

The Chapter opens with the following statement: -

The surprising fact with regard to suicides of people from Black and minority ethnic groups is that there are not more of them. This chapter tackles some of the complex issues that arise in trying to understand the particular needs of people from Black and minority ethnic groups (BME) in relation to suicide prevention.

This table was included, which shows the extent to which risks are raised or not, for certain BME groups:-

Suicide Risk Factor	Raised or Diminished in BME?	Notes (See Inside Outside DoH 2002)
Diagnosis of schizophrenia	Yes, in some groups	Evidence for increased rates of diagnosis for African Caribbeans. High rates for Irish, Bangladeshi
History of violence	Yes, in some groups	Significant over-representation of African Caribbeans and African in secure and High Security settings. Increasing numbers of Irish and Bangladeshi.
Personality disorder	Unclear, some evidence of low rates of diagnosis	Limited research, though that which is available indicates under-representation of BME groups
Substance misuse	Yes, in some groups	Under-representation in support services
Unemployed	Yes, in some groups	High rates of unemployment in Bangladeshi, African Caribbean and Pakistani groups. High unemployment amongst refugees and asylum seekers.
Lone parents	Yes, in some groups	High reporting of lone parenting amongst African Caribbean groups.
Non-compliance with treatment	Yes, in some groups	Disproportionate levels of disengagement by various BME, leading to high representation in assertive outreach services. Disproportionate experience of Mental Health Act detentions
Missed final appointment with services	Yes, in some groups	As above
Homelessness	Yes, in some groups	African Caribbean, African and refugee groups are disproportionately represented. Under-representation in support services.

Occupations: farming, nursing, medicine	Partially	High numbers of Asian doctors and BME nurses in some localities and in some settings. Though numbers were declining others are being recruited from South Africa Nigeria and the far East making this picture more complex.
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The chapter included discussion about what might constitute effective work with people from BME group: -

Current models of service promoted by the NSF: What works?

Much literature dating back to the 1970s records the poor experiences and outcomes for people from BME in mental health. Research on effective interventions with people from BME groups is much more difficult to find. This is because the types of interventions that are favoured by many people from BME groups (documented in many report such as *Breaking the Circles of Fear* SCMH 2002) are not of a traditional medical or psychological model. They are not easily suited to randomised controlled trials (RCT). The lack of a platform for such ‘pure’ scientific research has acted against the interest of BME services users. The perception of RCT as the holy grail of research has meant that the many valuable studies into the *experience* of people from BME groups have little kudos and therefore the power to affect funding or shape policy. For many people from BME groups this is interpreted as yet another attempt by funders and policy makers to silence their voices. The reality is that policy development is presented as being based upon scientific evidence when on occasions other imperatives drive this process.

The views of people from BME groups in relation to mental health services are by no means uniform. There is however a fair deal of consistency as demonstrated in studies that look at BME experience in mental health services (Parkman et al 1997; Sandamas and Hogman 2000; Wilson 1997). Many of these studies focus on African Caribbean and African service users, mirroring the areas of greatest discrepancy in outcomes.

Services that achieve engagement recognise and address the perceptions and experiences of many people from BME groups. The issues may be perceived by readers as controversial but will be familiar to those who listen to people from BME groups.

Put another way, services that are effective in working with BME communities *understand things differently* and *do things differently*.

For more on this please see

http://www.amazon.co.uk/New-Approaches-Preventing-Suicide-Practitioners/dp/1843102218/ref=sr_1_1?ie=UTF8&s=books&qid=1218439222&sr=8-1