Working with Ethnicity Race and Culture in Mental Health:

A Handbook for Practitioners

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Sample chapter

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Chapter 11

Conclusion

People from black and minority ethnic backgrounds experience racism and discrimination inside and outside of mental health services. Racism is intensely painful and has an adverse impact on the social, economic, psychological, physical and mental well-being of those who experience it. Very few people would argue otherwise.

The impact of people's circumstances on the precipitation, compounding or worsening of their mental health problems is acknowledged by even those who give biological factors primacy in arguments about causes.

Since the 1980s there have been several policies, reports and programmes of change to address the disparities for people from BME groups in mental health services. Still, few services can demonstrate that they are tackling these disparities in a way that is proportionate to the scale of disadvantage. Individual workers struggle to rank highly the risk of adverse outcomes for BME service users amongst those that determine the priorities in their practice. At the very least, mental health services show disregard for these risks that affect people from BME groups, i.e. that they will have poorer experiences and poorer outcomes. It is not routine for practitioners to record as a risk, that adverse outcomes will occur unless action is taken. Workers do not feel that they would be held to account if disparities persist whilst they have no evidence of plans to mitigate these. Complicity leaves mental health organisations in an indefensible position when faced with accusations of institutional racism, meanwhile individual workers struggle with gaps in resources (including time), knowledge and skills to make a difference. Assumptions persist that workers are equipped to provide services that strive to reduce inequalities despite the lack of evidence to support this.

Practitioners and service providers need to deconstruct the key knowledge, skills and attitudes in working with BME service users with mental health problems. These need to be rebuilt with the capacity and capability to work effectively with difference. Practitioners need to be honest about their fears, likes, and prejudices and find ways to

ameliorate their effects. They need to learn how to deal with matters that make them uncomfortable, including talking about ethnicity, race and culture and challenging others about their oversights and discrimination.

Relationships between practitioners and service users from BME backgrounds are central to achieving change. These relationships are the carriers for change; the containers for all interventions provided by mental health practitioners. Collectively practitioners have not yet been able to utilise these relationships to achieve demonstrable improvements in outcomes for people from BME backgrounds. *Working with Ethnicity, Race and Culture in Mental Health* moves the agenda on from analysing the whys and wherefores of the persistence of disparities. In relation to practice that might change outcomes, it is hoped that it will go some way towards describing what 'good' looks like.