

Race Inequality and Mental Health in Scotland: A Call to Action

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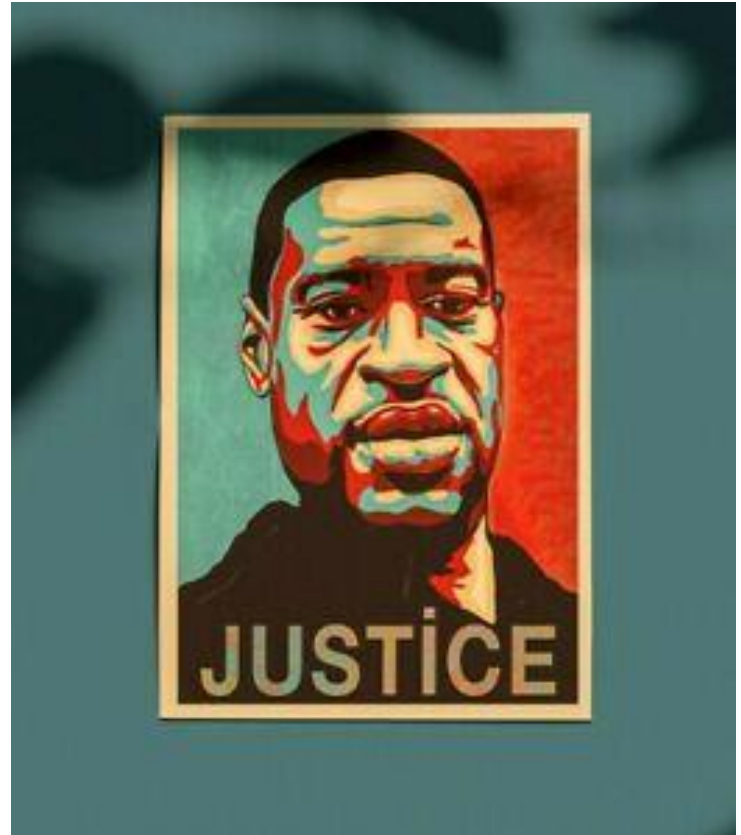
MWC [Report](#) published in September 2021

Key drivers to the work: BLM, Pandemic

Aim was to make recommendations for change

How we set our terms of reference

Legal and policy reference points



Background mental health data & Data we used for the report

Mental health:

Synergi Centre: GP <, > aversive contacts; MIND > restrained; IAPT data shows < psychology referrals

Mental Health Act data:

World: Systematic (Barnett, 2019) 2.5X higher rate of detentions

England & Wales: Independent Review of MHA (2018) 4x higher rate

Scotland: SHELS study (2013) higher rates CTOs (4.8x higher rate of CTOs)

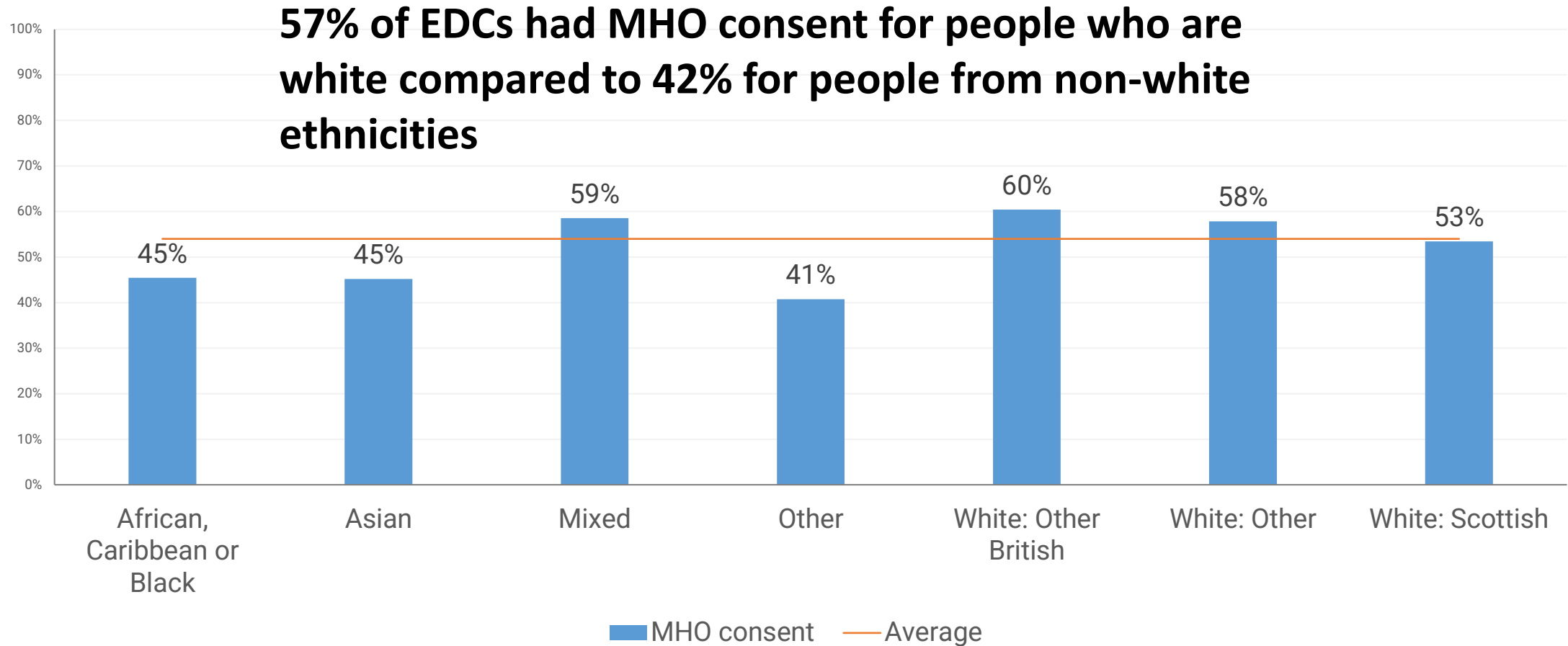
National Benchmarking data Scotland: 4% of adult population (2011) but 8% detentions; 12% of IPCU admissions (2021)

MWC- MHA(2003)

Monitor use of the Act and promote best practice, including of the principles

How does the Act get applied to different groups? (31,861 detention episodes)

Percentage of EDCs that have MHO consent



SIMD and ethnicity in MHA detentions

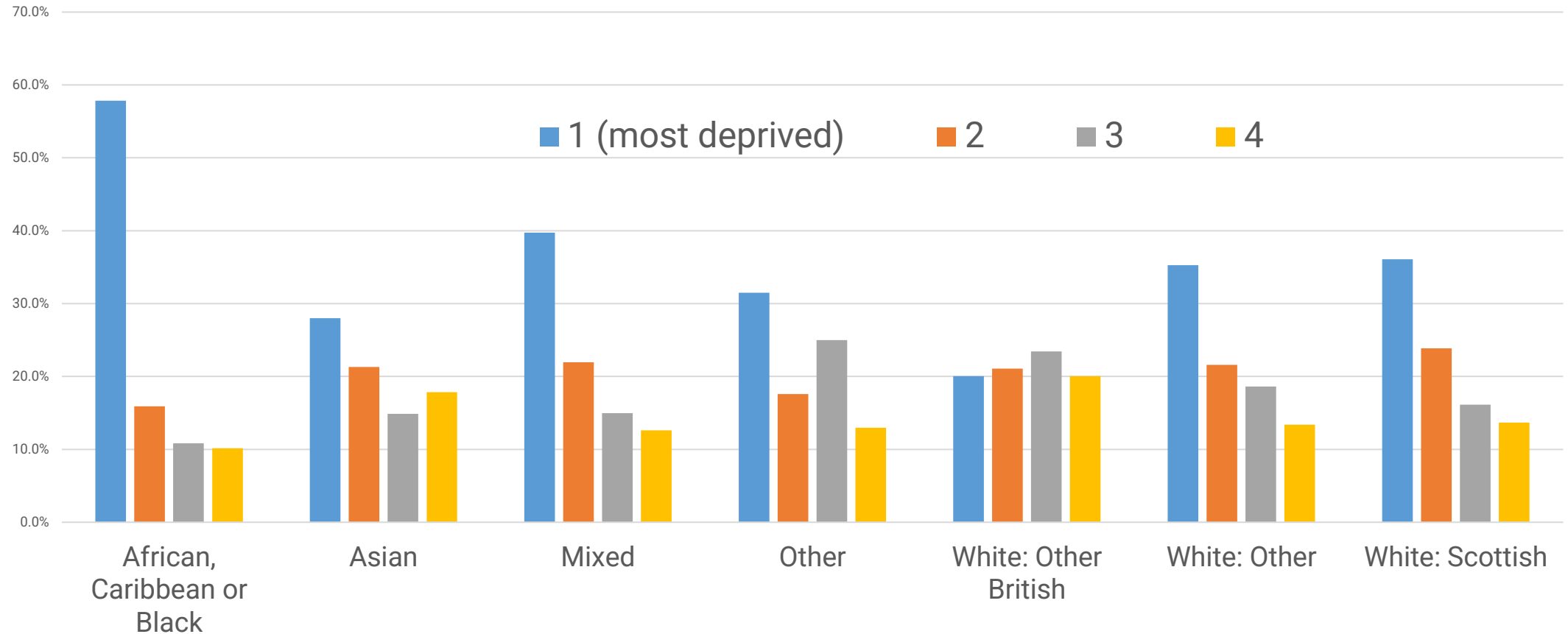
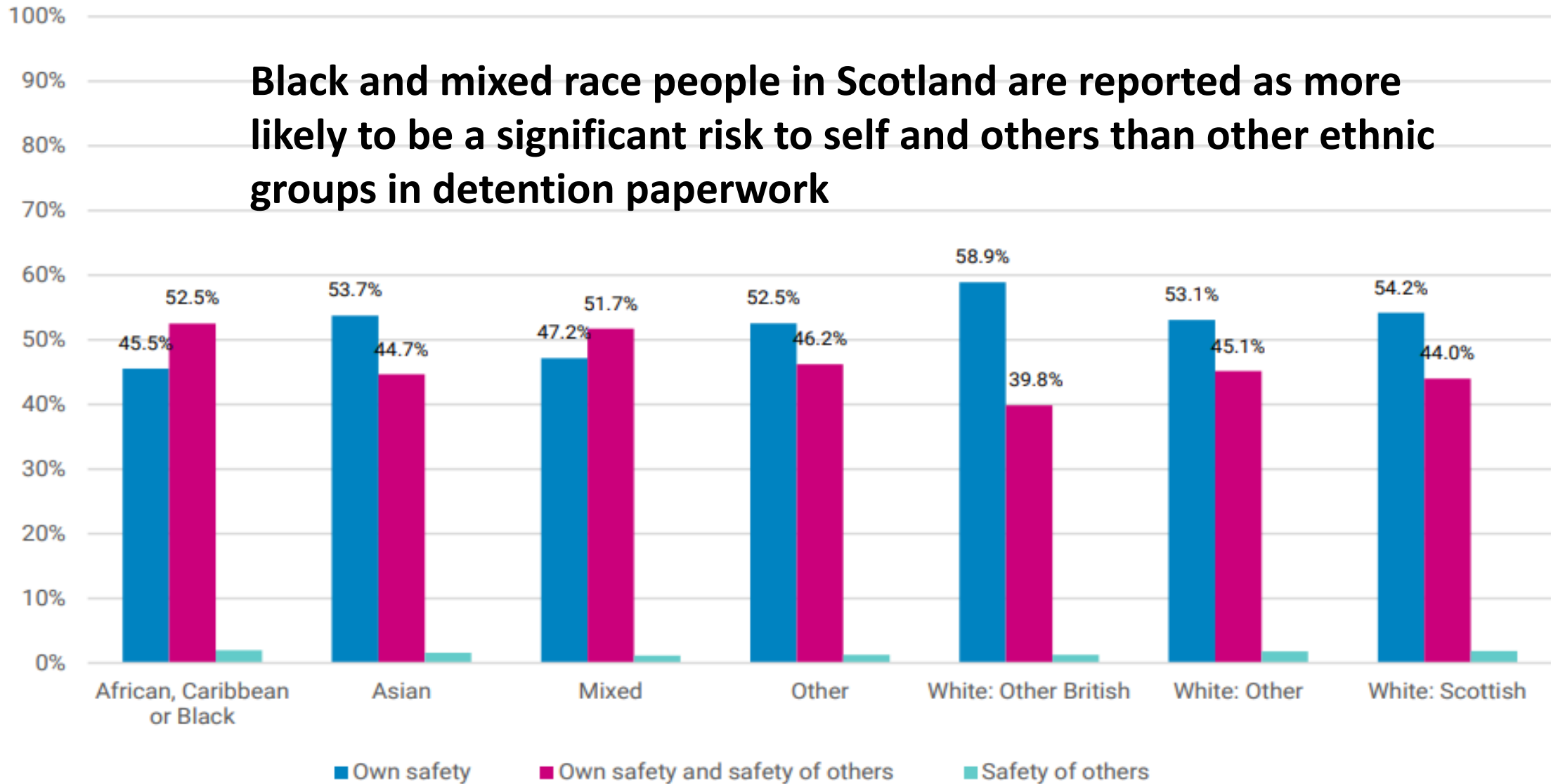


Figure 2.10a. Risk perception underpinning the detention



Impact of risk perceptions- page 34 of the report

- MIND- restraint; Inquest- greater use of force; Jordan et al (Black, mental illness, police intervention)
- *The concerns about racial biases are not remote or distant concerns that do not affect us. The terms of reference for the Public Inquiry into the death of Sheku Bayoh, a 31-year-old father of two who died following a police response to reports of a black male with a knife on the streets of Kirkcaldy, include the consideration of whether the events leading up to his death **were affected by race or perceived race**. This report, with its consideration of biases in risk perception, may be helpful to the Inquiry's work*

Recommendations

To health boards (with support from health and social care partnerships)

- Consult with representatives from ethnic minority groups in their areas to explore barriers for individuals from minority backgrounds in accessing psychiatric care and treatment report on what steps they are taking to address the identified barriers to the Commission by September 2022.

To the Independent Review of Scottish Mental Health Law

- Consider the findings noting how safeguards appear to be less well used for ethnically diverse communities. Ensure that any recommendations for changes to mental health laws protect the civil and political rights for all of Scotland's ethnic communities equitably.
- Ensure that mechanisms to promote the economic, social and cultural rights of people who are detained promotes these rights particularly for those that are most disadvantaged and who have been subject to greater restrictions on their liberty.

To the Royal College of Psychiatrists in Scotland

- Consider why in the forms completed following detentions of people under the MHA why it is that people who are black are more likely to be recorded as a risk to 'self and others' than other racial groups; and why, of all the ethnic groups, a higher proportion of black and mixed race people were considered as greater risk to 'self and others' than to themselves.

To the Scottish Government

- Mandate an appropriate agency to record and publish national data on restraint, stratified by protected characteristics by September 2022
- Consider CHI having an ethnic identifier

Lived Experience

Who we spoke to

What they told us:

Primary care barriers

Asylum process, stigma, micro-aggressions impact on wellbeing, mental health,

3rd sector = 'life savers' – community role & belonging, 'bridges' to statutory services

Recommendations

To health boards (with support from health and social care partnerships)

- Mental health services in each health board should develop a bespoke programme of engagement meetings with those third sector organisations that meet their local needs to develop trust and reduce barriers to service use by people from minority ethnic communities.

To NHS NES

- The Commission guidance [46] for professionals and interpreters in mental health settings should be referenced at NES S22 AMP training course. The guidance should be evaluated by NES to see whether it might have wider applicability and usefulness beyond the mental health sector and if so, made available in training to other areas of health and social care.

To the Scottish Government

- Commission the appropriate body to develop an additional educational module for health and social care staff on asylum seekers health needs including mental health. This module should be made available to all health and social care staff.

To See Me, the national anti-stigma campaign

- National anti-stigma campaigns should include more participation of people from minority ethnic communities in the design of future programmes

Staff progression: Trying to use PSED data...

Table 5.2. Ethnicity of staff nurses (as percentages) by grade in NHS Borders, Greater Glasgow and Clyde, and Tayside

AfC grade	Ethnicity				
	White	Total non-white	Black	Asian	Other
<Band 5	65%	77%	80%	75%	70%
>Band 6	35%	23%	20%	25%	30%

Table 5.1 Number of mental health staff by professional grade and ethnicity in NHS Borders, Greater Glasgow and Clyde, Tayside

	White	Non-white			Prefer not to say/ unknown	
		Total non-white	Asian	Black		Other
Nursing						
Band 2	33	0	-	-	-	5
Band 3	987	22	*	10	9	319
Band 4	29	0	-	-	-	7
Band 5	1182	47	10	29	8	303
Band 6	817	15	*	5	5	122
Band 7	283	6	-	*	*	47
Band 8+	74	0	-	-	-	15
Other	-	0	-	-	-	-
Medical						
Consultant	159 (62%)	30 (46%)	26	*	*	44
Training Grade	45 (17%)	16 (24%)	9	*	*	39
Other	52 (20%)	19 (30%)	15	*	*	26

White includes: White Scottish, White Other British, White Other, Polish, Irish, Gypsy/Traveller; Asian includes: /Scottish Asian/Asian British; Black includes: Black/Caribbean/Scottish Black/Black-African/Black British

Recommendations

To the Scottish Government

- Provide NES the mandate to require and collate data from health boards by specific directorates as well as by grade and ethnicity to be able to support efforts to reduce systemic inequalities and racial inequity and to be able to identify more clearly in which directorates there may be diversity and inequality in progression issues and successes by March 2022.

To the Royal College of Psychiatrists in Scotland

- Explore the potential reasons behind the lower proportion of Fellows from psychiatrists from communities of colour in Scotland by September 2022.

To the Mental Health Tribunal for Scotland

- Record and publish the ethnic breakdown of its membership by September 2022.
- Take steps to address any gaps in representativeness and diversity of its membership to meet population norms.

To the SSSC

- Take steps to improve the returns on self-reported ethnicity of the MHO workforce for the annual census reports. Describe within the next census report what steps are being taken to increase the diversity of the mental health officer workforce to match the diversity of the population it serves

How culturally competent are staff?

Survey of staff and Equality and Diversity Leads- training, does it meet requirements?

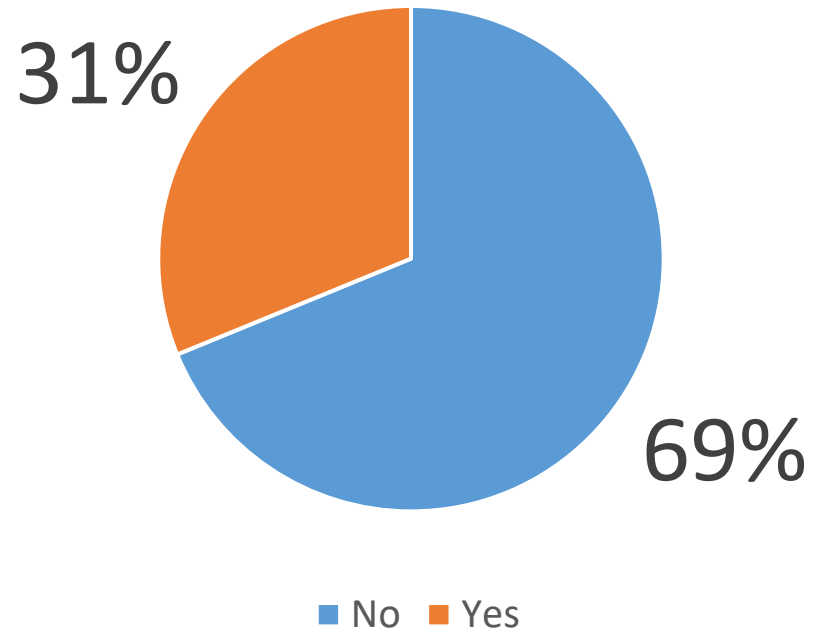
Results: 70% staff felt training not meeting needs; E&D leads- 'moderately' competent

Training- 'Learn Pro' dominates; E&D leads raise need for this to be shared with professions; Covid- ERG- CfE – needs to consider this.

Qualitative data: cultural competence as narrowly considered vs broader concerns.

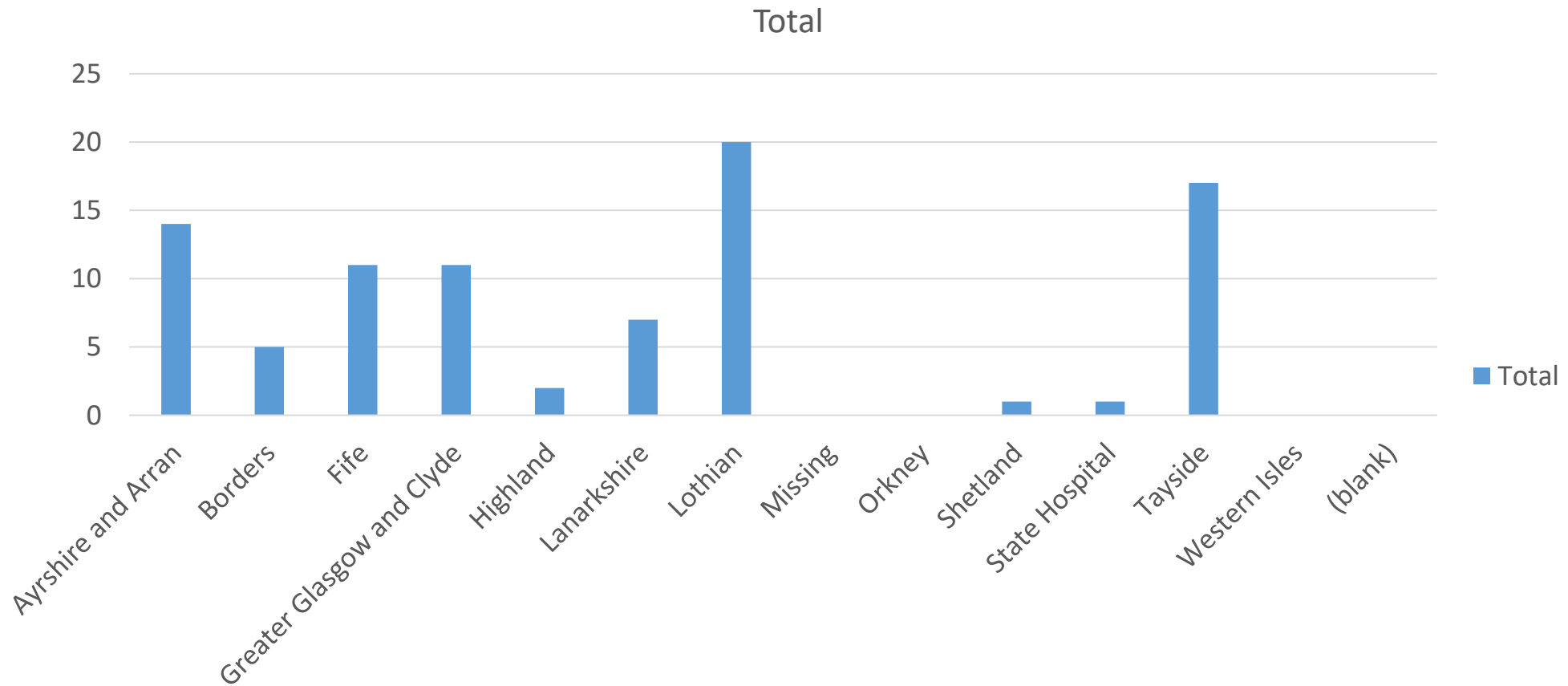
Experience of racism (n=311 staff in Scotland survey)

What staff told us:

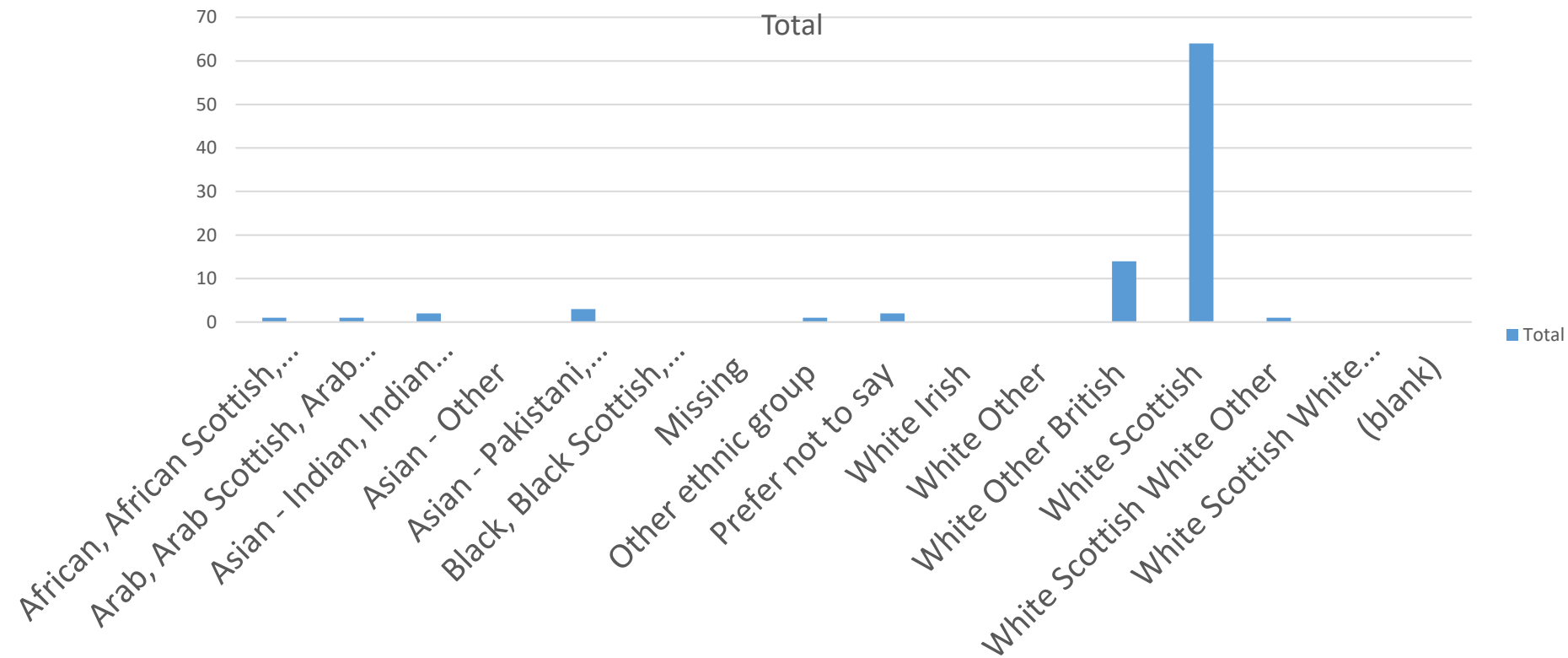


Almost a third of staff reported witnessing or experiencing racism in the workplace

90 provided further comments; 85 indicated the racism was at work



Demographics of people with comments on experience of racism in mental health services



Content of the comments:

- Vast majority of instances are patients being racist to staff
- Not knowing how/whether to report
- Nothing happening if it is reported
- Staff who are victims don't raise this or suffer silently
- Patients don't have 'insight' so difficult to call the police
- Silence on this issue

Recommendations

To Health Boards

- Consider adding demographic variables to patient/people who use services in the community and family/carer feedback forms so that they can collect feedback according to these to ensure and demonstrate that they are receiving feedback from all communities who use their services
- Promote the availability of a black and minority ethnic forum (BME) (if one exists for the health board) and promote its purpose to all staff. Ensure staff have a clear understanding of the role and availability of the equality and human rights champion within their area, if applicable.
- Review protocols for dealing with racially motivated incidents involving people who use services with the health board's black and minority ethnic (BME) network or in the absence of such a network with representativeness from people from diverse ethnic backgrounds. Ensure appropriate reporting and support for the victims of racism, and escalation processes by September 2022.

To Scottish Government

- Mandate the appropriate health regulatory body or forum in Scotland to score progression on employee diversity and inclusion by September 2022
- Commission the development of a new module on diversity training for the public sector. Invite the Coalition for Race Equality and Rights who were commissioned by Scottish Government to publish standards for anti-racist training (published in April 2021) to review any new module on this

Conclusion

- Racial Inequality exists within mental health services in Scotland
- The principles of the Act regarding non-discrimination and equality are not yet met

Questions

- Are there any particular aspects that surprised or shocked you? Why?
- What commitments can you make as an individual or within your organisation to advance EDI in your workplace and for the people you serve?