tribunal to argue for this.
- **Won** the right to get my son access to Rehab in the neighbouring borough
- Rehab explained WRAP to me and it worked really well.
- Environment was more like a hotel than a prison. Staff were compassionate and skilled.

## **Recovery achieved then discharge and the cycle of breakdown in care provision starts again:**

- No Community Rehab so transition between inpatient and community was fractured.
- Lost meaningful conversation – focus on meds rather than individual
- Inadequate accommodation and absence of transitional support is a risk to health
- Didn't have a clear pathway or crisis plan. Recovery breaks down.

# Healing with feeling; what didn't go well

Absence of culturally responsive model of psychotherapy

Intermittent psychology/therapies

Abrupt end to physical exercise

Out of Area was unsettling and emotionally draining for both

Delayed discharge

Transition/continuity of care

Discharge to unsuitable accommodation

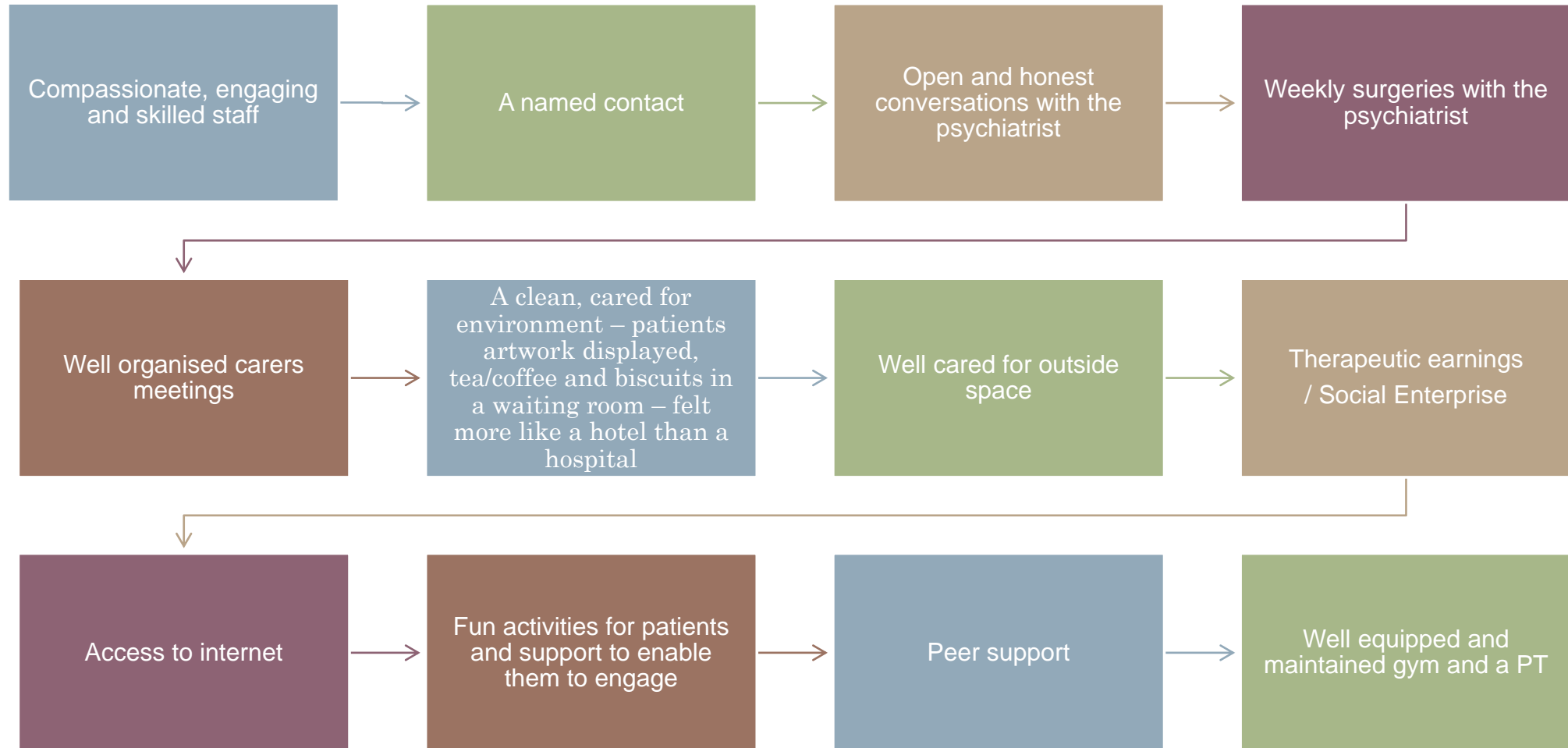
Communication

Racism – didn't feel safe to speak out on it



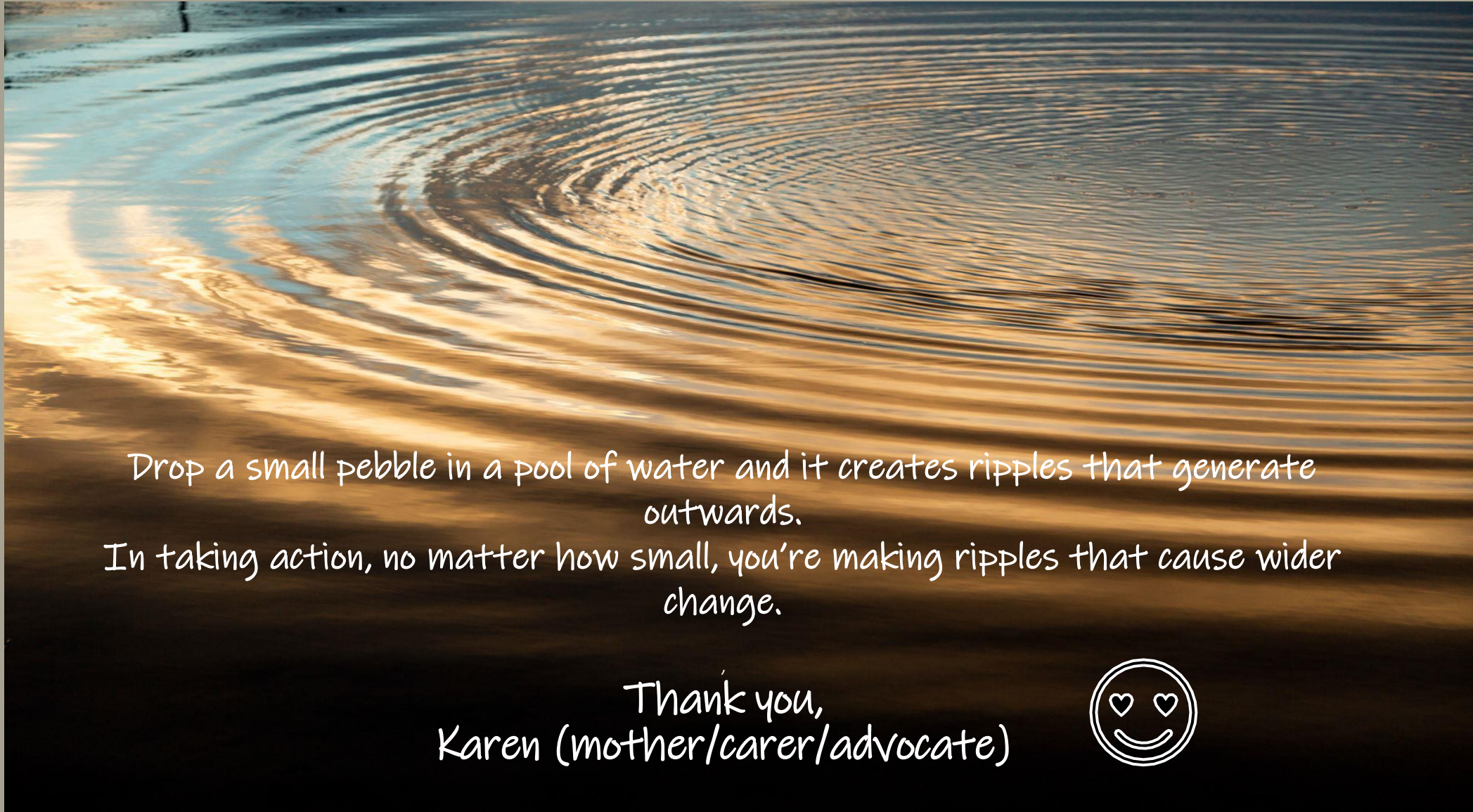


# Healing with feeling; What worked well



# Together we can change the narrative

- We want safe, healing environment
- Carers need to be educated too – we want to sustain recovery
- Cultural awareness and tackling bias in Mental Health Services is fundamental
- MHS must get to know their communities and use community assets
- Use the legislation and guidance to negotiate with commissioners. Commissioners to be accountable.
- Use Social Value Act and Procurement to create opportunities for patients and service users.
- BAME Champions, service users and carers, must have roles in Strategic Planning and Service Delivery Groups and be supported to be effective in these roles.
- Invest in staffing, they are the most valuable asset. Enable all staff to have time to innovate and create and influence change
- No need to reinvent the wheel – replicate good practice
- Carers can be a useful resource esp in this time of Covid 19



Drop a small pebble in a pool of water and it creates ripples that generate outwards.

In taking action, no matter how small, you're making ripples that cause wider change.

Thank you,  
Karen (mother/carer/advocate)

