

Director of Public Health
Annual Report 2023

SUMMARY REPORT

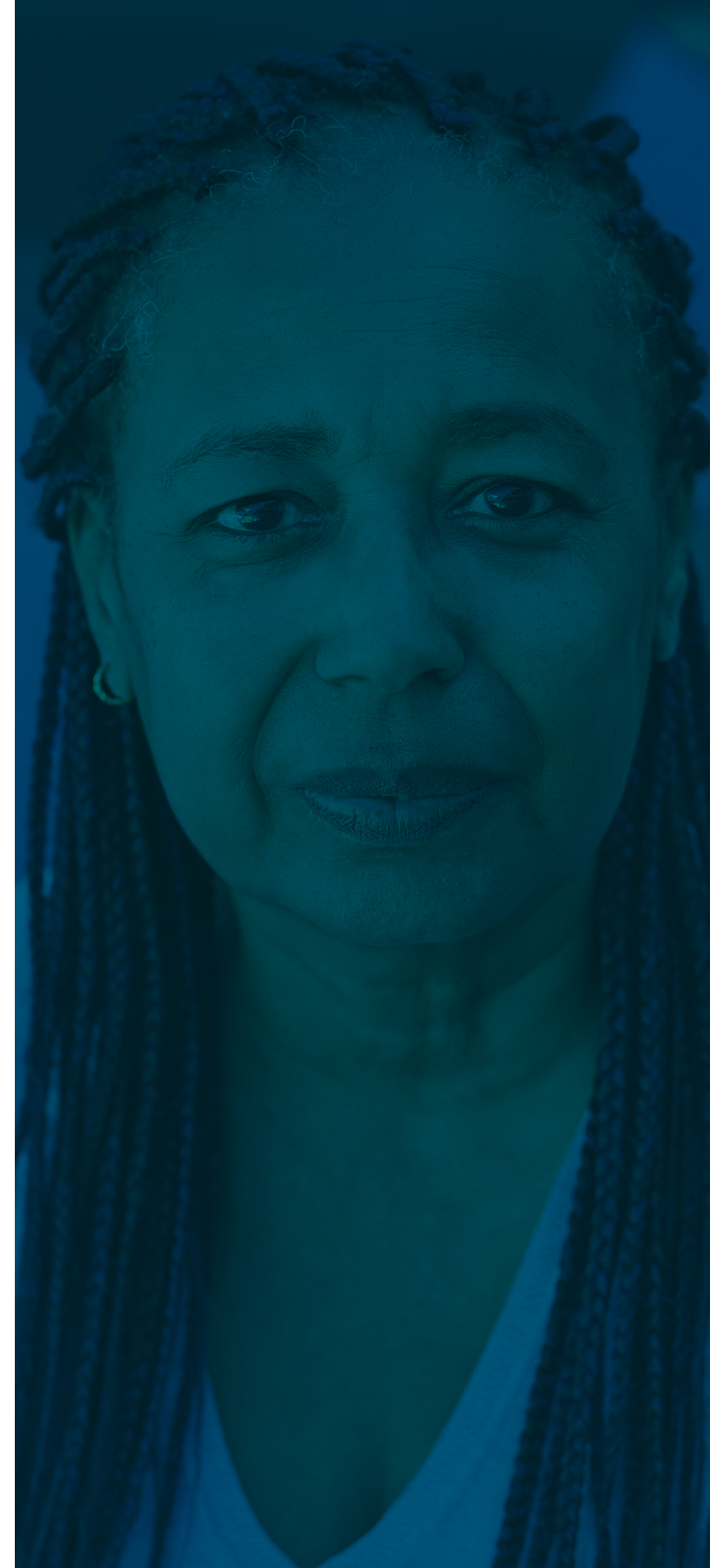
Enough is Enough.

Experiences of Mental Health in Ethnic Minority
Communities in Wandsworth



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This report is a call to action.

At times this report may make you feel shocked, sad, uncomfortable, or all three. It describes, in people's own words, the inequalities and inequities that ethnic minority people in Wandsworth face in relation to their mental health; and reminds us of the amount of work we must do to put this right.

The reasons why ethnic minorities have poorer mental health experiences are complex and multifactorial. But we cannot escape the fact that racism, discrimination and unconscious bias all play a role.

We want you to read people's stories and really listen to what those who are affected are telling us.

We want you to think about what it means to ensure that services are anti-racist and deliver culturally competent care. We want you to think about what it means to acknowledge and challenge our unconscious biases and develop policies and practices that do not discriminate.

The people who have contributed to this report have told us that enough is enough. They are asking for change, and we are asking you to work with us to deliver it.

“ It's up to all of us - Black, White, everyone - no matter how well-meaning we think we might be, to do the honest, uncomfortable work of rooting it out. ”

Michelle Obama Source: The Independent (2020)

Our use of language

Mental Health

According to the World Health Organisation, mental health is “a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community.”¹ Everyone has mental health, and it is just as important as physical health to leading a healthy and happy life. Mental health can vary through a person’s life in response to changing situations and stressors.

Mental health is not defined by the presence or absence of a mental health disorder. A person can maintain good mental wellbeing with a mental health disorder, and likewise a person can have poor mental wellbeing without a mental health disorder.

Mental Health Disorders/Conditions

Mental health disorders are “characterised by a clinically significant disturbance in an individual’s cognition, emotional regulation or behaviour. They are usually associated with distress or impairment in important types of functioning.”² Examples of mental health disorders include common mental disorders, such as depression and anxiety, and severe mental illnesses such as bipolar disorder, post-traumatic stress disorder, schizophrenia and eating disorders.

Health Inequalities

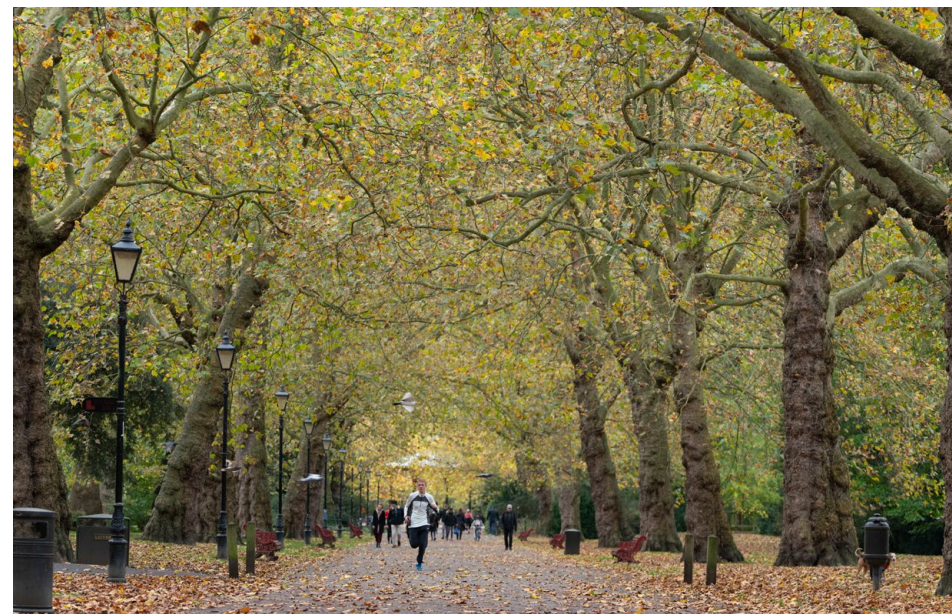
Health inequalities are the “preventable, unfair and unjust differences in [mental] health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.”³

Ethnic Minority

This term is used to describe all ethnic groups which reside in the borough except the White British group who account for the majority of our population. Ethnic minority includes White minority groups such as European, Gypsy, Roma and Irish Traveller groups. We have provided specific reference to the ethnic group we are referring to where possible, only using collective terminology where the specific group is unclear, or the experience reaches across multiple ethnic groups.

Racism

Racism can be described as prejudice, discrimination or antagonism directed toward someone of a different race, based on the belief that one’s own race is superior.⁴ Racism can be institutional, systemic, and structural. Racial disparities are the persistent differential outcomes experienced by ethnic groups.⁵



Introduction

“ Profound inequalities exist for people from ethnic minority communities in accessing mental health treatment, their experience of care and their mental health outcomes.⁶ ”

Independent Review of the Mental Health Act, 2018

The lived experience of mental health for people from ethnic minority groups continues to differ significantly and detrimentally from that of their White British counterparts. People from ethnic minority communities face profound inequalities in accessing mental health treatment, their experience of care and mental health outcomes. People from Black African and Black Caribbean groups are more likely to access mental health services through the criminal justice system than via their GP, and are less likely to receive a referral to talking therapies than their White counterparts.⁷ They are also more likely to be detained under the Mental Health Act, subjected to a community treatment order and experience restrictive interventions in inpatient settings.⁸ These inequalities facing ethnic minority people are long-standing and have seen little improvement over decades despite repeated calls for action.

In 2022, a population-wide [mental health needs assessment](#) for Wandsworth was carried out to understand levels of mental health need within our population. This assessment established that, in line with national trends, mental health needs are growing and demands on mental health services in Wandsworth are escalating dramatically. Yet – there is a need to distinguish between demand and need. The groups with the greatest mental health needs are often those who are less likely to place demands on mental health services. Within our focus group discussions, partners emphasised to us the continued inequalities in access to and experience of mental health services faced by ethnic minority people in the borough.

This report aims to highlight and gain a deeper understanding of the mental health inequalities facing people from ethnic minority groups in Wandsworth. It also aims to spotlight the fantastic work underway to support the mental health of people from ethnic minority groups in the borough. And mostly, we want to make a call for action. **Enough is Enough.** We cannot wait another thirty years. The time is now to change ethnic minorities' experiences and outcomes of mental health and mental health services.

“ [We] have known for forty years that the experience of Black, Asian and minority ethnic people in mental health services is significantly worse. ”

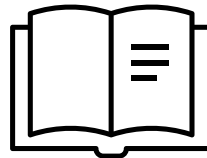
EMHIP Representative

Our approach

Engaging with and sharing stories from our ethnic minority communities has been at the heart of our approach to this report.

2022 Wandsworth Mental Health Needs Assessment

This report was inspired by conversations with community partners during focus groups for the 2022 Wandsworth Mental Health Needs Assessment.



Community partners told us about the specific needs, challenges and continued inequalities experienced by ethnic minority communities living in the borough.

These conversations have been featured throughout the report as quotes and case studies.

Interviews with community partners and mental health organisations

In winter 2022/23, public health carried out interviews with organisations and individuals working to support the mental health of people in Wandsworth.

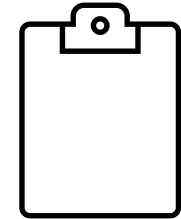


In these conversations, we aimed to hear more about:

1. Experiences of mental health within ethnic minority communities
2. Effective mental health services and/or support for ethnic minority communities

These conversations have been featured throughout the report as quotes and case studies.

2022 Wandsworth Young People's Health and Wellbeing Survey



In spring and summer 2022, over 3,000 pupils from a range of primary and secondary year groups in Wandsworth completed the young people's health and wellbeing survey.

Pupils' responses to this survey provide a vibrant insight into their views on their health, wellbeing and living situation in the borough.

Their responses have been featured in the report to highlight the lived experience of children and young people in Wandsworth.



Mental health in ethnic minority communities in the UK

There are persistent and significant ethnic inequalities in most aspects of mental healthcare in the UK. Broadly these can be understood as differences in diagnosis, access, and experience of mental healthcare.

Compared to white British people

1 in 3

Black women experienced a Common Mental Disorder in the past week v 1 in 5 White women

Source: GOV.UK (2014)

Black adults are **76%**

less likely to receive mental health treatment

Source: GOV.UK (2014)

Black people are **4.6 times**

more likely to be detained under the Mental Health Act

Source: GOV.UK (2021)

Black people are **4 times**

more likely to be subject to restrictive interventions in inpatient settings

Source: GOV.UK (2018)

Black Africans are **5.84 times**

more likely to be diagnosed with schizophrenia

Source: GOV.UK (2014)

Black Caribbean and Black African people are **2 times**

more likely to have police involvement in inpatient admissions

Source: GOV.UK (2017)

Black people are **10 times**

more likely to be subject to a community treatment order

Source: GOV.UK (2021)

Bangladeshi people are **7%**

less likely to show improvement following treatment for anxiety and depression

Source: GOV.UK (2021)



Ethnic minority children and young people's mental health

Pupils' responses to the [2022 Wandsworth Young People's Health and Wellbeing Survey](#) have been used to provide an insight into ethnic minority children and young people's mental health.

Worries

Girls experienced more worries than boys, and girls' worries increased as they progressed through school. Half of secondary-age girls worried 'a lot' or 'quite a lot' about more than five issues, compared to 1 in 5 boys.

By ethnicity, Chinese and Asian, and Black pupils experienced the most worries amongst primary-age pupils, whereas White Other pupils experienced the most worries among secondary pupils.

Some issues worried pupils from specific ethnic groups more than others. Chinese and Asian pupils worried more about issues related to crime and terrorism. Black pupils worried more about the way they look and having enough food to eat. Secondary girls from minority ethnic groups worried at least 10% more about their mental health than White British girls.

Trusted adult

Only 72% of primary-age pupils felt they had a trusted adult to talk to about their worries, and this reduced to 64% among secondary-age pupils. Across all groups, pupils least likely to have a trusted adult were from Chinese and Asian, Black and Other White groups.



Negative coping strategies

Whilst high proportions of pupils did something relaxing when they felt stressed or bad, many adopted negative coping strategies.

Amongst primary-age pupils, half said that they lashed out in anger, two in five ate more, one-third ate less, and one-third hurt themselves. White pupils were most likely to lash out in anger, Chinese and Asian pupils were most likely to alter their eating and Chinese and Asian boys were most likely to hurt themselves.

Amongst secondary-age pupils, two in five lashed out in anger and ate more, one-third ate less, and one in five hurt themselves. Pupils from White Other groups were most likely to take negative actions, whereas Chinese and Asian pupils were least likely. Across all ethnic groups, secondary-age girls were more likely than boys to change their eating behaviours. Chinese and Asian, and Mixed girls were twice as likely than all secondary pupils to hurt themselves.



Mental resilience

Across all ages and ethnic groups, boys were more likely than girls to have a high measure of resilience. High resilience measures were most common among Black primary and secondary boys, and Chinese and Asian secondary-age boys. Low resilience measures were most likely in Black and Mixed ethnicity primary-age girls, and Chinese and Asian, and White Other secondary-age girls.



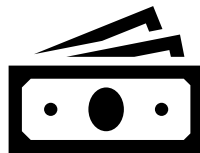
Impact of socio-economic inequalities on mental health

There is a strong, systemic relationship between mental health and deprivation, and people from ethnic minority backgrounds continue to be disproportionately affected by socio-economic deprivation and structural inequalities in the UK.

Poverty

“There are so many non-medical issues which are the greatest pressure points for patients with a mental illness.” Mental health service provider

Poverty is a key social determinant of mental health. Adults in the poorest fifth of the population are two times more likely to develop a mental health problem.⁹ This disadvantage starts before birth - children from the poorest fifth of households are four times more likely than those from the wealthiest 20% to have mental health challenges by age 11.¹⁰



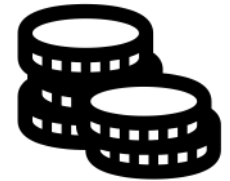
In the UK, Black, Asian and Mixed ethnicity people are 2.5 times more likely to be in relative poverty than White people.¹¹ Rates of poverty are highest in Bangladeshi and Pakistani groups.¹² These groups are also 2.2 times more likely to be in 'deep poverty' - more than 50% below the poverty line - than White people.¹³

Wandsworth has the sixth highest rate of income inequality in London, and there is a strong correlation between areas of deprivation in the borough and the proportion of ethnic minority residents.¹⁴

The cost of living

“People are very, very much struggling at the moment and that is having a huge impact on their general wellbeing and their mental health.” Mental health service provider

The cost of living has been predicted to plunge a further 1.3 million people into absolute poverty by 2023.¹⁵ This will disproportionately impact ethnic minority households, who are predicted to experience a 32% greater increase in cost of living than White households.¹⁶



Economic crises negatively impact mental health. The 2008 recession increased male suicide rates in the UK, and early research indicates that cost of living has increased anxiety and stress.¹⁷ In November 2022, one in ten UK adults felt hopeless about their finances.¹⁸

Partners confirmed the cost of living to be having a “huge impact” on people’s mental health and wellbeing. They also recognised that those most affected by cost of living will face greater barriers to accessing mental health support.

Housing

“Mental health issues are not going to disappear if problems with housing and employment are not resolved.” BME Forum focus group participant

Housing is strongly correlated with mental health; issues with housing will have negative impacts on mental health, and poor mental health can make it harder to cope with housing issues.



Bangladeshi, Pakistani and Black African people are eight to twelve times more likely to live in overcrowded households than White British people.¹⁹ Black households are over three times as likely to become or be threatened with homelessness compared to all other ethnicities combined.²⁰

Partners felt that housing issues are commonly experienced in Wandsworth, especially “people living in sub-standard, frequently mouldy property” and, increasingly, issues of being housed out of borough.

Employment

“People are not being given the opportunities to come up and are being written off by society.” BME Forum focus group participant

Employment is a crucial determinant of mental health; in 2021, 43% of unemployed people in the UK had poor mental health compared to 27% of employed people.²¹

Whilst the rate of employment in Wandsworth (79.6%) is higher than the London average (74.5%), this varies sizeably by ethnic group.²² In 2020, 89.8% of the Indian population and 87.1% of the White population were employed, compared to just 63.7% of the Black population.²³ Ethnic minority residents are also more likely to have lower income levels than their White counterparts in the borough.²⁴



Immigration

Immigration can be a potential cause of mental health problems, resulting from a person's experiences prior to, during and/or after travelling to another country.²⁵

In 2021, 38% of Wandsworth's population were not born in the UK.²⁶ Over 1 in 3 of these were born in European Union countries.²⁷ Since February 2022, Wandsworth Council has welcomed 750 refugees to the borough through the government's Homes for Ukraine scheme.



Partners highlighted the struggles that immigrants disproportionately face once they enter the UK including language barriers, working in low-paid and low-skilled jobs, dealing with novel systems, and lacking extensive support networks. These challenges are heightened for people from non-White groups who experience racial discrimination, and for people whose settlement status remains unresolved.

Case Study

Victims of the Windrush Scandal

Family Action shared that they have worked with at least three victims of the Windrush scandal over the past year, and the impact this has on mental health:

“The anxiety of not being able to produce the paperwork [and] suffering serious financial hardship and destitution, which for a couple of males we worked with meant that they were homeless... [There are a] lack of support networks, and although there is legal support out there, it's hard to access because of the demand. One of my colleagues, she rang... the Home Office... Windrush helpline, but when she rang it the number had been discontinued and that was the number that's advertised. And so people who are struggling, that are living in poverty, then they have the threat, perhaps of deportation. Whether it's real or not for them it is real. And they are unable to manage all the deadlines and the legal requirements to ensure their documentation is in place. And... victims of Windrush are entitled to compensation, and there seems to be a bit of a mystery around how that can be accessed.”

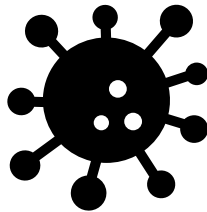
Family Action Service Provider

Impact of the COVID-19 pandemic on mental health

Vulnerability to the pandemic

“Black and Asian people have suffered the most because of COVID-19. These groups were suffering before, but this has been amplified since the pandemic.” Mental health service provider

The COVID-19 pandemic disproportionately impacted people from ethnic minority groups. From the onset, ethnic minority people faced an increased risk of contracting COVID-19, suffered from more severe symptoms and experienced higher rates of death.²⁸

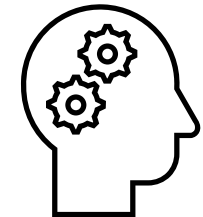


This increased vulnerability to COVID-19 has been attributed to decades of structural injustice and discrimination. For example, ethnic minority people were more likely to work in front-line jobs, have co-morbidities, face barriers to accessing health care and experience socio-economic deprivation.²⁹ These factors increased ethnic minority people’s risk of contracting and dying from COVID-19, as well as suffering the economic hardship associated with lockdowns.

Risks to mental health

“[Ethnic minority] people were more exposed to COVID. They’re more worried about COVID and when they got COVID they developed anxiety after, especially when they saw their community was partly decimated by COVID.” Wandsworth GP

Nationally, there is strong evidence that the COVID-19 pandemic had a negative impact on mental health, with the largest declines coinciding with periods of national lockdown.³⁰



Yet, as with the virus itself, the impact of the pandemic on mental health was greater for some population groups. Ethnic minority men reported greater declines in mental health than White British men, with Bangladeshi and Pakistani men reporting the worst declines.³¹ Whilst women collectively reported greater declines than men, there were no significant differences by ethnic group.³² Young people from ethnic minority groups were also more likely to self-report depression than White youths.³³

Case Study

Impact of the COVID-19 Pandemic on Communities

Community partners told us about the disruption to communities and community practices during lockdown, and the negative impact that this had on mental health. Partners particularly reflected on the inability to perform rituals around death, and how this stalled their grieving processes.

“The impact of COVID-19 on communities is horrendous. The way we deal with death, we have not been able to attend funerals, be at the bedsides as people are dying. A lot of the rituals of the Black community like nine nights have not been able to be done... A huge loss.”

BME Forum focus group participant

Cultural understandings and stigma of mental health

Different communities understand and talk about mental health in various ways, and this impacts how a person responds to their own, or someone else's, mental illness.

“ In the UK, when you talk about mental health you could talk about stress. Back in Poland, for example, if someone says ‘Oh, you’ve got mental health issues’ it means you would be locked up in hospital. ”

Association for Polish Family representative

In some communities, mental health issues are rarely spoken about and are considered with a huge amount of stigma. For example, partners told us that mental illness is sometimes seen as a moral failing within Black communities, and that this contradicts expectations for people to be ‘strong’.

How mental health is understood can profoundly influence a person's response to their own, or someone else's, mental illness. It can determine where a person seeks help with their mental health – whether this be amongst family and friends or a health professional, and indeed if they do seek help. For example, we heard about the “high stigma of mental health” within South Asian populations, which alongside fears of being judged and labelled, means people are more likely to conceal mental illness.

Not seeking support for mental health at an early point of need means that ethnic minority people are at increased likelihood of first encountering mental health services in crisis and with police involvement.³⁴ Delaying help-seeking also increases the risk of being subject to the Mental Health Act.³⁵

Case Study

Stigma of Mental Health within Black African and Black Caribbean Communities

“For someone who is a member of the African-Caribbean community, there is a huge amount of stigma. My own family would not accept that I had mental health challenges. They did not understand it and I don't think they were interested in understanding it. They just found it embarrassing. There was no support at all. My support network changed. I viewed my family as not my family because I couldn't get any support. I was completely isolated – very difficult.

I work for [a mental health organisation]. Going out to talk to the community about mental health and they just don't want to know. It's almost as if I am shunned completely, as if I am contagious if I come anywhere near them or give them a leaflet. I think we have a very long way to go.

I don't blame people who run away or my family who didn't support me, because unless you've experienced mental health, I don't think you can understand it. But it also helps me to take a step back and look at their behaviour and recognise that things aren't right here.”

Focus group participant for the Wandsworth MHNA



Racism and racial discrimination in mental health services

Some ethnic minority groups, particularly Black African and Caribbean men, are overrepresented and receive inequitable care in mental health services in the UK. This situation has remained unchanged for decades.

See page 7 for national statistics.

“ We still see inherent racism within the Mental Health Act. ”

Mental health service provider

Partners repeatedly told us about the continued racism within mental health services, and there is alarming evidence that the situation is declining. The rate at which Black people are subject to restrictive interventions has more than doubled since 2016/17 despite only increasing by 30% for White people.³⁶ Similarly, the rate at which Black people are subject to community treatment orders rose from eight to eleven times higher than White people between 2018/19 and 2021/22.³⁷

Our 2022 mental health needs assessment also found that Black people were overrepresented in referrals to South West London St George’s crisis and inpatient services.³⁸ This was greatest in referrals to the Psychiatric Intensive Care Unit, to which Black people made up half of referrals between 2018/19 and 2021/22.³⁹ Black people were also disproportionately assessed by an Approved Mental Health Professional for sectioning under the Mental Health Act.⁴⁰

Community treatment orders

“ CTO’s are [not] worth the paper that they’re written on... You can’t recall anyone to hospital unless you’ve got a bed. ”

Mental health service provider

In conversations, partners reflected on the systemic racism of community treatment orders. Community treatment orders were similarly deemed racist by the Joint Committee on the 2022 Draft Mental Health Bill.⁴¹ They argued that community treatment orders are often used as a more restrictive alternative to discharge and called on the UK government to abolish their use for patients not involved in the criminal justice system.⁴²

Mistrust in mental health services

“ You go into crisis... and then you’re bought in by institutions and detained in hospital. That’s a vicious cycle. Then you no longer trust them, and it goes around again. ”

Mental health service provider

The Independent Review of the Mental Health Act argued that ethnic minority people’s “distressing and unacceptable” experiences of services had contributed to “widespread” fear about what may happen if they are to be detained, how long they might be in hospital and, even, if they would get out.⁴³

As a result, opportunities for early intervention are often missed, which increases the likelihood that an individual will confront a mental health crisis unsupported and have their first contact with the police rather than healthcare.⁴⁴ This begins a different relationship with mental health services, which, paradoxically, is more likely to exacerbate and perpetuate the cycle of mistrust in institutions.

“ Enough is enough.

I'm tired.

Black people are tired.

Black people are fatigued.

By the time you close your eyes and wake up, and you go through your door, before all of that you're contemplating: what's going to be happening through the day?

What do I now need to defend?

What do I then have to argue for when I shouldn't necessarily have to? ”

EMHIP Representative

Canerows

for BAME mental health

Canerows is a user-led peer support service based within the charity Sound Minds. Canerows aims to improve mental health care on inpatient wards, particularly for people from Black and minority ethnic groups, and change ward culture toward one of greater humanity and care.

The Canerows ward visiting team provides weekly visits to six acute mental health wards across Springfield and Queen Mary's hospitals. The team offers support to patients; this might be as simple as having a cup of tea and a chat or playing games like dominoes or cards. Once a relationship is built, ward visitors will also gain feedback from patients about their experience on the wards to provide to the Trust.

Ward visitors themselves have experience of mental ill health and being on an inpatient ward. This creates a level of understanding and trust between the ward visitor and service user. The service has successfully reduced rates of ward readmission over the past four to five years.

Case Study

Experiences of Black Patients on Inpatient Wards

Ward visitors reflected on the additional barriers which prevent people from Black groups accessing mental health support at early stages, and the impact that this has on their experience of mental health and inpatient services.

"[Black people] often come to the wards and it is far too late for them, they've gone too far the other side... When we do go in and see them, they are not sure who we are and need a lot of support. Usually there's some kind of activity to engage them first in order to gain trust. So sometimes we paint people's nails or give them a hand massage or plait someone's hair... It needs to be something tangible to encourage them to open up and speak."

Canerows ward visitor



Delivering culturally competent, community-based mental health support

Improving cultural competency

“If someone doesn’t feel understood by their therapist, if they feel uncomfortable in the clinic, if they feel like there’s been microaggressions committed against them ... it might make someone... drop out.”

Mental health service provider

Developing the cultural competence of mental health services is crucial to improving service accessibility and treatment outcomes.

Partners felt that South West London St George’s mental health services are designed and delivered with a Eurocentric bias, and so do not meet ethnic minority people’s needs. It was felt that individuals are reduced to labels and symptoms, and the social, racial, religious, or cultural aspects of their experience are not considered.

To improve understanding of how racism interacts with mental health and wellbeing, the mental health workforce needs to be provided cultural competency training. This needs to be reinforced by efforts to improve the ethnic diversity of the mental health workforce at all levels, especially positions of power.

Involving the community in service design and delivery

“I’m out there talking to people so they’re able to talk to me, maybe because they’ve known me for a long time ... but also it’s the lack of trust [in the NHS].” Community representative

Partners also felt that ethnic minority service users – the “experts by experience” – must be strongly involved in the design and delivery of mental health services to improve treatment outcomes. This was confirmed as an NHS priority in the 2021 NHS Race & Health Observatory report on Ethnic Health Inequalities and the NHS.⁴⁵

Partners also enforced the need for mental health support to be available within communities, using familiar spaces and involving community representatives, to reduce the barriers created by mistrust and improve approachability. This approach has been championed through EMHIP’s Mental Health and Wellbeing Hubs.

Increasing resourcing and funding to communities

“Deeper than the funding is what local government and government want. Where really are their priorities. A paradigm shift is needed to bridge the gap.” BME Forum focus group participant

Ethnic minority communities in Wandsworth are highly motivated to provide mental health support. However, community partners feel limited in their capacity to provide this due to a lack of resources and funding.

The lack of resources and funding provided to community groups has created a feeling among some partners that NHS claims to tackle mental health inequalities are just rhetorical. This has reinforced feelings of mistrust toward healthcare institutions as partners feel their needs remain de-prioritised within NHS agendas, despite calls for change for over 30 years.

Ethnicity and Mental Health Improvement Project

EMHIP is a service improvement programme designed to reduce inequalities in access, experience, and outcomes in mental health care for Black and minority ethnic communities. EMHIP involves five key interventions, including:

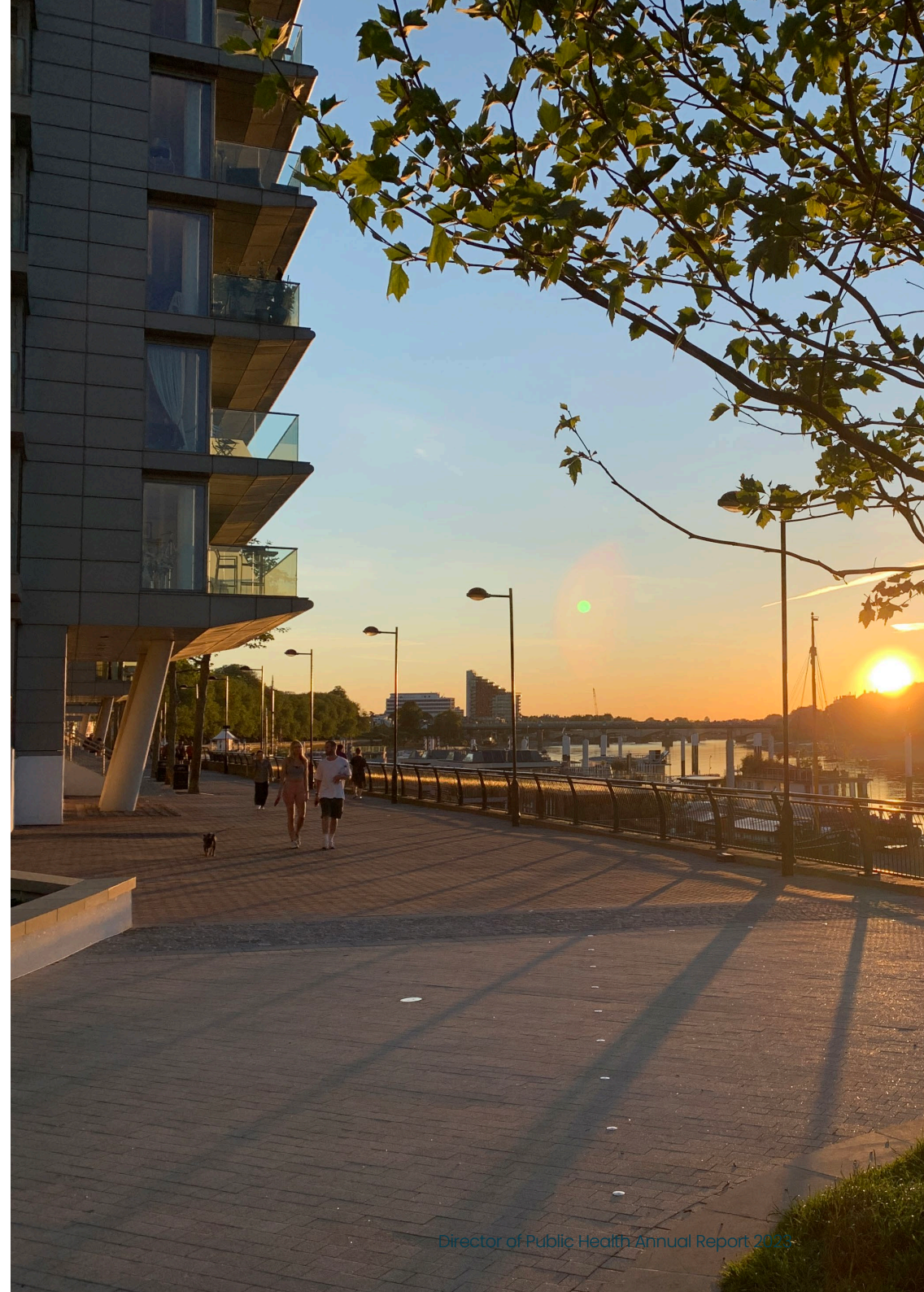
Mental Health and Wellbeing Hubs

The EMHIP hubs are designed to provide a community space with services to support guests, including physical health and wellbeing checks and mental health and wellbeing clinics. This enhances the potential for early recognition and intervention in mental health problems. The first hub opened at the New Testament Assembly in Tooting Bec, and the second hub has recently launched at Mushkil Aasaan in Tooting.

Home Placement Service

The Home Placement Service aims to reduce inpatient admissions and length of stay in inpatient units by providing an alternative care pathway for people experiencing mental health crisis. The service adapts the foster care model to mental health to deliver care to ethnic minority people in a culturally competent way.

Across our conversations, partners frequently praised the work of EMHIP. Partners especially praised EMHIP's co-production model, as they felt that the involvement of service users in the design and delivery of services had the capacity to shift the dial on mental health service delivery in the borough.



“ It would be moving away from placing someone in a very White, clinical, sterile environment, but placing them in the home where there is warmth, there is love, there is care, there is nurture, and where cultural needs are met. So say if a Nigerian young man was at risk of being sectioned, we would have a Nigerian host family whereby they could get their cultural needs met – cultural food, if they speak the language, they might even speak Yoruba. And being in an environment that, hopefully, will actually expedite the way their recovery pans out for them. ”

EMHIP representative on the EMHIP Home Placement Service

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