Ethnicity and mental health: a new beginning

Lancet Psychiatry 2020
Published Online
January 20, 2020
https://doi.org/10.1016/S2215-0366(19)30514-0

The UK is a high-income country with a publicly funded mental health-care system, which is free at the point of use. The UK's National Health Service (NHS), like other public bodies, is legally obliged to ensure fair and equal services. However, ethnic inequalities remain established in most aspects of mental health care in the UK.[1] Black and minority ethnic (BME) people do not do as well as the white majority in any aspect of mental health care and, generally, they fare much worse.

The nature and extent of racial discrimination in mental health care has been known for over half a century. Over the years, however, there has been no change in the experiences of people from BME communities who use mental health services. Despite the continuing rhetoric on race and mental health,[2,3] and more promises of change,[4] there is no parity between BME communities and the white majority in access, experience, or outcomes of mental health care.[5]

There are several reasons for this absence of progress in reducing ethnic inequalities in mental health care. First, most academic and professional focus in this area has been on the probable reasons for the ethnically differentiated nature of psychiatric care, rather than on the shortcomings within current services. Second, changing established practices creates a sense of helplessness and pessimism. Third, despite various policy initiatives on race and mental health, there is still no national plan or strategy to reduce race inequalities in treatment and outcomes. Fourth, political and professional leadership has largely been absent in both the government and the NHS in tackling ethnic inequalities. The lack of commitment is evident from the continuing failure to implement the recommendations from various reviews and national inquiries, and omission of any investment in this area.

Further inquiries or reviews will add little to what is already known. The problems are already well understood, and despite the complexity of underlying issues, it is clear what changes are required. For example, a wealth of evidence exists that is based on the experience of service users and the black communities, and many examples of what works for the benefit of patients and their families (panel). Most crucially, the BME communities and agencies are engaged and willing to work with statutory providers to bring about change.

The Ethnicity and Mental Health Improvement Project (EMHIP) in Wandsworth, southwest London, UK, is an attempt to bridge the gap between policy rhetoric and practice. EMHIP is a collaborative project involving the local mental health service, South West London and St George's Mental Health NHS Trust (SWLSTG), and a BME community mental health organisation, Wandsworth Community Empowerment Network (WCEN). WCEN has been at the forefront of challenging the unjust patters of mental health care in southwest London as well as mobilising resources and creating networks in the local community.[6] Although SWLSTG and WCEN have worked together for over a decade, they have been unable to change the ethnically differentiated pattern of mental health care locally. Over the years, it has become clear that fundamental reconfiguration and changes in the mental health system, both inside (ie, in the formal mental health system) and outside (ie, in the community), are necessary to bring about any improvement. EMHIP is a practical, locality-based service improvement programme designed to bring about this change.

The aim of the project is to reduce ethnic inequalities in access, experience, and outcome within local mental health services. EMHIP will start with a process of knowledge and evidence synthesis, bringing together experiences of service users and individuals from BME communities, examples of good practice across the country, evidence in relation to equitable and effective mental health care, and research findings and recommendations from inquiries and reports. From this initiative, a practical, whole-system intervention programme will be developed and adapted for the purpose through a process of coproduction, involving service providers, service users, and BME communities locally. In phase 2 of the project, this intervention

***Panel*: Evidence for changing ethnic disparities in mental health care**

- Evidence based on research, national inquiries, and reports
- Evidence based on experience: service users and black and minority ethnic communities
- Examples of good practice
- Local evidence from services and communities

programme will be implemented in one borough (Wandsworth), and further refined by engagement and consultation with local communities and service users. Outcomes will be evaluated systematically through a cycle of comprehensive ethnicity audits based on routine service use data (adapted and augmented where necessary) and additional qualitative data.

When other initiatives to improve mental health care for BME communities have failed to produce meaningful or sustainable change,[7] why should this project succeed? There are several reasons to believe that this approach will change the current, discriminatory dynamics of mental health care. EMHIP is a service-level intervention that is conceptualised, primarily, as a way of improving the overall quality of clinical care and patient safety for everyone, not just BME groups. The project combines an inside and outside approach through equal participation and commitment from statutory care providers, community agencies, and the wider community. The success of such a whole system project depends on strong leadership and collaboration between various key stakeholders. This process is underway in southwest London, where local BME communities and service users are "stepping up boldly" along with NHS agencies to ensure that local mental health services are respectful, effective, safe, and appropriate to their needs.[8]

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