

Report to the Health and Adult Social Care Communities and Citizenship Scrutiny Sub-Committee 1st May 2013 Meeting

Focus: BME Psychosis: prevalence and access to services

1. Introduction

Healthwatch Southwark is a new organisation which began on the 1st April 2013. As such, the information that we have included in this brief report is sourced mainly from the legacy we gained from the Local Involvement Network (LINK Southwark).

Healthwatch Southwark is aware that the issue of higher numbers of people from the BME communities being admitted on to wards and not accessing Talking Therapies is not in line with people of other ethnicities. This is both a local and national issue.

2. Evidence of the issue

2.1 From LINKs

LINKSouthwark raised their concerns regarding the over- representation of people from Black and Minority Ethnic communities on the wards, in general, at quarterly run meetings with South London and Maudsley NHS Foundation Trust during 2012-13. These meetings were held with the four LINKs in Croydon, Lambeth, Lewisham and Croydon to raise issues pertaining to the Trust's Quality Accounts. These meetings were chaired by Cliff Bean, Deputy Director Quality and Assurance.

LINK comments within the Quality Accounts:

2009/10 Croydon LINK commented on page 44:

Priorities for 2010/2011

In terms of the proposed priorities for 2010/11, one major priority we believe is missing, based on the "Count Me In" census, is tackling the issue of the over - representation of people from BME groups in hospitaladmissions. We think this is an important area to address for Croydon. On a separate level, working groupmembers have raised the issue of an investigation into whether language needs are being met adequately.

2010/11 LINK Southwark highlighted the issue again on page 26:

There is no follow-up on BME ward over-representation despite it having been an area of concern identified in the 2009/10 QA

BME Overrepresentation

Common to this year's QA and that of 2010/11 is the lack of follow-up on over-representation of people from the BME communities, as first highlighted by Croydon LINK in 2009/10.

At the November 2012 Quarterly meeting LINK Southwark met with the usual SLaM and LINKs personnel and Shubulade Smith a member of Schizophrenia Commission. As the author of the chapter of the Commission's Report *The Abandoned Illness* on Mental Health and Minority Ethnic Groups (pages 48-51) we had an extensive discussion with her including questions and answers. This should be noted that SLaM were thanked for arranging this meeting which enabled a better understanding of this on a local as well as national level.

2.2 From People who use services

Healthwatch Southwark has received comments from a BME service user group who were asked to comment about psychological therapy services. From a group of 10 people 8 said that they would like to have therapy. Comments included:

"It has not been offered"

"Because you have CPN it is not offered"

"No Black psychologist"

"Need to know more about it/unable to make decision"

From a non- BME perspective we received a case study which follows:

"I was in the mental health system for 8 years before I was offered psychological therapy. This was only after I got involved in user-led organisations and began to ask for what I needed. Still, I was asking for a year, and it was only after two suicide attempts that I was offered CBT from a trainee at my CMHT. It seems to be that it is very scarce and hard to get hold of. It also seems that if you are not aware it is on offer then CPNs and psychiatrists do not raise awareness, preferring to medicate. That's my personal experience."

2.3 Recent research

See especially: Fearon, Paul "Can early intervention services modify pathways into care?" *British Journal of Psychiatry* 2013, 202:249-250. There has been considerable local research into early intervention services for psychosis (severe mental illness). Analysis by major ethnic groupings indicates that black patients are referred more by "emergency" type services, such as A and E or the justice system than by GPs. However, the length in time of the "pathway" is shorter, whereas white people are more likely to access mental health services through their GPs and take longer to receive diagnosis and treatment. The shorter pathway is associated with better

results but so far it is not clear whether this is due to “acute” presentations having a better outcome.

From the patients’ experience point of view, a pathway via coercive routes is obviously less desirable, and trust in and perhaps access to GP services needs to be improved as well as liaising with other agencies including the voluntary sector, and possibly “less stringent referral criteria” using terminology more relating to distress.

A key informative measure would be use of compulsory admissions broken down by ethnicity.

In addition gender analysis might shed light on appropriate intervention strategies.

3. Suggestions

Healthwatch Southwark will collect more information of real life cases through a number of means including Kindred Minds - A Southwark Black and minority ethnic (BME) user-led mental health project and other relevant sources and organisations in Southwark.

Note: Healthwatch Southwark will be writing our workplan for the year in May/ June and at the point of writing this report cannot confirm the areas of focus which will be chosen.

Key:

CPN-Community Psychiatric Nurse
CBT- Cognitive Behavioural Therapy
CPA- Care Programme Approach