Tackling Ethnic Inequalities in Experience and Outcome of Severe Mental Illness:

Advancing Research, Policy and Practice

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Outline

- **Evidence and Explanations: Ethnic Inequalities in SMI**
  - Incidence
  - Pathways to care
  - Treatment experiences
  - MHA
- **Syndemic Models & Complexity**
- **Challenges and Actions:**
  - Cultural competency: structural vs Individual Intervention
  - Ethnography and application as a research and clinical tool
  - Creative Methods of Research and Impact

UK, EU, North America

- Incidence and prevalence
  - UK higher incidence of Schizophrenia and SMI among Black African & Caribbean people, and then migrants
  - Clustered or general findings?
  - Variation by geography: area or compositional effects?
- Pathways to care
  - Forensic, legal and police contact
  - MHA and crisis care
  - Outpatient and primary care
  - Community assets (NGO, faith, specialist) and self care
  - New types of provider: private and public

Explanations

- Embodied experience and behaviours
  - Clinical Assessment and patterns of inequality
  - Service fear/accessible/appropriate/Trust
- Structural
  - From interpersonal to Institutional racism
  - Historical and wider *social justice tone* influences trust and psychological safety, and quality of assessment and shared decisions

Explanations

(Bhui, 2003; Hatch, 2007; March, 2008; Morgan, 2014)

- Poverty, deprivation, urbanisation
  - Social support, resilience, intervention, peri-natal care, infectious disease, ethnic density
  - Clustered disadvantage: illness, health care, crime, trauma, social fragmentation, more stretched services
  - Status: minority, socially excluded, alienated, suspected
- Traumatic histories
  - Causation, comorbidity, complexity
  - Anxiety and depression: each pre-migration traumatic event (OR=1.31, 1.06–1.62, p = 0.01). Shortages of food, being lost in a war situation, and being close to death and suffering serious injury were each related to specific psychiatric symptoms.
  - PTSS type impacts on impulsivity, emotional regulation, and encounters with harmful lifestyles, cultural constraints/roles and stigma
  - Greater and more coercive contacts with services
- Loss events
  - Separation from parent in childhood, not death of parent
  - Mediated through education, self esteem, disadvantage

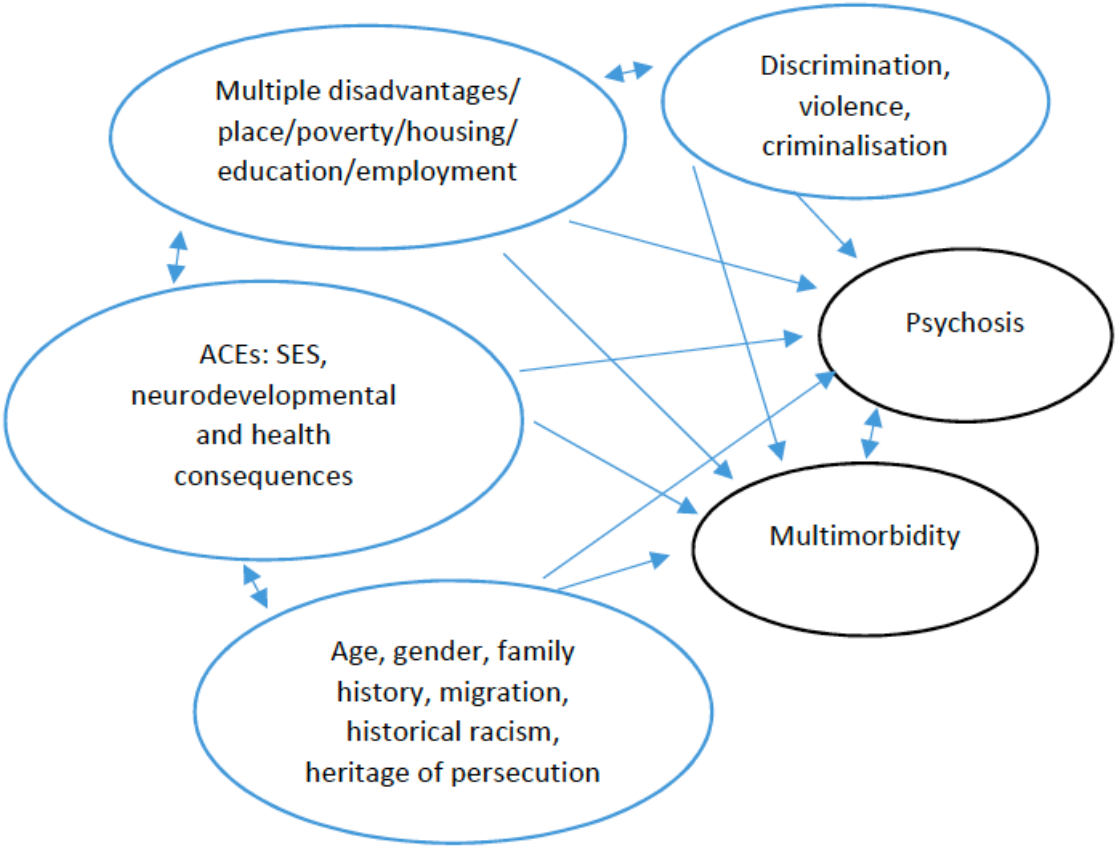
Inequalities Persist: Why?

- Professions gaze on embodied self and pathology and immediate intervention rather than on social and cultural systems and drivers of inequalities, including institutional practices
- Professional pessimism and notion of ‘wicked’ problems
- Love of linearity and certainty and simplicity
- Racial transference and psychodynamics of racism and race talk
  - Understanding our own biases, racism, and decolonizing practice and research
- Traumatic experiences and fear of triggering and avoidance
- Latent identities may get reactivated
- Is this political rather than medical?
- Lacking language, confidence, leadership to tackle inequalities

Syndemics

(Singer, 2011)

- The multiple contemporary threats to the health of disadvantaged and marginalized populations are not *concurrent* epidemics in that they are not completely separable phenomena.
- They constitute sets of enmeshed and mutually enhancing synergistic health problems that, ***working together*** in a context of noxious social and physical conditions, can significantly affect the overall disease burden and access to services of a population.
- Emerge from health disparity, poverty, structural violence.


Multiple disadvantages/ place/poverty/housing/ education/employment
Discrimination, violence, criminalisation
ACEs: SES, neurodevelopmental and health consequences
Psychosis
Multimorbidity
Age, gender, family history, migration, historical racism, heritage of persecution

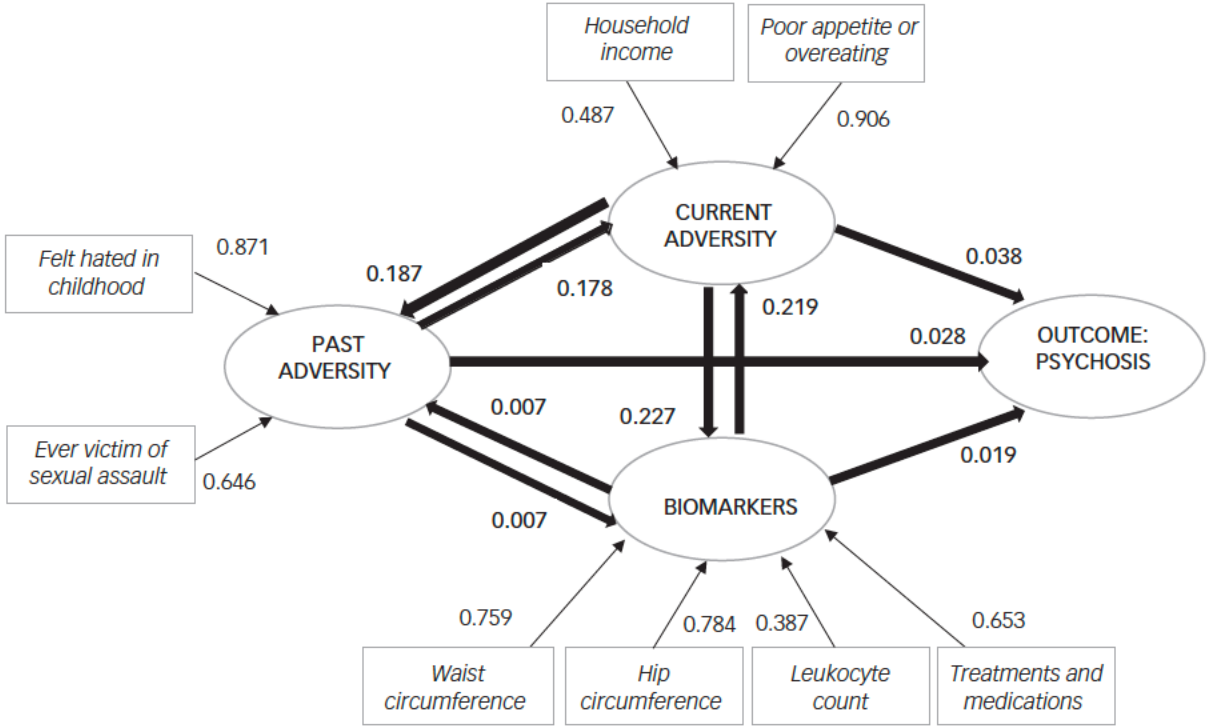
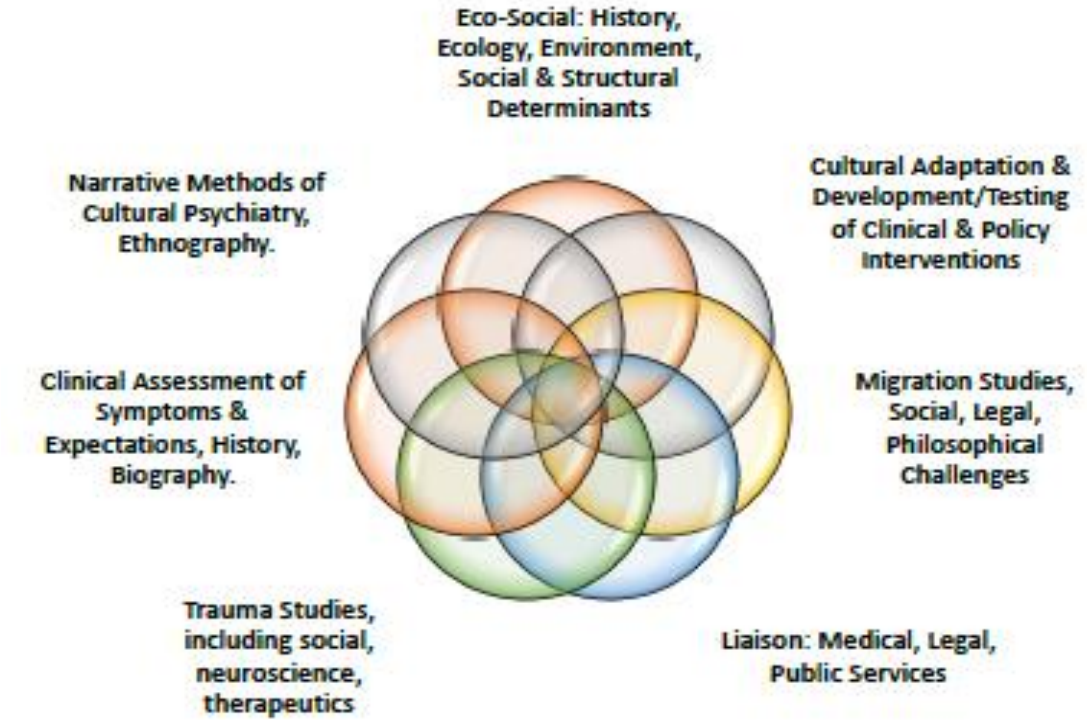


Fig. 1 Proposed syndemics partial least squares structural equation model (PLS-SEM) for psychosis in the UK (showing direct effects).

Latent constructs are shown in circles, observable variables in squares. The standardised coefficients between latent constructs (inner model) are depicted next to thicker arrows (directions of effects might go both ways), whereas factor loadings associated with latent constructs (outer model) are next to thinner arrows.

A Rose of Competencies in Complex Mental Health Assessment: assessing traumatized refugees, migrants, minorities and racialized groups



Assessing Complexity and Health Systems

- In open systems characterised by dynamically changing inter-relationships and tensions – complicated, complex
- Conventional research designs predicated on linearity and predictability must be augmented by the study of *how we can best deal with uncertainty, unpredictability and emergent causality*
- Requires new standards of research quality, namely (for example) rich theorising, generative learning, and pragmatic adaptation to changing contexts

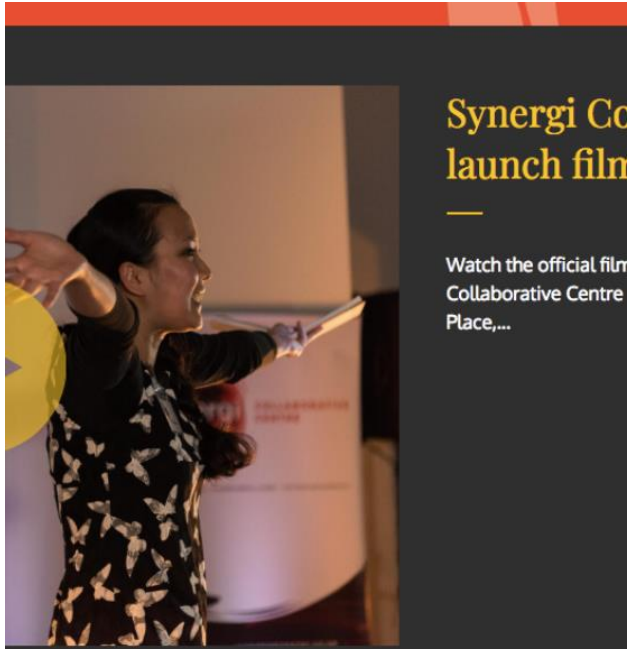
Greenhalgh & Popoutis, 2018, BMC Medicine, 16:95

Greenhalgh, continued…

- System are dynamic (turbulent)
- Conventional scientific quest for certainty, predictability and linear causality must be augmented by how to deal with
  - uncertainty, unpredictability and generative causality
- Need research designs and methods that foreground dynamic interactions and emergence
  - in-depth, mixed-method case studies that can act as concrete, context-dependent exemplars
  - powerful ethnographic narratives of interconnectedness and incorporating an understanding of how systems come together from different perspectives
- MRC guidance to developing complex interventions moved from structured intervention, to understanding context, to interactions between the two and uncertainty

Synergi Collaborative Centre

- Co-production of the evidence and solutions
- Curate evidence narratives with EbE, commissioners, policy makers, and clinicians
- Collaborative leadership for local health systems actions
- Creative spaces experimental workshops
- Disarming in shared spaces
- Building a living community architecture
- Synergi Network & E-newsletter
- Blogs and digital portal for EbE and public
- Use of science and communication through arts, performance, media
  - Reach through defences, engage truth and spirit, motivate, and enable ownership of actions



Improving Clinical Practice

- Cultural Psychiatry
- Cultural Competency, Capability, Consultation
- Individual embodied pathology to cultural contexts and systems approaches
- My journey:
  - CPD and training in cultural competency including cultural formulation of DSM-IV, most recently cultural interview in DSM5
  - Assessing identity, explanatory models, psychosocial perspectives, relational perspectives, overall judgements and limitations
  - Cultural consultation methods
  - Ethnography as a tool
  - Tackle systemic, structural as well as interpersonal

Clinical Ethnography: definitions

- *encourage clinicians to explore the patient's explanatory model of illness, recourse to traditional and alternative healing practices, healthcare expectations and social context, and to use this information to negotiate a mutually acceptable treatment plan*

  Dominicé Dao M, et al. BMC Health Serv Res 2018; 18: 19.

- *… culturally- and clinically-informed self-reflective immersion in local worlds of suffering, healing, and wellbeing to produce data that is of clinical as well as anthropological value*

  Calabrese JD. A Different Medicine: Postcolonial Healing in the Native American Church. Oxford University Press, 2013.

Cultural Consultation

- Cases seen by the CCS clearly demonstrated the impact of cultural misunderstandings: incomplete assessments, incorrect diagnoses, inadequate or inappropriate treatment, and failed treatment alliances. Clinicians referring patients to the service reported high rates of satisfaction with the consultations, but many indicated a need for long-term follow-up

Kirmayer, 2003, Can. J. Psychiatry: doi: 10.1177/070674370304800302

Barts and The London
School of Medicine and Dentistry

Cultural Consultation Service
Transforming the culture of care

A Cultural Consultation Service in East London:
Experiences and Outcomes from Implementation of an Innovative Service

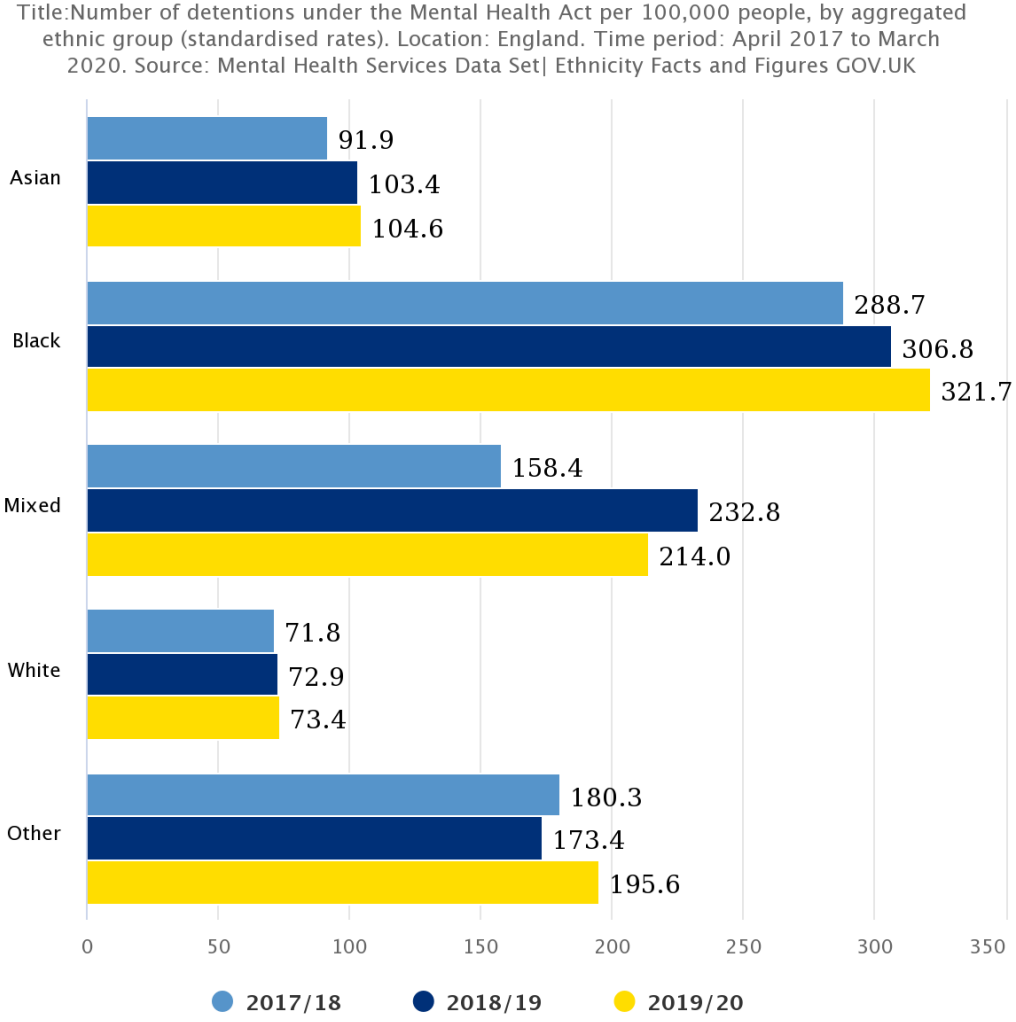
JANUARY 2012

Doi: 10.31234/osf.io/2kqbp

- >Over 900 clinical contacts
- 99 referrals for in-depth consultation over 18 months
- Qualitative findings were collected from 46 cases which had in-depth consultations
- Quantitative outcome measures were available for 36 of these at baseline and follow-up at least 3 months following cultural consultation.

Key Findings

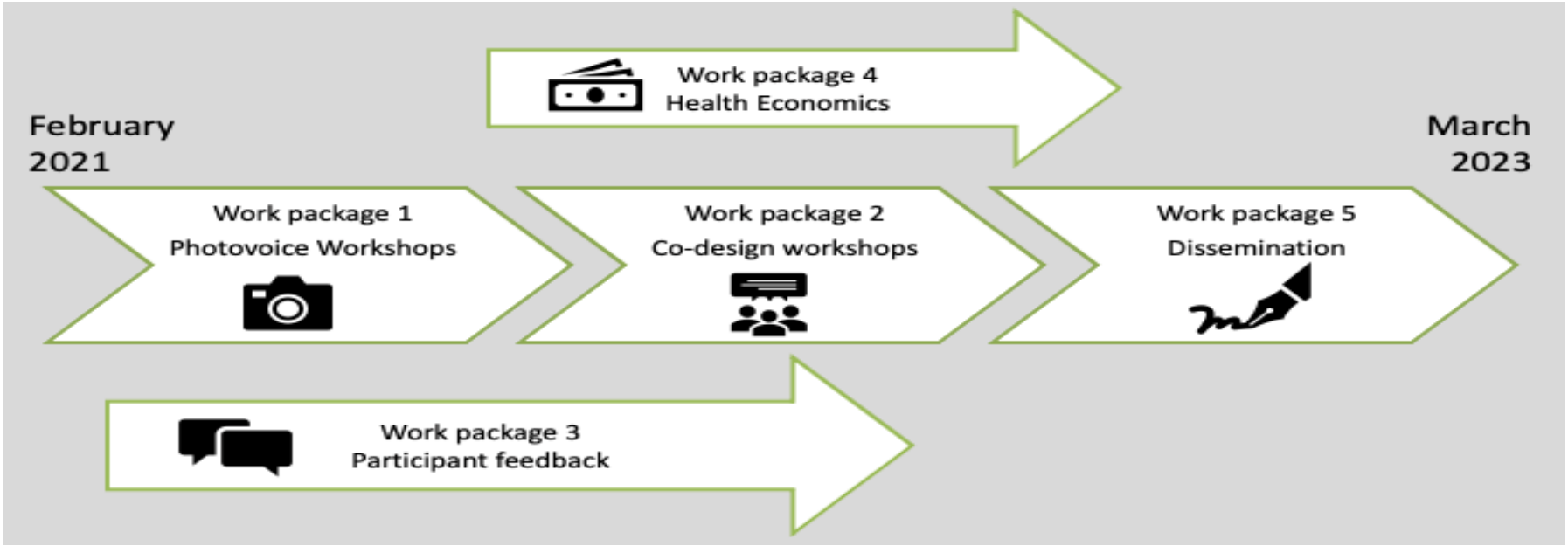
- A significant reduction in use of A&E services, psychiatrists and CPNs/case managers.
- Overall, GAF scores improved, indicating better functioning levels.
- Savings of £497 per patient
- Clinicians found CCS *helpful ….provided a richer clinical perspective and allowed service users to share issues about life and illness experiences that were not previously known to staff*
- Changes to treatment plan (71%)
- Improved engagement (50%)
- Increased medication compliance (21%)
- Earlier discharge (7%)
- 45% wanted to a cultural consultant permanently based within their team
- Lack of resources as the main obstacle to implementing the recommendations of the CCS.


Title:Number of detentions under the Mental Health Act per 100,000 people, by aggregated ethnic group (standardised rates). Location: England. Time period: April 2017 to March 2020. Source: Mental Health Services Data Set| Ethnicity Facts and Figures GOV.UK
Asian
91.9
103.4
104.6
Black
288.7
306.8
321.7
Mixed
158.4
232.8
214.0
White
71.8
72.9
73.4
Other
180.3
173.4
195.6
0
50
100
150
200
250
300
350
2017/18
2018/19
2019/20

Visual Ethnography: Photovoice

- Draws on participatory action research (PAR) to purposefully connect researchers and participants in co-design, gathering and interpreting data, and disseminating findings.
- ‘Give the lens’ to participants combining empowerment education, feminist theory, constructivism, and non-traditional approaches to documentary photography to enable participants to record and reflect their community’s strengths and concerns, promote critical dialogue and knowledge in large and small group discussion and reach wider impact on the public and policymakers.
- Participants can witness how their insights and lived experiences prompt social, community, and political action as messages reach stakeholders and decisions makers.

Experience based investigation and Co-design of approaches to Prevent and reduce Mental Health Act Use: (CO-PACT)



This work will be conducted in 7 cities; London, Leeds, **Birmingham**, Manchester, Oxford, Derby and Bradford

Photovoice

“With my pictures I would like to communicate to mental health authorities the importance of giving all people some sort of hope when they are facing problems to offer them opportunities to express themselves in order to overcome obstacles and give some structure to their everyday lives’

Synergi Photovoice Participant

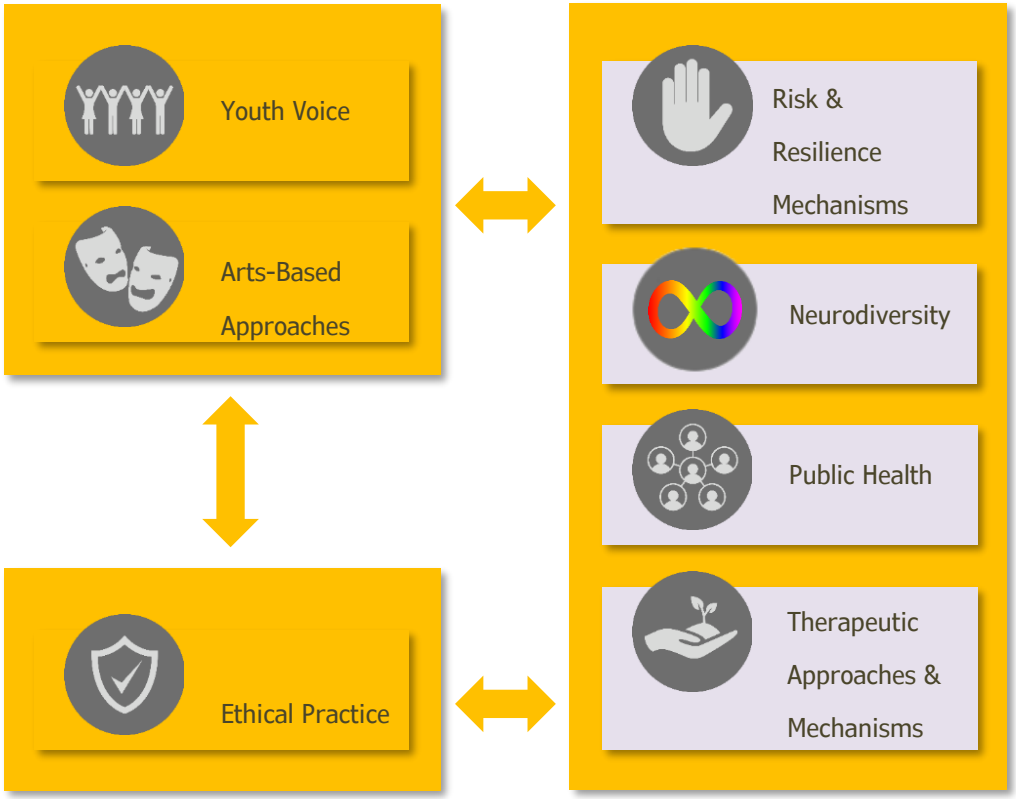
FALMOUTH UNIVERSITY

UNIVERSITY OF OXFORD

ATTUNE

- Create a paradigm shift by harnessing the powerful potential of creative arts and participatory processes with young people
- Learn how multiple ACEs, diverse places & diverse identities shape pathways and outcomes for youth mental health
- Develop transformative arts-led interventions to reach young people and the systems around them

Vision & Ambition



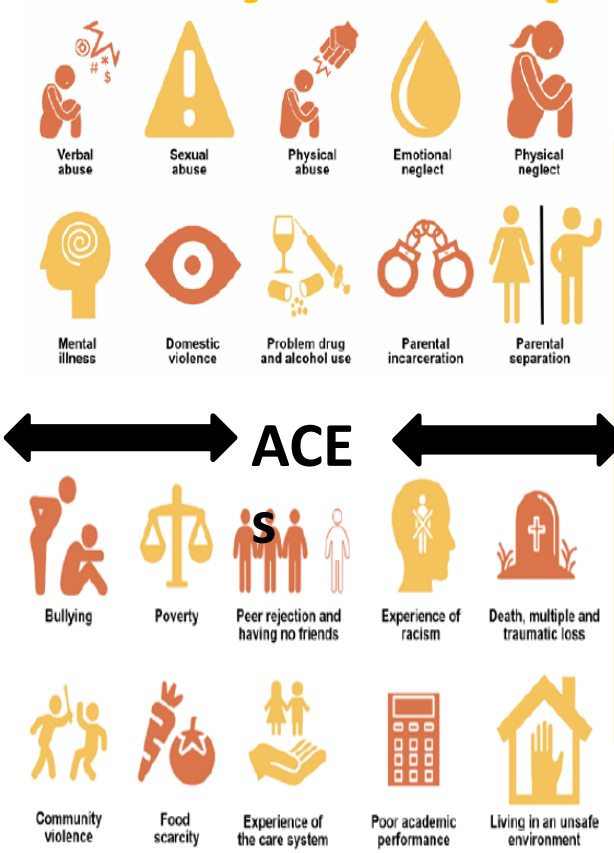
Research Questions

What are the psychological and geo-social-economic contextual **mechanisms** by which ACEs unfold to affect or safeguard the mental health and lives of YP (aged 10-24)?

Are co-designed, youth-informed public mental health, technological and clinical **actions acceptable**, **feasible**, **beneficial** for YP and a **good use of resources**?

Intersectionality & inequity

Place



Annual Report of DPH, 2018. NHS Scotland

Identity

Age

Sex and Gender

Sexuality

Race/Ethnicity

Neurodivergence

Intervention Mechanisms

WP3: ⬆ Knowledge, support, motivation

⬇ Stigma, Isolation, Avoidance

WP4: ⬇ Avoidance

Emotional dysregulation

Disrupted (hot) memory

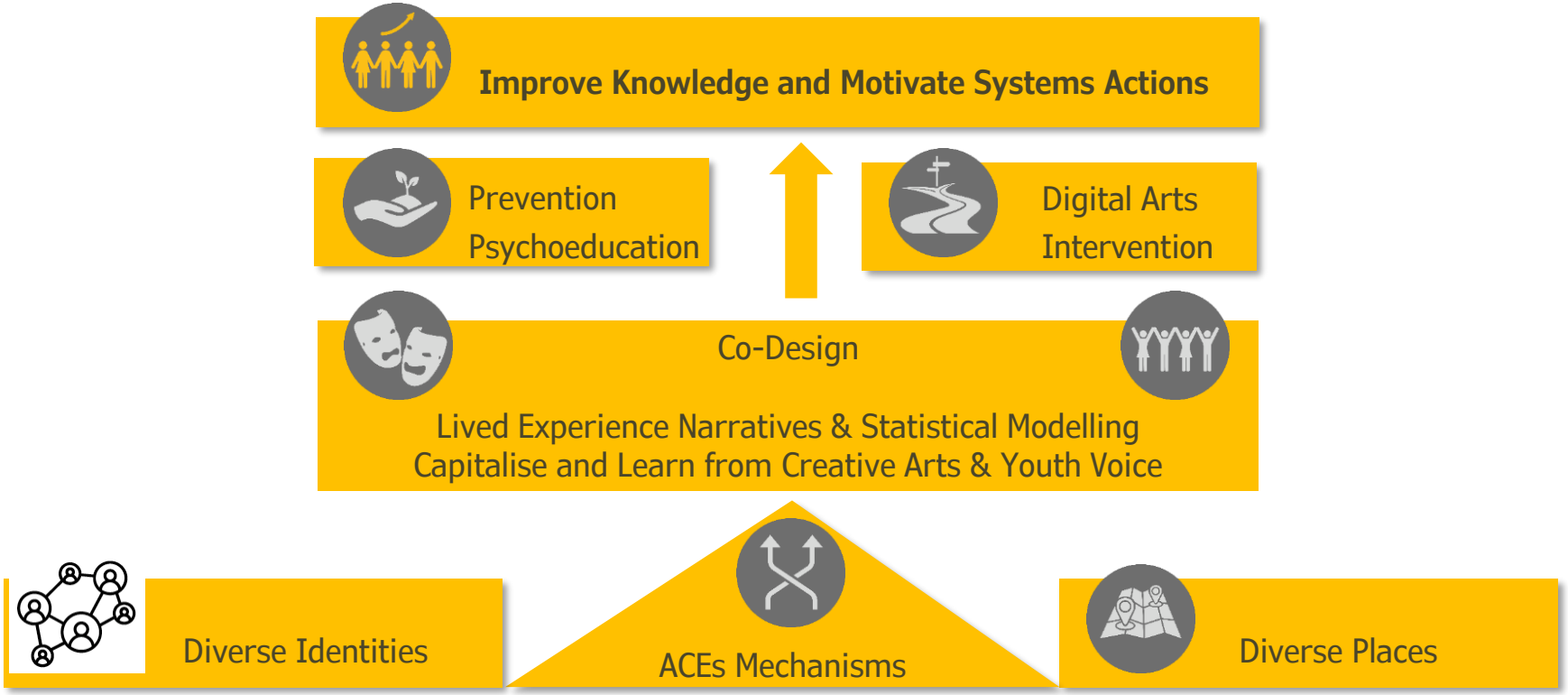
Post trau tic stress

Engagement

Emotional Processing

Cold stable memories of context and events

Programme Overview



Processes and Outputs

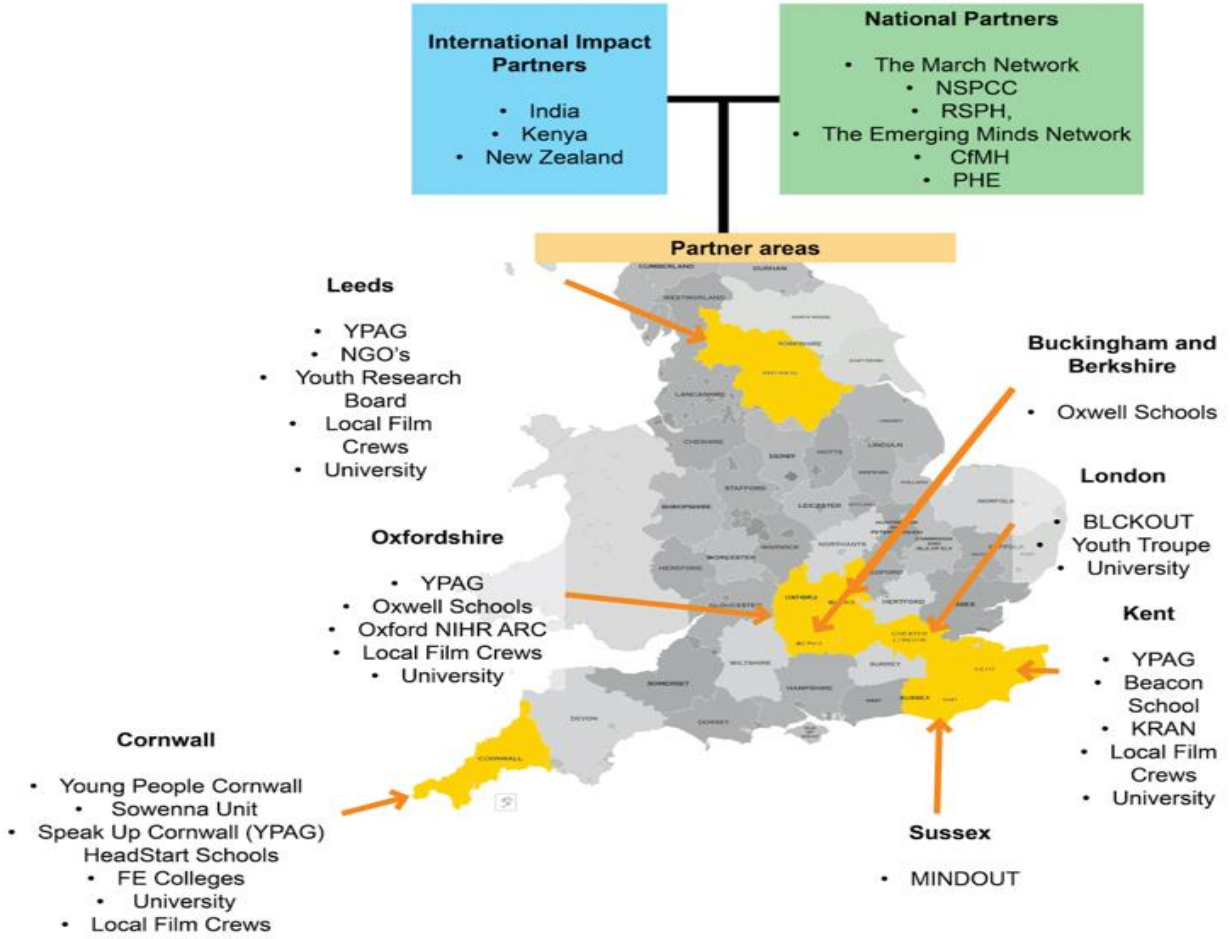
- Participatory Methods
- Artistic Outputs
- Aardman Animation
- Film Production
- Website and Art Curation
- Strengthening Networks
- Roadshows
- Exhibitions and Screenings
- NET and Serious Games
- Public Mental Health Resources
- Social Media and Digital Networks
- Events to mobilise knowledge

The Planned Impact

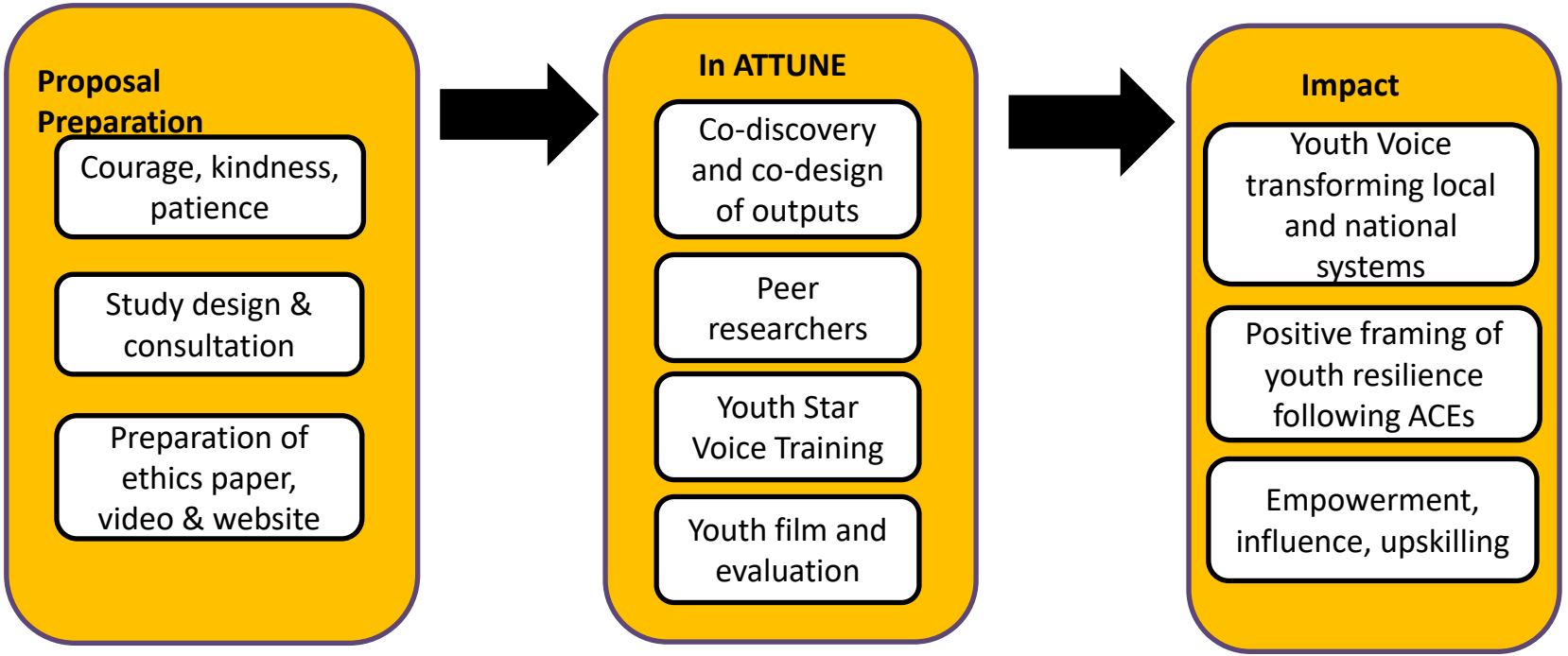
- Empowered and upskilled diverse youth
- Improved awareness about ACEs and youth mental health in all sectors
- Better support in education, social care and community settings
- Innovation in clinical support to reach all young people
- Youth Voice driving policy reform

Youth Groups and Partners

Youth Voice



Young People's Involvement



Conclusions

- Ethnic Inequalities are manifestation of complex webs of causation and syndemics of multiple deprivation and trauma
- Eco-social and biopsychosocial models needed to attend to historical and health and social systems barriers and maintaining factors
- We need more appropriate forms of research and clinical assessment and intervention that attend to this complexity
- And overcome barriers of fear, pessimism, avoidance, and conditioned responses
- Ethnography, narrative and visual, offer tools for professionals and are empowering and kind ways of working with those victim to multiple and repeated disadvantages.
- Creative methods may help overcome barriers, whilst offering empowering alternatives
- Training and developmental reorientation of our professional cultures and practices
- Need collaborative and systems leadership

Thank you