

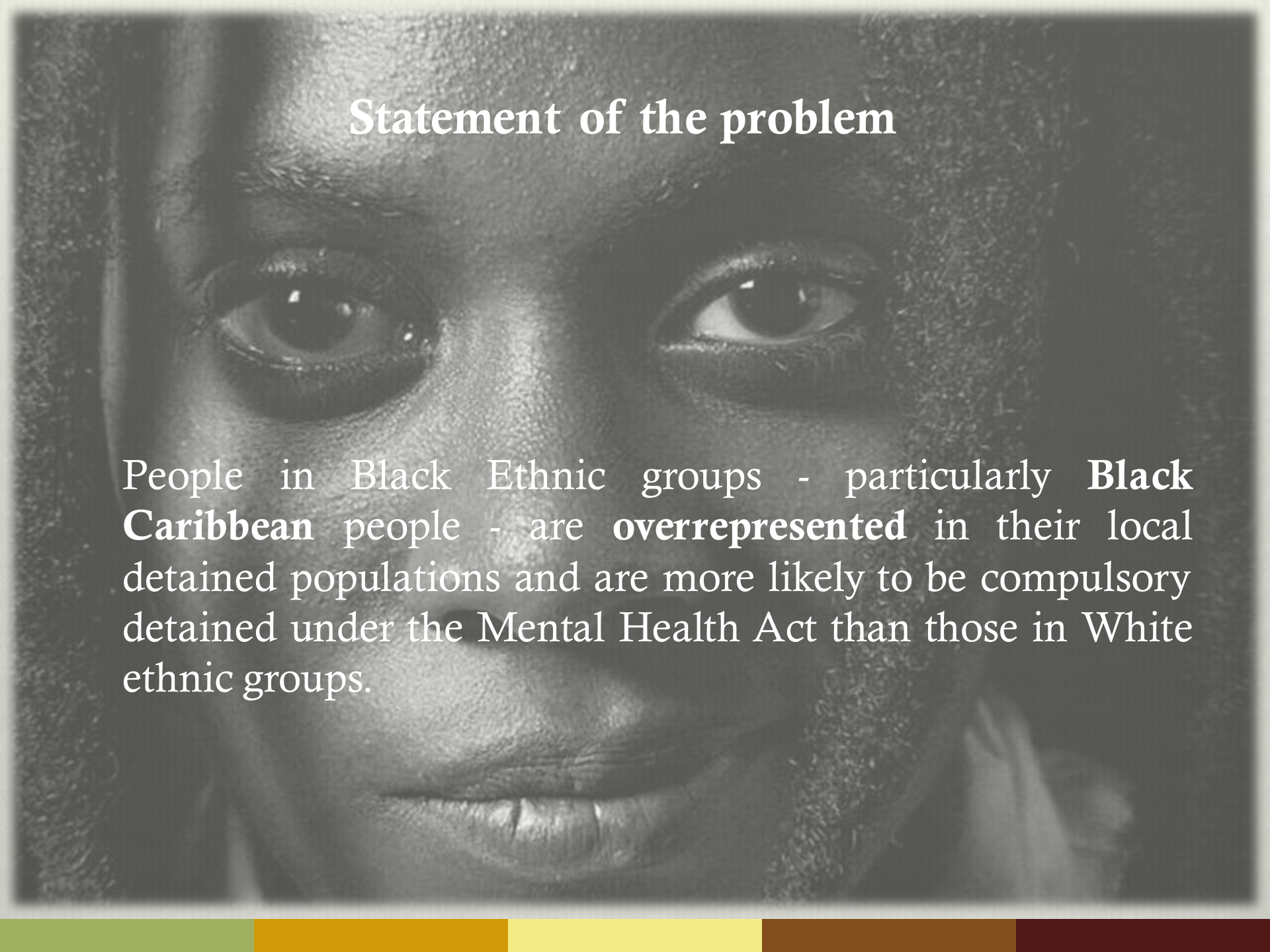


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# Reflections on the role of race and ethnicity in statutory mental health assessments

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## Statement of the problem

People in Black Ethnic groups - particularly **Black Caribbean** people - are **overrepresented** in their local detained populations and are more likely to be compulsory detained under the Mental Health Act than those in White ethnic groups.



# World Health Organisation – Social Determinants of Mental Health

“...A person’s mental health and many common mental disorders are shaped by various social, economic, and physical environments operating at different stages of life. Risk factors for many common mental disorders are heavily associated with social inequalities, whereby the greater the inequality the higher the inequality in risk...”

Source: World Health Organisation (2014), Social Determinants of Mental Health

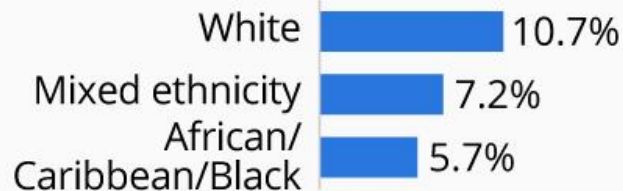
# Race inequality in the UK

Selected facts and figures

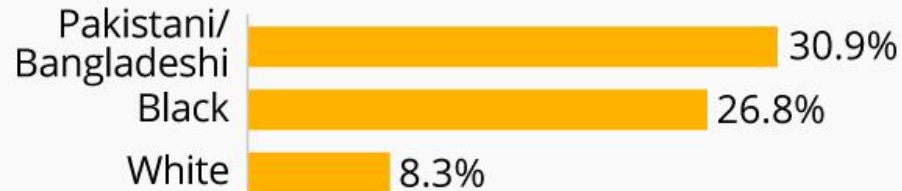
## Unemployment rates



## Working as managers/directors/senior officials



## Living in overcrowded accommodation



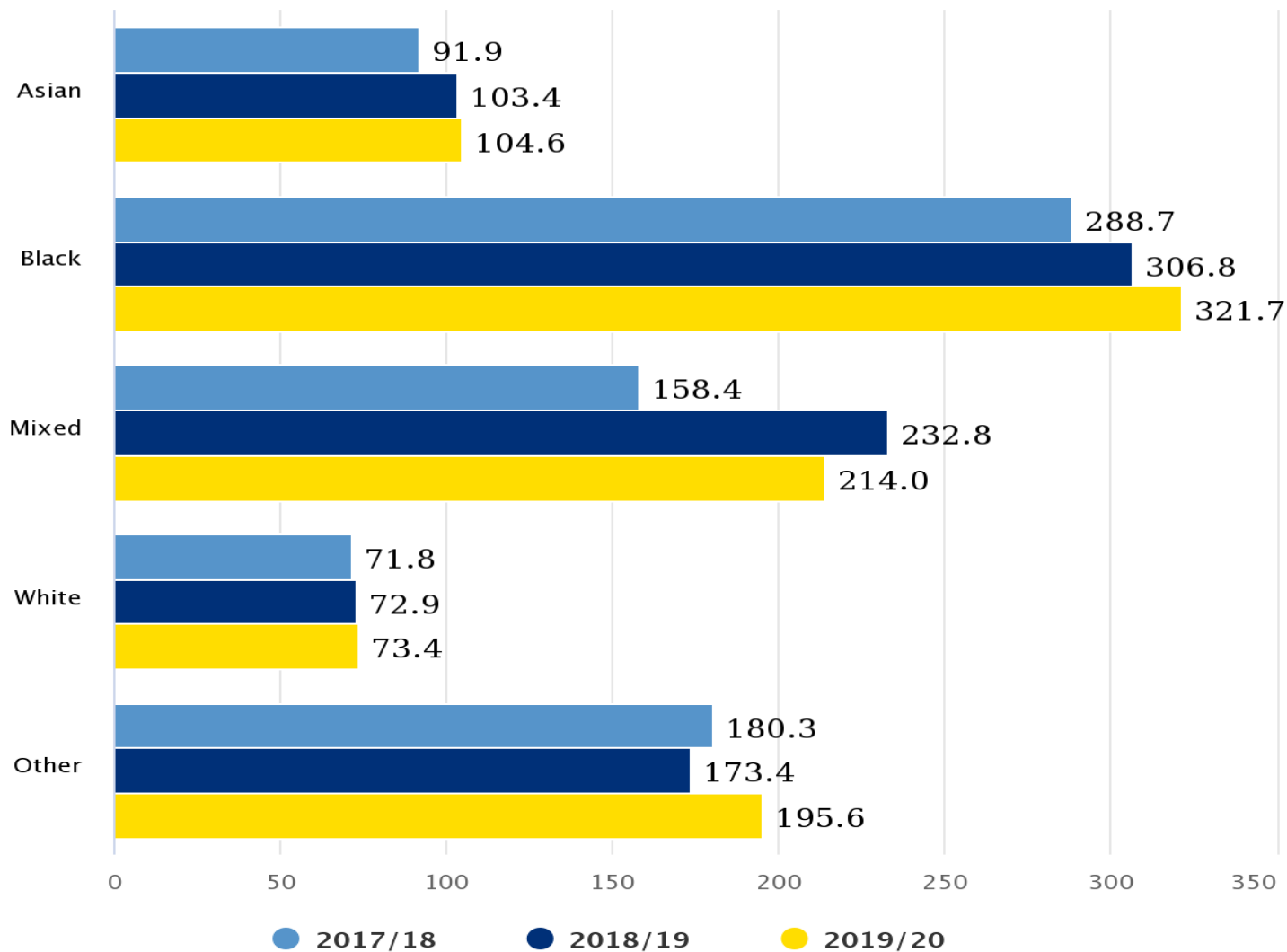
## Homicide victim rates (per million population)



Source: Equality and Human Rights Commission

# Detention rates under the MHA by ethnic group

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



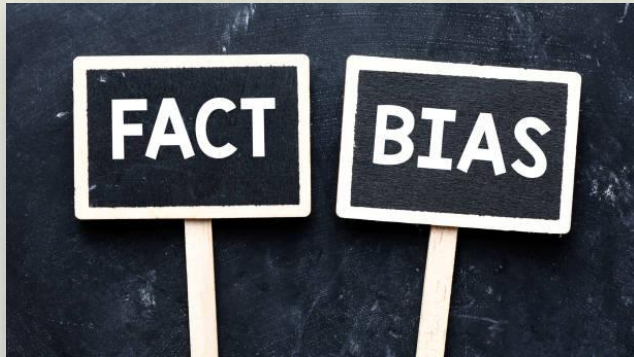


## Case Study 1 - Cultural Misunderstandings

Khalid is a young Muslim man in his 20's who has been diagnosed with psychosis. He has had previous admissions under the MHA and has a documented history of poor engagement with services. He is currently subject to a CTO and Anna, a white community psychiatric nurse has been asked to review him. During the review, Khalid describes an incident when a white neighbour refused to cut tree branches overhanging in his family's garden. He tells her about his complaint to the council and how it escalated into a problematic dispute. Anna responds, "I see it's really been a problem but, I guess there is something about not blowing it up out of proportion."

Khalid is offended as he perceives that Anna is a) trivialising an incident that matters a lot to him, and b) making an Islamophobic slur by referring to him 'blowing things up'. He is subsequently short and agitated in his conversations with Anna, which she records as 'poor engagement' and Khalid not being someone who talks much. Anna feels that this is an indication that Khalid's mental health may be deteriorating.

# How can MHOs mitigate unconscious bias especially when interacting with service users from minority ethnic groups?



## Discussion: Questions, Comments and Reflections

Our presence and who we are (our perceived identities) will have an impact on how people communicate with us. They will communicate differently with us depending on how we present ourselves as practitioners, how we are perceived by them or their own biases about who we are. Their attitude to us may on occasion be informed by ‘hyper vigilance’, which arises when the person anxiously looks for evidence of discrimination because they experience a sense of threat. Sometimes they may misattribute certain actions to racism.

*‘What we see and hear are different, depending on who is in front of us’*  
(Benaji & Greenwald 2013).



## Conversations about Similarities and Differences

Even if you are from the same ethnic group as a service-user, it will be important to have a conversation with them about this perceived sameness, but also any differences there may be. You may still have marked differences arising from social class or from being trained as an MHO and practising with formal mental health diagnostic frameworks. Some of the conversations may be uncomfortable but avoiding naming something does not make it a non-issue.

The need for a conversation is all the greater if your ethnic background is different from that of the service user. If you are, or appear to be, from a different ethnic group, it may help to explore what this means to the service user. Note that some people can interpret the fact that you introduce the subject of race as a sign that you have a problem with it. A good strategy is to couch your discussion in terms of research.



## Case study 2 – Bringing up the issue of race

Susan, a white MHO, is conducting a mental health assessment with Kevin, a black man in his early 30s.

After a series of personal setbacks, Kevin's mental health started to deteriorate and he began drinking heavily. Kevin is referred for a mental health assessment by his mother, as she is concerned that he has become increasingly volatile and is unable to contain his emotions even in everyday situations. Kevin recently lost his job after becoming aggressive with a customer. He has been assessed by a psychiatrist and was diagnosed with bipolar affective disorder. During the assessment Susan and Kevin discuss pressures that negatively affect his mental health. Kevin mentions that he often feels judged and misunderstood by others. After 20 minutes Susan mentioned that she noticed that Kevin did not refer to being black or any racism that he might have faced, and the relationship between this and the deterioration of his mental health. Kevin replied, "I really don't know how to take you bringing up the race thing, let's just get on with what you came here to do."



## Discussion: Questions, Comments and Reflections

**During assessment how might you introduce the conversation of perceived similarities or differences with ethnically and non-ethnically matched service-users ?**

Conversations about difference require humility and sensitive discussion, whether the professional is from the same ethnic group as the service user or a different one. If you raise it, you may be seen as having a preoccupation with it; if you fail to raise it, it may seem that the service user's feelings and experiences have been overlooked.



## **You might include the following key messages in your answers:**

“I am aware from my previous work and research that for some people race and racism are something they think about a lot. Since we don’t know each other well, I don’t want to make any assumptions. Is race something you are ok to discuss with me? As a [say] Afro-Caribbean person, how do you feel about me asking this question? How do you feel about working with me given that difference between us?”

“No two people from the same ethnicity or religion have identical experiences or see things in exactly the same way. That is why I am keen to listen closely to what you have to say.”

“I don’t assume that I know what is important to you or your likes and dislikes just because we are from similar backgrounds.”



# Contact information



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