Black and minority ethnic communities and mental illness

This factsheet provides information in the following:

1. What are the main mental health issues for BME communities?
2. What are the barriers to BME communities getting support?
3. Where can I find support that is appropriate to my needs?
4. What health issues might I need to be aware of?

What are the main mental health issues for BME communities?

Difficulties in everyday life such as finding and keeping work, or not being accepted by friends or family members are issues for most people with mental illness. However, BME community members may face additional problems with seeking appropriate support and have been found to be more likely to be diagnosed and admitted to hospital for severe mental health problems. According to a review of research (Nazroo, 1997), different issues can affect different groups, leading to inadequate support and treatment:

African Caribbean people are more likely to be diagnosed with and admitted to hospital for psychosis than any other group. This is thought to be because African Caribbean people who are experiencing mental health issues are nervous about going to seek support from services because of the possibility of being incorrectly diagnosed or encountering institutional racism. The potential for these things to occur can discourage BME individuals from engaging with mental health services. If they continue to be disengaged from any support or treatment, mental health problems can worsen, leading to crisis such as harm to self or others. For this reason, this group is vulnerable to being sectioned.

Western approaches to treating health are often thought of as particularly culturally unsuitable for Asian people, because psychiatric care does not take into account their cultural and religious backgrounds, or recognise that their approaches to caring and family may create different needs. Some research suggests that young Asian women are particularly vulnerable to suicide, with the highest rates of depression amongst Indian and Pakistani women. Where parents are first generation in the UK, they may not recognise the western approach to mental illness and its treatment, and may therefore have mental health needs that are not being met. This can place pressure upon their family to provide care without adequate support.

The rate of mental illness is thought to be relatively low in Chinese people, which could possibly due to stronger family support networks. It is quite possible, however, that there is greater stigma of mental health problems in close-knit Chinese families, which may prevent people accessing the support they need.

Ethnic minorities do also include white people from outside the UK. Irish communities, for example, have been shown to have higher rates of depression and alcohol problems, and are more vulnerable to suicide.
In addition, some minority ethnic groups may have larger families than their white British counterparts. The pressures of coping with mental health issues in the family, should they not be in receipt of adequate support can impact on children’s mental health, as they are less able to cope with experiences of loss and stigma.

These cultural issues mean that people from BME communities may put off accessing support and treatment, making them vulnerable to experiencing a crisis situation which might lead to being sectioned under the Mental Health Act, or even involvement in the criminal justice system (McKenzie, 2005). To prevent such distressing experience of mental health services in a crisis, Rethink encourages people to access mental health services as early as possible, making use of culturally sensitive support where available.

What are the barriers to BME communities getting support?

For people from BME communities, different approaches to mental health and a lack of cultural sensitivity in services can create barriers to them seeking and receiving appropriate support. Some of the main issues are:

Different approach to mental illness – psychiatry in the UK is based on a western understanding of mental illness that there is something ‘wrong’ with a person’s make up that must be put right, usually using medication to correct a chemical imbalance in the brain (this is called a ‘medical model’ of mental illness). However, other cultures may see mental illness in terms of the mental and spiritual experience of a person (holistic model). Because services do not engage with people in a holistic way, people from some BME communities may be discouraged from seeking help, or find that their mental health problems are not recognised when they do.

Cultural differences in seeking help – in some cultures, mental illness is not considered a priority and so people don’t see the point in seeking treatment. In other cultures, mental illness is considered a private family problem so that seeking help is thought of as shameful. Organisations like Rethink are working towards reducing the stigma of mental illness, and highlighting the message that these issues can affect anybody.

Communication problems – for many people in the UK, English is not their preferred language. Being diagnosed relies largely on individuals and carers explaining their experiences, yet few health services provide consultations in languages other than English. As this might mean that the doctor cannot uncover enough information about you, you may be incorrectly diagnosed. If this is a problem for you, you can call Rethink’s National Information and Advice Service and discuss your concerns with an advisor through a translation service (Language Line). See NIAS contact details at end of factsheet.

Poor access to non-drug treatments – Although some BME groups are over represented in hospitals (where the main treatment is medication), very few people from these groups are ever offered an alternative treatment such as talking therapy such as cognitive behavioural therapy, or complementary therapies such as art therapy and relaxation techniques (McKenzie, 2005). If you feel a talking therapy
would be beneficial for you but you are denied this option, you might wish to speak to the National Information and Advice Service about making a complaint (see contact details at end of factsheet).

Poor risk assessment - BME group members are more likely to be considered a higher risk to the public, due to race stereotypes, which can lead to being detained under the Mental Health Act (Inside/Outside, 2003). Black detainees are also more likely to be medicated by injection or given electro-convulsive therapy (ECT) rather than given oral medication (tablets). There is also evidence to show that staff are quicker to physically restrain a black detainee.

Lack of BME mental health staff – being in hospital could be made easier if there are staff members who are sensitive to your cultural background and needs. Few mental health hospitals outside London have workers from BME communities, which can have a negative effect on patients and their families. Organisations like Rethink are working to set up services, with culturally sensitive staff, in order to better meet the needs of BME people so that they can access support earlier.

Where can I find support that is appropriate to my needs?

There are some projects and services that have been set up specifically to provide support for various black and minority ethnic people dealing with mental health issues (and their families). Ideally, appropriate support should be provided by mainstream services, but this is a process that will take time while organisations like Rethink press for change. At the moment, there are only a small number of these services so only a few areas are provided for:

The Bristol BME Service (Rethink)

A development service that works with mainstream Rethink Bristol Community Services to provide support that is accessible and appropriate to the needs of Black and Minority Ethnic people experiencing mental or emotional distress.

Leaflets are currently available in Bengali, Gujurati, Hindi, Punjabi and Urdu, with further translated literature being developed in response to requests. Access to interpreters can be arranged.

St Paul’s Settlement
74-80 City Road
Bristol
BS2 8UH

Tel: 0117 353 2041
Email: Bristolbmeservices@rethink.org
Web: www.rethink.org

The Gravesend BME Service (Rethink)

Providing support to carers within the BME community. Leaflets are available in Punjabi, Urdu and Chinese. Carer support group meets last Tuesday of each month 5.00-6.30pm. A befriending and information service called Sahayak is also based here.
The Asian Mental Health Helpline (Rethink)

A culturally sensitive listening and information service for the Asian community in Kent, East Sussex, Brighton and Bexley. The service is for anyone affected by mental health issues - whether they are service users, carers or friends. Callers may speak to us in Asian languages (Gujarati, Punjabi, Hindu, and Urdu) or English.

Tel: 0808 800 2073     Email: asianline@rethink.org

Birmingham African Caribbean Carers Development (Rethink)

This service provides carer support for African Caribbean carers. African Caribbean Carers Group is held monthly.

Room 11 Ruskin Chambers
191 Corporation Street
Birmingham
West Midlands
B4 6RP

Tel: 0121 2365991 (Thursday and Friday 9am-5pm)

Ealing Carers Support Service (Rethink)

Service provides carers with support, advice, information, and advocacy to reduce the burden of care. Weekly Asian women’s carers support group. Short respite breaks are provided for carers.

15, Central Chambers
The Broadway
Ealing
London
W5 2NR

Tel: 020 8567 0101
Email: ealingcarers@rethink.org     Web: www.rethink.org

Nai Zindagi Project (Nottingham)

Counselling, advice and information for Asian women with mental health difficulties. Also run a carers’ group for Asian women carers. All services available in Asian languages.

Stonebridge Centre
Cardiff Street
Carlton Road
Nottingham
Southside Partnership Fanon Care (London)
Providing mental health services to **African and African Caribbean** people in London area. This service runs a resource centre, including a women's project and supported housing. Also provides a day centre offering activities.

31-33 Lumiere Court
209 Balham High Road
SW17 7BQ

Tel: 020 8772 6140  Email: info@fanondc.clara.co.uk

Sathi – Asian Men’s Group (Bolton)
Social, recreational and educational activities for Asian men with mental health problems.

Socialist Club
Wood Street
Bolton
BL6 6BN

Tel: 01204 337 030  Email: andy@band.org.uk

Black Mental Health Resource Centre (Leeds)
Provides emotional and practical support, self help groups and counselling for **African, African Caribbean and Asian** communities.

Bushberry House
4 Laurel Mount
St. Mary's Road
Leeds
LS7 3JX

Tel: 0113 237 4229

Community Links (Leeds)
Leeds based mental health charity organisation providing home support and residential housing for people with mental health, including services for **Asian and African/Caribbean** communities.

Community Links
39a Harrogate Road
Leeds
LS7 3PD

Tel: 0113 307 0080  Email: info@commlinks.co.uk  Web: www.commlinks.co.uk
Antenna Outreach Service (London)
A London based, mental health service, which works with African/African Caribbean people aged between 16 - 25 years, suffering the effects of mental illness. They offer individuals and their parents support, advice and practical help with regards to mental health.

Antenna Outreach Service
Excel House
312 High Road
Tottenham
London
N15 4BN

Tel: 020 8365 9537 Monday to Friday 9am-5pm
Email: antenna@outreachservice.fsnet.co.uk   Web: www.antennaoutreach.co.uk

The Forward Project
Shepherd’s Bush (London) based organisation providing care and support in the community for people of African and African Caribbean descent with mental health problems. The Forward Project also run a residential care home in Shepherd’s Bush called Nia House. They are able to provide counselling, advocacy, floating support and family support.

The Forward Project
15 Coverdale Road
Shepherd’s Bush
London
W12 8JJ

Tel: 020 7381 8778

AWAAZ Manchester
Mental health, employment and training, advocacy and social support specifically for Asian community (male and female staff).

AWAAZ Manchester
464 Cheetham Hill Road
Cheetham Hill
Manchester
M8 9JW

Tel: 0845 644 1972
Email: altaff@aol.com   Web: www.awaaz.co.uk/mentalhealth

Qalb
Qalb is based in East London and provides culturally appropriate services for Asian people with mental health needs. They offer development opportunities, creative activities (some single gender), complementary therapies and off-site counselling.
Sahara – Asian Women’s Group (Bolton)
Social, recreational and educational activities for Asian women with mental health problems.
Youth Workshop, Stanley Street, Bolton
Tel: 01204 337 550

Asian Health & Social Care Association
Day Centre for elderly people in the South Asian communities of Bristol & South Gloucestershire. Providing affordable vegetarian lunch, keep fit, yoga, board games, entertainment days, information on health & well-being and local, national and European excursions at reduced costs for members.
The Nursery
Easton Community Centre
Kilburn Street
Easton
Bristol
BS5 6AW
Tel: 0117 954 0178 Email: asiansdaycentre@postmaster.co.uk

Newham Asian’s Women Project
London based resource centre for young Asian women, providing legal advice, training, mental health support, counselling, project on self harm, and a young women's support group and other support groups called Teens.
661 Barking Road
Plaistow
London
E13 9EX
Tel: 020 8472 0528 Email: info@nawp.org

Chinese Mental Health Association
The Chinese Mental Health Association is a registered charity dedicated to serving the Chinese community in the UK. The Association is actively involved in providing direct services, increasing mental health awareness, representing Chinese mental health issues in public forum and raising its profile in their own community.
Chinese Mental Health Association
2nd Floor
Zenith House
What health issues might I need to be aware of?

There are some issues around medication treatment that are particular to various BME groups. It is useful to gather knowledge about treatments so that you can play an active role in your own treatment plan, and be aware of potential risks and benefits:

**Stroke and diabetes**

Black Caribbeans are at much higher of stroke, with women being the highest risk group. Black and Asian people are also at much higher risk of developing diabetes and heart than the general population. All of these physical health problems are associated with some medications for mental illness, and it is important therefore for you to be aware of the risks and to monitor your physical health for changes.

**Clozapine-induced neutropenia in African-Caribbean patients**

According to the Maudsley Prescribing Guidelines, 2.7% of patients treated with Clozapine develop *neutropenia*. Neutropenia is a condition of abnormally low levels of white blood cells (neutrophils), which fight off infections in the body. There is a 77% increase in risk of developing neutropenia in African Caribbean people taking Clozapine. This is regardless of the dose prescribed. This condition leaves people vulnerable to infections, particularly of the lungs, mouth, throat, sinuses and skin. In less severe cases, mouth ulcers, gum disease and ear infections may be common. In severe cases, infections may be life threatening.
Some of this increased risk to African Caribbeans is because their white blood cells ‘behave’ in a different way which can lead to lower white blood cell counts. This is called ‘benign ethnic neutropenia’. However, if white blood cell counts are normal to begin with, and then drop after starting Clozapine treatment, it is likely that the neutropenia has been caused by the medication and would return to normal if the person came off Clozapine. If this is the case, the person may be prescribed lithium at the same time. Lithium increases the white blood cell count, making continuing with Clozapine treatment possible.

**Clozapine-induced agranulocytosis in Asian patients**

At least 0.7% of patients taking Clozapine develop agranulocytosis. Agranulocytosis is a condition which occurs when the number of granule-shaped parts of the white blood cell (granulocytes) is very low. This is a very serious condition, which can cause death. Risk factors are increasing age and being Asian. Lithium does not protect against clozapine-induced agranulocytosis in the way it does for neutropenia.

**Further information:**

**The Rethink Information and National Advice Service** produces a number of fact sheets on a range of different issues that affect people with mental illness. They are also able to give confidential, impartial, practical advice on all aspects of mental illness. They can be contacted at:

Rethink National Information and Advice Service
15th Floor
89 Albert Embankment
London
SE1 7TP

Tel: 0845 456 0455 or 020 7840 3188 (Monday-Friday 10am – 2pm)
Email: advice@rethink.org

The National Black and Minority Ethnic Mental Health Network aims to reduce inequality and promote good practice in mental health for BME groups. It is open to all BME voluntary and statutory sector organisations, carers, users and anyone concerned with poor BME Mental Health (part of the Afiya Trust).

27/29 Vauxhall Grove
London
SW8 1SY

Tel: 0207 582 0812
Email: via website
Web: www.bmementalhealth.org.uk
The Afiya Trust

The Afiya Trust is a London based, black and ethnic minority (BME) led, organisation with a nation-wide remit to reduce inequality in health and social care provision for BME groups.

27-29 Vauxhall Grove
Vauxhall
London
SW8 1SY
Tel: 020 7582 0400

Email: afiya@afiyatrust.org.uk Web: www.afiyatrust.org.uk

The National Information & Advice Service welcomes your feedback on whether this information was helpful to you.

You can provide feedback in the following ways:

By email: Please email your feedback to us at feedback@rethink.org.

By post: You can write to us at the following address:

National Information & Advice Service
Rethink
15th Floor
89 Albert Embankment
London
SE1 7TP.

By telephone: You can call us on 0845 456 0455 or 020 7840 3188