| HEALTH AND WELLBEING BOARD | | | |
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| **Report Title** | BAME Health Inequalities: Mental Health | | |
| **Contributors** | | **Item No.** | 4 |
| **Class** | Part 1 | **Date:** | 1 November 2018 |

## 1. Purpose

1.1 To feedback to the Board on work carried out since the last meeting to better understand the actions the Board could take to address Black, Asian and Minority Ethnic (BAME) *mental* health inequalities based on feedback from the community.

1.2 To suggest specific areas of action for the Health & Wellbeing Board to undertake to address BAME mental health inequalities in Lewisham.

## 2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to:

- Note the work carried out since July and the feedback from the community regarding BAME mental health inequalities.
- Agree specific areas of action to address BAME mental health inequalities.

## 3. Strategic Context

3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.

3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.3 The work of the Board directly contributes to *Shaping our Future's* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

## 4. Background

4.1 In July 2018 the HWB agreed that the main areas of focus for the Board should be tackling Health Inequalities, and as an initial priority Black, Asian and Minority Ethnic (BAME) communities Health Inequalities.

4.2 It was also agreed at that meeting that mental health should be the first theme through which to look at BAME health inequalities, in line with the Mayor of Lewisham's manifesto pledge, with additional themes to be identified by a working group of officers from Commissioning, Public Health, Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust reviewing current available data, with further input from the community and other stakeholders.

## 5. BAME Mental Health Inequalities

5.1 It was agreed at the July HWB meeting, HWB members, and representatives from local partner organisations will utilise existing BAME health forums and networks to identify key BAME mental health priorities that the Board could then consider how best they could contribute to addressing as system leaders.

5.2 A BAME Mental Health Summit was held on 8 October at which the Mayor, Chair of the Health and Wellbeing Board gave the opening address. This summit was attended by a mixture of officers and staff from Lewisham CCG and Lewisham Council as well members of the community and voluntary and community organisations.

5.3 The summit looked at the following 8 themes, with small groups discussing each in-depth:

- Role of faith and faith groups in BME mental health
- Culturally specific services for BME communities
- Mental health and other health conditions in BME communities
- Mental health, employment and housing in BME communities
- Mental health and wellbeing across the life course in BME communities
- Mental health in men in BME communities
- Mental health, education and the criminal justice system
- Support for community groups to meet BME mental health needs

5.4 The discussions by each thematic group are summarised below in the following paragraphs.

### 5.5 The role of faith communities and BAME mental health

Faith communities need to have a shared understanding of mental health through information, education & training to support early intervention:

- Faith groups were recognised as a place of refuge that can offer a range of services and support for communities, including disseminating information and holding awareness raising events. It was noted however, that some faith

groups have no prior experience of dealing with mental ill health concerns and may perpetuate stigma by being dismissive to those presenting with mental ill health.

- Ensuring that faith groups have the training and information needed to improve understanding of mental ill health in the context of their beliefs and practices was therefore an important feedback point from this group.

5.6 **Culturally specific services for BAME communities**

The following points were discussed:

- Professionals and community members should not make assumptions, about a person's
- Gender should be considered when discussing culture
- Professionals from a communities' culture, gender and who speaks their language should be available
- Interpreters should be made available for services
- There should be respect for peoples' belief and culture
- Culturally appropriate services involve achieving common ground with those using services
- Reducing stigma and prejudice
- Teach employers/employees of community organisations how to ask for support and how to support each other
- GPs should be involved in the conversation, and should be invited to future events about Mental Health

5.7 **Mental health and other health conditions in BME communities**

The main themes emerging from this group were:

- The overlap between physical and mental health: Some behaviours may mask mental health conditions and a person's outward appearance may look ok but lead people to misunderstanding what may be going on. Physical health conditions can manifest as mental health issues. Mental ill health may also cause physical ill health needs not to be met e.g. concordance with medications. GPs need to be made aware of alternatives to medication as some medication may make things worse e.g. side effects can cause physical ill health

- Engagement with services: People may be unwilling to engage with existing services for physical and/or mental health due to Isolation, cultural and/or language barriers, and lack of confidence to trust others. A good first experience of services is therefore important to encourage engagement.

- Prevention and Early intervention: Early intervention is needed i.e. start intervening from the outset. However, there needs to be clarity around referral processes, information in one place and continuity of services. Fear of family

breakdown and children being taken away from families may also prevent people for seeking help early.

- Social challenges: Several social factors can also play a part in managing physical and mental health conditions e.g. online and difficult benefits applications, lack of support especially for single parents, and difficulties with housing and employment. There is a need for advocates

- Stigma e.g. people with mental ill health being 'written off' by the community

5.8 **Mental health, employment and housing in BME communities**

The main themes emerging from this group were:

- Advocates are needed once a mental health diagnosis is made
- More work with employers and housing officers is needed to help them better understand mental health diagnoses and reduce stigma
- Buddy systems to support return to work following mental ill health
- Encourage 'protected' roles to keep individuals active including opportunities around structured volunteering
- Need to include the voice of the family alongside that of professionals

5.9 **Mental health and wellbeing across the life course in BME communities**

This group focused on the how to maintain good mental health in general and how the community can help. The following points were discussed:

- Sleeping well, socialising and being active were identified as important ways to keep mentally well.
- When asked what the community could do to help keep you well the following was discussed:

    - Needing a sense of community cohesion (a place where people feel understood) and cultural belonging/identification with professionals. This was felt to be lacking and religious organisation were identified as a common place to find this.
    - A question of whether there was an opportunity to have a Wellness Centre was asked. When asked what would be in it; a place to meditate (regardless of religion), massages available, a creative space for wellbeing that is multi-cultural and suitable for all age ranges. Important to not feel stigmatised. A place to just 'be'.
    - There was a lot of discussion around activities to do in the borough; open spaces; parks, walking groups, gardening/ allotment groups, growing fruit and beg (i.e. Brockley and Grove Park). It was felt that there was a lot of activities already taking place; how do we advertise, communicate, find out. A Lewisham Wellbeing Map already exists on google; could we expand on that.

- It was felt we need to ask what the young people need; they were not felt to be well represented at the event.
- Housing came up briefly in relation to homelessness, and young homeless people e.g. finding opportunities to use empty estates for a place for the homeless to sleep

In each of the thematic workshops several clear themes relating to the experiences that BAME residents have in relation to mental health services came up several times. These themes were:

- **Stigma** - the widespread stigma around mental health issues needs to be addressed.
- **Communication** - improved communication around what is already happening within in terms of both community and statutory services.
- **Early intervention** - there were many comments about the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
- **Genuine co-production** - from both the feedback forms and discussion it was evident that there needs to be a clear mechanism for genuine dialogue and co-production with BME communities for both mental and physical health.
- **Cultural competence of services**: There were discussions around understanding both the need for and benefits of culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

5.10 There are several events taking place in the coming weeks to further explore these areas and begin co-production of some detailed plans for action which the Board may wish to be directly involved in. However there are some initial actions that the board may like to consider taking forward:

- Endorse and support stigma and discrimination reduction activities such as the Time to Change campaign.
- Require that Lewisham Health and Care Partners develop a mechanism(s) for genuine co-production with members of the BAME communities in Lewisham to support commissioning of all-age mental health services.
- Consider how they can place a stronger focus on prevention and early intervention for mental health, particularly within BAME communities.

5.11 It is suggested that the board discuss and agree the above actions, as well as any additional actions it would like to take. A further update on progress will be provided to the board in March 2019.

## 6 Financial implications

6.1 There are no specific financial implications arising from this report or its recommendations.

## 7. Legal implications

7.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

7.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

7.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

7.4 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

7.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals

particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

7.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

7.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/

## 8. Crime and disorder implications

8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

## 9. Environmental implications

9.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact James Bravin, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at james.bravin@lewisham.gov.uk