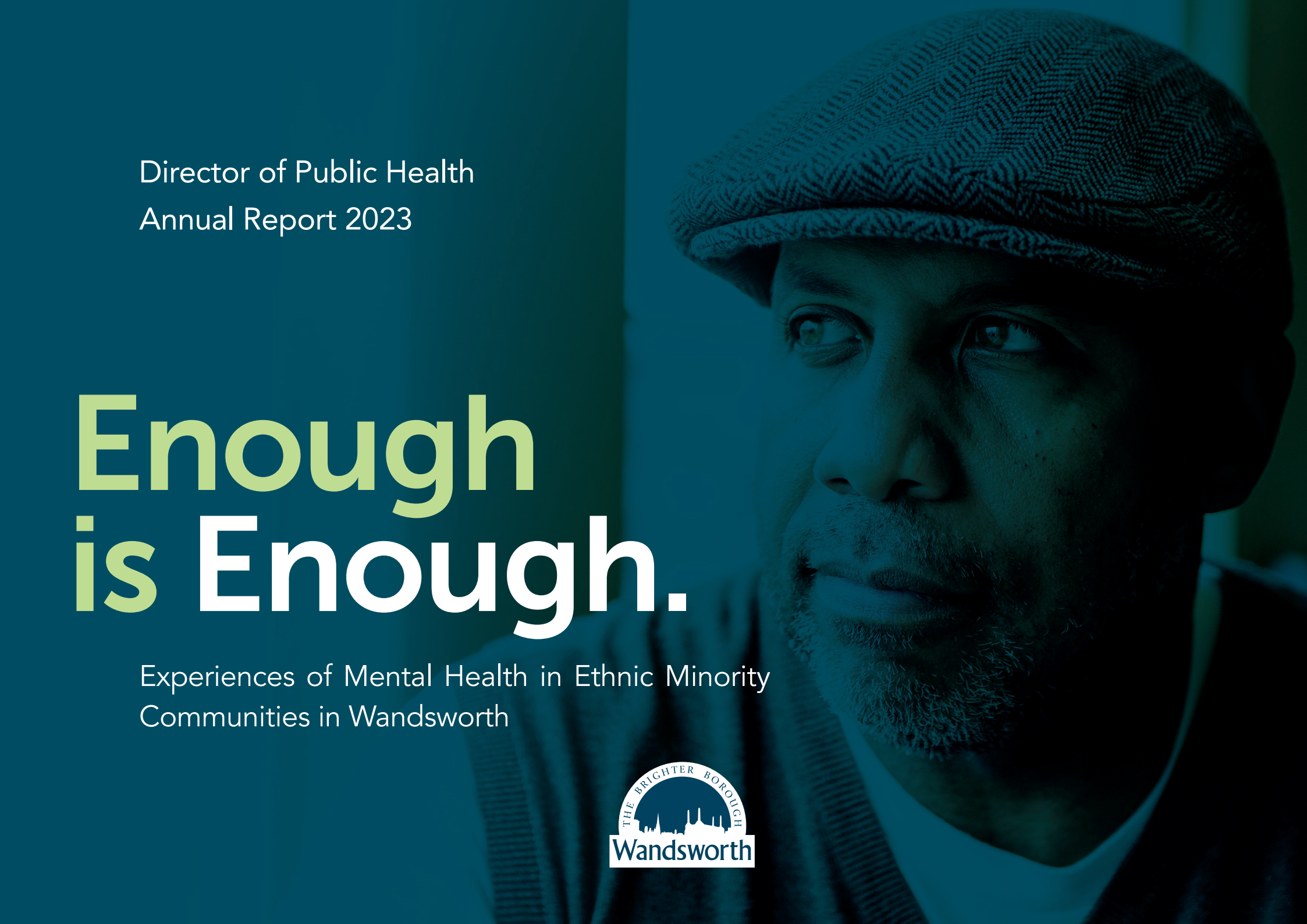
Director of Public Health
Annual Report 2023

Enough is Enough.

Experiences of Mental Health in Ethnic Minority Communities in Wandsworth



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Abbreviations

A&E	Accident and Emergency
AMHP	Approved Mental Health Professional
BAME	Black, Asian and Minority Ethnic
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CJS	Criminal Justice System
CMD	Common Mental Disorder
CMHT	Community Mental Health Team
CRHTT	Crisis Resolution Home Treatment Team
CTO	Community Treatment Order
CYP	Children and Young People
EMHIP	Ethnicity and Mental Health Improvement Project
EU	European Union
FSM	Free School Meals
GP	General Practice
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
LSOA	Lower Layer Super Output Area
MHA	Mental Health Act
MHNA	Mental Health Needs Assessment
NHS	National Health Service
PCREF	Patient and Carer Race Equality Framework
PICU	Psychiatric Intensive Care Unit
PTSD	Post-Traumatic Stress Disorder
SMI	Severe Mental Illness
SPA	Single Point of Access
SWL STG	South West London St George's Trust
WCEN	Wandsworth Community Empowerment Network
WHO	World Health Organisation

Foreword

Shannon Katiyo, Director of Public Health

This year, my Annual Director of Public Health Report shines a spotlight on the mental health experiences of, and inequalities faced by our ethnic minority communities. Alongside this I also wanted to highlight the fantastic work that is already taking place in Wandsworth to support people. The report is categorised into the following themes: the impact of socio -economic inequalities on mental health; the impact of the COVID-19 pandemic on mental health; barriers to seeking help; and community-based mental health support.

Ethnic minorities continue to experience stark inequalities in diagnosis of mental health disorders, access to treatment, the experience of care, and their mental health outcomes. Compared to White British groups, Black people are 76% less likely to receive mental health treatment; Bangladeshi people are 7% less likely to show improvement following treatment for anxiety and depression; and Black Caribbeans and Black Africans are two times more likely to have police involvement during inpatient admissions.[1] These messages came up time and again during our 2022 mental health needs assessment for Wandsworth.

Throughout the report we have tried to amplify the voices of ethnic minorities in Wandsworth as well as the community organisations and services that work hard to support them. The experiences described are told in people's own words and provide us with a stark reminder of how far we still have to go to achieve equity and equality in mental health for ethnic minority communities everywhere.

The people that we spoke to told us loud and clear that "enough is enough". This report is a call to action to our partners across the system to listen to people's stories and work together to take the steps needed to create meaningful change. I hope you find the report thought-provoking and worthy of reflection.

We are extremely grateful to everyone who shared their experiences, knowledge and insight with us. Thank you for your generosity and openness in contributing to this report. I would also like to express my heartfelt appreciation for the roles of Melissa Barker and Dr Natalie Daley in producing this report; and to Damilola Gbadebo and Graeme Markwell for the support they have provided them with.

Shannon Katiyo
FFPH - Director of
Public Health

Councillor Graeme Henderson, Cabinet Member for Health and Chair of the Wandsworth Health and Wellbeing Board

As Cabinet Member for Health and Chair of the Wandsworth Health and Wellbeing Board, I am acutely aware of the mental health inequalities experienced by our ethnic minority communities. This report rightly celebrates the fantastic work being done by many organisations, services and individuals to support them. But it also shines a light on the ongoing challenges those from ethnic minorities can face in relation to their experiences of mental health diagnosis, treatment, care and support.

This is an impactful report that does not shy away from delivering some hard-hitting truths. It is a call to all of us to work together to deliver the changes that our ethnic minority communities need and deserve.

I would like to thank all those in the Wandsworth Public Health Team who have worked hard to develop this report. I would like to extend a special thank you to the organisations, individuals and service users who shared their stories, without whom this report would not have been possible.

Councillor Graeme Henderson
Cabinet Member for Health and Chair of the Wandsworth Health and Wellbeing Board

This report is a call to action.

At times this report may ma ke 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)

Introduction

> “Profound inequalities exist for people from ethnic minority communities in accessing mental health tre atment, their experience of care and their mental health outcomes.[2]”

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.[3] 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.[4]

These inequalities facing ethnic minority people are long-standing and have seen little improvement over decades despite repeated calls for action. We were struck when reading Melba Wilson’s 1993 text ‘Mental Health and Britain’s Black Communities’ how little the experience of ethnic minority people with mental health services has changed over the past thirty years.[5] Moreover, we were struck that the solutions posed by Wilson in 1993 to address the inequalities facing ethnic minority people remain those we call for today:

> “[We need to establish] a holistic approach [which] incorporates all aspects of a patient’s background in assessing illness and arriving at treatment. It would include considerations of the impact of racism in Black people’s lives; it would include an awareness not only of the medical needs of carers and clients, but also of the need for help, for example with housing and welfare benefits, it would recognise the effect of unemployment, or the consequences of living in a hostile environment. Most importantly, however, it would start from a frame of reference which took account of culture.[6]” Britain’s Black Communities, 1993.

But there is momentum for change. The disproportionate impact of the COVID-19 pandemic on groups from particular ethnic minority backgrounds alongside the outrage following the murder of George Floyd in the United States has driven racial inequalities to the forefront of people's minds. It has forced many to confront the heightened vulnerability of ethnic minority people, whether this be to health threats or police scrutiny, and has increased recognition of the long-standing connections to racism and systemic oppression. This momentum brings the opportunity to challenge ongoing injustices, and to drive forward agendas for change with greater pace and conviction. These changes must be delivered both within the mental health system and to the wider factors which determine mental ill health such as poverty, housing and employment.

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. This was reiterated within focus group discussions, as partners emphasised the continued inequalities in access to and experience of mental health services faced by ethnic minority communities in the borough. We must take additional action to ensure that those with the greatest needs are identified and supported with appropriate and equitable care.

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 in Wandsworth to support the mental health of people from ethnic minority groups.

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.

Our approach

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

This report was inspired by conversations held with community partners when gathering evidence for the 2022 MHNA for Wandsworth. Community partners told us about the specific needs, challenges and continued inequalities experienced by ethnic minority communities living in our borough. This report aims to provide a platform to highlight the specific mental health needs of Wandsworth's ethnic minority communities and inspire momentum for change.

The content of this report is grounded in a series of conversations held with community partners and local residents in 2022/23. This began with focus groups held for the Wandsworth MHNA in Spring 2022, in which we heard about the general needs and issues facing residents' mental health. This was followed by a series of conversations with organisations supporting residents' mental health from November 2022 to January 2023. Through these conversations, we aimed to understand more about:

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

These conversations have been showcased throughout this report in quotes and case studies.

To highlight the lived experience of children and young people from ethnic minority communities, findings from the 2022 Wandsworth Young People's Health and Wellbeing Survey have been included in this report. During the spring and summer of 2022, over 3,000 pupils from a range of primary and secondary year groups in the borough completed the survey, answering questions about aspects of their health and wellbeing. Pupils' responses provide a vibrant insight into their views on their health, wellbeing and living situation in the borough.

Themes

During conversations with community partners for the 2022 Wandsworth MHNA, five issues were most frequently raised to be affecting ethnic minority groups in our borough. These issues form the key themes of this report:

1. **Impact of socio-economic inequalities on mental health**
2. **Impact of COVID-19 pandemic on mental health**
3. **Cultural understandings and stigma of mental health**
4. **Racism and racial discrimination in mental health services**
5. **Delivering culturally competent, community-based mental health support**

Within the subsequent chapters, we will explore the impacts of each of these issues on the ethnic minority communities living in the borough. Whilst there are often similarities between experiences, we have highlighted the differences that exist between the ethnic minority groups in Wandsworth.

Whose stories did we hear?

In Winter 2022/2023, Public Health carried out interviews with the following organisations and individuals working to support the mental health of ethnic minority people in Wandsworth:

- **Wandsworth GPs**
- **Talk Wandsworth**
- **Healthwatch Wandsworth**
- **Canerows by Sound Minds**
- **Family Action WellFamily Service**
- **Association for Polish Family**
- **Live Karma Yoga**
- **Enable**
- **EstateArt**
- **EMHIP**
- **Mental health researcher**
- **The BME Forum**
- **Approved Mental Health Profesional Service**

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."[7] Everyone has mental health. It is instrumental to our lives and influences how we think, feel and act; and underpins our ability to make decisions, build relationships and shape the world we live in. Mental health is just as important as physical health, and it is vital to leading a healthy and happy life in which we can connect, function and thrive.

Mental health may vary though a person's life in response to changing situations and stressors. In addition, 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 experience poor mental wellbeing without the presence of a mental 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."[8] 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

We have used the NHS definition of health inequalities within this report. 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 oppor-

tunities to take action and access treatment when ill health occurs."[9]

Ethnic Minority

We use this term 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.

This definition may vary where we have cited external sources. We have highlighted where this occurs. For example, some datasets do not include White minority groups within the ethnic minority category. In addition, the terms 'Black, Asian and minority ethnic' and 'Black and minority ethnic' have been quoted from services and research.

We recognise the breadth and diversity among and within these groups, and that experiences of mental health will not be the same across all groups, nor even within the same groups. Every person's experience of mental health is unique, and is informed by an array of intersectional factors, including sex, age, sexuality, gender identity, geographic location, and socio-economic context, as well as their ethnicity.

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. Racism operates off the belief that all members of each race possess characteristics, abilities or qualities specific to that race, especially as to distinguish it as inferior or superior to another race or races.[10]

Racial disparities are persistent differential outcomes for ethnic groups. Racial disparities may either be explainable, resulting from factors such as geography class or sex, or unexplainable if there is no conclusive evidence about the cause of the disparities.[11]

Institutional racism is a term applicable to an institution that is racist or exhibits discriminatory processes, policies, attitudes or behaviours.[12]

Systemic racism is a term applicable to interconnected organisations, or wider society, which exhibit racist or discriminatory processes, policies, attitudes or behaviours.[13]

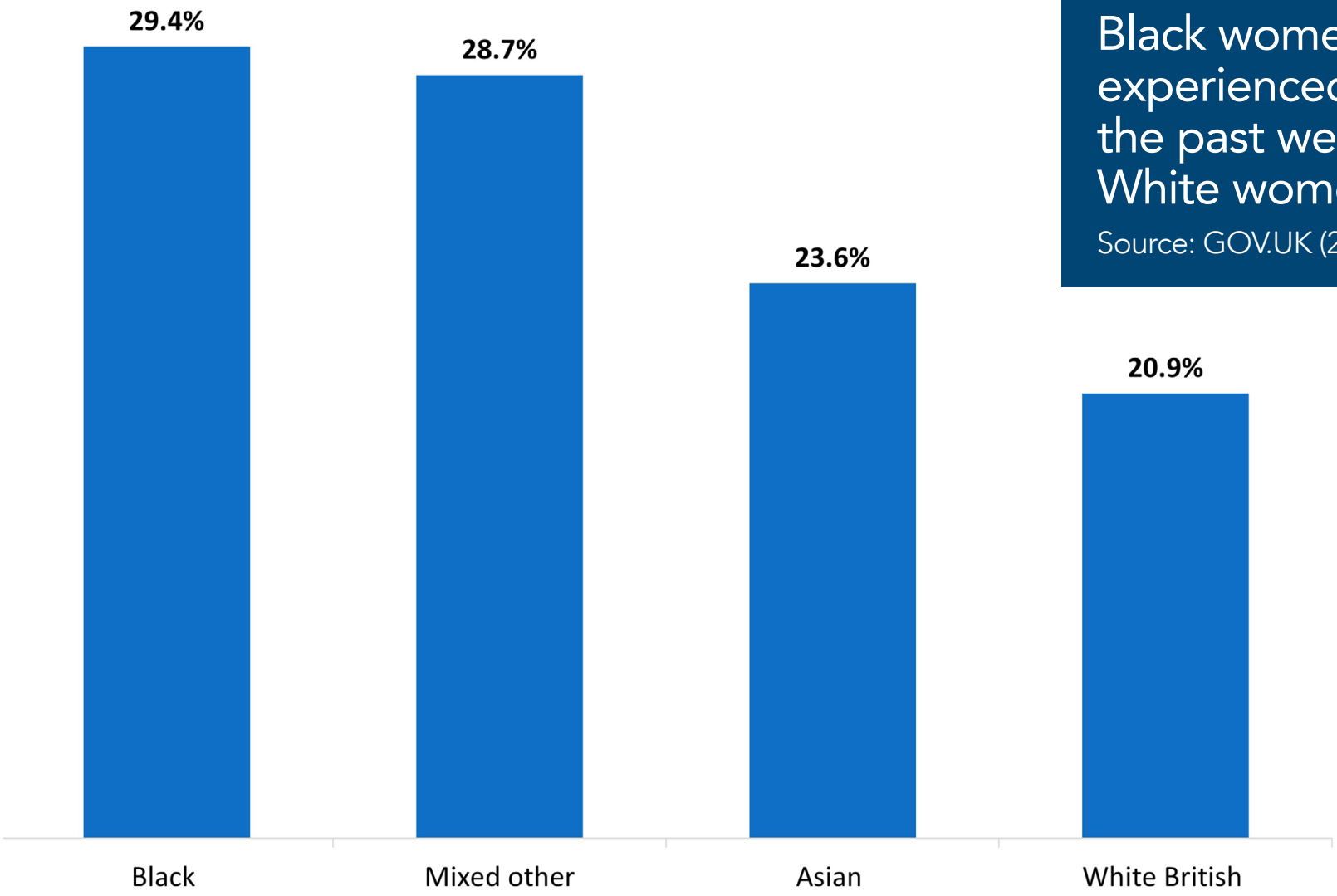
Structural racism describes a legacy of historic racist or discriminatory processes, policies, attitudes or behaviour that continues to shape organisations and societies today.[14]

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 health care.

Compared to White British groups...

DIAGNOSIS



1 in 3

Black women experienced a CMD in the past week v 1 in 5 White women

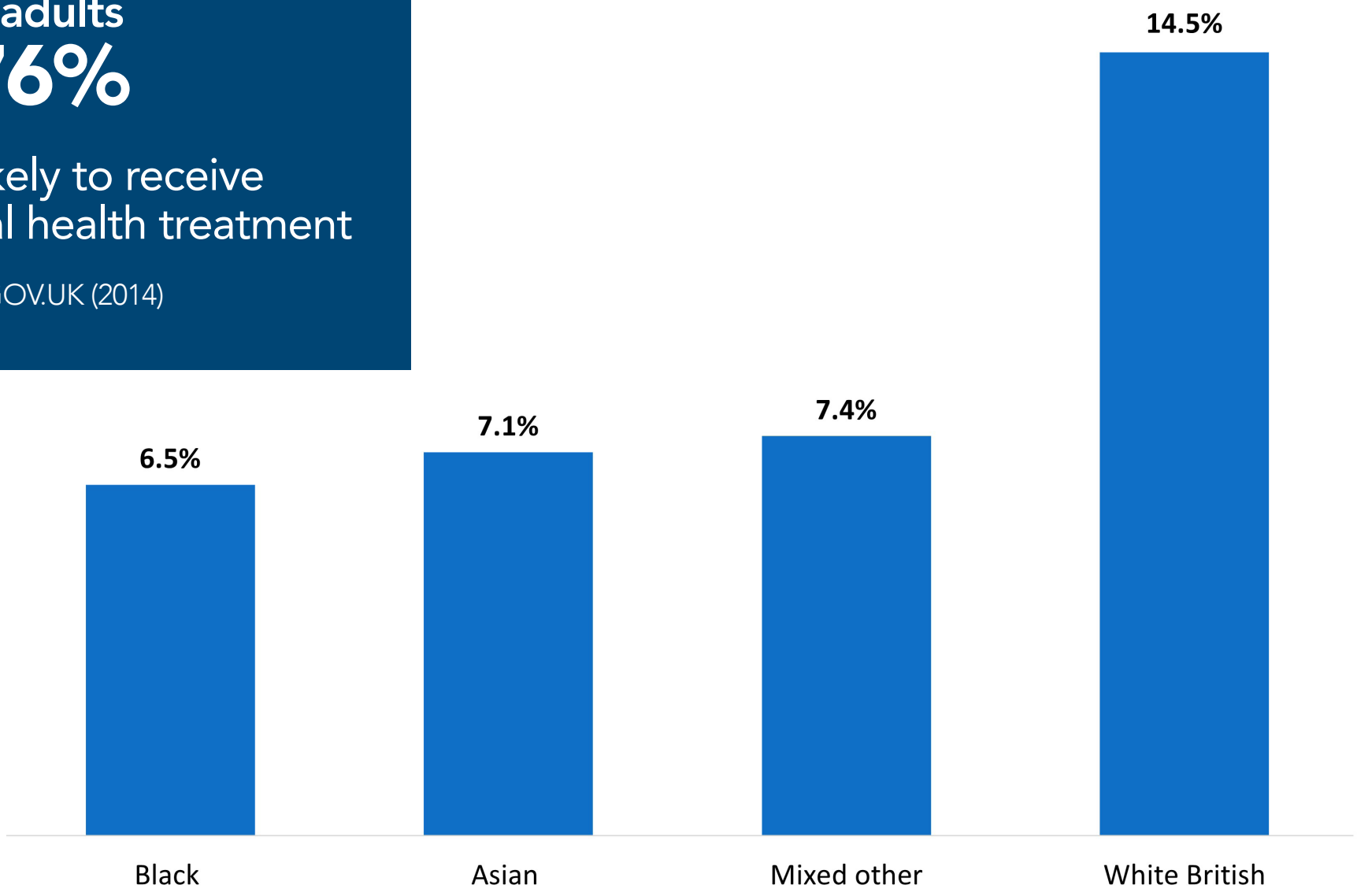
Source: GOV.UK (2014)

ACCESS TO MENTAL HEALTH SERVICES

Black adults are 76%

less likely to receive mental health treatment

Source: GOV.UK (2014)



3.2%
of Black men experienced a psychotic disorder in the past year v 0.3% of White men

Source: GOV.UK (2014)

Black Africans are
5.84 times
more likely to be diagnosed with schizophrenia

Source: GOV.UK (2017)

Black Caribbean and Black African people are **2 times** more likely to have police involvement in inpatient admissions

Source: GOV.UK (2017)

Black youths are
10 times
more likely to be referred to CAMHS from social services

Source: GOV.UK (2022)

In the report, 'Race and Mental Health', MIND identified nine challenges which prevent people from ethnic minority communities from accessing mental health services.

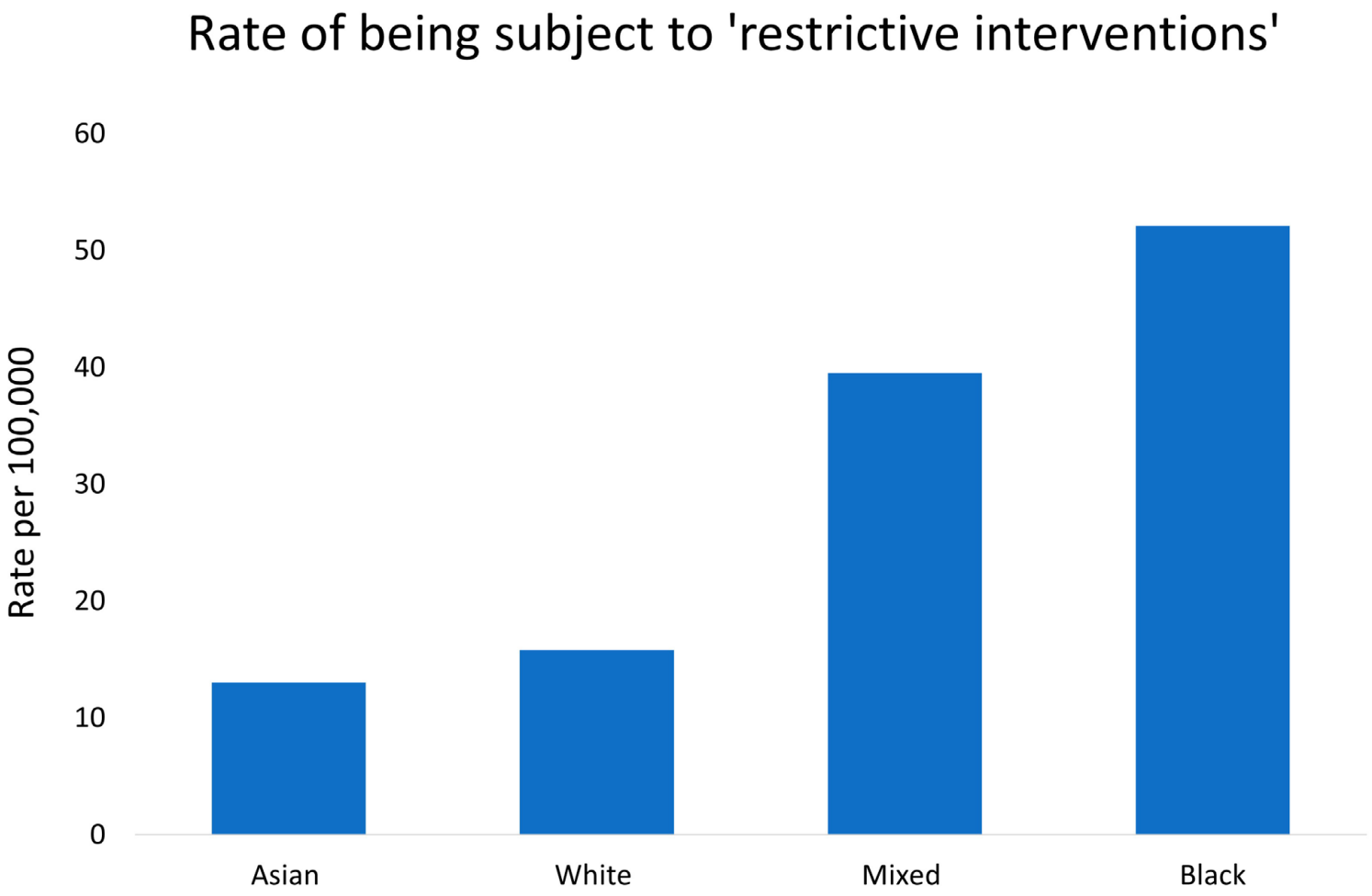
1 **Lack of trust with 'the establishment'**
2 **Stigma and discrimination from mainstream healthcare services**
3 **Eurocentric framing of mental health**
4 **Stigma within some communities**
5 **Concern about perception and cost**
6 **Difficulty finding relevant support**
7 **Support is often considered a 'band-aid'**
8 **Physical activity isn't considered a type of mental health support**
9 **Language barriers**

Source: MIND (2020)

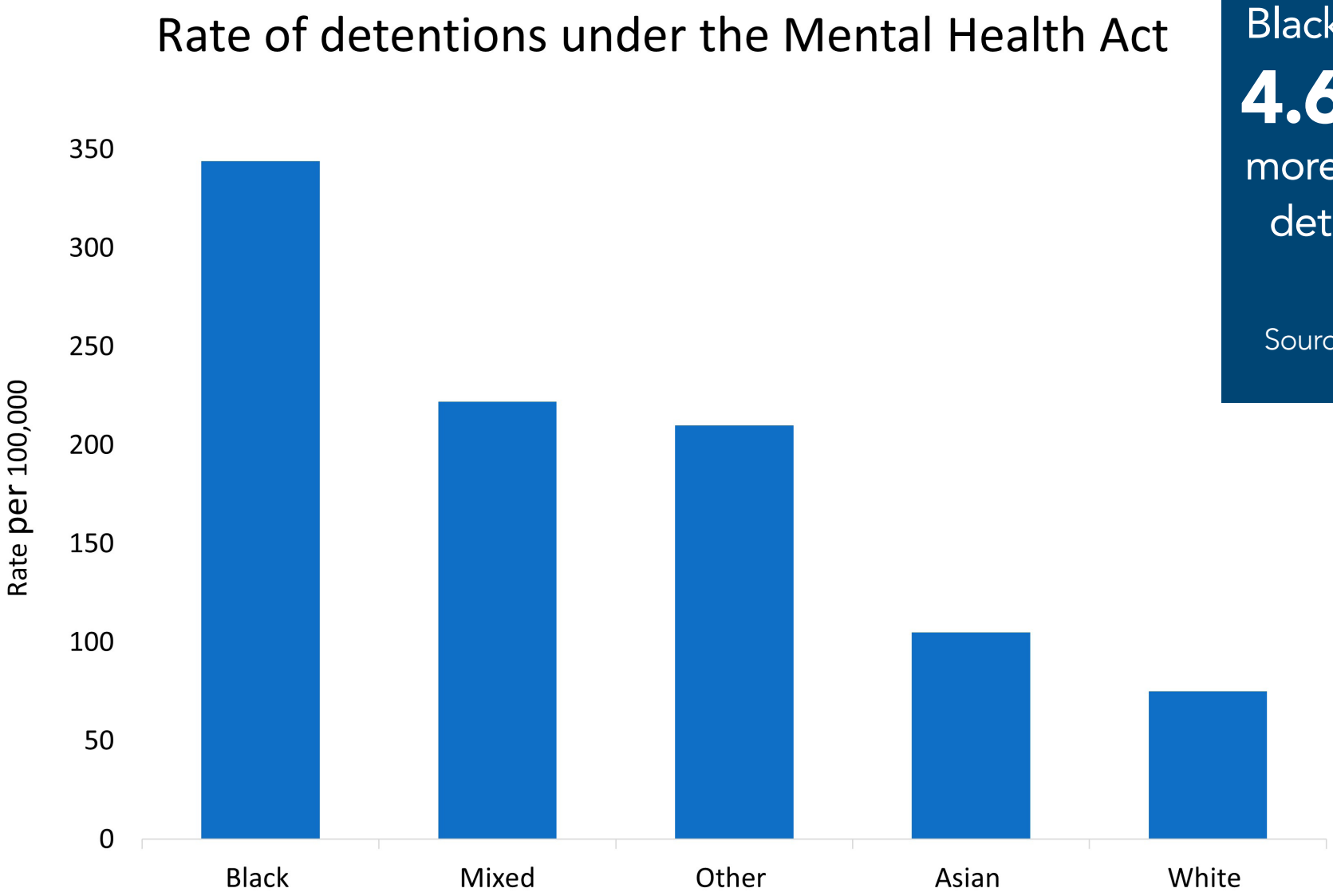
EXPERIENCE OF MENTAL HEALTH SERVICES

Black people are
4 times
more likely
to be the subject of 'restrictive interventions' in inpatient settings

Source: GOV.UK (2018)



EXPERIENCE OF MENTAL HEALTH SERVICES



Black people are **4.6 times** more likely to be detained under the MHA

Source: GOV.UK (2021)

EXPERIENCE OF MENTAL HEALTH SERVICES

Black people are **10 times** more likely to be detained with a CTO

Source: GOV.UK (2021)

4.5% increase in detentions under the MHA in the year to March 2021

Source: GOV.UK (2021)

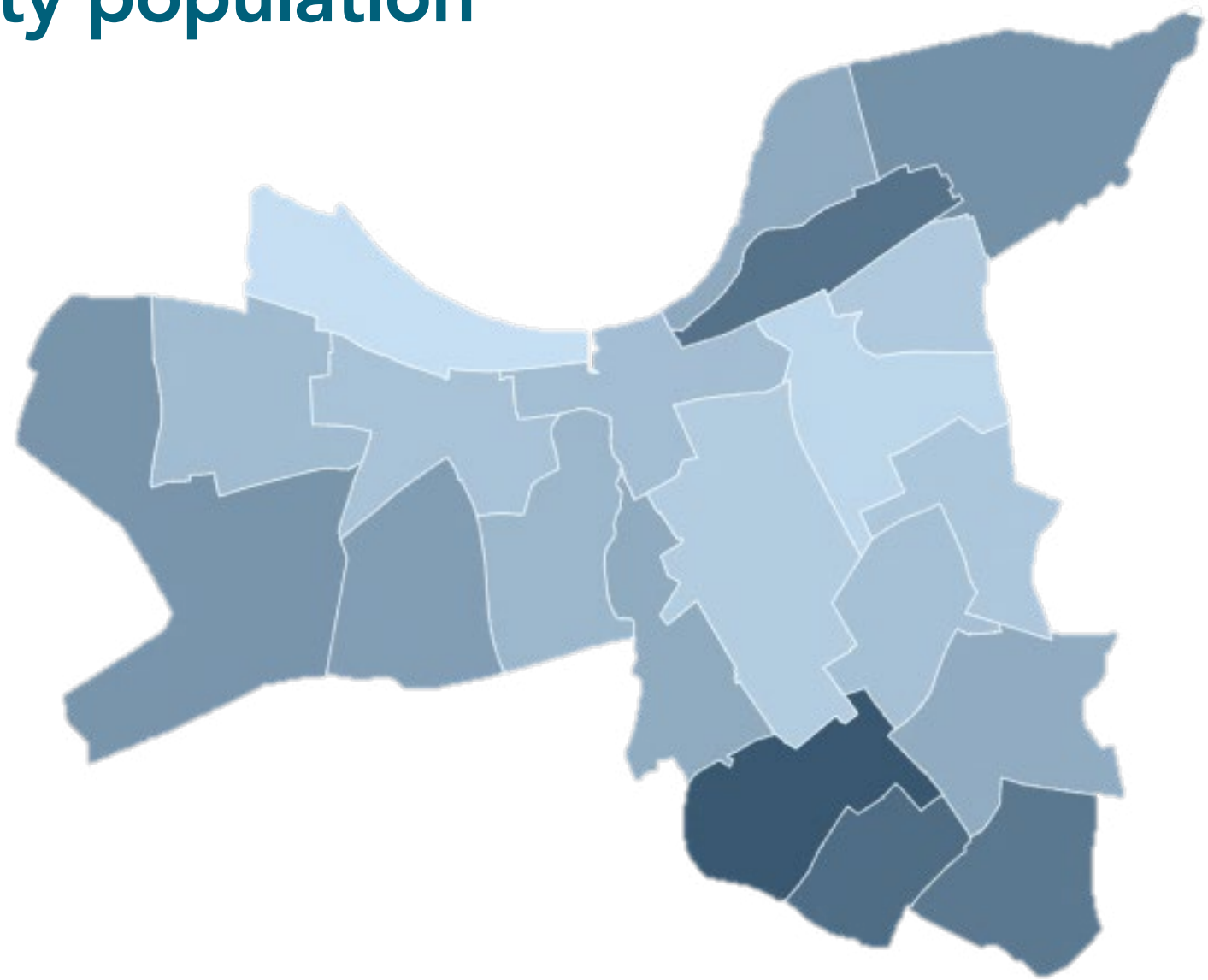
Bangladeshi people are **7%** less likely to show improvement following treatment for anxiety & depression Source: GOV.UK (2021)

> "[There is an] overdue need to take sustained positive action to counteract inequality, in particular racial inequality, in access, experience and outcomes of mental health care and treatment"
>
> Wandsworth resident

Demographics of Wandsworth's ethnic minority population

Black, Asian, and **Mixed ethnicity** groups are concentrated in the south and northeast of the borough

Source: Census 2021



Wandsworth is home to an estimated **327,500 residents** Source: Census 2021

49.5% of Wandsworth's population are from **ethnic minority groups** This is **higher** than the London average of **46.2%**

Source: Census 2021

Tooting North has the highest proportion of Asian residents: 26.4%

Source: Census 2021

York Gardens has the highest proportion of Black residents: 29.4%

Source: Census 2021

The ethnic minority population is expected to increase by 16% by 2029

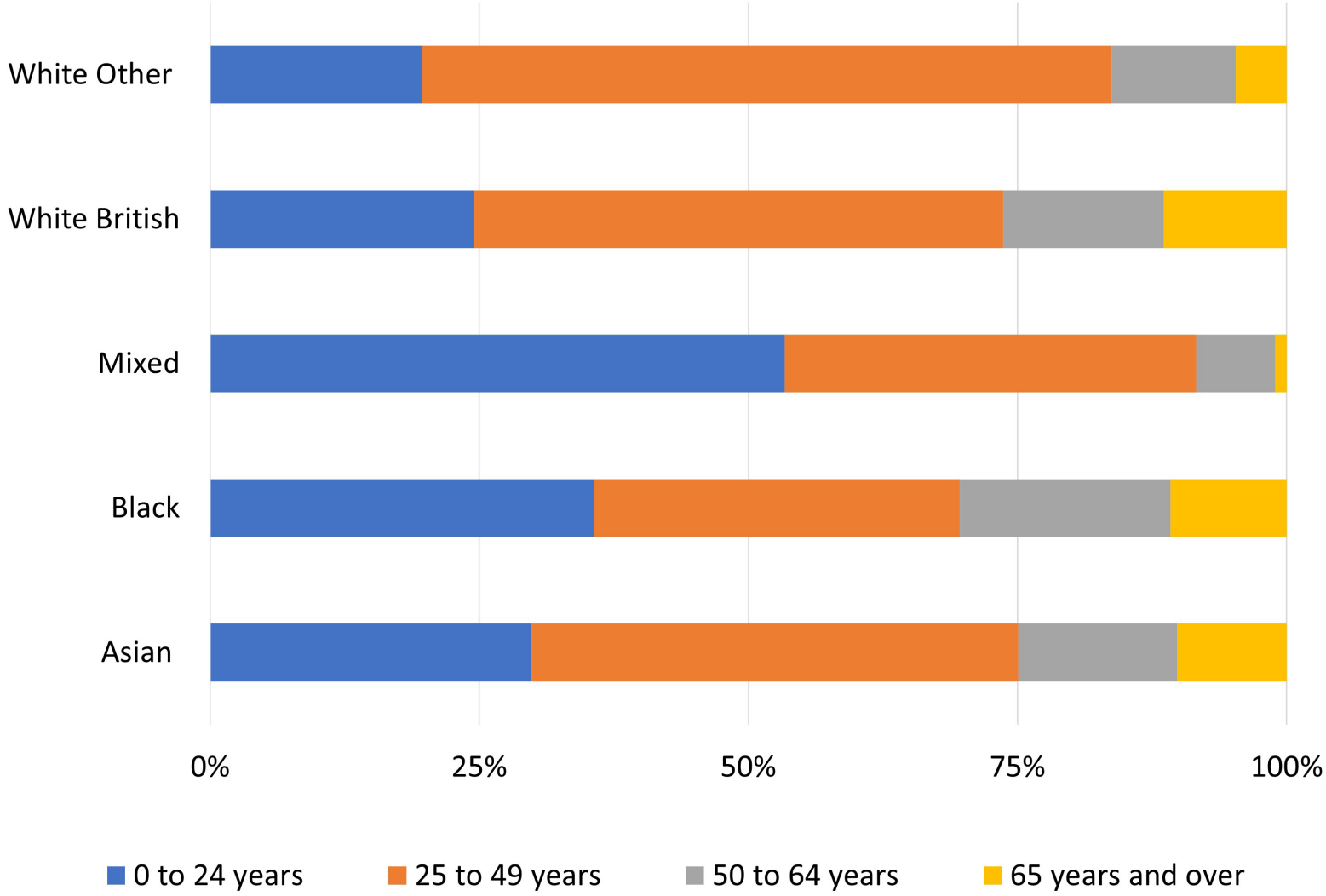
v 13.6% overall population increase

The largest increase will be seen in the Mixed ethnic group

Source: GLA 2016-based Demographic Projections, 2017

Black, Asian, and Mixed ethnicity groups have a younger age profile than White groups

59.8% of the 0-19
population in Wandsworthare from ethnic minority groups

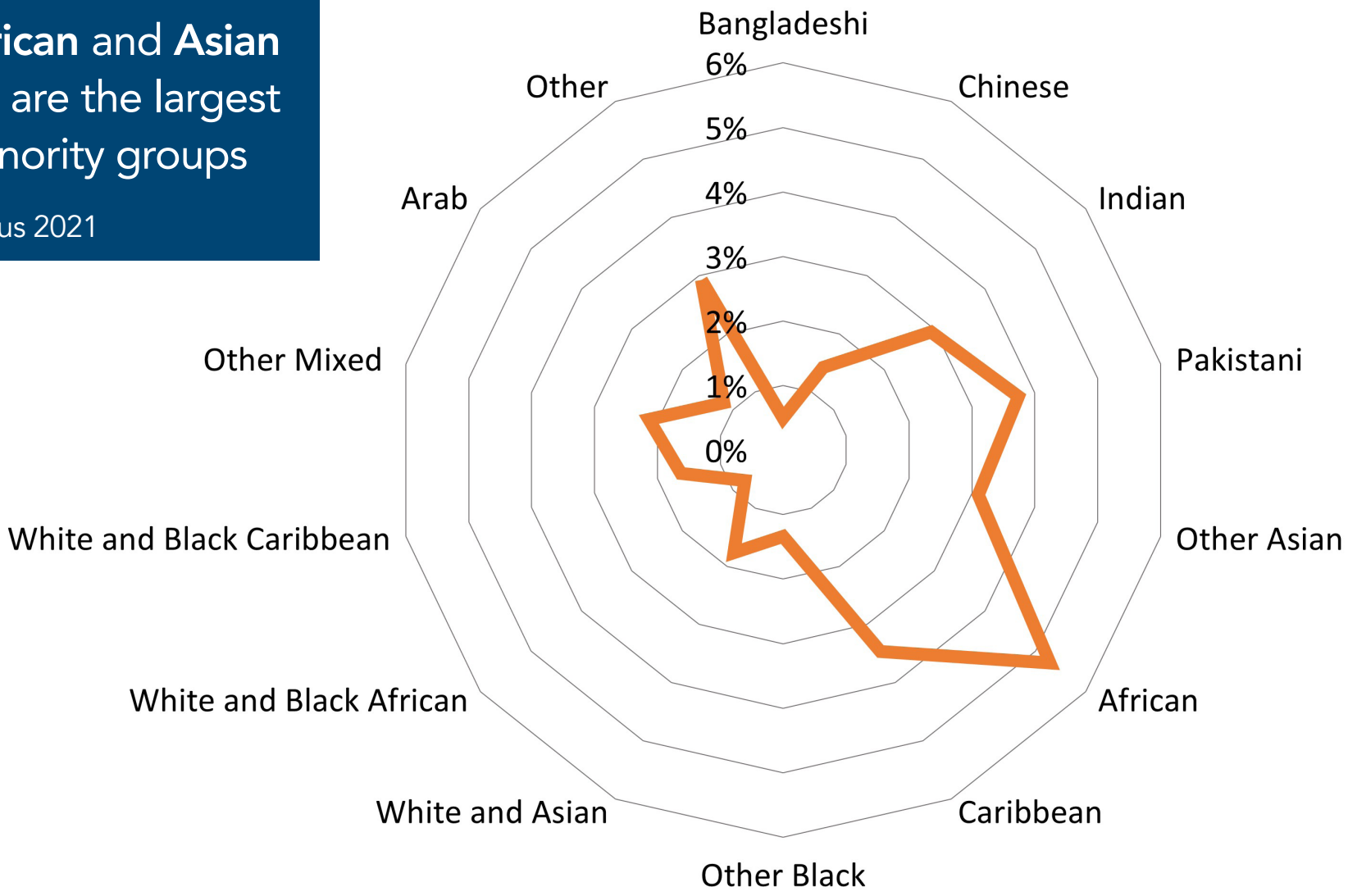


Source:
Census 2021

Demographics of Wandsworth's ethnic minority population

Black African and **Asian Pakistani** are the largest ethnic minority groups

Source: Census 2021

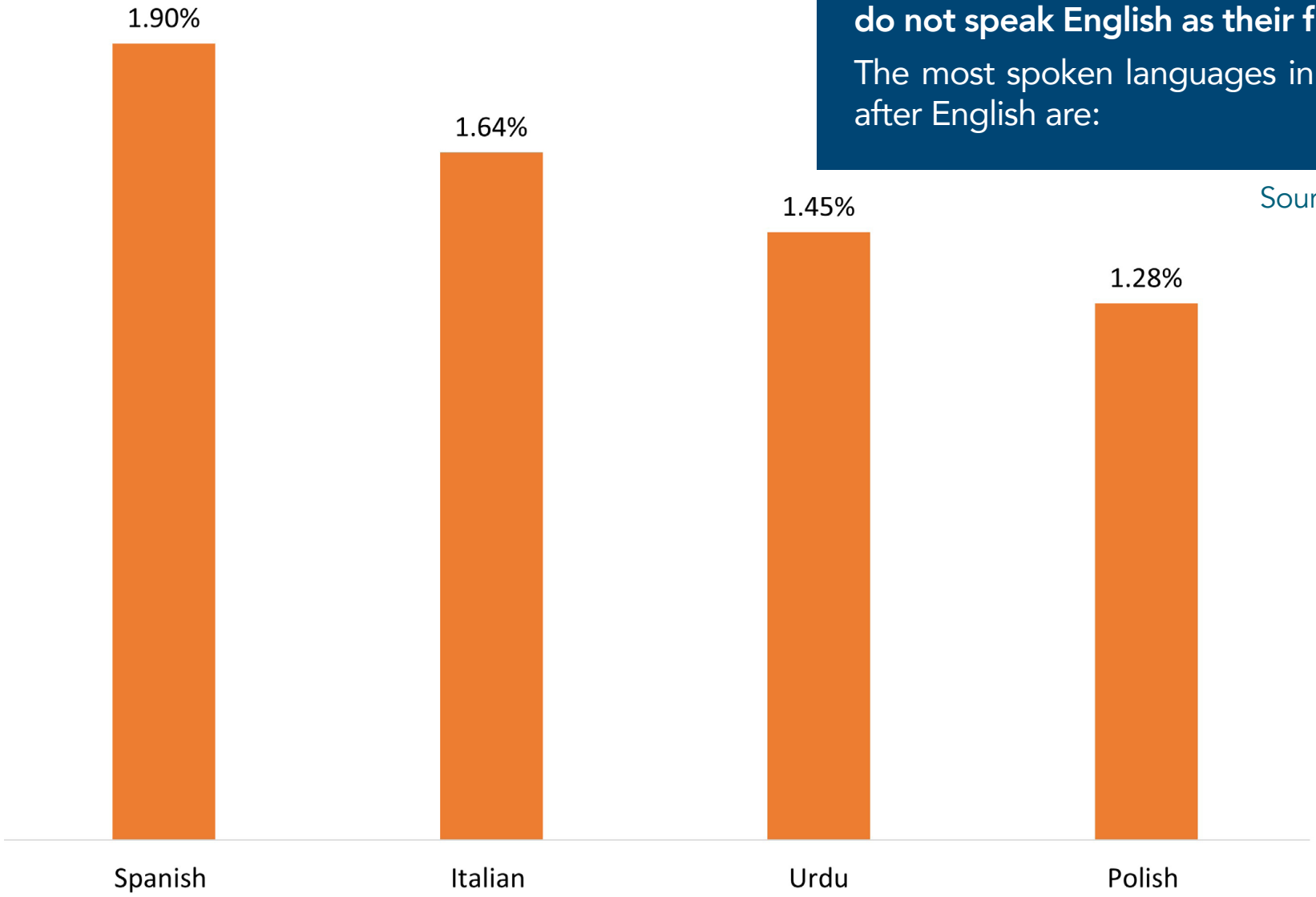


Demographics of Wandsworth's ethnic minority population

17.4% of the Wandsworth population do not speak English as their first language

The most spoken languages in the borough after English are:

Source: Census 2021



Estimated number of ethnic minority people with a mental health disorder in Wandsworth

Estimating the number of people with a mental health disorder in Wandsworth enables us to determine the levels of need within each minority ethnic community, and whether these needs are being met by services.

Calculating the estimated prevalence of mental health disorders

The graphs in this section present an estimated prevalence of mental health disorders (i.e. the proportion of people affected) among ethnic minority people in Wandsworth.

These estimates have been calculated by applying national mental health data to the Wandsworth population, as it is expected that the pattern of mental disorders seen nationally will be representative of the Wandsworth population. For children, this was calculated using the 2017 Mental Health of Children and Young People in England Survey. For adults this was calculated using the 2014 Adult Psychiatric Morbidity Survey.

It is important to note that the prevalence rates provided are estimates only. It is acknowledged that the survey and census data with which these have been calculated are several years old and it is likely that these figures are under-estimates.

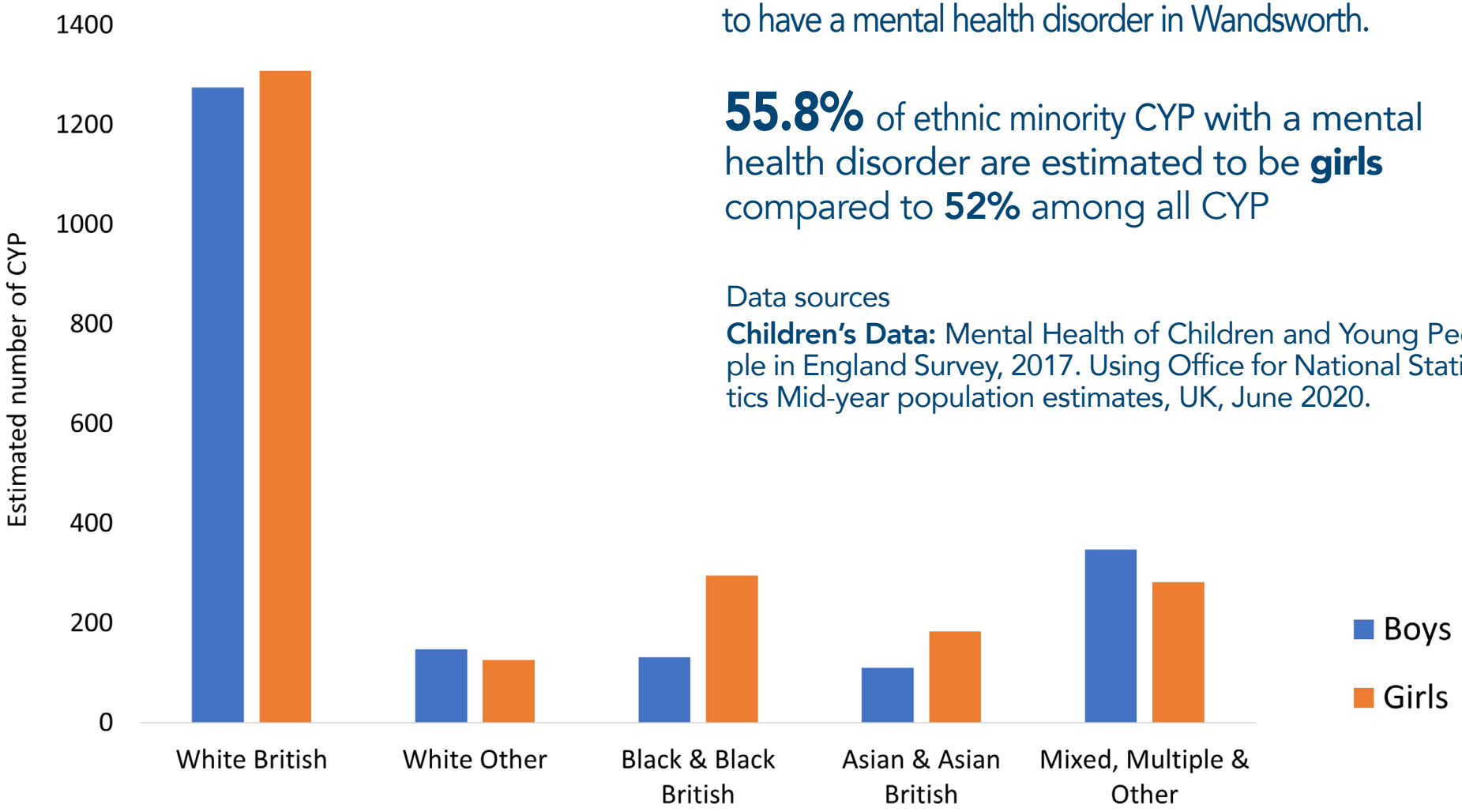
Mental Health Disorders in Children and Young People

1,361 CYP from ethnic minority groups are estimated to have a mental health disorder in Wandsworth.

55.8% of ethnic minority CYP with a mental health disorder are estimated to be **girls** compared to **52%** among all CYP

Data sources

Children's Data: Mental Health of Children and Young People in England Survey, 2017. Using Office for National Statistics Mid-year population estimates, UK, June 2020.



Common Mental Disorders

20,413 people from ethnic minority groups are estimated to have experienced a CMD in the past week in Wandsworth.

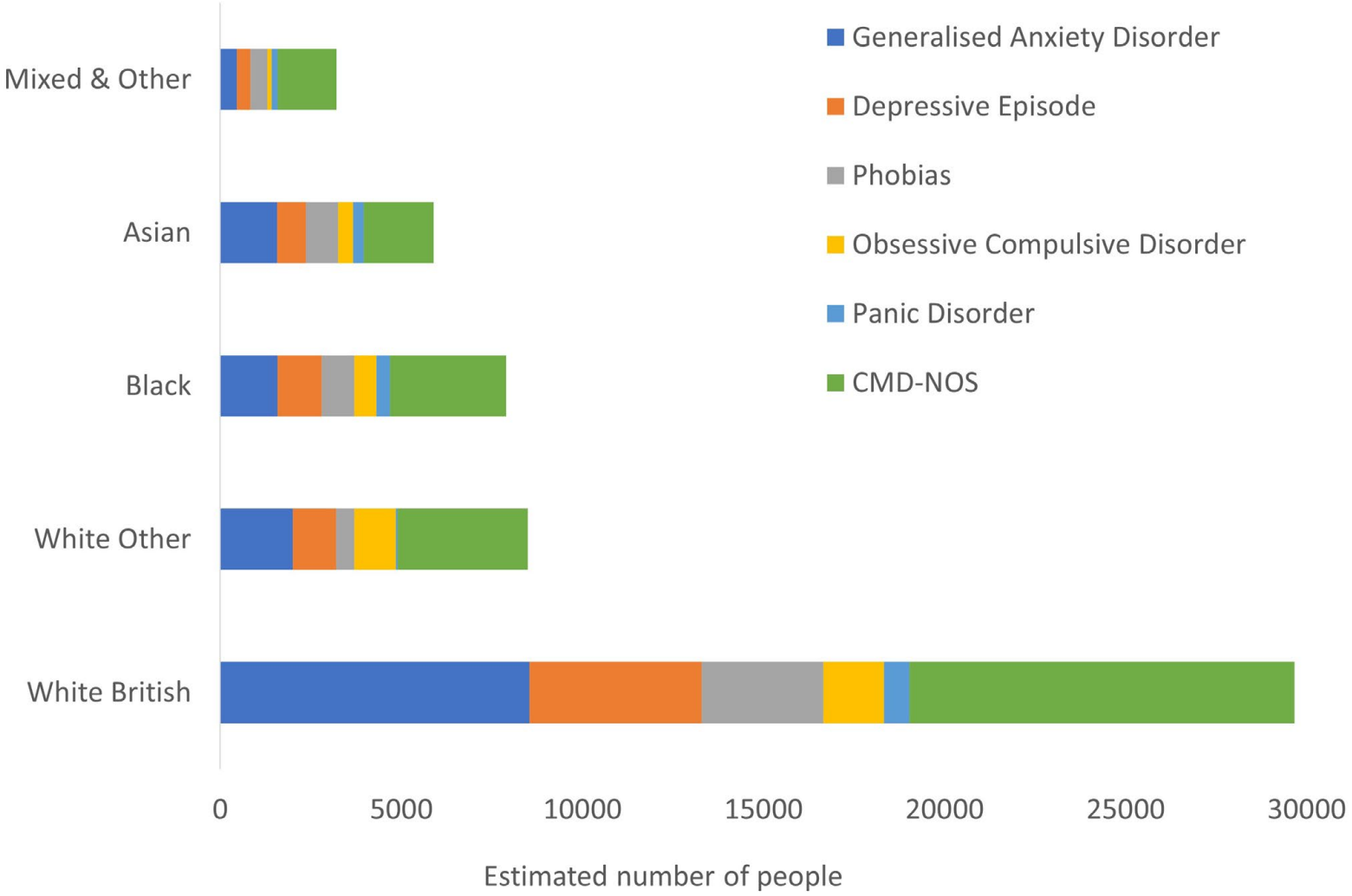
It is estimated that **70% of these will be female** compared to 63% within the whole population.

Ethnicity	All	Men	Women
White British	23,646	9,184	14,350
White Other	7,195	3,053	4,155
Black	5,850	1,492	4,300
Asian	4,478	1,568	3,066
Mixed/ Other	2,890	988	1,946

Data sources

Adult Data: Adult Psychiatric Morbidity Survey, 2014. Using Office for National Statistics Mid-year population estimates, UK, June 2020.

Types of Common Mental Disorder



It is estimated that **Black and Mixed/ Other** groups are **33% and 46% less** likely than average to be diagnosed with generalised anxiety disorder in Wandsworth.

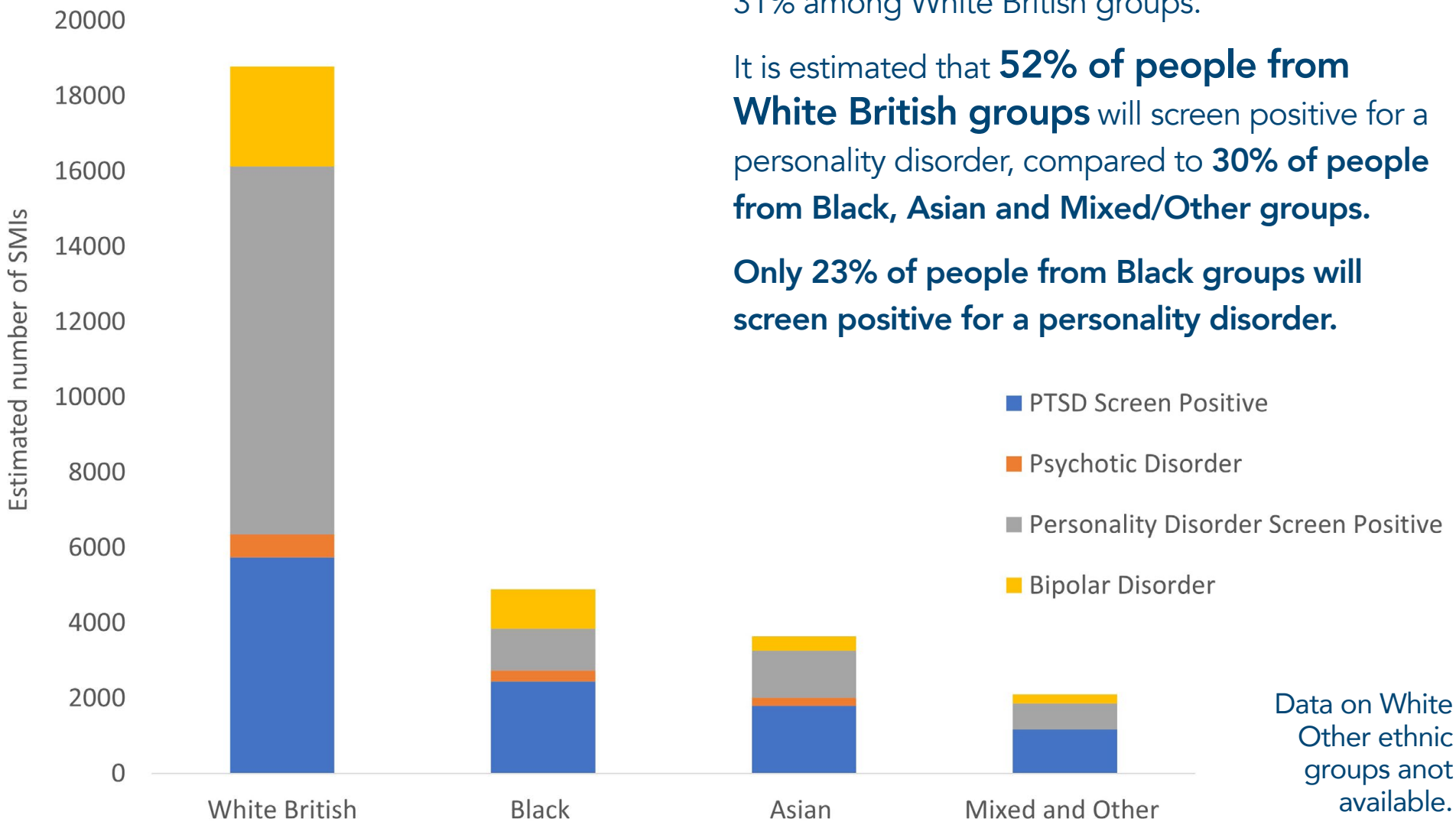
Mixed/Other groups are 30% more likely than average to be diagnosed with a CMD-Not Otherwise Specified in Wandsworth.

Severe Mental Illness

At least 50% of people from Black, Asian and Mixed/Other groups diagnosed with a SMI are estimated to have PTSD in Wandsworth, compared to 31% among White British groups.

It is estimated that **52% of people from White British groups** will screen positive for a personality disorder, compared to **30% of people from Black, Asian and Mixed/Other groups.**

Only 23% of people from Black groups will screen positive for a personality disorder.



Data on White Other ethnic groups anot available.

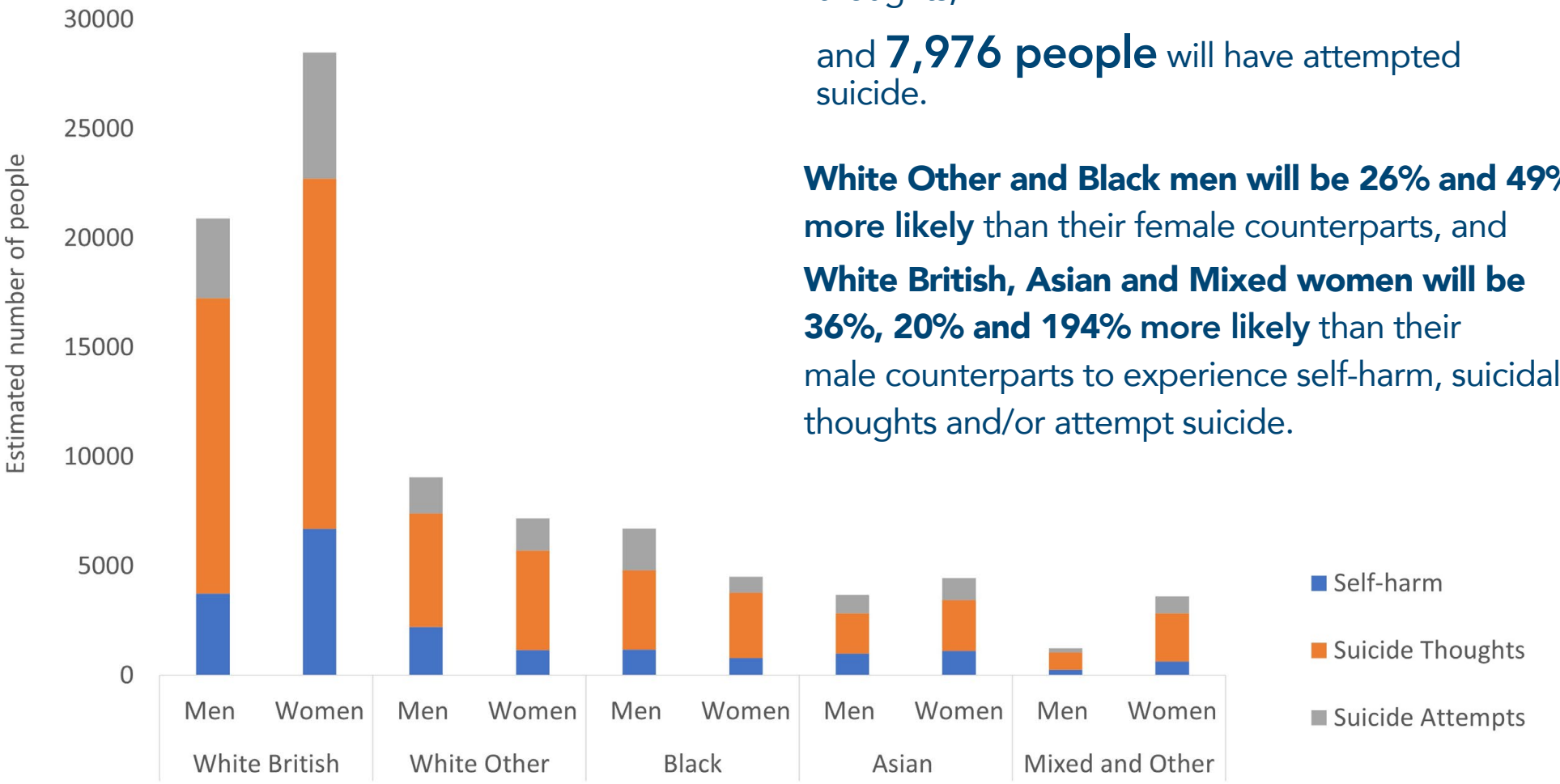
Self-harm and Suicide

Within Black, Asian and Mixed/Other ethnic groups in Wandsworth, it is estimated that

7,692 people will have experienced self-harm,

22,278 people will have experienced suicidal thoughts,

and **7,976 people** will have attempted suicide.



White Other and Black men will be 26% and 49% more likely than their female counterparts, and **White British, Asian and Mixed women will be 36%, 20% and 194% more likely** than their male counterparts to experience self-harm, suicidal thoughts and/or attempt suicide.

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

Mental Health Service Provider

Use of mental health services in Wandsworth by ethnic minority people

Data shows that the needs of people from ethnic minorities in Wandsworth are not being met equitably by mental health services

Figure 1: Population of CYP and Adults in Wandsworth by ethnic group

	CYP aged 0-18	Adult aged 18+
Black	13.8%	9.3%
Asian	12.8%	11.4%
Mixed	14.4%	4.4%
White other	12.3%	18.5%
Other	4.3%	4.0%

Source: Census (2021)

South West London & St. George's Mental Health Trust provides a variety of community, outpatient and inpatient services for children and adults experiencing mental health difficulties in Wandsworth. Whilst the Trust strives to deliver race equity across its services, the number of people from ethnic minority groups accessing mental health services is not representative of the Wandsworth population.

NHS SWL STG provided data on service use for years 2018/2019 to 2021/2022 (Q1-3).

Between 2018/19 and 2021/22, CYP from Black, Asian and Mixed ethnic groups made up only 36.8% of referrals to CAMHS services in Wandsworth, despite forming 45.2% of the 0-18-year-old population.

Similarly, adults from Asian and Mixed ethnic groups made up 12.3% of referrals to NHS SWL STG services over that period, despite forming 14.4% of the population aged 18 years and over.

Across both CAMHS and adult services, Black, Asian and Mixed ethnic groups were particularly under-represented within referrals to eating disorder services, collectively forming only 13% and 14.75% of referrals to each service. A study by Beat found that stereo-

types that eating disorders only impact 'young White women' may detract people from ethnic minority groups from seeking help from services.[15]

CYP and adults from Asian and Mixed ethnic groups are under-represented in referrals to mental health services in Wandsworth

Within both CAMHS and adult mental health services in Wandsworth, Asian groups were most under-represented between 2018/19 and 2021/22, on average forming only 4.75% of referrals to CAMHS and 7.8% of referrals to adult mental health services. People from Mixed ethnicities were slightly under-represented across most children's services, and adults were slightly under-represented in referrals to the Single Point of Access and Crisis Resolution Home Treatment Teams. CYP from Asian and Mixed ethnic groups saw particularly low referrals to crisis services and received no referrals to tier 4 services.

Whilst Black CYP were slightly under-represented within referrals to early intervention and community services, they were severely over-represented in referrals to crisis and tier 4 services. This over-representation carried through into most adult mental health services.

There are various reasons why certain groups experience inadequate access to or feel reluctant to engage with mental health services. These include having different cultural understandings of mental health illness, fears of discrimination and negative outcomes within mental health services, and the effects of multiple deprivation. These issues will be explored in further detail throughout this report.

Addressing the under-representation of certain ethnic groups within mental health services is crucial to ensure that everyone has equal access to timely, good quality mental health care. By missing these opportunities for early intervention, people are more likely to fall through the gaps and end up in crisis. This also increases the chances that a person's first contact is with the police rather than with healthcare services.[16]

Black CYP and adults are over-represented in referrals tomental health services, most severely in referrals to crisis and inpatient services

Between 2018/19 and 2021/22, 45% of CYP referred to CAMHS tier 4 inpatient services were from Black

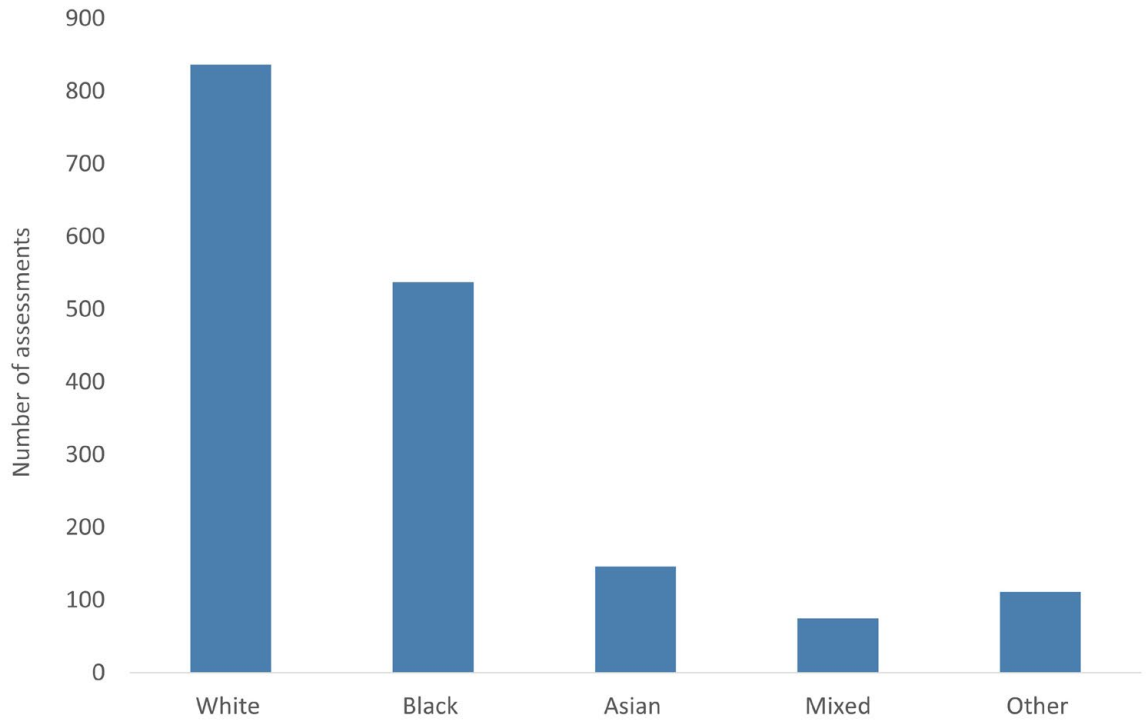
ethnic groups, which is almost three times larger than the Black 0-18 population in Wandsworth. Black CYP also made up 35.5% of referrals to the Adolescent Outreach Team, which is over two times the size of the Black 0-18 population in Wandsworth. This suggests that Black CYP struggle to access the support they need with their mental health until they are in crisis.

This trend continues through the life course and into adulthood. On average, Black adults made up 18% of referrals to NHS SWL STG mental health services over the period. This is almost double the proportion of the Black adult population in Wandsworth. The over-representation of Black groups was greatest within referrals to crisis and inpatient services, including the Coral Crisis Hub, acute inpatient wards and, in particular, the Psychiatric Intensive Care Unit. Black adults constituted almost half of referrals to the PICU over the period, which is more than four times the Black population.

Black people were also over-represented amongst those who received an assessment by an Approved Mental Health Professional to determine whether there was a need for detention under the MHA. Between 2020 and 2022, 32% of those receiving an AMHP assessment were Black, which is three times the adult Black population in Wandsworth.[17] This fits with national trends that Black people are over four times more likely to be detained under the MHA than their White counterparts.[18]

The gross over-representation of Black groups in inpatient and secure mental health services is a persistent national trend, which has shown little sign of improvement for decades.[19] This has been deemed a form of structural racism, which will be explored later in this report on page 109.[20] This calls for an urgent need to review the use of crisis services and the MHA to tackle the inequalities that Black people face, as well as targeted support to improve access to early intervention services for these communities.

Figure 2: Number of adults who received an assessment by an Approved Mental Health Professional between 2020/21 and 2021/22 by ethnic group.



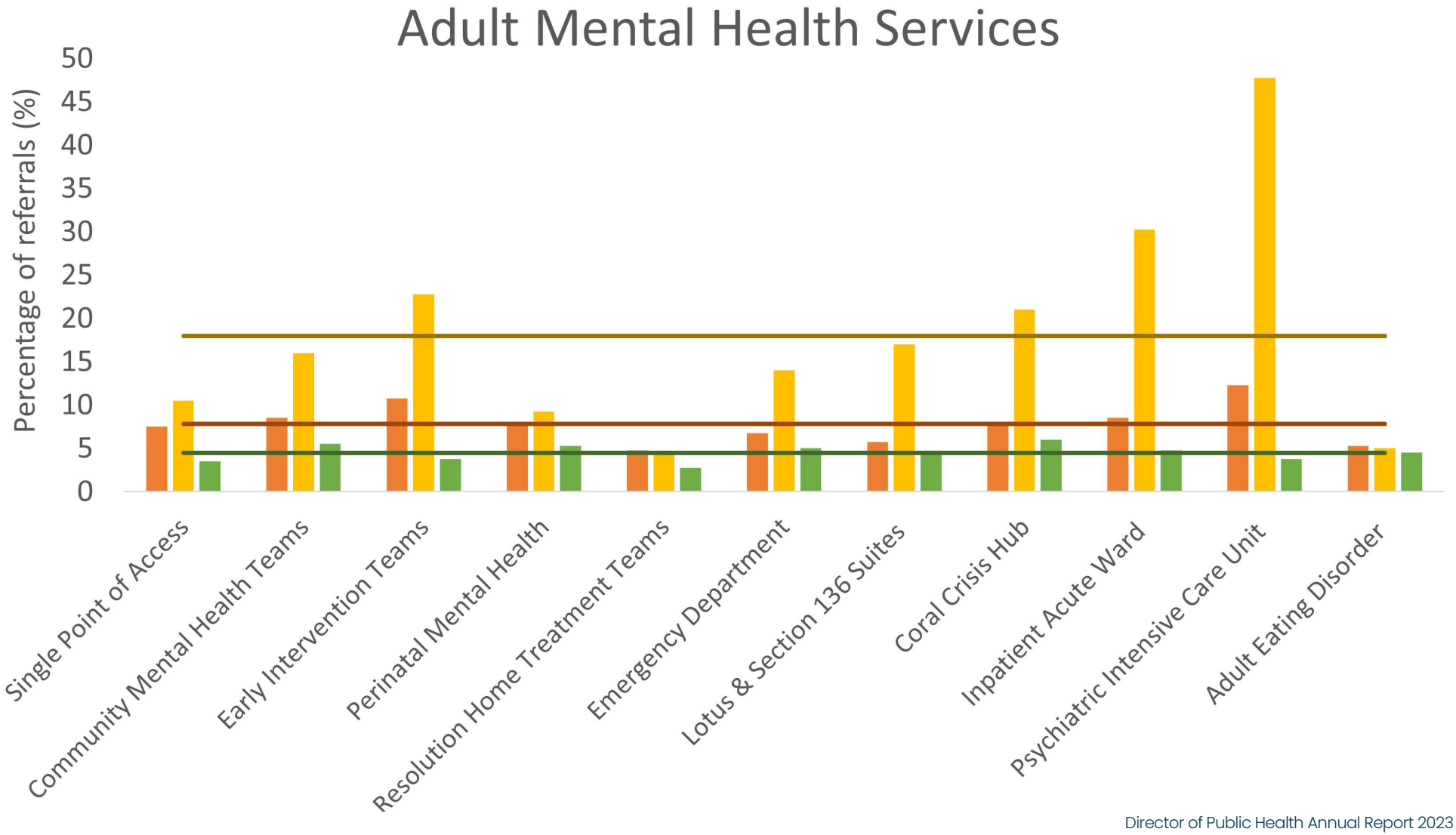
Source: AMHP 2020-2022

> "Black young people are grossly over-represented in data, particularly Black Afro-Caribbean young people.
>
> [It] has been like this for over 30 years. This group needs to be front and centre of work."
>
> MHNA focus group participant

Figure 3: Percentage of children and adults from ethnic minority groups referred to mental health services between 2018/2019 and 2021/2022, with average percentage of referrals from each ethnic group above bars

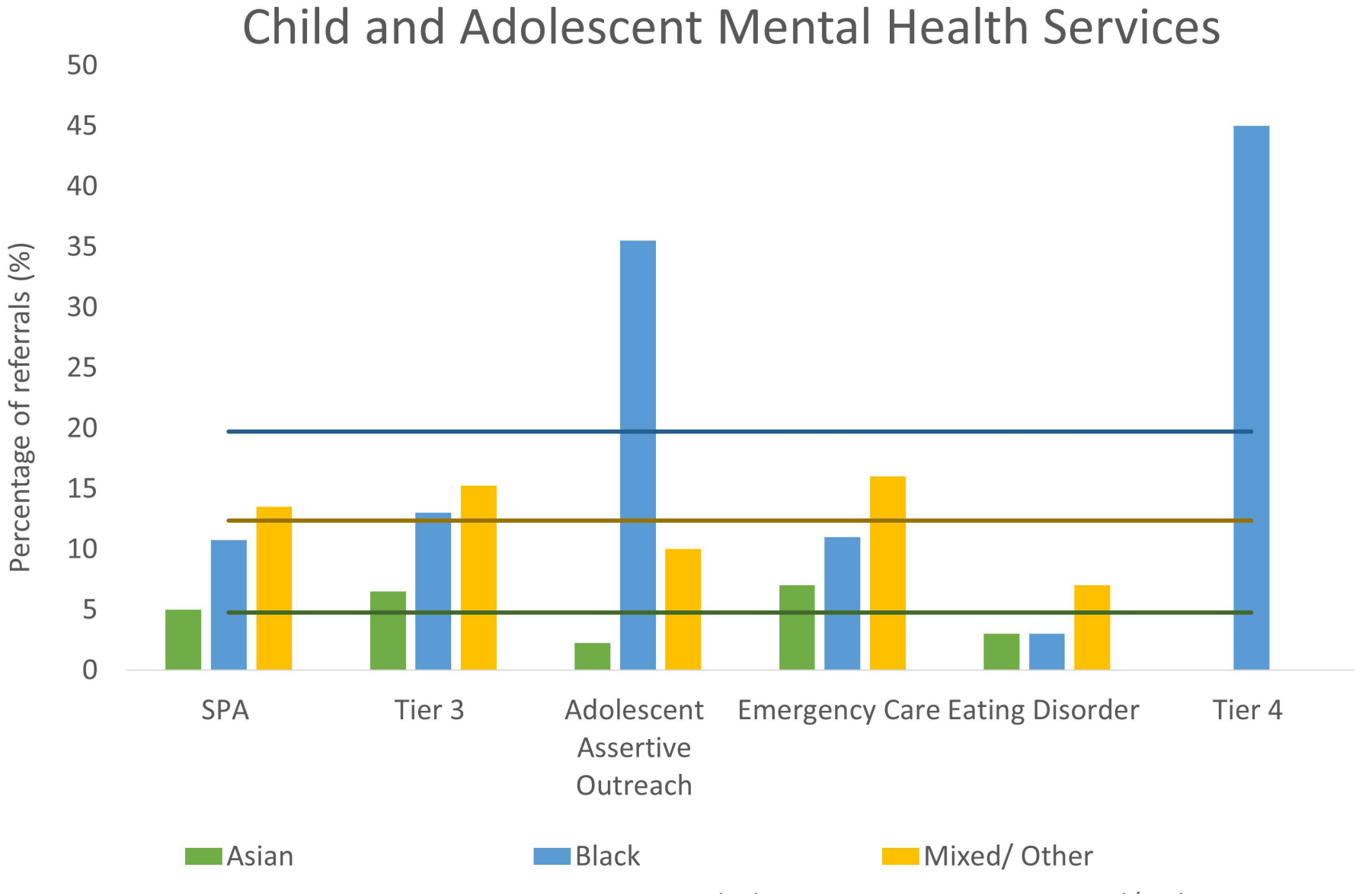
Adult Mental Health Services

Source: South West London St George's NHS Trust. 2018-2022



Child and Adolescent Mental Health Services

Source: South West London St George's NHS Trust. 2018-2022



Improving the collection and use of ethnicity data

In our Wandsworth MHNA, we found that data on the ethnicity of NHS SWL STG service users was not always complete which, at times, impacted on our ability to accurately understand who was being referred to local services.

Across services, data was only collected for the broad White ethnic group rather than distinguishing between White British and White minority groups. Due to this, we are unable to determine whether referrals of white minority groups to SWL STG mental health services are representative of the Wandsworth population.

In addition, analysis showed that the proportion of service users whose ethnicity is recorded as 'other' is higher than representative and 4.5% of service users had their ethnicity recorded as 'unknown'. More than this, the quality of data collected has shown a downward trend. Since 2018/19, there has been a dramatic increase in the proportion of referrals to the Adult Eating Disorder and Perinatal Mental Health services whose ethnicity is recorded as 'unknown'. This hinders reliable analysis.

The collection of good-quality ethnicity data is crucial to increasing our understanding of the inequalities experienced by different ethnic groups in the borough and must be used to improve the planning and delivery of services for people from ethnic minority groups.

Research has found that the collection of ethnicity data is impeded by:

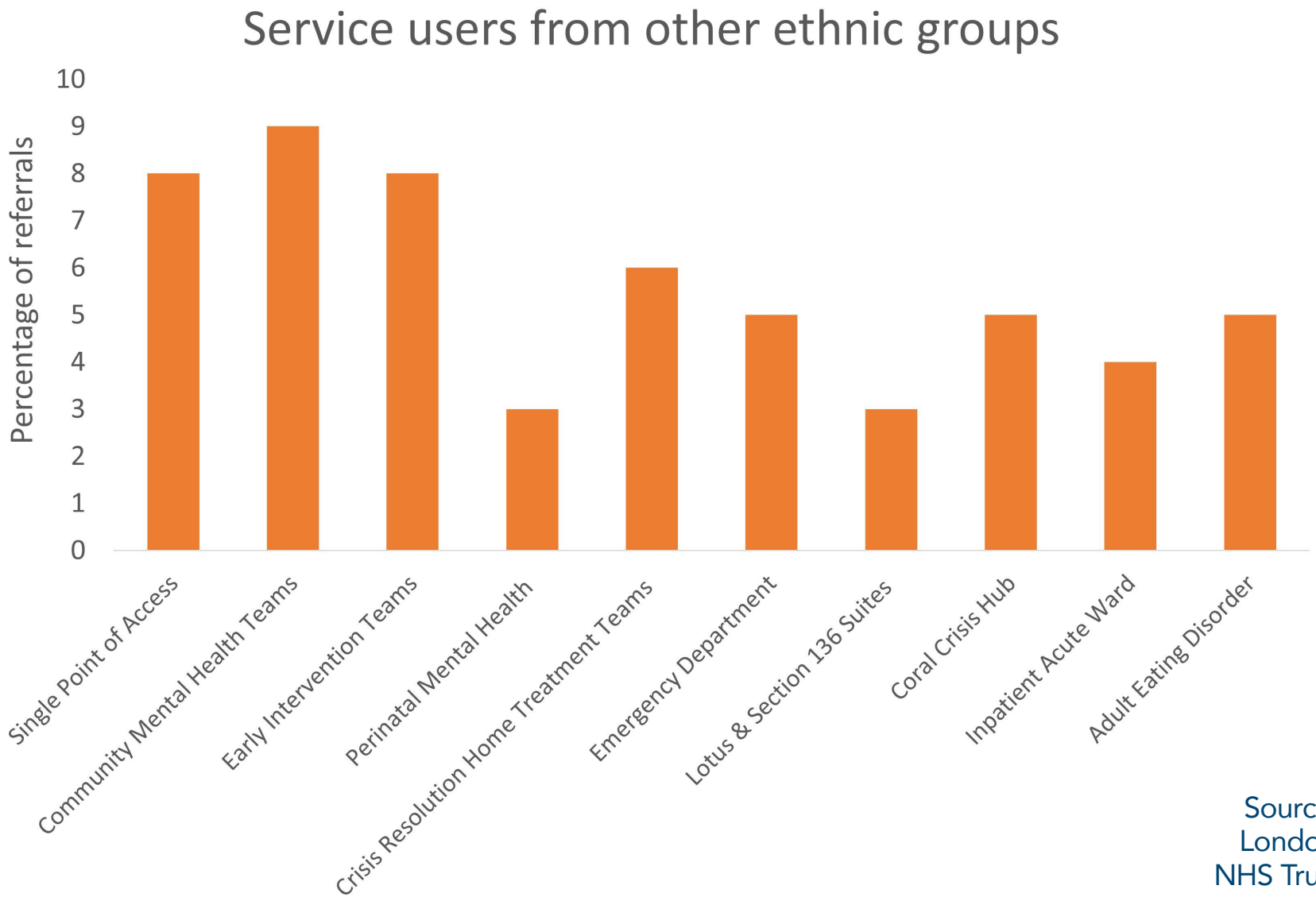
- Lack of knowledge from staff about the importance and use of data
- Patients' perception of how their data will be used, specifically concerns that it will be used to discriminate against them.[21]

As explained by one mental health researcher:

> “Having sat on boards for many years and having tried to change the status quo in a number of ways, and particularly in relation to how diverse communities experience services, it became clearer and clearer to me that... you have to have good data... We need better collection, better reporting in order to deliver better accountabilities by NHS Trusts for improving services to all of their communities.”

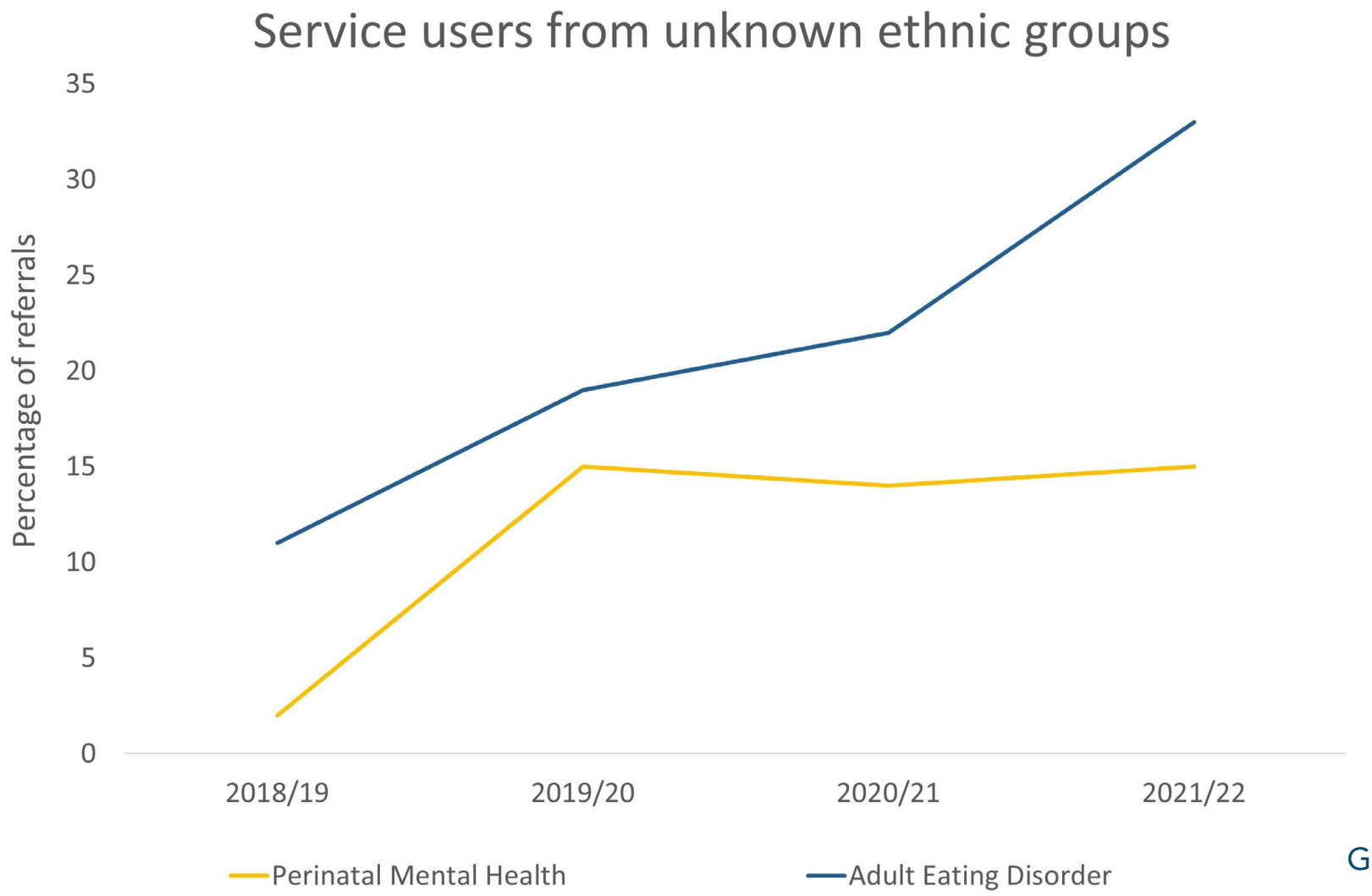
They felt hopeful that the work underway to implement the Patient and Carer Race Equality Frameworks, alongside the new requirement for NHS mental health trusts to appoint a board director with responsibility for reducing racism, will be a big step toward achieving this. [22]

Figure 4: Percentage of service users referred to NHS SWL STG Mental Health services from other ethnic groups in 2021/22 (Q1-3)



Source: South West London St George's NHS Trust. 2018-2022

Figure 5: Percentage of service users referred to NHS SWL STG Perinatal Mental Health and Adult Eating Disorder services from unknown ethnic groups between 2018/19 and 2021/22 (Q1-3)



Source: South West London St George's NHS Trust. 2018-2022

Wandsworth Young People's Health and Wellbeing Survey

In 2022, over 3,000 pupils from 21 primary schools and 4 secondary schools took part in the Wandsworth Young People's Survey to share their views on their health and wellbeing.

In the survey, pupils from Years 4, 5, 6, 8 and 10 shared their views on various aspects of their health and wellbeing including, healthy eating, safety, emotional wellbeing, physical activity, and substance use. The full and topical reports can be read here.

Ethnicity of pupils who completed the survey

Primary	**35%**	**21%**	**18%**	**12%**	**15%**
	All White	White British	Asian	Mixed	Black
Secondary	**30%**	**14%**	**20%**	**14%**	**25%**
	All White	White British	Asian	Mixed	Black

Socio-economic struggles

Minority ethnic pupils face tougher living situations,both at home and at school

Other White and Chinese and Asian pupils were most likely to report that they have felt afraid of going to school because of bullying. Of those that had experienced bullying, pupils were most likely to report that this was because of their size/weight and the way that they look. Among secondary pupils it is notable that 7% reported that they had been bullied because of their race or skin colour and 8% had been bullied because of their name or family background.

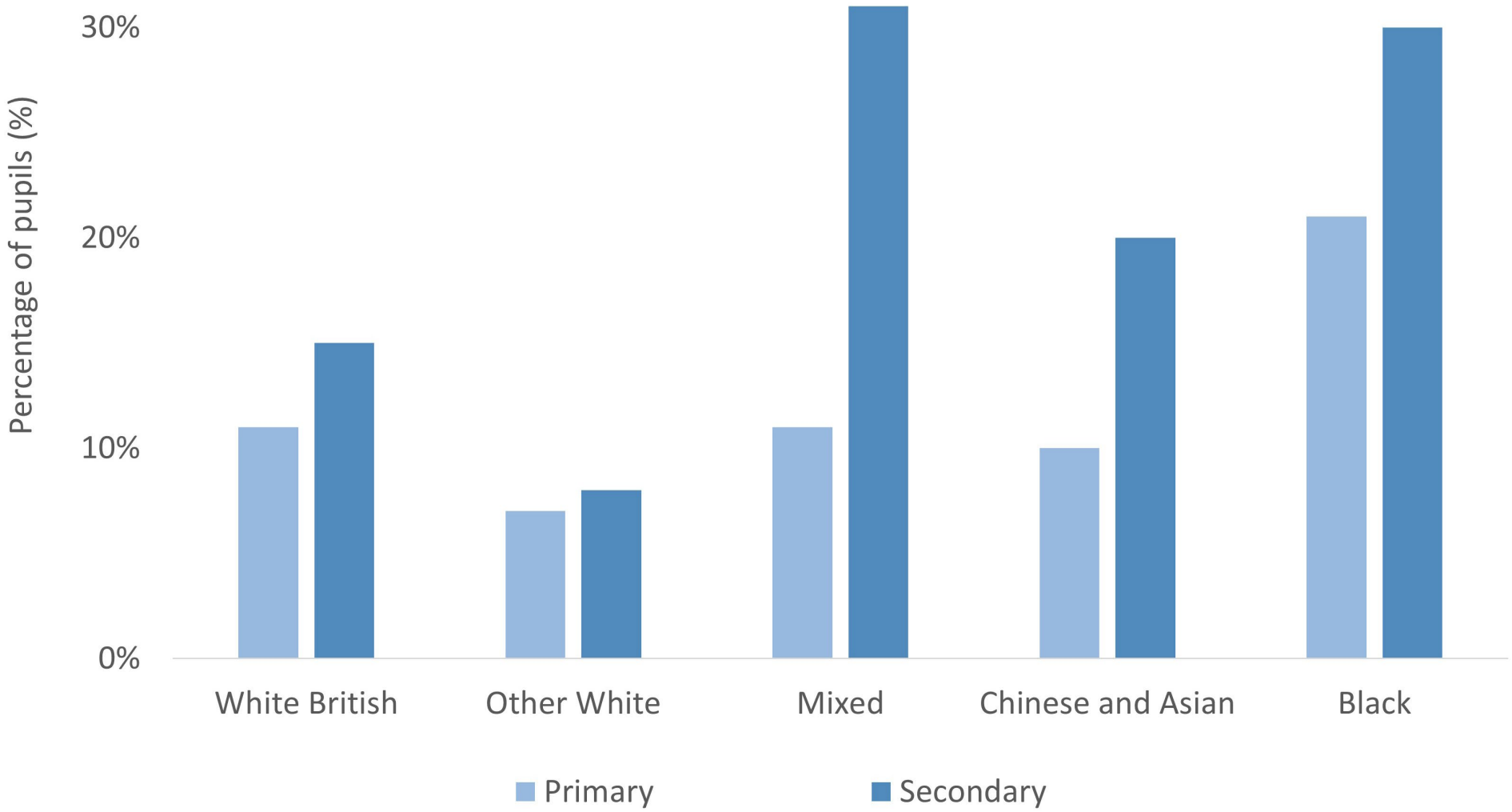
Among primary pupils, only half of Black pupils and 60% of pupils from Mixed ethnic groups live with both their parents. This decreased as pupils moved from primary to secondary schools. Whilst Chinese and Asian pupils were most likely to live with both parents, they were also more likely to regularly provide care for someone at home who cannot look after themselves.

7%

Of secondary pupils have been bullied because of their race or skin colour

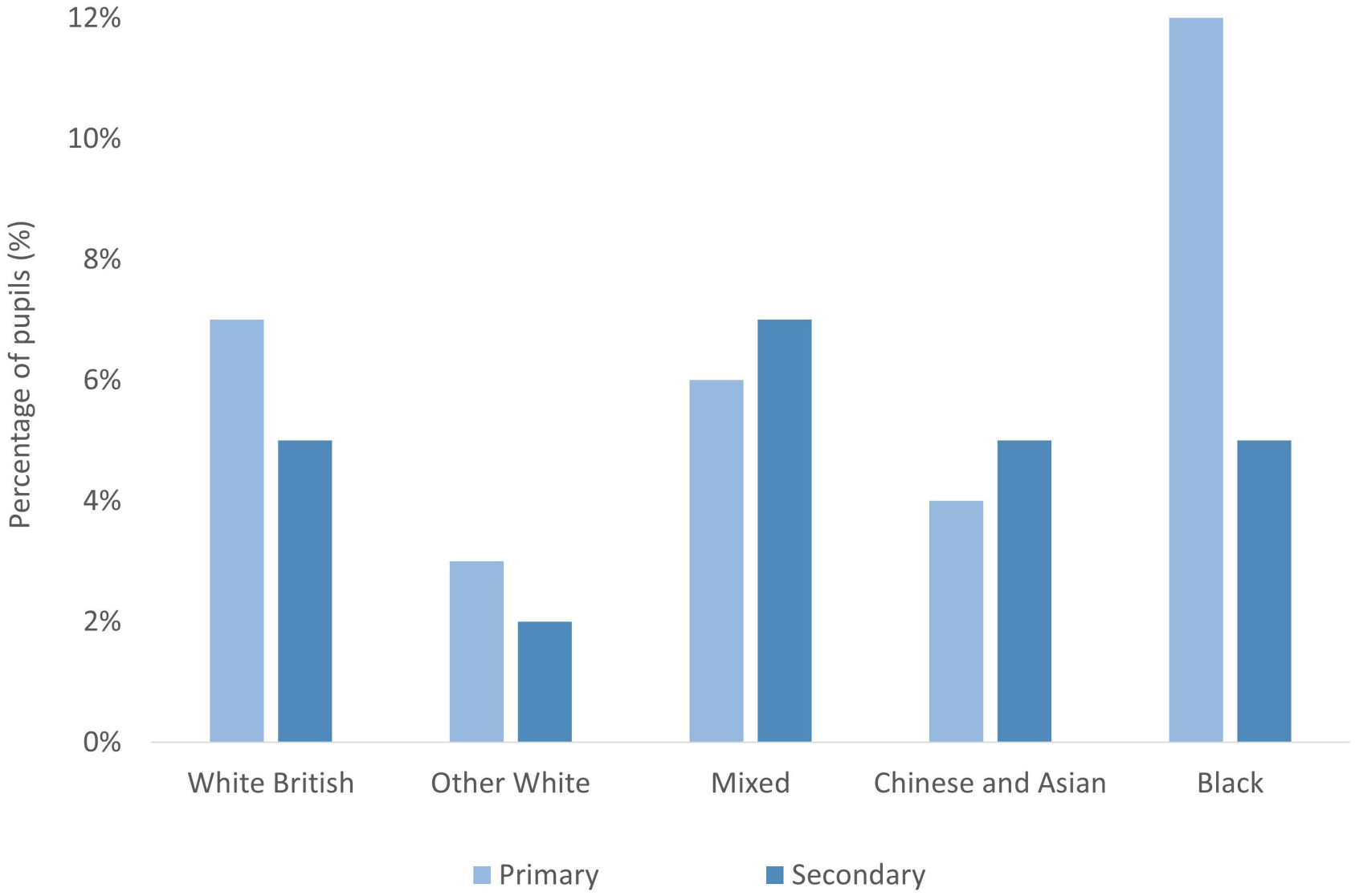
Black and Mixed pupils were more likely to currently be having free school meals. This was reported by 21% of Black primary pupils, 30% of Black secondary pupils and 31% of Mixed secondary pupils, which is ten percentage points more than average within the survey. Black primary pupils and Mixed secondary pupils were also more likely to report that their family had used a food bank because they didn't have enough money to pay for food.

Figure 6: Percentage of pupils currently having Free School Meals, by ethnic group



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022

Figure 7: Percentage of pupils whose family have used a food bank, by ethnic group



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022

Mental resilience

Minority ethnic girls are most likely to have low mental resilience, and Black and Chinese and Asian boys are the most likely to have high mental resilience

Through pupils' responses to questions within the survey, a measure of resilience was calculated for each pupil. Across all ages and ethnic groups, boys were more likely than girls to score highly. Among primary school children, Black boys were most likely to have a high measure of resilience, and Black and Mixed girls were most likely to have a low measure of resilience. Among secondary-age pupils Chinese and Asian and Black boys were mosttrusted adult likely to have a high measure of resilience, and Chinese and Asian and other White girls were most likely to have a low measure of resilience.

Worries

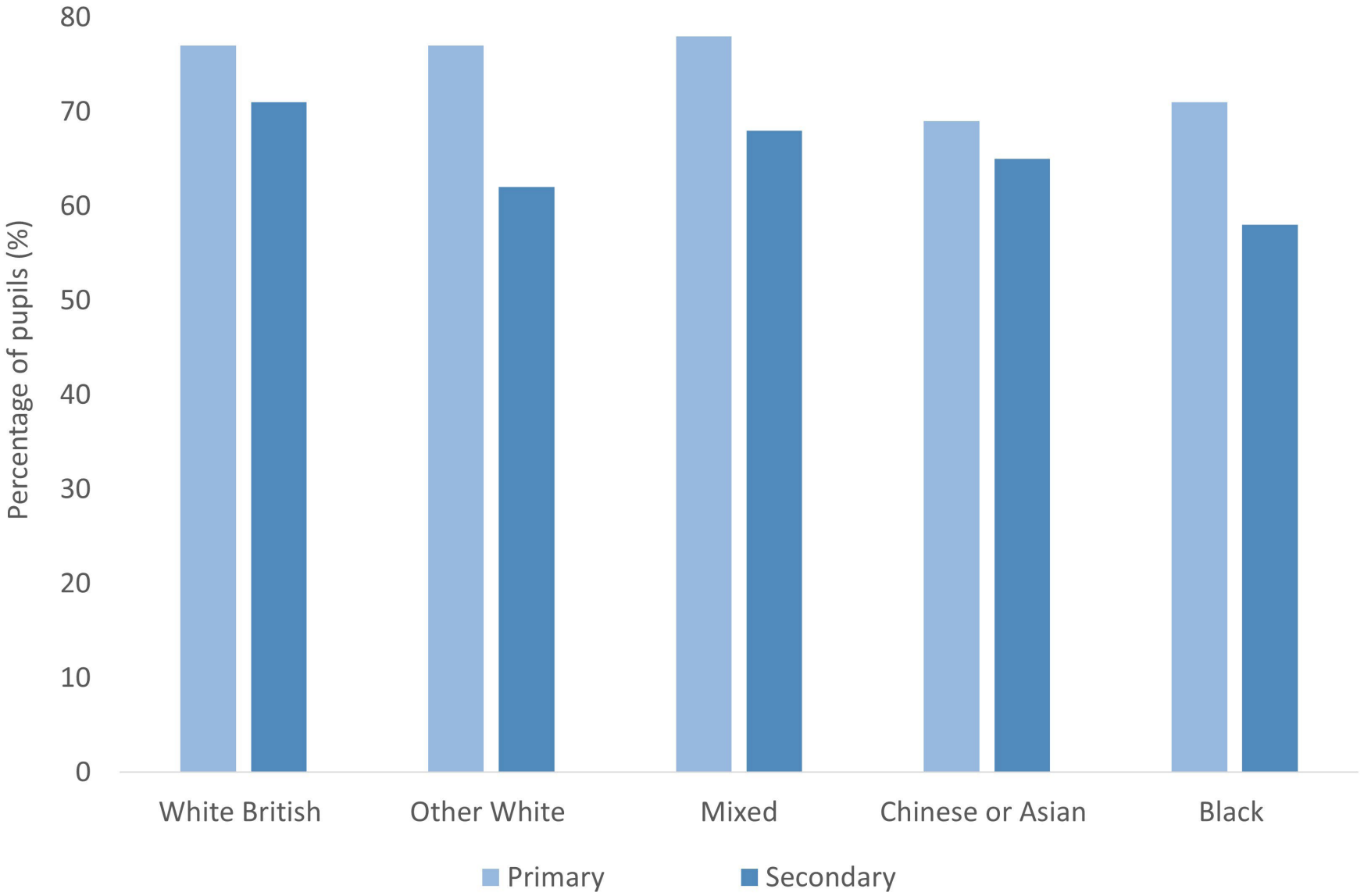
Girls worry more than boys, and this increases as girls enter secondary school

Across all ethnic groups, girls were more likely to worry about more than 5 issues than boys. This gap increased as pupils progressed through school. Whilst the proportion of boys who worried about more than 5 issues 'a lot' or 'quite a lot' was similar between primary and secondary pupils - for girls this increased from 29% to 51%.

1 in 2

Secondary girls worried about more than 5 issues 'a lot' or 'quite a lot'

Figure 8: Percentage of pupils who worried 'quite a lot' or 'a lot' about more than five issues by ethnic group



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022.

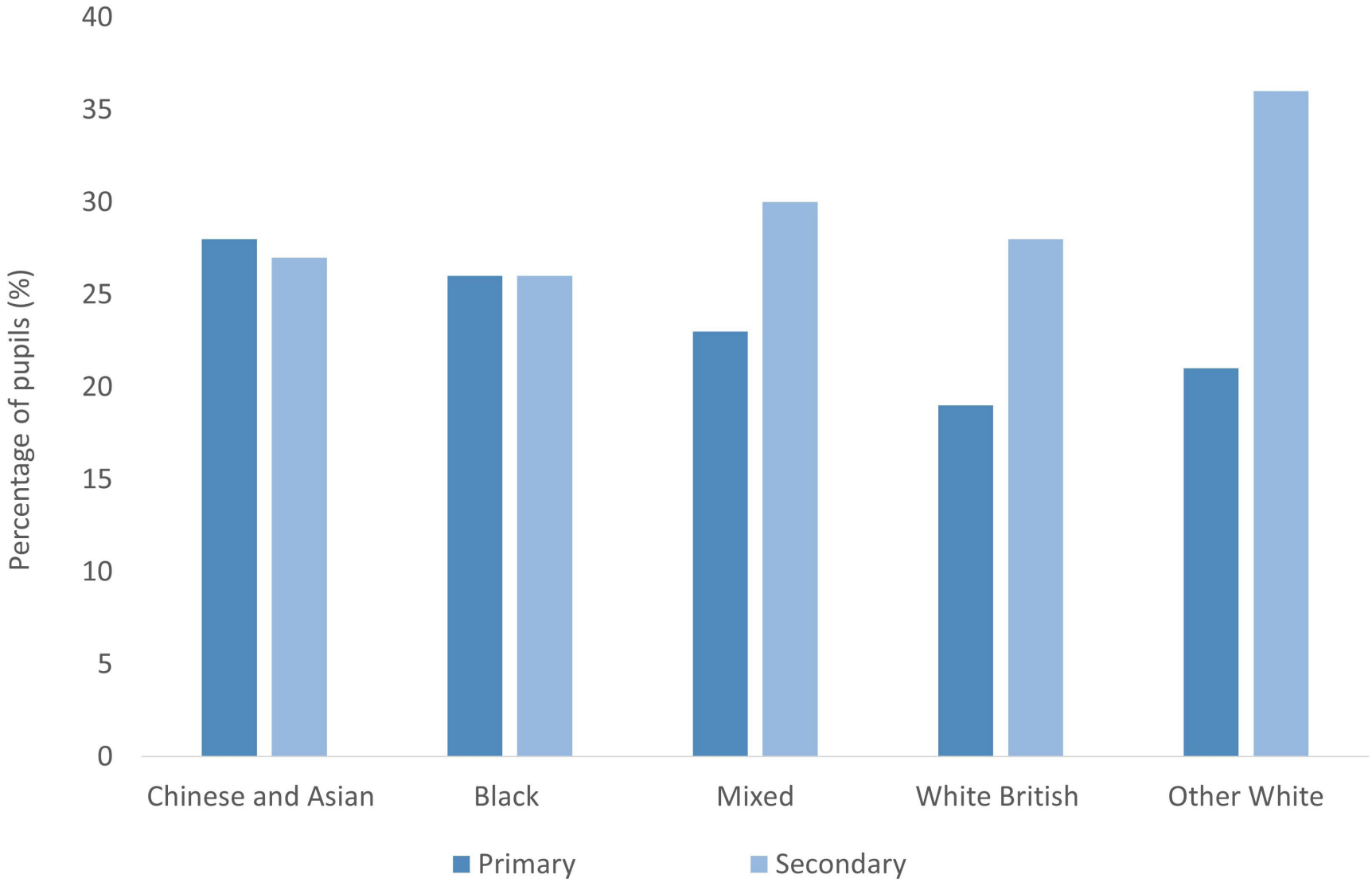
Over 1 in 4 Chinese and Asian and Black primary and secondary-aged pupils reported that they worried 'quite a lot' or 'a lot' about more than 5 issues. This was higher than average among primary pupils, but lower than average among secondary pupils. Within the secondary-age group, worries were highest among White Other pupils, with 1 in 3 reporting that they worried 'quite a lot' or 'a lot' about more than 5 issues.

There were some issues which worried pupils from specific ethnic groups more than others. Chinese and Asian pupils worried more than average about issues related to crime and terrorism, including being forced to carry a weapon, recruited into a gang, or targeted to support terrorism. Black primary pupils worried more than average about the way they look and having enough food to eat, and Black secondary pupils worried more about their mental health. Secondary-age girls from all minority ethnic groups worried at least 10% more about their mental health than White British girls. This was highest among Other White girls, 62% of whom worried 'a lot' or 'quite a lot' about their mental health compared to 42% of White British girls.

Chinese and Asian, Black and Other White pupils are less likely to have a trusted adult they could talk to about their worries

Among primary pupils, only 69% of Black pupils and 70% of Chinese and Asian pupils reported that they had someone to talk to, compared to 77-78% of White British, White Other and Mixed pupils. Across all groups, secondary age pupils were less likely to feel they had an adult they trusted to talk to, but this was lowest among Black (58%), Other White (62%) and Chinese and Asian (65%) pupils.

Figure 10: Percentage of pupils who have an adult to talk to when worried about something, by ethnic group



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022

Coping Strategies

83% of secondary-age pupils said they did something relaxing when stressed or feeling bad

When they are struggling, feel bad, are stressed or have a problem that is worrying them, high proportions of pupils reported that they 'at least sometimes' deal with this through positive actions. For example, 83% of secondary-age pupils said that they did something relaxing, such as listening to music or doing art, 79% said that they spent time on the computer and 63% said that they played sport or did something active. However, many pupils 'at least sometimes' adopted negative coping mechanisms, and the behaviours adopted varied by ethnic group.

High proportions of pupils 'at least sometimes' adopted negative coping mechanisms to deal with stress, worries and feeling bad

2 in 5

Chinese and Asian pupils alter their eating when stressed

Primary-age pupils

Among primary-age pupils, 48% said that they dealt with stress and worry by lashing out in anger, 40% ate more and 34% ate less. Chinese and Asian primary-age pupils were most likely to alter their eating, with 43% reporting that they ate more and 41% reporting that they ate less. By contrast, White and Mixed groups were more likely than average to lash out in anger, with 51% of pupils reporting this.

1 in 3

Primary pupils hurt themselves in some way

1 in 3 primary pupils said that they dealt with stress and worry by hurting themselves in some way. This was highest among Chinese and Asian boys,

40% of whom said they would 'at least sometimes' take this action, and least common among girls from Black and Mixed ethnic groups.

Secondary-age pupils

Among secondary-age pupils, 39% said they dealt with stress and worry by lashing out in anger, 36% ate more, 34% ate less, 6% smoke and drunk alcohol and 5% took drugs.

2 in 5

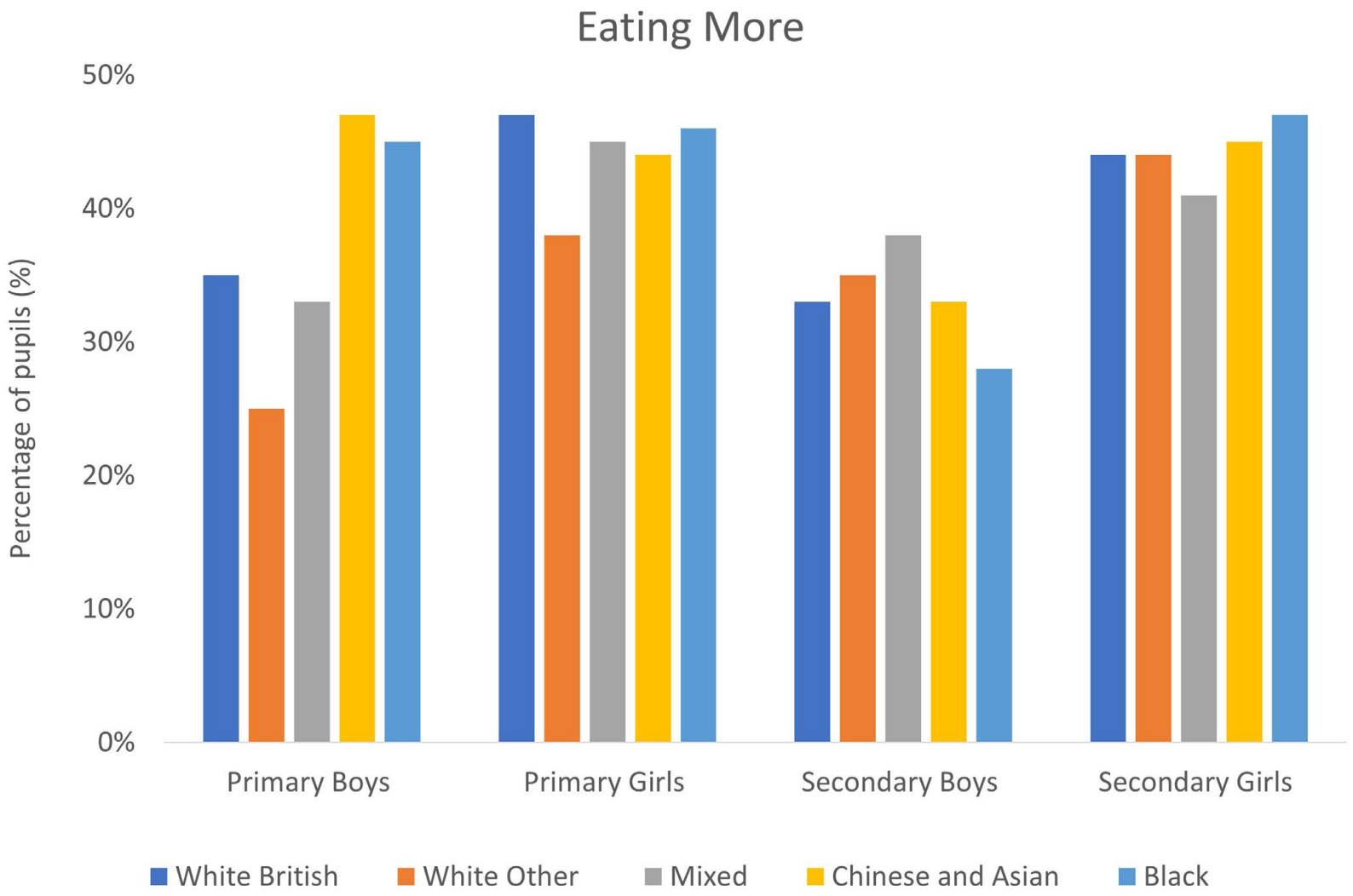
Chinese and Asian and Mixed ethnic secondary girls hurt themselves in some way

Pupils from White Other groups were most likely to take negative actions, whereas pupils from Chinese and Asian groups were least likely to do so, and instead were more likely to cope through positive actions.

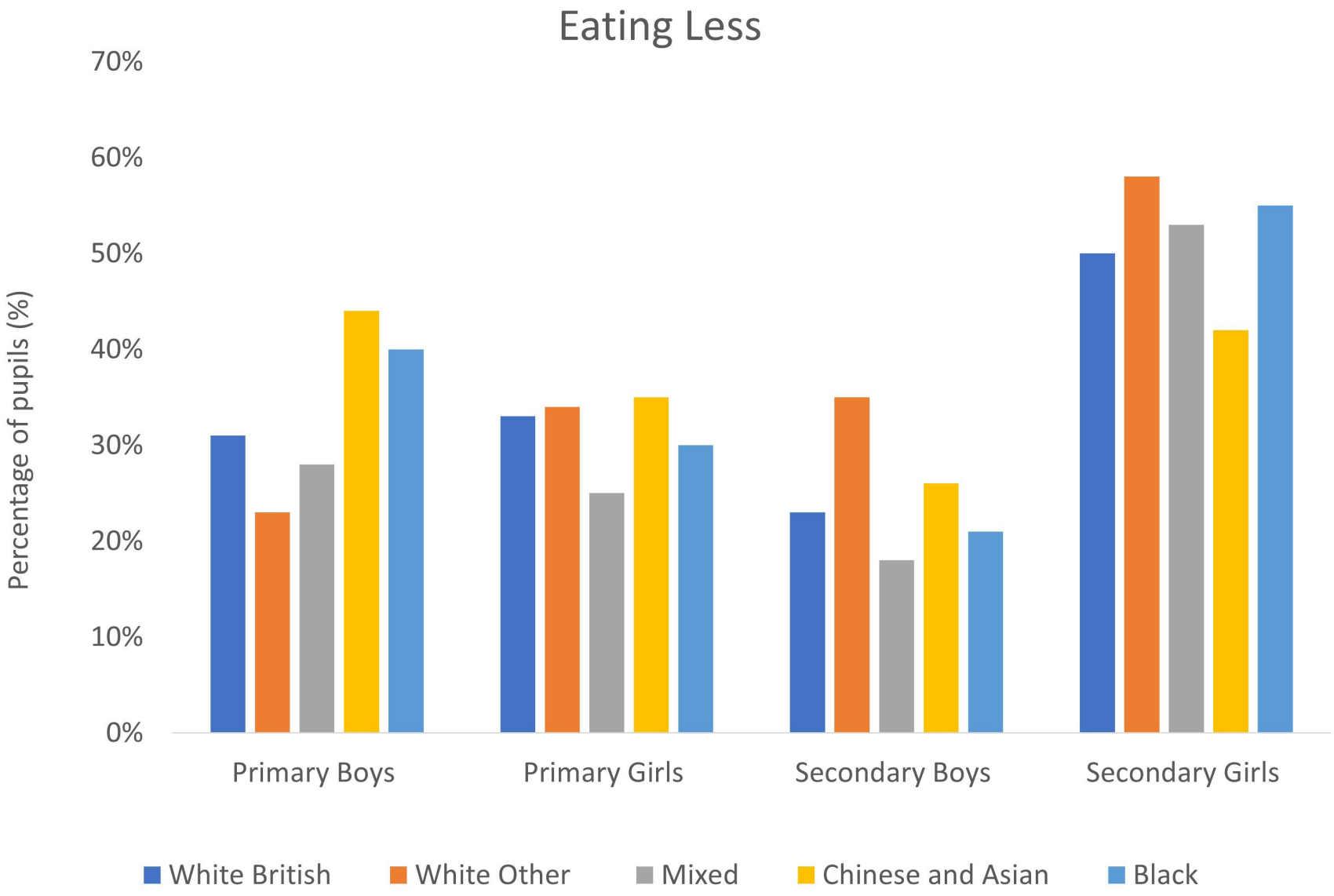
Across all ethnic groups, secondary-age girls were more likely than boys to change their eating behaviours; 2 in 5 girls said that they would eat more and 1 in 2 said that they would eat less. This was seen similarly across all ethnic groups, except for Chinese and Asian girls, who were less likely than average to reduce their food intake.

1 in 5 secondary-age pupils said that they 'at least sometimes' deal with stress and worry by hurting themselves in some way. This increased to 2 in 5 among secondary-age girls from Chinese and Asian (42%) and Mixed (41%) groups, marking these as at-risk groups for self-harm.

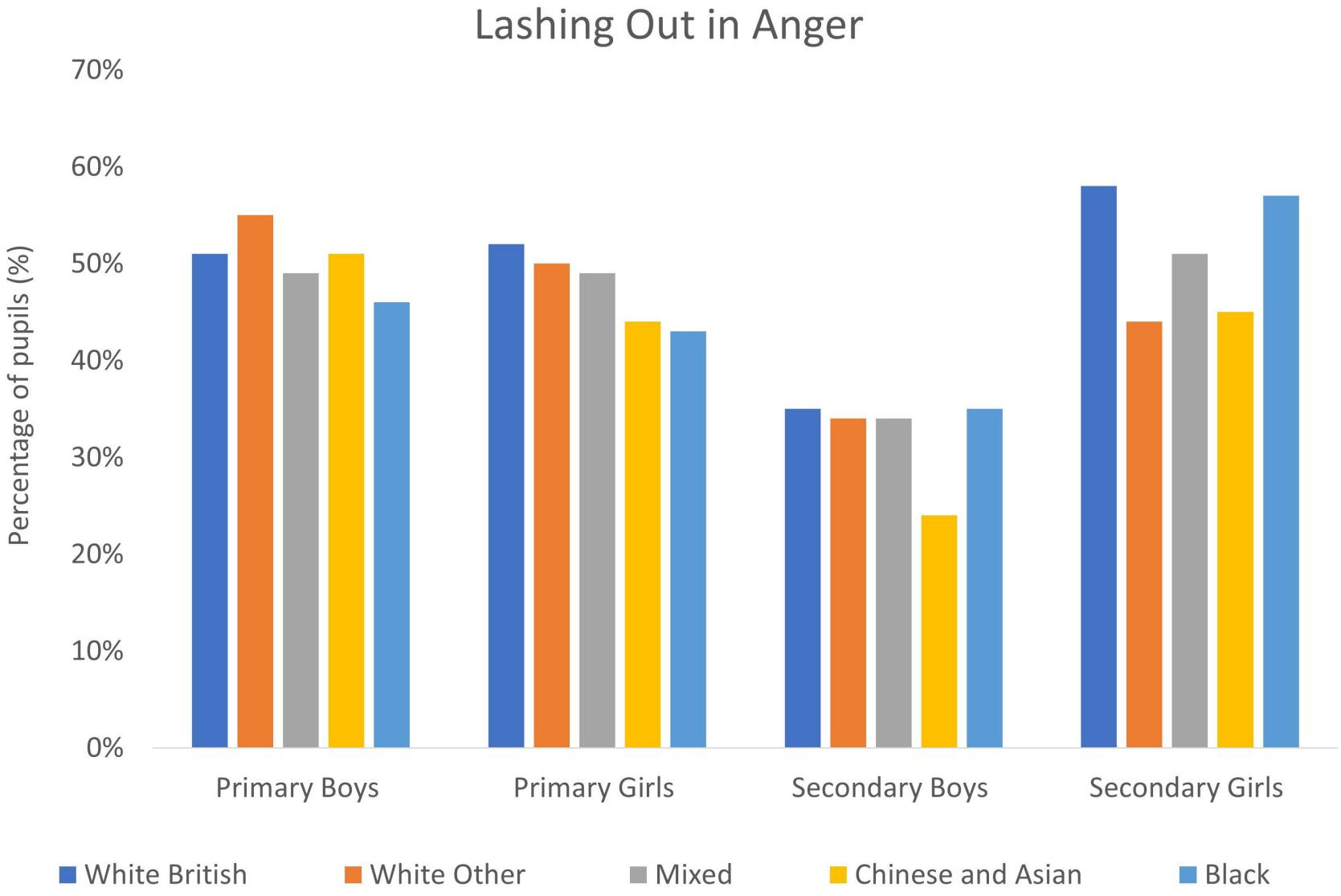
Figure 11: Percentage of pupils who adopted negative coping behaviours when stressed, worried or feeling bad, by sex, age and ethnic group



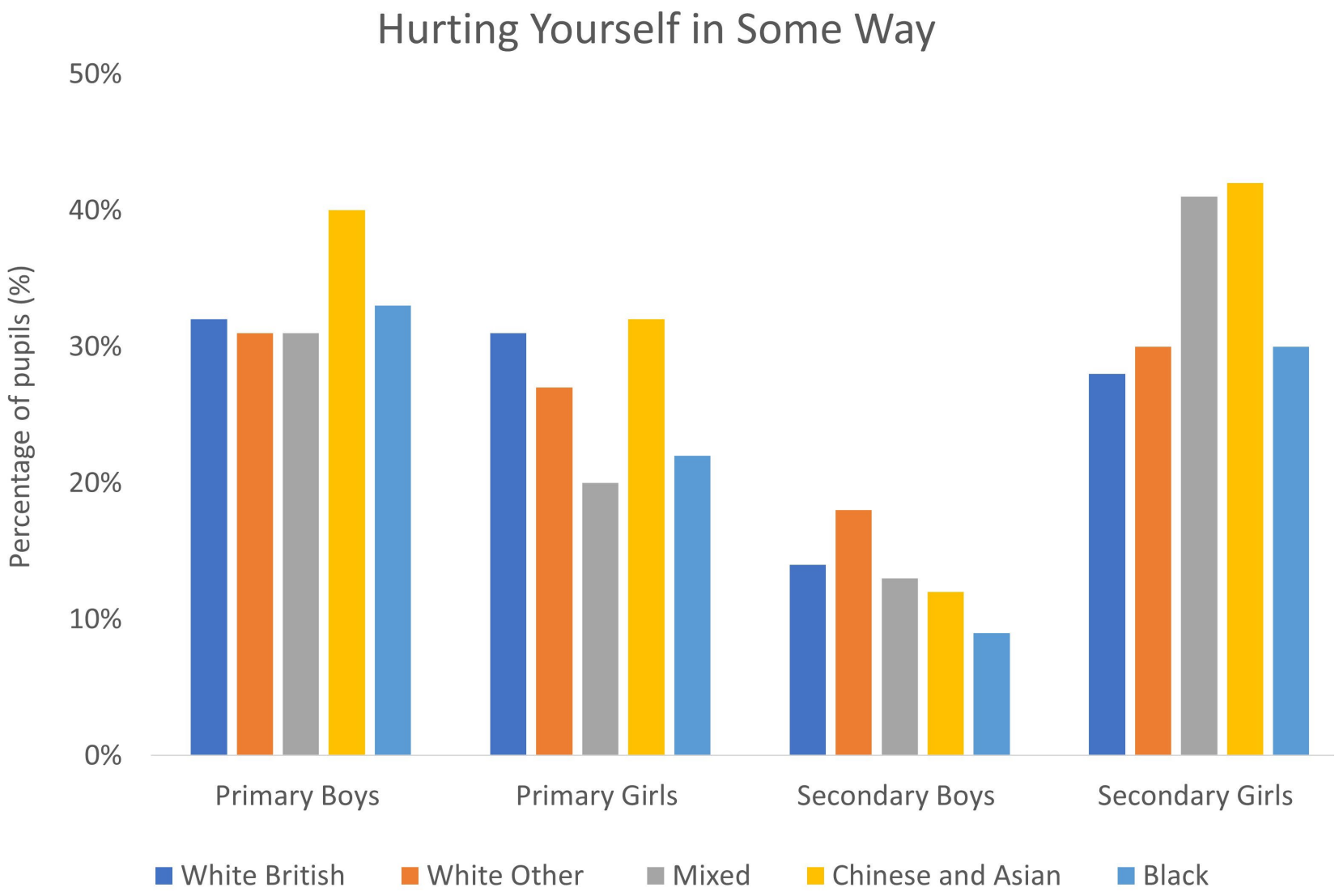
Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022



Source: Health Related Behaviour Questionnaire. School Health Education Unit. 2022

“There are a lot of people who are experiencing a huge amount of distress due to complex life circumstances.”

Mental Health Service Provider

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.

"We enable good mental health by changing people's daily lived realities."[23] Our capability to be mentally healthy is deeply embedded in the environment and community that we live in, and our access to good resources.

Research has proven that people from more deprived communities experience worse mental health than their counterparts from more affluent groups.[24]

In the UK, people from ethnic minority backgrounds disproportionately experience structural inequalities such as worse housing, poverty and unemployment, preventing them from achieving their full potential and best health.[25] These are, at least in part, the result of structural racism and reinforce mental health inequalities experienced by people from ethnic minority groups.

> "There are so many non-medical issues which are the greatest worry and pressure points for patients with a mental illness." Service provider

Increasing access to mental health services will only be a partial solution to the inequalities faced by people from ethnic minority groups. To improve mental health outcomes, it is crucial that we establish a mentally enabling environment where there are "opportunities to flourish [and] achieve social and community actualisation."[26]

Poverty

Poverty is a key social determinant of health, and there is clear evidence that rates of depression, SMI and suicide worsen with increased poverty and deprivation – the more the exposure, the worse the outcomes.[27] In the UK, adults in the poorest fifth of the population are twice as likely to be at risk of developing a mental health problem as those on an average income.[28] This disadvantage starts before birth, with children from the poorest 20% of households being four times more likely to have mental health difficulties by the age of 11 as those from the wealthiest 20%.[29]

People from Black, Asian, and Mixed ethnic groups are 2.5 times more likely to be in relative poverty than White people in the UK

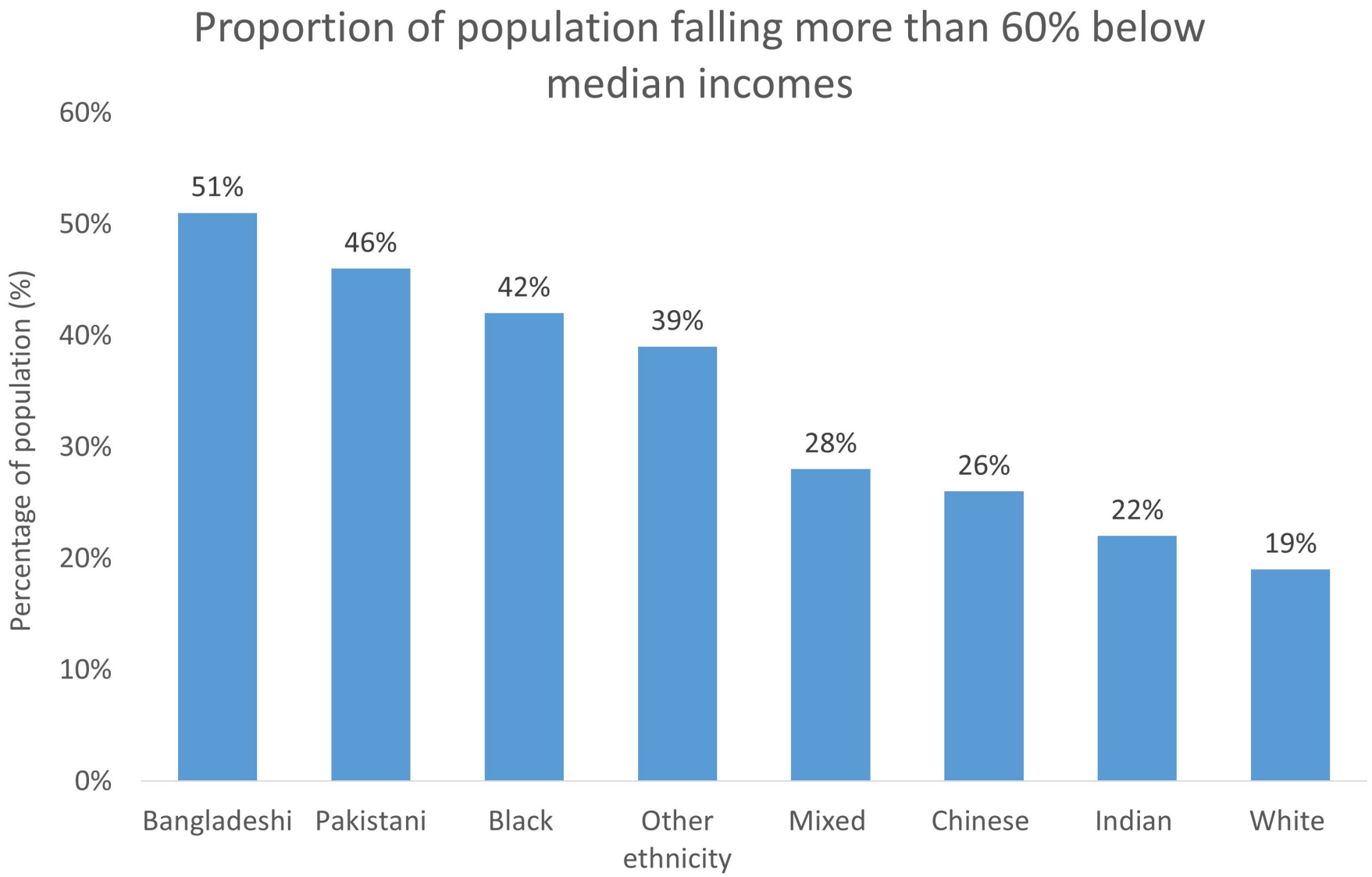
Around 14.5 million people are currently living in poverty in the UK, and this economic inequality strongly intersects with structural racism; some ethnic groups experience much higher rates of poverty than the White ethnic group.[30] People from Black, Asian and Mixed ethnic groups are 2.5 times more likely to be in relative poverty than people from White groups, with the highest rates of poverty seen in Bangladeshi and Pakistani groups.[31] Similarly, looking below the poverty line, these groups are 2.2 times more likely to be in 'deep poverty' - more than 50% below the poverty line - than White people, with Bangladeshi people over 3 times more likely.[32]

6th

Highest rate of income inequality in London

Whilst Wandsworth performs well compared to other London boroughs for most poverty and inequality indicators, the population is spread across the index of multiple deprivation (IMD), with a 63:37 split between those in the less deprived half of the UK's population and those in the more deprived half, respectively.[33] The borough has the 6th highest rate of income inequality (the gap in income levels) in London.[34]

Figure 12: Relative rate of poverty by ethnicity in UK in 2022



Source: DWP (2022) analysed by Runneymede Trust

Black, Asian and minority ethnic groups are more likely to live in the most deprived areas of Wandsworth

There is a strong positive correlation between the level of deprivation in areas of Wandsworth and the proportion of ethnic minority residents. The three LSOAs amongst the 10% most deprived in London were in Latchmere and Tooting, which have some of the highest proportions of ethnic minority residents in the borough at 52.7% and 44.5% respectively.[35]

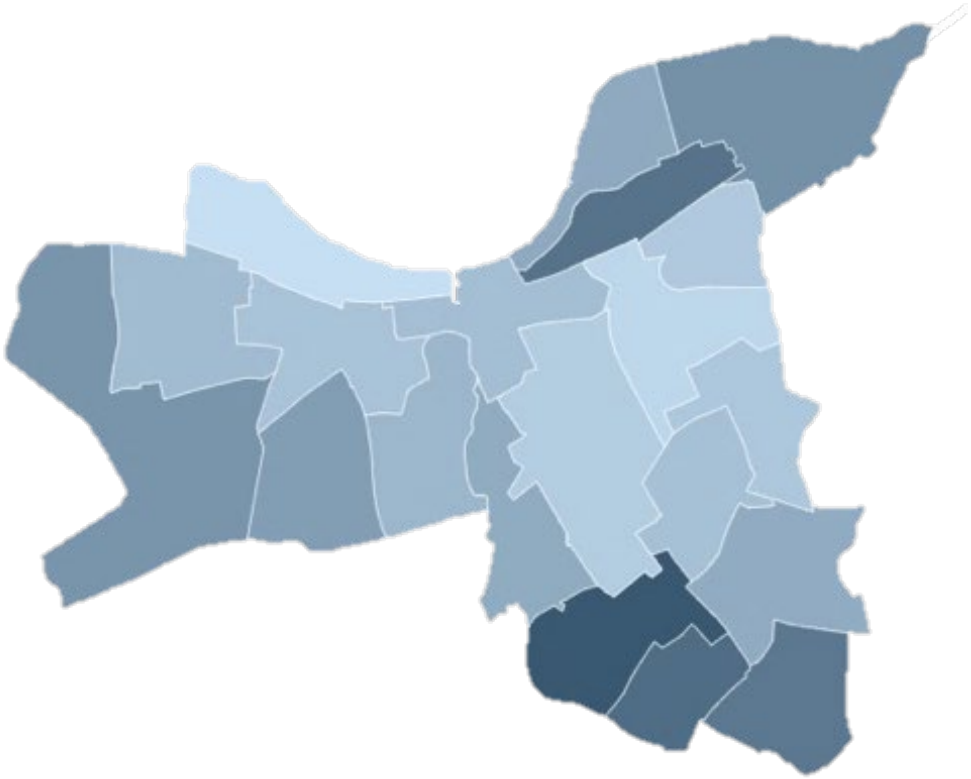
Tooting has the highest percentage of children in poverty in the borough at 30.8%, compared to 27.7% in the whole borough.[36] Though this may be lower than the London average of 35%, it is still a notable proportion of children. In the Wandsworth Young People's Health and Wellbeing Survey, 1 in 2 Black primary pupils, and 1 in 3 Black and Mixed secondary pupils reported that they were currently having FSMs, compared to 1 in 10 among all primary and 1 in 5 among all secondary pupils.[37] Black and Mixed pupils were more likely than average to report that their family had used a food bank because they didn't have enough money to pay for food.[38]

1 in 3

children in Tooting live in poverty

Ethnic minority residents are more likely to live in the most deprived wards in Wandsworth

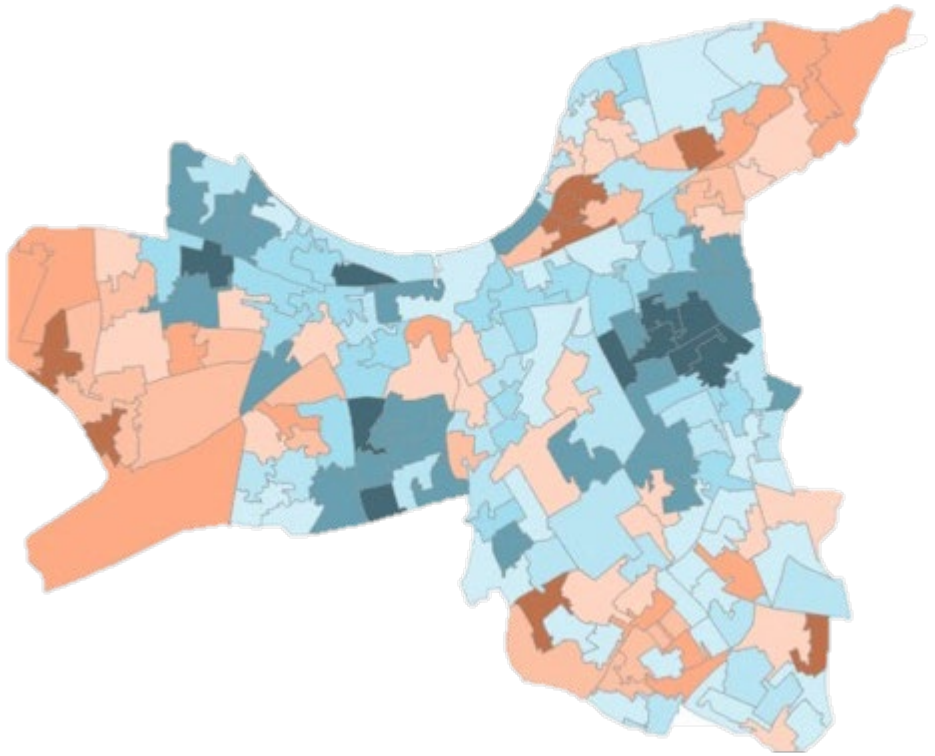
Figure 13: Proportion of ethnic minority residents by ward



Darker shading indicates higher proportion of ethnic minority residents.

Source: DataWand

Figure 14: Most and least deprived LSOAs



Pink shading indicates most deprived wards, blue shading indicates least deprived wards

People in poverty are more likely to be in contact with mental health services and detained under the MHA

The strong correlation between poverty and mental health is reflected in those accessing mental health services. There is strong evidence to show that people living in the most deprived areas in the UK are more likely to be accessing mental health services, with numbers in contact reducing along each level of deprivation.

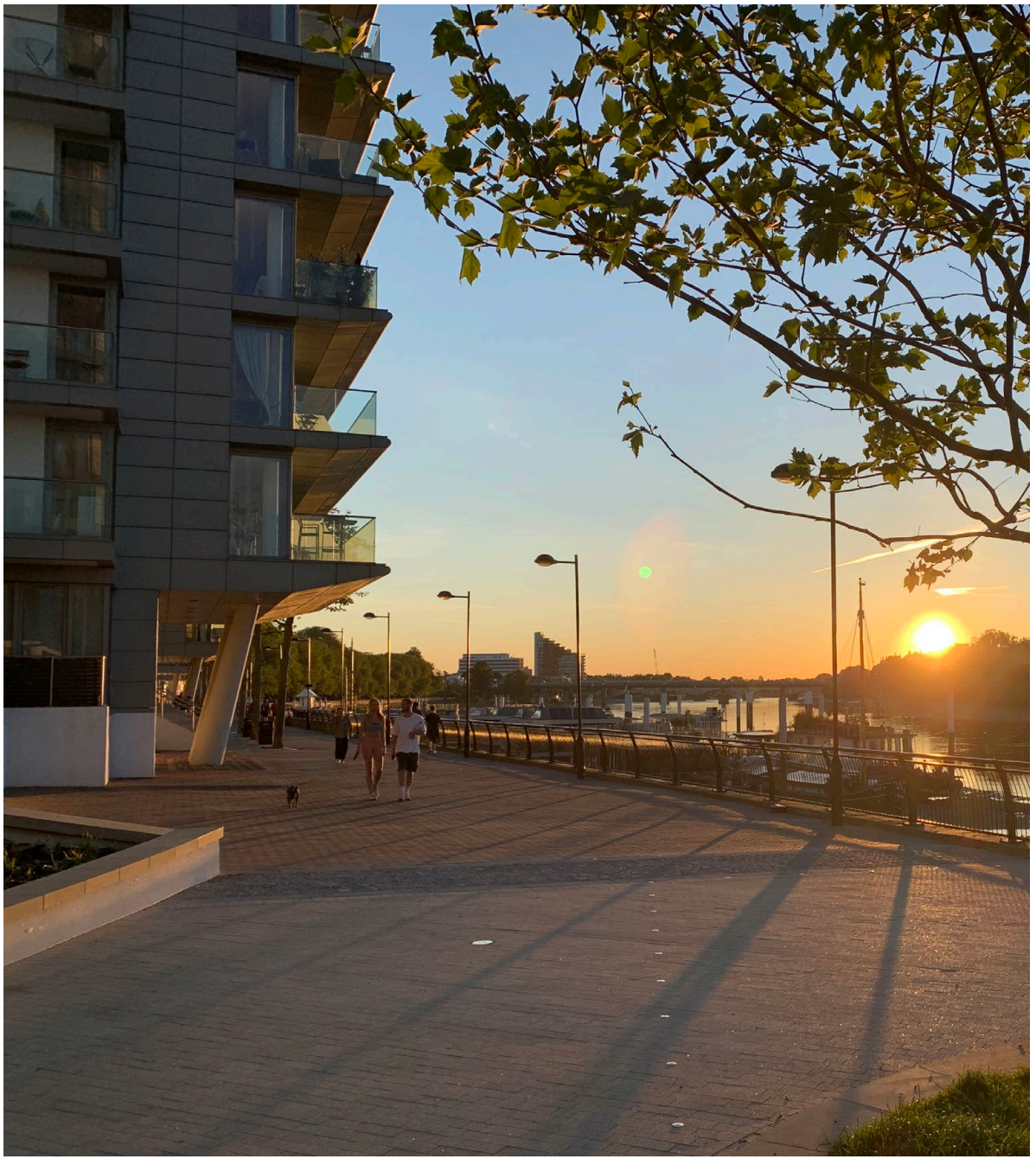
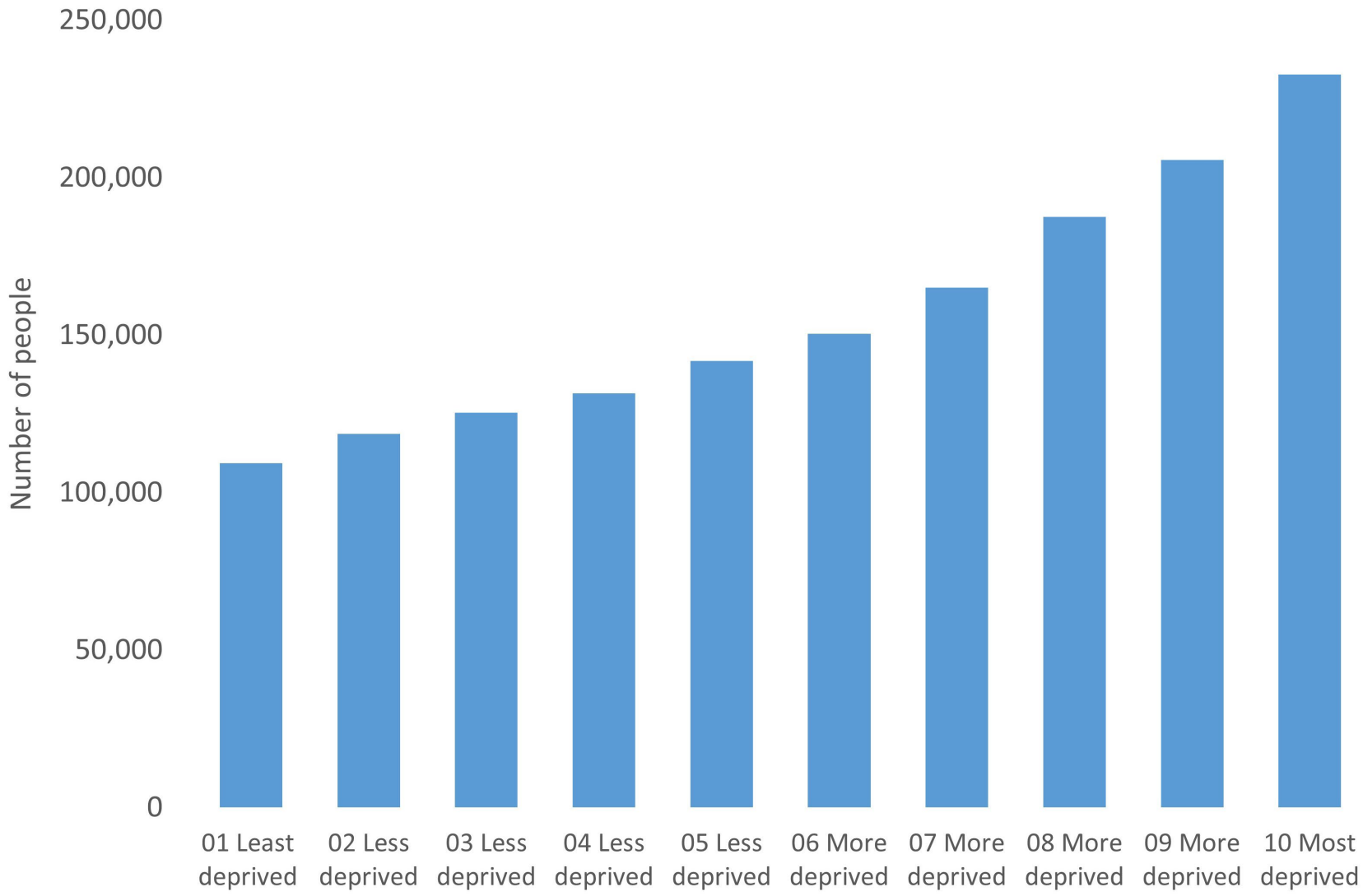


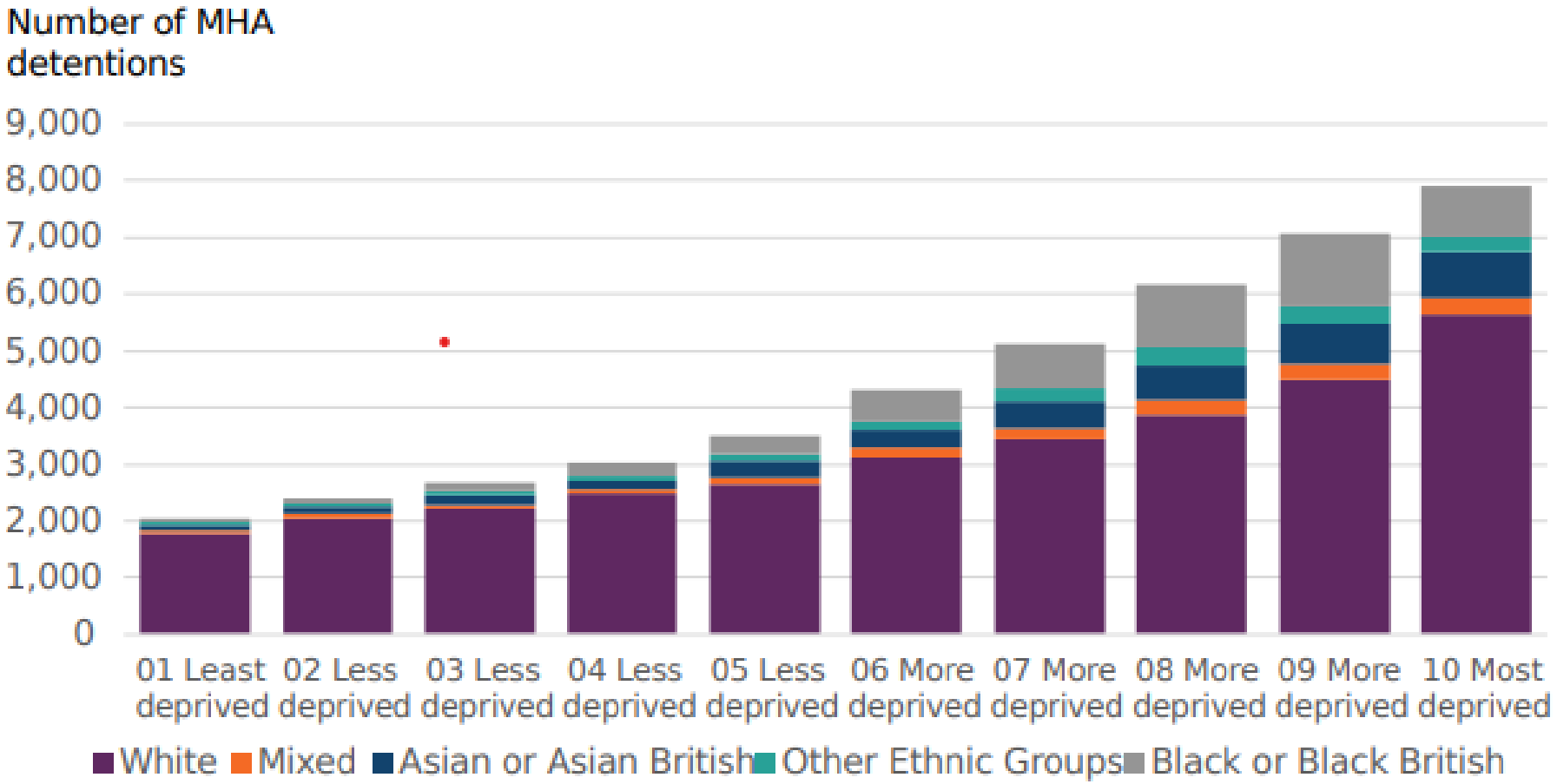
Figure 15: Number of people in contact with mental health services by Index of Multiple Deprivation, July 2022



Source: NHS Digital Mental Health Services Monthly Statistics

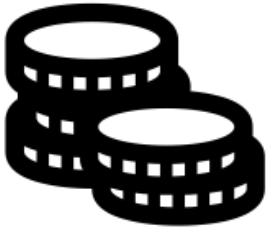
People living in the most deprived areas are also at much greater risk of being detained under the MHA, and this risk is strongly linked with ethnicity.

Figure 16: Number of people detained under the MHA by Index of Multiple Deprivation and ethnic group, 2021/22



Source: NHS Digital Mental Health Act Statistics, Annual Figures – 2021-22

Cost of Living Crisis



The proportion of the UK population categorised as in 'deep poverty' and experiencing socio-economic deprivation has increased considerably over recent years - and is growing alarmingly in the context of the mounting cost of living crisis.[39] The cost of living crisis has been predicted by the Resolution Foundation to plunge a further 1.3 million people into absolute poverty by 2023.[40]

> "People are very, very, very much struggling at the moment and that is having a huge impact on their general wellbeing and their mental health."
> Service Provider

Ethnic minority households will experience a 32% greater increase in cost of living

Cost of living crisis will disproportionately affect certain groups of people. This includes ethnic minority groups, with early analysis by the New Economics Foundation thinktank predicting that ethnic minority households will experience a 32% greater increase in cost of living than White households.[41] Studies have indicated people with pre-existing mental health issues to be a vulnerable group to the impacts of cost of living crisis. This group was already 3.5 times more likely to have been in financial difficulty, and more than twice as likely to rely on credit or borrowing to cover everyday spending.[42]

In our conversations, we repeatedly heard about the massive and wide-reaching impacts of the cost of living crisis. Partners frequently cited the increased use of foodbanks by their service users. For example, a representative from the Association for Polish Family told us that number of families using their food bank had increased from 30-40 to 152 within a week.

Cost of living is having a "huge impact" on mental health

Early research by the Mental Health Foundation has begun to suggest the mental health impacts of the cost of living crisis. In November 2022, they found that one in ten UK adults felt hopeless about their financial circumstances, more than one third felt anxious, and three in ten felt stressed over the past month.[43] The negative impacts of economic crises on mental health were seen during the 2008 recession, which increased suicides among males in the UK, both in the general population and in those with pre-existing mental health issues.[44] Partners confirmed the "huge impact" that cost of living was having on people's mental health and wellbeing, in particular, raising levels of stress and anxiety. For example, a representative from the Association for Polish Family told us that referrals to their Uplift mental health workshops "rose from almost nothing to almost 50 to 60 people in a month."

Providers also reported that "people's social circumstances [are] coming into their presentations more often" and that they are increasingly helping people to problem solve social issues such as debt problems and assisting with referrals to food banks.

Partners observed the impacts of cost of living crisis on mental health to be wide reaching, commenting on how "people that you wouldn't even think about are speaking openly about that they're not coping". Yet they also recognised that there are particular, often overlapping, groups that are disproportionately affected, namely people from ethnic minority backgrounds, parents, carers and people with disabilities.

Those most impacted by cost of living crisis will face the greatest barriers to accessing mental health support

However, providers also recognised how those most affected by cost of living crisis will face the greatest barriers to seeking mental health support because, "people don't tend to engage with psychological therapy if their immediate worries are putting food on the table... you need to make sure you've got shelter and warmth and food in your belly, and

then the next thing you worry about is your mental health."

In response, services are increasingly offering their support within foodbanks, recognising that "there's a really big percentage of people attending a foodbank who have got associated anxiety and depression". Services now based within foodbanks in Wandsworth include Talk Wandsworth and Family Action. Providers reflected on this as a positive approach for picking up on mental health needs at early stages, among both the attendees and workers at the foodbanks - "it's about planting the seeds and giving the information... [so that] when someone does think about reaching out for that support that they know [where to go]." Read more about Family Action's work with a Wandsworth foodbank on page 83.

> "People don't tend to engage with psychological therapy if their immediate worries are putting food on the table."
>
> Service Provider

Housing

There is a strong correlation between poor mental health and housing. Having problems with housing has negative impacts on mental health and having poor mental health can make it harder to cope with housing issues.

A survey from Shelter in 2017 found that one in five adults said that a housing issue had negatively impacted upon their mental health in the past five years.[45] Housing affordability was the most frequently referenced issue by those who saw housing pressures as having a negative impact upon their mental health.[46]

In the UK, ethnic minority people are much more likely to live in houses which are overcrowded and damp.[47] People from Bangladeshi and Black Caribbean communities are also more likely to live in a house declared to be non-decent.[48] Black people are disproportionately affected by homelessness; between April 2019 and March 2020, 1 in 23 Black households became homeless or were threatened with homelessness, versus 1 in 83 households from all other ethnicities combined.[49]

In 2017/18 in Wandsworth, 62% of households who were in 'statutory homelessness' were from ethnic minority groups. Statutory homelessness is when a household is unintentionally homeless and is considered a priority (for example, because it has dependent children).[50] This is slightly higher than the London average of 58%.[51]

Black and Asian populations are more likely to live in overcrowded households

Figure 17: Percentage of overcrowded households by ethnic group

Bangladeshi	24%
Pakistani	18%
Black African	16%
Arab	15%
White British	2%

Source: GOV.UK

Within our conversations, partners recognised housing to be a key issue facing Wandsworth residents at present, particularly regarding "people living in substandard, frequently mouldy property." A service user from Family Action shared with us the challenges she is facing with housing, and the impact this is having on her mental health. This is described on page 34.

We also heard about the challenges associated with being housed out of borough, which is becoming more frequent, as well as the growth of affluence in the borough over the past forty years, and the impact this has had on housing prices. Partners suggested how this increased affluence masks the vast disparities and pockets of deprivation within the borough.

> "Mental health issues are not going to disappear if problems with housing and employment are not resolved."
>
> BME Forum Focus Group Participant

Employment

Employment is a crucial determinant of mental health. The relationship between mental health and unemployment is bi-directional; good mental health increases the chances of finding and remaining in employment, whereas unemployment causes stress and can have negative consequences for mental health.[52] In January 2021, 43% of unemployed people in the UK had poor mental health, compared to 27% of people in employment.[53] Unemployment is strongly linked to deprivation in the UK, with unemployment rates in the most deprived local authorities almost double those in the least deprived ones.[54] Whilst Wandsworth has a high rate of employment (79.6%) compared to the London (74.5%) and national (75.7%) average, there is a sizeable difference between the employment rates of different ethnic groups in the borough.[55]

In 2020, 86.2% of the White (British and Other) population were employed, compared to just 76.5% of the population from all other ethnic groups.[56] Between ethnic minority groups, rates of employment also varied, with the highest rates seen among Indian populations (89.8%) and the lowest rates experienced by Black or Black British populations (63.7%).[57]

In addition, whilst the average annual earning in Wandsworth is amongst the top three in London and England, 20% of residents made less than £440.80 per week.[58] It is noted that ethnic minority residents in the borough generally have lower income levels than their White counterparts.

> “People are not being given the opportunities to come up and are being written off by society.”
>
> BME Forum Focus Group Participant

Immigration

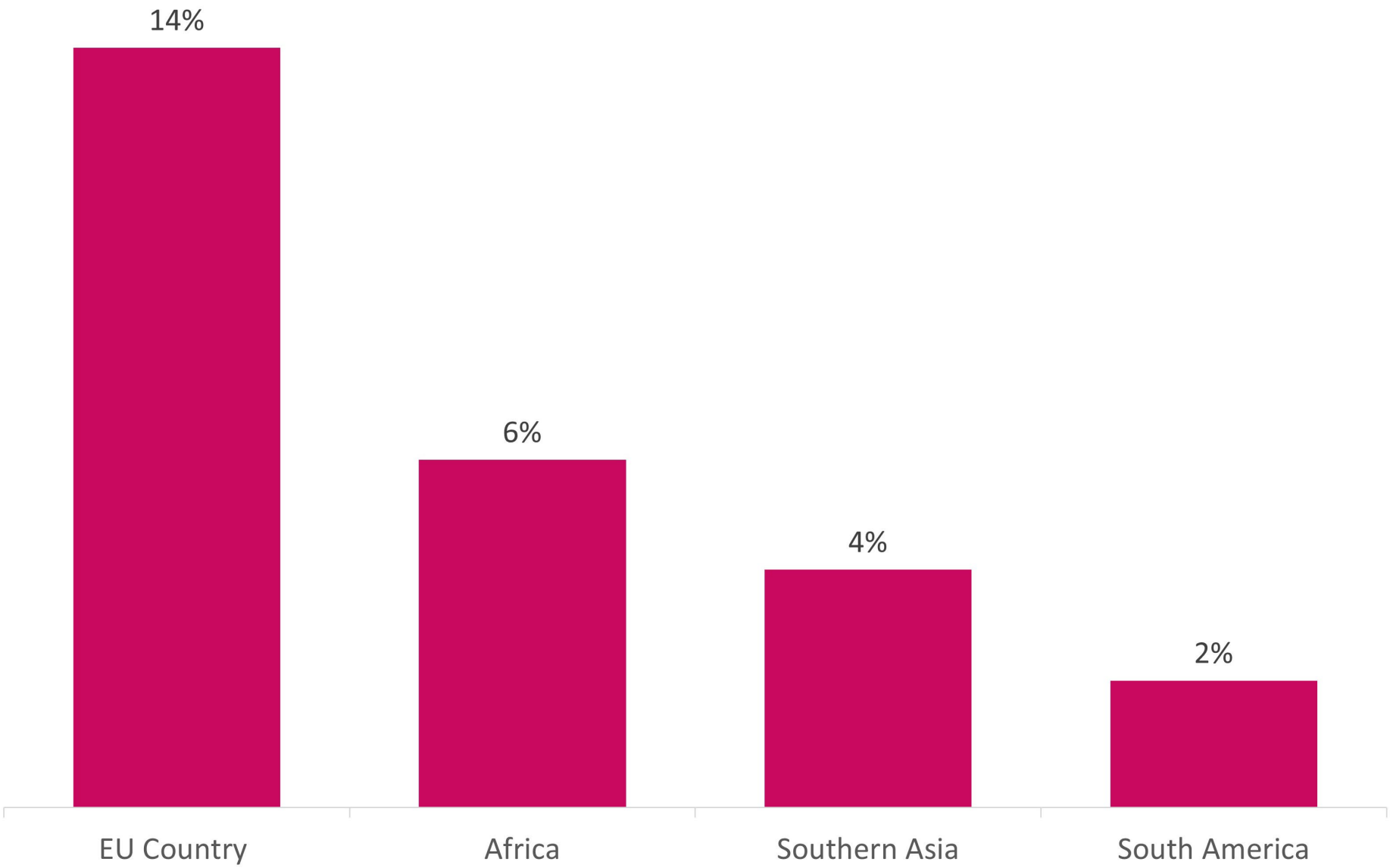
Immigration is recognised as a potential causal factor of mental health problems.[59] Mental health issues can result from a person's experiences prior to, during and/or after immigrating to another country.

In 2021, 38% of Wandsworth's population were not born in the UK.[60] Among those born outside of the UK, over one in three were born in countries in the EU. Following this, residents are most likely to be born in Africa (6%) or southern Asia (4%). 22% of the Wandsworth population are non-UK nationals, indicating that almost half of Wandsworth's non-UK residents have obtained nationality.

Within our conversations, people particularly highlighted the struggles that immigrants from ethnic minority groups 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 whose settlement status remains unsettled for long periods of time. For example, a service provider shared their experiences of supporting clients who had lived in the UK for decades without receipt of settled status, and how they live in constant fear of deportation.

Figure 18: Percentage of Wandsworth's population not born in the UK by country of birth



Source: Census 2021

For people from non-White groups, partners reflected on how the challenges associated with immigration are heightened due to racial discrimination:

> "The classic thing is, you get an Australian coming to work in a pub, they don't ask for their passport or proof of staying. You get a Black person whose been here for 60 years – 'Oh mate, where's your proof of residency here?' – 'Alright, because I was born here'. So theres that continual discrimination about your immigration rights, your right to settlement."
>
> Wandsworth GP

European Immigrants

People born in EU countries are the largest proportion of immigrants in Wandsworth. Partners told us about the growing struggles experienced by this group since the 2016 Brexit vote, during which 51.9% of voters voted for the UK to leave the EU.

Case Study

Impact of Brexit on EU Immigrants' Mental Health

A representative for The Association of Polish Family told us about the impact of the Brexit vote in 2016 on the mental health of EU communities. They told us about the marginalisation that EU communities had experienced in the UK since 2016 - by the public, media and wider system – and how this was deemed legitimate because the vote gave "a green light to hate and abuse."

This "has a huge impact on mental health."

They felt that, since 2016, the EU community are no longer categorised as an ethnic minority, but instead are grouped with the majority White population. This negatively impacts their sense of identity and belonging:

"We do not belong to Europeans, because the West Europe is totally different to East Europe. We do not belong to BAME groups where we've been part of it for the last 12 years or whatever. So, at the moment, you're finding Eastern Europeans kind of in the middle of nowhere. We're not Gypsy and Travellers, we're not Irish, we're not Black, we're not Asian. So now we don't belong anywhere, which is really, really sad."

They felt that this categorisation prevents them from being recognised as a vulnerable group, and therefore impacts the treatment and support they receive. They told us how this limited their access to mental health support because:

"if we're overlooked in [ethnic minority] groups, there is no help for us".

Alongside the COVID-19 pandemic and cost of living crisis, these shifts in public and state attitudes have left EU immigrants "in the situation that they struggle even more than back in their country of origin, so you know they will move somewhere else, or they will go back home." 40% of clients at the Association for Polish Family have moved away or returned to Poland since 2016.

Association of Polish Family Representative

Windrush Scandal

Community partners raised the struggles experienced by Black Caribbean victims of the Windrush scandal, many of whom were wrongly detained, deported and denied legal rights due to the government's 'hostile environment' legislation.

They emphasised the continued challenges and trauma faced by victims and their families due the backlog of unresolved cases, continued hostile environment policies and difficulties navigating the Windrush compensation scheme. A report by the Home Affairs Select Committee in November 2021 found that only 5.8% of people eligible for compensation have received a payment.[61]

The Windrush scandal has been recognised as being an intergenerational struggle by Dr. Rochelle Burgess, as descendants of victims may also experience anxiety, depression and race-related trauma.[62]

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 compensation, and there seems to be a bit of a mystery around how that can be accessed."

Family Action Service Provider

Ukrainian Refugees

Wandsworth has a long and proud record of welcoming migrants and refugees into the borough. Since Russia's invasion of Ukraine in February 2022, Wandsworth Council has welcomed 750 refugees to the borough through the government's Homes for Ukraine scheme (as of November 2022). These refugees have been supported by 570 sponsors. Wandsworth has seen the fifth highest number of Ukrainian arrivals of any English lower-tier local authority, and the second highest of the London boroughs.[63]

Refugees are at heightened risk of psychological distress and mental health disorders. A survey by the Refugee Council in England found that 61% of asylum seekers experience serious mental illness, and they are five times more likely to have mental health needs than the UK population.[64] This is compounded by the fact that refugees face significant challenges to accessing mental health care and support, including language barriers, cultural differences and the lack of holistic care. [65]

Case Study

Mental Health of Ukrainian Refugees

The Association of Polish Family, who run a hub and provide drama therapy for Ukrainian refugees in Merton, told us about the mental health needs of Ukrainian refugee populations in South West London.

"The traumas are huge, you know, you left half of the family back in Ukraine, not knowing if you will see them, you don't know if you're still going to have a house or not, if you have a place to go back to. It's tough, you know, when you've been working your whole life to achieve something and all of a sudden you have been kicked out of your own country."

Association of Polish Family Representative

Family Action WellFamily and Foodbank Service

Family Action is a holistic, early help service which aims to improve the mental health and wellbeing of individuals, families and young people by offering emotional and practical support.

Family Action offers two services in Wandsworth:

- **The WellFamily service provides six sessions of emotional and practical support to adults referred by their GP, with a view to supporting the whole family.**
- **The Foodbank service provides two sessions of emotional and practical support to clients using the Wandsworth foodbank based at the Trussell Trust and Earlsfield.**

Family Action work to provide holistic support to the whole family. Depending on the needs of the client, this might entail signposting and making a referral to adult social services, children's services and/or early help services. They can also offer clients a monetary grant such as the newly introduced cost of living family fund grant. Service managers told us that these sessions "can help people make a small step and give them the signposting and information that they need."

The service aims to remove the barriers to accessing emotional and mental health support by offering this within practical and accessible environments. Their location in the foodbank was felt to be "absolutely critical to engage with these very, very distressed people," who typically have a more challenging route to accessing help with their mental health. Service managers recognised that they were unlikely to be engaging with these clients if not for their physical presence at the foodbank. Though they also reinforced to us the "huge amount of stigma" that people feel about using foodbanks.

Family Action told us that they are getting "more and more referrals" to their foodbank service and

> They're being offered help whilst they're accessing, you know, vital provision and... hypothetically that's an easier route to access support like ours for their mental health and wellbeing.
>
> Service Provider

seeing "more and more complex needs" amongst these clients. Most commonly, these needs include food and fuel poverty, housing – "people living in substandard, frequently mouldy properties... that is frequent" - domestic violence, disabilities, and, increasingly, clients who have been moved out of borough. These needs are frequently experienced simultaneously by clients.

Despite being an early help service, Family Action told us that the "level of distress [among their clients] is acute", and that they are struck by "the amount of distress, trauma... [and] unhappiness with regard to life circumstances" amongst their clients. Service managers stressed that a high number of their clients have suicidal ideation, and that they work closely with GPs and crisis lines to ensure that a person knows where to go when they are in crisis.

Clients distinguished the support that they receive from their Family Action key workers. One client described her key worker as "a walking, talking Jesus Christ."

> There's so many networks in Wandsworth that we're familiar with. So, we use our local knowledge and skills for signposting. Like a social prescriber, but then we're also offering much more in terms of that holistic support for the whole family.
>
> Service Manger

Case Study

Family Action service user

She fled a violent relationship. She said that she has had to wait a long time for services. She has been on a waiting list for counselling for three to four months with Talk Wandsworth following an evaluation of her circumstances, and they confirmed that she was suffering from PTSD. She understands that there is a pressure on the NHS, but she describes how she works in a shop and there is an expectation that the shelves are filled.

She said that she's very happy overall with the support she has received for her daughter, and that includes the parental mental health services where she has an excellent support worker and attends their groups twice a week. She also described her key worker from Family Action as a walking, talking Jesus Christ.

She explained that she's having trouble with her housing, which is severely impacting her mental health. She has a private landlord who has issued her with a section 21 notice as she's unable to afford the rent increase. There is broken skirting board in the flat, which causes a draft, but the landlord refuses to do any repairs. There's also mould, which the landlord has insisted is down to her lifestyle and blames her, and she's very offended by that. She describes how, you know, she's very fastidious with her cleaning and her use of bleach... She says that the landlord is very rude, disrespectful and racist because she has made references... to her cooking and the landlord, when visiting the home refused to take off her shoes despite being asked.

She discussed two referrals made to social services by Family Action, but they never came back to her. One was related to having no money for food and this was never followed up by social services.

She said that this year has been a roller coaster. She doesn't feel that she has experienced racism or being treated unequally by the NHS, but 100% racism by her landlord. All these events have impacted on her mental health and wellbeing, especially her housing situation.

Female aged 20-30 of Mixed ethnicity User of the Wandsworth Family Action WellFamily and Foodbank Service.

> "This year has been a rollercoaster... All these events have impacted on her mental health and wellbeing, especially her housing situation."
>
> Family Action

Case Study

Family Action service user

"I feel invisible. I wouldn't wish it on anyone."

His father passed away last year, and there's been many difficulties. He has diabetes and it has been very stressful for him and his sibling. He has asked for help from the Council. He has been pushed to live in an area where he has no networks available. The only person fighting his corner is his local MP. He is being forced out of his home and exposed to bailiffs who have removed the locks, making his property insecure. He describes having to leave his family home after his father's death.

The property that he is being offered is in another borough with one bedroom to share with his brother and he has no choice but to move. He does not feel that it is fair, as his father has just passed away. It means that he will not have access to the diabetic clinic at St Georges or his network of medical support he has built up. He has just started to form relationships after recovering from a diabetic coma. He worries about his medication and doesn't feel that he should be in this situation at this time of life. He has asked his GP for a support letter.

When asked about the quality of services available for his mental health, he said that the GP's are very detached and very impersonable with very little contact and it is hard to get the letters done. He remembers it being very different in the past when his GP was very personable. He misses the continuity and relationship of seeing one GP who he developed a relationship with. He says that "there is no longer kindness, no longer kindness and empathy." And few people are personable. "They're not really looking in. You're just part of a system." He described two people who were an exception, and he referenced his family action key worker.

He said that he's being pushed to live in a new area and emphasised that there is no kindness and empathy. He has applied for PIP (Personal Independence Payment) and has been waiting for the outcome, but is not holding his breath. Everything seems to be up in the air. He has no stability. Universal Credit is his only benefit. He describes having a funeral plan for his father, but he had to stop making payments as he had no money. He said the government is holding everyone to ransom.

He described himself as not having a mental health diagnosis, but when I asked about the impacts of his situation on his mental health, he says that he is very tearful. He is managing. But things are getting more difficult.

Male aged 50-60 years old of British ethnicity. User of the Wandsworth Family Action Well Family and Foodbank Service

> "This is a people issue, not a race issue. There is a lack of humanity. We are people who are strong, but the help comes too late."

> “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

Impact of the COVID-19 pandemic on mental health

The COVID-19 pandemic disproportionately affected people from ethnic minority groups.[66] From the start of the pandemic, people from ethnic minority groups faced an increased risk of contracting COVID-19, experienced more severe symptoms and higher rates of death.[67]

In Baroness Doreen Lawrence's review of the effects of COVID-19 on Black, Asian and minority ethnic groups, she attributed the disproportionate impacts to the culmination of decades of structural injustice and discrimination, explaining that "COVID-19 has thrived on inequalities that have long scarred British society."[68] For example, people from ethnic minority groups were more likely to work in frontline sectors, to have co-morbidities which increased the risk of serious illness, to face barriers to accessing health care and to experience social and economic inequalities which lead to worse health outcomes. A review by Public Health England similarly determined that the pandemic exacerbated longstanding inequalities affecting ethnic minority groups and highlighted a strong correlation between economic disadvantage and COVID-19 rates, diagnosis and severe disease.[69]

The disproportionate effect of the COVID-19 pandemic on ethnic minority groups is rooted in decades of structural injustice and discrimination

This had a negative impact on mental health. Nationally, there is strong evidence that the COVID-19 pandemic worsened the population's mental health, with the largest declines coinciding with periods of national lockdown.[70] This heightened need was exacerbated by the disruption to mental health services over the pandemic. To limit the spread of the virus and meet the immediate demands in acute care of COVID-19, services reduced their offering and increasingly delivered care virtually. This creat-

ed a backlog of clients for whom identification and treatment were delayed. These clients then presented late to services and with more urgent needs.[71] These national observations were similarly reflected on by local service providers. Providers reported a large lull in referrals over lockdowns, followed by unprecedented levels of demand.

Pakistani and Bangladeshi men saw the worst declines in mental health during the COVID-19 pandemic

Yet, as with the virus itself, the pandemic adversely impacted the mental health of some groups more than others. Following the onset of the pandemic, ethnic minority men reported greater declines in mental health than White British men, with Pakistani and Bangladeshi men reporting the worst declines.[72] Although women in general reported larger declines in mental health than men, no significant differences were identified by ethnic group.[73]

Studies have also found that CYP from ethnic minority groups suffered a greater mental toll because of the pandemic. Kooth, an NHS-commissioned digital mental health service for CYP, found that self-reported depression increased by 9.2% in CYP from ethnic minority backgrounds during lockdown, compared to a 16.2% decrease in reports from White CYP. Reports have linked the greater mental deterioration of ethnic minority CYP to their increased likelihood to lose a loved one, as well as their reduced likelihood of being able to access education remotely.

Ethnicity also overlaps with other characteristics which increased vulnerability to poor mental health during COVID-19, including being a young adults, being a woman, those living alone, having children under the age of five years, having a pre-existing mental illness, and experiencing socioeconomic adversity[74]

> “People who had been stable for 10 years were ending up under section.”
> BME Forum focus group participant

In our conversations, community partners reflected on the mental health deterioration of ethnic minorities over the course of the pandemic. Service pro-

viders shared that "people who felt more vulnerable [to the virus] felt more anxious" and reflected on the higher levels of vulnerability within ethnic minority groups:

> "As we know, COVID wasn't an equal and fair illness. It fell much more highly on those who had to work, who couldn't work from home and worked in public facing industries, i.e. shops, nursing, cleaning, factories etcetera. I mean, you can't drive a bus from home... So therefore people were more exposed to COVID. They're more worried about COVID and when they got COVID they developed anxiety afterwards, especially when they saw their community was partly decimated by COVID affecting their family and friends."
>
> BME Forum Focus group participant

Studies have confirmed that, in the aftermath of the pandemic, rates of mental health conditions were heightened in COVID-19 patients and healthcare workers.[75] In our conversations, partners told us that the pandemic increased the number of people from ethnic minority groups presenting with mental health conditions, experiencing relapses in mental health, and being referred for a MHA assessment at younger ages.

Community partners particularly emphasised to us the disruption to communities and community practices during lockdowns, and that this adversely impacted mental health. For example, partners discussed that people were unable to attend faith groups during lockdown, and that this has continued beyond lockdowns as people remain hesitant to re-enter social settings. Partners also shared how mental health was negatively impacted by the inability to perform rituals around death during lockdown, such as visiting family or friends in hospital or partaking in cultural practices, such as nine nights within the Black community. This was reflected on as a profound challenge for people's mental wellbeing by stalling the grieving process.

> "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

Stress around housing, employment and finances had a greater impact on the mental health of ethnic minority people during the COVID-19 pandemic

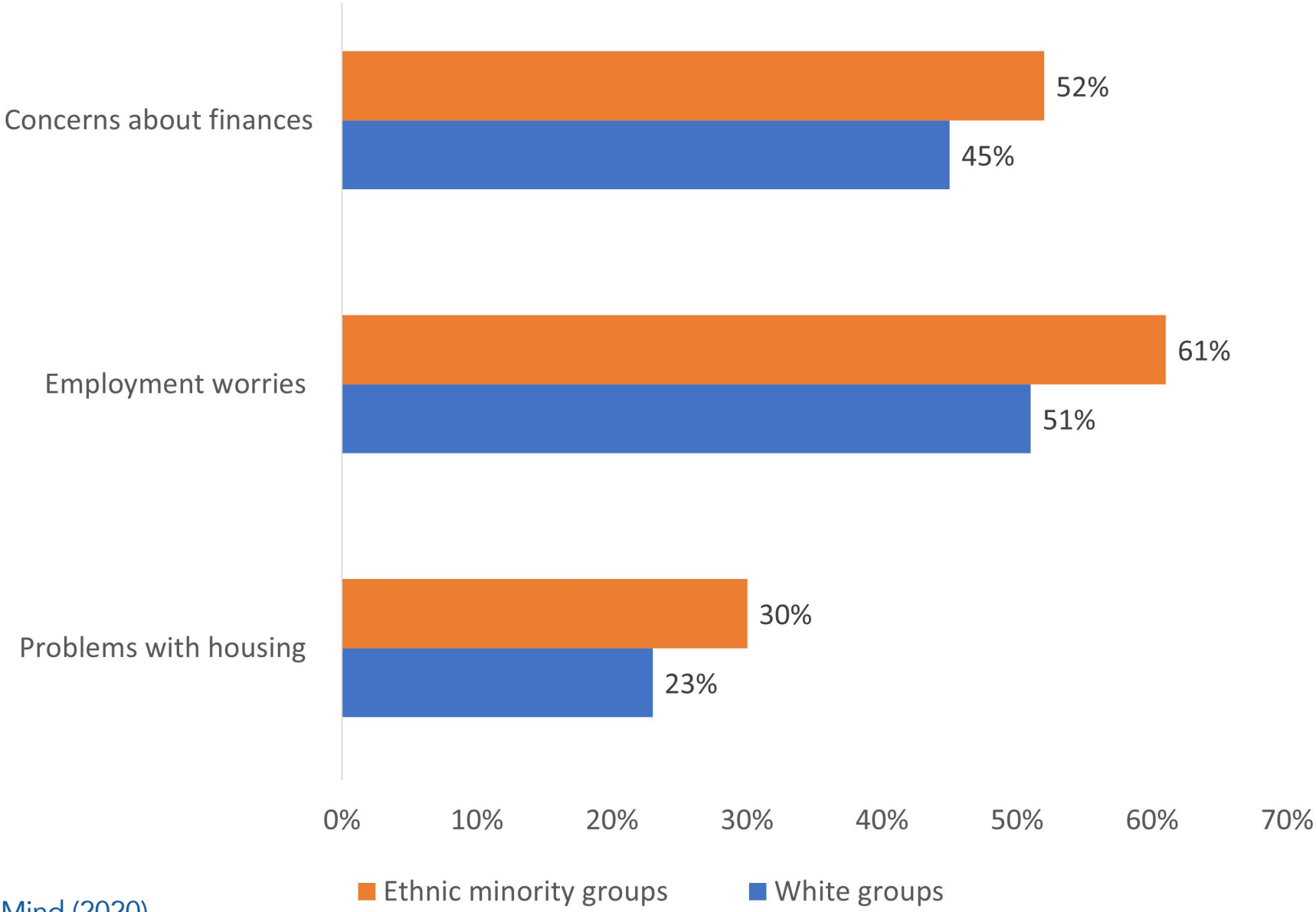
Ethnic minority communities were disproportionately impacted by the economic hardship of the COVID-19 pandemic. People from ethnic minority groups are over-represented in sectors which were forced to shut down to control the spread of the virus such as hospitality. Pakistani and Bangladeshi workers are also overwhelmingly more likely to be self-employed than the general population, leaving them particularly exposed to economic downturns.[76]

Studies have shown that the mental health of ethnic minority communities was disproportionately impacted by the socio-economic impacts of COVID-19. A survey of over 14,000 adults by Mind found that stresses around housing, employment and finances had a greater impact on the mental health of ethnic minority people than White people during the pandemic.[77] For example, 61% of ethnic minority adults reported worries about employment compared to just 51% of adults from White groups. Given the continuation of problems with housing, employment and finances in the aftermath of the pandemic as a result of the cost of living crisis, these groups are likely to be disproportionately impacted during the fall out from the pandemic.

Local services found innovative ways to adapt and provide mental health support during the COVID-19 pandemic

We heard about how local services worked to support people's mental health and wellbeing through the pandemic. Many services had to adapt their delivery model to meet COVID-19 restrictions, which often entailed developing novel ways to support people's mental health and wellbeing during this period.

Figure 19: Percentage of people from White and ethnic minority groups who reported that existing inequalities had negative impacts on their mental health during the COVID-19 pandemic



Source: Mind (2020)

Case Study

Supporting Residents of the Alton Estate, Roehampton, during the COVID-19 Pandemic

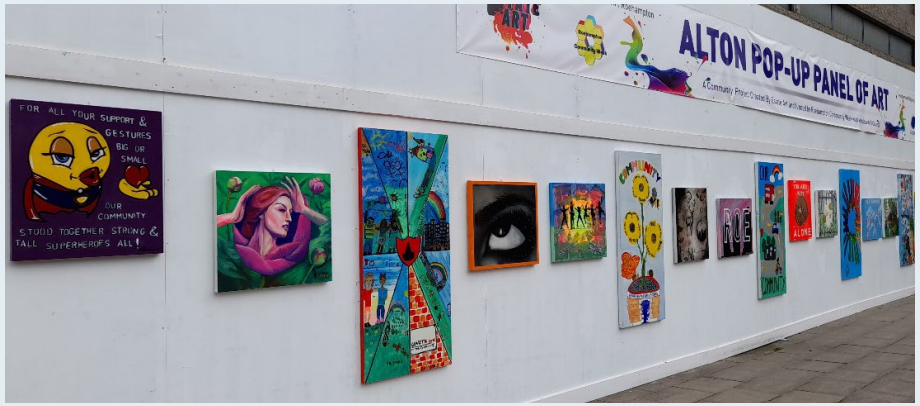
EstateArt is a not-for-profit organisation that aims to boost the passion, positivity, and potential of Roehampton residents through creative, community-led, art-based projects. EstateArt is based on the Alton Estate in Roehampton, which is in the top 10% most deprived areas in the UK in terms of housing and income.

During the COVID-19 pandemic, Estate Art provided a multitude of art and community-based support to residents on the Alton Estate. This included projects to boost morale, including outdoor art exhibitions such as the Alton Pop-up Panel of Art and sing-a-longs, as well as collecting donations for residents.

We heard from a representative of EstateArt about how these projects supported mental health and wellbeing -

"The art things that I did when people were in lockdown... helped with mental health. It gave them things to do. The sing-a-longs that I put on outside people's houses, when people were stuck indoors, absolutely petrified and too frightened to leave, to go do their shopping. To bring singers outside the house and donations of food lifted their spirits. And to dance again, some of them came out to dance. That's all support."

EstateArt Representative



Case Study

Providing Telephone Support to Service Users over the COVID-19 Pandemic

Sound Minds is a user-led charity working to improve people's mental health and wellbeing through art, creativity and peer support. Read more about Sound Minds' peer support service, Canerows, on page 118.

For two years during the COVID-19 pandemic, Sound Minds adapted their service offering to provide consistent telephone support to over 200 existing service users. Almost all people they supported over this period were unemployed, the majority lived alone, and 65% were from a Black, Asian and minority ethnic background.[78]

Through website submissions, service users shared how they coped during lockdown and the benefits of receiving phone support from Sound Minds over this period.

How I coped during lockdown

"I didn't cope very well, I went through big changes like moving home, new GP and lack of support from my CMHT team which resulted in a relapse and I struggled to access support from my healthcare team."

"I didn't cope that well. But I had [Canerows peer support worker] to speak to be able to unburden my problems."

"Didn't cope, was having panic attacks and night terrors. I was on my own, you want to get out when you have a panic attack."

What I liked about phone support from Sound Minds

"[It] helped me a lot phoning once a week was very useful as I live alone and I suffered from depression. The phone call was most welcoming and this helped me through my low days."

"I never felt alone. I looked forward to the calls. Just to have someone at the end of the line checking in made me felt as if someone cared. I could voice my concerns and would get a friendly or helpful response." [sic]

"Helped me a lot during my low days."

> “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.”

Representative from the
Association for Polish Family

Cultural understandings and stigma of mental health conditions

Despite the positive impacts of accessing mental health services at an early point of need, some communities struggle to acknowledge mental health concerns and are reluctant to engage with services.

> "[The] taboo within the Black community and the stigma regarding mental health has not diminished in the time since I have been working"
>
> BME Forum focus group participant

Different communities understand and talk about mental health in various ways. These cultural views naturally influence a person's understanding of mental illness and impact their help-seeking behaviour and health service utilisation. For example, cultural beliefs and expectations for people to 'deal with it' and 'be strong' affect how mental illness is understood and how people cope when mentally unwell.

In some communities, mental health issues are rarely spoken about and are considered with a huge amount of stigma. For example, in a study of Black African people involved in Christian faith-based organisations living in South London, participants spoke of mental illness in terms of being a 'curse', 'insanity' and 'possession of the devil'; and associated it with violence or danger.[79] It was felt that there was some form of moral failing or weakness in those who were mentally ill.

Within our conversations, comments were also raised about the expectation for people from Black communities to be 'strong' and 'cope' with mental illness. Partners suggested that this resulted in the 'silencing' of mental illness and avoidance of seeking help – whether this be from peers or mental health support services - due to fear of potential repercussions to the family's reputation.

Comments were also raised about cultural barriers which prevented help-seeking within minority White and Asian communities. We heard about the "high stigma of mental illness" in the South Asian population and how "people fear being judged, don't like to be labelled, and therefore tend to be more likely to conceal their illness from their friends, families and colleagues at work."

> "Parents don't know how to support children because of language or cultural barriers...[and] they won't go to social services or the GP."
> Focus group participant

A community partner supporting the Polish community shared that there are cultural differences about what mental health is and what it encompasses. They explained that "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 a hospital." They told us about how this creates reluctance to take part in activities to support mental health, as "they do not realise that mental health is around us all the time and it's not just when you've got really severe issues".

Cultural understandings and stigma can also pose a barrier to accessing support for dementia, in which mental health issues such as depression and anxiety are more common.[80] This may be more common within Asian, Eastern European, African Caribbean and Irish communities, and can contribute to low awareness and delayed help-seeking, resulting in difficulty accessing a diagnosis.[81]

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

Cultural understanding and stigma of mental health impact how, and if, a person seeks help for their mental health

This understanding of mental health 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. A service provider reflected on the barrier that this poses to accessing services at an early point of need. They shared that "in the early intervention and preventative services, they're predominantly white people, middle-class people, and people who come in crisis or are brought in by the police under section 136 of the MHA are people of colour, people who are more vulnerable." The provider reflected on how mental health needs are, as a result, often much greater within these vulnerable groups "who don't always have their advocates around them coming to us, requiring and requesting services."

Within our conversations, service providers told us about the ways that they are working to break down the barriers to accessing mental health support. This included, for example, Family Action and Talk Wandsworth's efforts to deliver mental health support in accessible locations, such as GP surgeries, foodbanks and community groups. Similarly, Live Karma Yoga and Calisseum told us about how they have used exercise as a medium to encourage conversations about mental health and wellbeing.

> "We are people who are strong, but the help comes too late."
>
> Family Action Service User

Using community-based exercise to promote mental wellbeing

Live Karma Yoga: "We are stronger together"

Live Karma Yoga offer yoga and wellbeing practices with a commitment to being inclusive and accessible to all.

Yoga is a mind-body practice. Although there are many different styles of yoga, it is usually composed of physical postures, breathing techniques and simple meditation exercises. The practice has gained popularity as a complementary therapy for mental health conditions, with growing evidence demonstrating how yoga can bring holistic benefits to both physical and mental health and wellbeing.

Live Karma Yoga shared how practicing yoga can help people to heal from and process the stresses in their life in a healthy way, and provide the mental and physical tools to cope with stress in their day-to-day life.

Live Karma Yoga felt that the creation of community through the classes was of equal importance to the yoga itself. Their classes are a space where people from different backgrounds can build connections and provide support to each other. This support continues outside of the class on WhatsApp groups where "there's always lots of stuff going on from 'who's coming to yoga this week' to 'I have clothes that my daughter has grown out of if anyone needs'."

> "It's actually going far beyond what yoga can do as a tool... [to] help someone's mental wellbeing and physical wellbeing, and it builds this community that is so important because people can feel that they have support."
>
> Live Karma Yoga Instructor

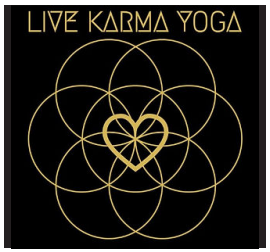
Live Karma Yoga explained how they use their practices to support mental health and wellbeing...

"all movement helps people to build connection to themselves and helps people to understand and learn more about the signals of their body... it helps them to push aside what's bothering them or emotions that come up, and instead ... we can create an environment where they can actually start to process what's going on, start to process emotions, start to process tension and stress that they're carrying. I mean, you see people walking into our sessions and their shoulders are up to their ears and their whole body is tight and tense, and they don't even realise. And at the end they are physically more relaxed. And then that creates more of a mental relaxation.

But a lot of it is giving our students agency over their own bodies. Agency over their own movement, breath. ... [This] gives them access to building more of that relationship to themselves, to honouring what they need and to have control over what they do. So many people feel that they don't have control in many aspects of their life. So when you provide them with this way of moving, a feeling of being, it builds the tools that then they can carry out into the rest of their life.

And we work very much in a way that is giving people access to things that they can use outside of the ... class. So the simple breathing practices that we might bring in or simple things like OK, let's all stand and notice our feet on the ground... it's having that understanding that you can do this at any point. You don't have to come to our class to stand on the ground and there's your feet. You can do that when you're walking. You can do that when you're feeling a bit overwhelmed or upset and you need a moment to relax. And so it's providing tools and giving people access to understanding what's showing up in their own body, in their emotional state, in their nervous system, and then allowing them to use the tools that we provide in an everyday context."

Live Karma Yoga Instructor



Live Karma Yoga shared their experience of delivering two programmes in Wandsworth.

The Foundation

> "I'm very glad to have met this practice. It is really helping me to cope with chronic depression and chronic pain. I strongly recommend it to anyone facing physical and mental problems."
>
> Participant at The Foundation class

Live Karma Yoga is a part of The Foundation on the Doddington Estate, Battersea, where they offer free weekly yoga classes to improve health and community connection.

Co-ordinators noted levels of chronic stress amongst attendees at these classes. They shared that, "people come in and they say, I need to calm down. I feel overwhelmed. You get a lot of that kind of thing, particularly amongst women of minority ethnic backgrounds." Currently, this chronic stress is largely caused by the cost of living. They told us that "people are very, very, very much struggling at the moment" and that is having a "huge impact on their general wellbeing and mental health." They emphasised the importance of being able to offer their classes free of charge to ensuring that class attendance is maintained over this period.

Co-ordinators also told us about the pressures that their participants experience with childcare, and the stress that this causes participants in the lead up to school holidays as women struggle to balance work alongside childcare responsibilities. Recognising the importance of maintaining attendance at the Live Karma Yoga classes over this period, teachers actively encourage the women to bring their children to the class and encourage them to join in with the session.

Wellness with Elays

Live Karma Yoga recently established a holistic wellbeing programme for Muslim women at Elays Network – Wellness with Elays. The programme aims to provide women with a safe space to move, breathe, connect and share, and tackle stigmas around yoga. The programme includes a yoga class held twice weekly, and a discussion-based practice held monthly where women can talk around themes such as self-care, truth,

reflection and awareness with the instructor and each other.

Project co-ordinators praised the success of the programme, sharing how the women at Elays quickly took to the yoga classes with dedication, commitment and a willingness to shift their perspective. They noted how the classes had improved the women's physical ability and strength, and increased their inclination to open up, share and connect with group members. A participant of the programme fed back that she felt "mental clarity upon arriving and leaving" the class.

CALISSEUM

Calisseum aims to improve mental wellbeing and build pathways to success for young people through calisthenic training.

Calisseum deliver a programme of calisthenics training – exercises using only a person's body weight – to disengaged young people. The programme is embedded in a therapeutic framework which helps young people to reflect on their personal values and goals, connect to their existing skills and determine the steps they must take to change their mindset. Through this model, Calisseum aim to transform the physical and mental health of young people, and ultimately progress them into employment, education or enterprise.

The programme is currently offered weekly and free-of-charge to young people living on the Doddington Estates, Battersea, through The Foundation.

In a review by a NHS clinical psychologist, Calisseum was praised for offering psychological behaviour change in a way that is accessible, meaningful, and resultantly "far more effective for this cohort than traditional therapy or counselling approaches." They observed how this approach enables young people to "quickly take on board key ideas around how to notice and respond differently to old patterns of unhelpful thoughts, feelings, sensations or behaviours, even after a single session. This has enabled them to go onto achieve their goals."

Service providers recognised some of the main stressors facing young people on the estate presently – including cost of living, social media, peer pressure and gangs. They emphasised the importance of delivering the programme in a way which is accessible to young people. This included ensuring the classes were offered free-of-charge and consistently, so that "whether they were there every week or whether they came every now and then, they knew that there was a consistent offer locally."

Black people are...

4 times more likely to be detained under the Mental Health Act

11 times more likely to be subject to a Community Treatment Order

4 times more likely to be subject to restrictive interventions within inpatient settings

2 times more likely to have police involvement in inpatient admissions

...compared to white people

> “If we really want to make a difference, let’s talk about being anti-racist.”

EMHIP Representative

Racism and racial discrimination in mental health services

For decades, ethnic minority people have experienced racism and racial discrimination within mental health services. This must end.

Racism is pervasive and can manifest in several overlapping forms, including personal, cultural, structural and institutional racism. There is a large and growing body of evidence demonstrating that racism is a form of stressor, both in its more overt forms and as micro-aggressions, and can lead to mental health disorders, especially depression and PTSD.[82] Racism is also embedded in the way that our society and organisations are structured, through policies and practices that are accepted as standard, but result in discrimination or disadvantage toward some ethnic groups.[83] The effects of racism and racial discrimination accumulate over the life-course, and can be transmitted across generations.[84]

> "We can't have a conversation about this without talking about racism."
>
> Community representative

Unequal experiences and outcomes in mental health services

Some ethnic minority groups, particularly Black African and Black Caribbean men, continue to be over-represented and receive inequitable care and treatment within specialist mental health services. Within our MHNA, we found that people from Black groups were severely over represented within referrals to SWL STG crisis and inpatient mental health services and constituted a high percentage of those being assessed by AMHPs for section under the MHA.[85]

According to NHS statistics from 2021/22, Black or Black British people are four times more likely than people from any White background to be detained under the MHA, over eleven times more likely to be subject to a CTO, and four times more likely to be subject to restrictive interventions such as the use of restraint, seclusion, and rapid tranquilisation within inpatient settings.[86] They are also two times more likely to have police or CJS involvement in inpatient admissions.[87] This is true in both first illness episodes as well as among those with ongoing mental illness.[88]

People from Black African and Black Caribbean groups have also experienced a disproportionate number of deaths whilst in custody and/or mental health care. This includes a number of high-profile cases, such as David "Rocky" Bennett, Sean Rigg and Olaseni Lewis, who all died as a result of the excessive use of force and prolonged restraint in mental health settings, as well as less profiled cases.[89]

Black people's experience of mental health services has shown an alarming regression over recent years

Black people's experience of mental health services is showing an alarming downward trend. The rate by which Black people have been subject to restrictive interventions has more than doubled since 2016/2017 from 52.1 per 100,000 people to 106.2 per 100,000.[90] By contrast, the rate of restrictive interventions for people from White backgrounds has seen a much smaller increase of 30% over the same period.[91] In addition, the rate at which Black

people have been subject to CTOs has risen from eight times higher than patients from any White background in 2018/19, to more than eleven times higher in 2021/22.[92]

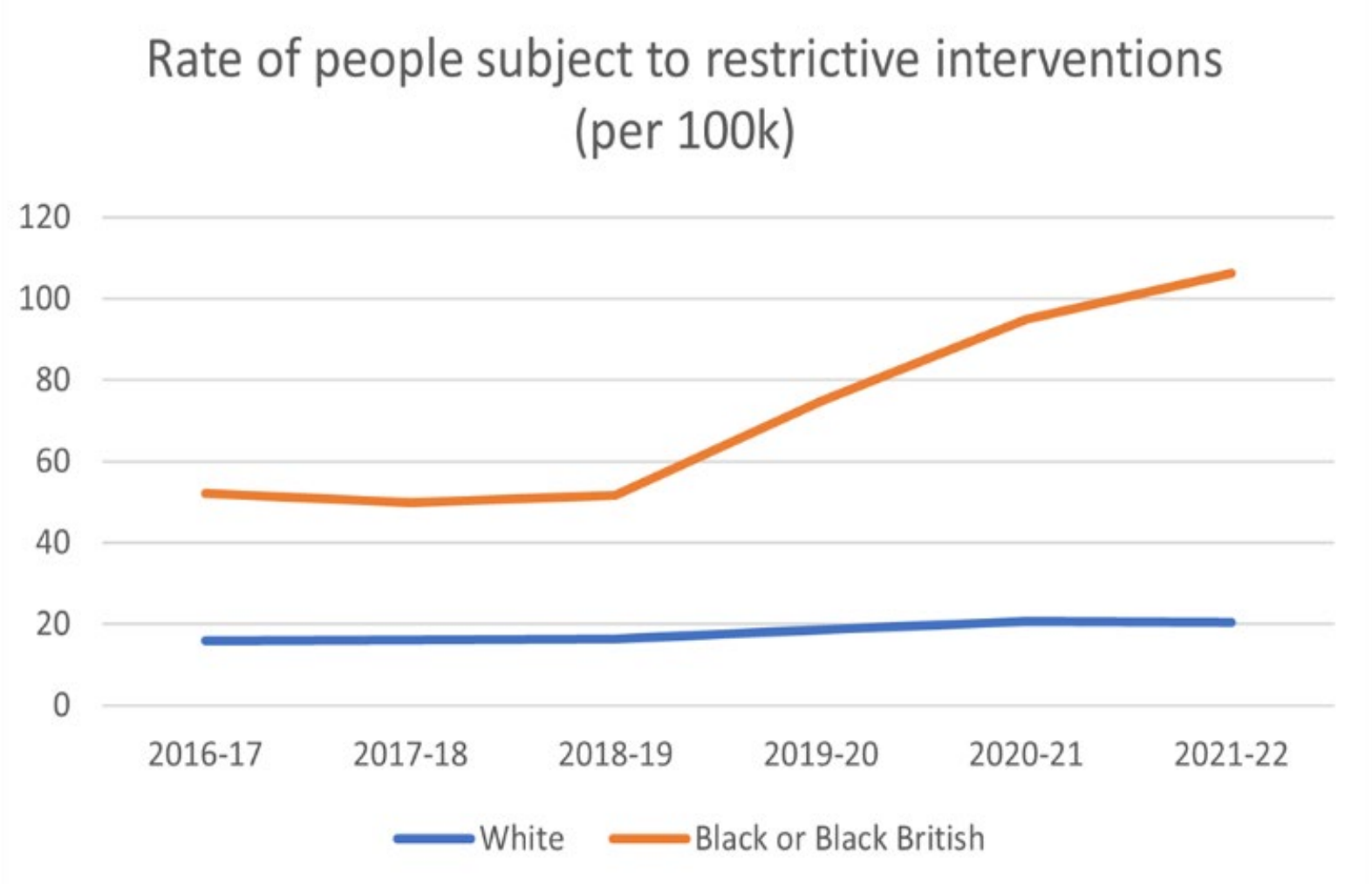
Community Treatment Order (CTO):
Allows a patient to be discharged into the community under treatment conditions imposed by their clinician. If they don't comply, the patient may be recalled to hospital.

Within our conversations, partners reflected on the "inherent racism within the mental health act" and the persistence of these trends over decades. Partners discussed how the behaviour of ethnic minority people is often misinterpreted, for example, Black men are often assessed in accordance with stereotypical views of being threatening, violent and aggressive. This leads to a miscalculation of their risk under the remit of the MHA. Our analysis determined that Black people made up half of referrals to the PICU between 2018/19 and 2021/22, which is more than four times the Black population in Wandsworth.[93]

> "I feel safer walking in Brixton than being in the Maudsley hospital."
> BME Forum Focus Group Participant

In particular, partners referred to CTOs as a form of systemic racism within the mental health system. One mental health service representative felt that Black and ethnic minority people were highly over-represented amongst those receiving CTOs in Wandsworth. CTOs were also reflected on as "not worth the paper that they're written on" given the lack of inpatient bed availability in the borough at present. This assessment of ineffectiveness was similarly made by the Joint Committee on the Draft Mental Health Bill in their Report of Session 2022-23.[94] The Joint Committee argued that CTOs 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 CJS.

Figure 20: Rate of people subject to restrictive interventions (per 100,000) between 2016/17 and 2021/22



Source: HSJ 2022

Mistrust toward mental health services

The Independent Review of the MHA argued that these "distressing and unacceptable" experiences of services had contributed to "widespread" fear amongst people from ethnic minority communities about what may happen if they are to be detained, how long they might be in hospital and, even, if they would get out.[95] Partners discussed how fear extends across institutional services, including the CJS and broader healthcare systems, and is deep and historically rooted. For example, partners reflected on the distrust and weariness which some ethnic minority people felt toward the COVID-19 vaccine.

These experiences create a 'circle of fear' whereby some groups, particularly Black groups, become reluctant to seek help for mental health concerns.[96]

> "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."
>
> Service Provider

This means that opportunities for early intervention are often missed. As a result, an individual is more likely to confront a mental health crisis unsupported, and more likely to have their first contact with the police rather than healthcare.[97] This begins a different relationship with mental health services, which, paradoxically, is more likely to exacerbate and perpetuate the cycle of mistrust in institutions.

In our conversations, we heard about how this fear and mistrust impact the way in which ethnic minority people interact with mental health services. For example, a representative from the AMHP service told us that ethnic minority people are less likely than the general population to voluntarily present to A&E when in a mental health crisis. They explained that –

"We hear... that fear about if I turn up and I'm a little chaotic and I'm a bit unwell, they're going to detain me. That I've been abused by the system my whole life. So when people... feel that things are going a little bit wrong, they then withdraw from services. Because their experiences are that as soon as you show a little bit of a sign of relapse, we're going to try and bring you into hospital. And because of perceptions of risk."

We also heard that this mistrust is heavily felt by carers of people with mental health disorders, especially as they watch their loved ones face harsh and negative experiences within mental health services -

"Why should they trust, especially when they see their sons or daughters over-medicated and the side effects of dribbling from their mouth, drooling from their mouth, stiff limbs, obesity due to anti-psychotics, and they pile on the weight. They become a completely different person to what they once was [sic]."

One of the key ways that partners felt mistrust could be overcome was through peer support. This was recognised as a way to connect patients with "people [who] are going through the same kind of situation, and sometimes people actually work collaboratively to problem solve." Read more about how Canerows have used peer support to improve ethnic minority outcomes on page 118.

> "There are many people in the congregation who would not access services through the Trust."
>
> BME Forum Focus Group Participant

The cumulative and inter-generational impact of racial discrimination

Racial discrimination and feelings of mistrust are experienced from an early age, and this has an enduring impact on mental health across the life-course. CYP from ethnic minority groups are disproportionately exposed to structural inequalities and negative experiences, for example, school exclusion, being in care and being involved in the CJS, which place them at greater risk of poor mental health.[98]

Many of the barriers ethnic minority adult populations face when accessing services are replicated in CYP, leading to a similar journey with mental health and mental health services. Again, this is most pronounced for Black CYP. Studies have found that Black boys and young men are deterred from seeking help due to fear of unfair treatment from health professionals, and that they would be "permanently labelled, locked in, and medicated on strong drugs without hope of getting better or getting out again."[99] The MHNA showed that Black CYP are over-represented in Wandsworth's CAMHS crisis and inpatient services, and studies have found that Black CYP are

ten times more likely to be referred to CAMHS via social services compared to White British children.[100] [101]

Case Study

Young People's Reluctance Towards Seeking Help From Mental Health Services

In partnership with WCEN's Black Minds Matter collective, Burgess et al. explored the experience and impact of the COVID-19 pandemic on young ethnic minority people in London. Over a two-month period, they held focus groups with forty young people aged 16 to 25 from Black, Mixed and other ethnic minority backgrounds.

Within these focus groups, young people shared that they remained hesitant towards accessing mainstream mental health services:

"Historically, the help hasn't been there, like there has been no help to access. So it was sort of like, you have to be okay. Because you have no choice... And that was instilled in people. So now even though the help is there, because we're so used to um people, like, what not having our best interest at heart, we choose not to use it."

18-20-year-old from WCEN's BMM Collective

Source: R. Burgess (2021)

“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 backgrounds.

Canerows was founded in 2007 by three service users at Sound Minds who were motivated by their own experiences to improve the treatment of ethnic minority people on inpatient wards, and change the culture on inpatient wards towards one of greater humanity and care.

The Canerows Ward Visiting Team provide weekly visits to six acute mental health wards across Springfield and Queen Mary's hospitals. The team offer support to patients; this might be as simple as just having a cup of tea and a chat or playing games with people like dominoes or cards. Once a relationship is built, peer support workers will also consult with patients about their stay in hospital and provide feedback to the Trust.

> "They really enjoy us seeing them... It really breaks the ice when we have a cup of tea with them and explain that we've been in the same situation, that they have been in, so that they don't feel so alone."
> Canerows Ward Visitor

A high proportion of Canerows' service users are from Black, Asian and minority ethnic backgrounds.

Figure 21: Number of service users referred to Canerows by ethnicity

Ethnicity of Service Users	2018/2019	2019/2020	2020/2021	2021/2202
White British	502	539	171	151
Black, Asian and Minority Ethnic	495	472	132	117

Source: Wandsworth Mental Health Needs Assessment, 2022

> "When someone talks to you it makes you feel like a human being"
> Canerows service user.
> Source:Dwight Reynolds (2010)

The service is peer-led, so ward visitors themselves have experienced mental ill health and being on an inpatient ward.[102] Canerows' involvement of service users was praised by both ward visitors and community partners for building a level of understanding and trust between the ward visitor and service user, and helping service users to feel less alone about their experience on the ward. Ward visiting was also recognised to be a positive activity for the mental health of ward visitors.

One of the greatest successes of the programme reflected on by service providers was that service users supported by Canerows had seen reduced rates of ward readmission over the past four to five years.

Find out more about the service in the video "Just Reach Out" by Sound Minds.

> If you can do it then I can do it too. And that's the message I want to get across. I have been ill, I've been really ill... and I still rose above it and have been able to do something positive with it.

Canerows Ward Visitor

Source:"Just Reach Out" (2015)

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.

"They 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 first, that sort of thing. It needs to be something tangible to encourage them to open up and speak."

Canerows Ward Visitor

> “We cannot have good mental health services in this country, I’m convinced, if we do not have good engagement with communities.”

Community Partner

Delivering culturally competent, community-based mental health support

Mental health support needs to be delivered in a culturally appropriate manner, and ethnic minority communities must play a leading role in designing and delivering these services.

Throughout our conversations, community partners felt that outcomes and experiences of ethnic minority people within mental health services would only be improved by advancing the cultural competency of mental health services and increasing the delivery of mental health support within the community.

Cultural Competence:
"the set of behaviours, attitudes, skills, policies and procedures that come together in a system, agency, or individuals to enable mental health caregivers to work effectively and efficiently in multicultural situations."

Source: Bhui et al. (2007)

"If someone doesn't feel understood by their therapist, if they feel uncomfortable in the clinic, if they feel like there's been microagressions committed against them during therapy... it might make someone more likely to drop out."

Service Provider

Improving the cultural competency of services

Community partners felt that SWL STG mental health services are delivered with a Eurocentric bias. They described services as being designed for White British people and provided as a 'one size fits all' model, meaning that they do not meet ethnic minority

people's needs. It was particularly lamented how individuals are reduced to labels and symptoms during assessment and treatment, with no consideration of social, racial, religious, or cultural aspects of their experience. Research has shown that these experiences can contribute to a sense of trauma and marginalisation.[103] Developing the cultural competence of mental health services is therefore critical to increasing service accessibility and improving treatment outcomes.

In our conversations, we heard about the importance of diversifying and training the mental health workforce

To ensure cultural competence at service and organisational levels, community partners raised the importance of delivering cultural competence training to the mental health workforce. Training should aim to improve understandings of racism, how this interacts with mental health and wellbeing, and how this might impede appropriate care.[104] Partners emphasised that cultural competency training must be supported by evaluations - setting standards, targets, and outcome measures - to monitor progress and ensure accountability for change.

These efforts must be reinforced by work to increase ethnic minority representation with the mental health workforce. A community partner reflected on how a non-diverse workforce can inhibit effective mental health support –

"[if] you don't look like me you're not really going to understand me, and why should I open up to you if you don't look like me? You don't understand me? And historically we've been misunderstood."

Partners reinforced that ethnic diversity must be improved across all levels of the mental health workforce, as although a lot of the frontline staff in SWL STG are from ethnic minority groups, those in positions of power - such as senior clinicians and managers - tend to be very White. This increases feelings of disempowerment. As explained by one community partner:

"One of the main difficulties [for mental health service users] is the sense of disempowerment... once they are identified as having a mental health problem, their life starts to be managed by other people and not by themselves. And in the case of

Black or minority ethnic people that sense of disempowerment is increased by the face that the people with the real power, the doctors and the health managers, are mostly White."

Within our conversations, we heard about work underway in the borough to improve the cultural competency of local services. For example, we heard about how Talk Wandsworth is working with its clinicians to tailor support to individual needs and create open dialogues around race and discrimination. We also heard about EMHIP's plans to deliver cultural competency training to the SWL STG workforce. Read about this on page 129.

> "We want to dictate how we are cared for."
>
> BME Forum focus group participant

Case Study

Cultural Competency Training at Talk Wandsworth

Talk Wandsworth told us about how they have been providing training to their clinicians to support them to deliver culturally appropriate therapy to service users. This has involved supporting therapists to adapt their interventions to individual needs, and proactively ask patients and create conversations about experiences of race and discrimination.

"We know that lots of the evidence-based interventions that we have are evidence-based in a very particular type of demographic, very often White Western demographics... [you] have to think about how you adapt them to the person in front of you... and take account of their background, their lived experience of discrimination, their cultural values and understanding of the world, and incorporate that into what you're delivering. So it's quite a nuanced thing for therapists to learn to do."

Talk Wandsworth Representative

Communities must play a central role in the design and delivery of mental health services.

To achieve culturally competent services, partners felt that it was crucial that ethnic minority service users – the "experts by experience" - are strongly involved in the design and delivery of mental health services. Service users have in-depth knowledge of their individual experience of living with a mental health disorder, and the journey through mental health services. Service users are therefore best placed to determine how support should be delivered to have effective outcomes.

Involving communities in the design of health services was a key recommendation to come out of the 2021 NHS Race & Health Observatory report on Ethnic Health Inequalities and the NHS. The report recognised the role of the NHS in tackling ethnic health inequalities, and recommended the NHS increase investment in community engagement work to develop culturally competent services and to build sustained and trusting relationships between services and communities.[105]

The community has valuable assets to help increase the number of ethnic minority people accessing mental health support

Given the barriers to help seeking in ethnic minority communities, partners also spoke about the importance of people being able to access support within their communities – using familiar spaces and involving community representatives. For example, a partner shared that although people from the Somali community won't reach out to their GP or social services, they will attend the Elays Network. Another partner reflected on the trust that community members feel toward their representatives, which makes opening up about mental health struggles more natural and accessible.

"I'm hearing from all different people that they're suffering and they're reaching out more to people like me than they are to services, which is crazy. They'd rather go through me than go to the council or to the NHS... because 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, I'm known in the area... but also it's the lack of trust."

Delivering mental health support within the community was therefore felt to be a crucial way to improving the accessibility of mental health support.

> "Only when we change [ethnic minority people's] experience and address the structural racism that they face will we get a change."
>
> Wandsworth GP

EMHIP is leading the way in re-designing mental health support for ethnic minority people in Wandsworth, but requires increased prioritisation and resourcing to achieve its crucial outcomes

Partners frequently praised the work of EMHIP and its range of key interventions, all of which have been co-produced with service users. The EMHIP Men-

tal Health & Wellbeing Hubs currently being rolled out are a prime example of how a central, informal, community-based venue can successfully engage, support, and provide onward referral for ethnic minority people.

We also heard about EMHIP's Home Placement Project service, which aims to provide a community-based, culturally appropriate alternative to inpatient admission. It was felt that EMHIP's range of interventions had the capacity to drastically improve ethnic minority people's outcomes and experiences in mental health services. Read more about EMHIP on page 129.

Community partners feel limited in their capacity to provide mental health support due to a lack of resources and funding

Whilst the community is highly motivated to deliver this mental health support, partners felt limited in their capacity due to a lack of resources and funding. The lack of resources provided to community groups to support mental health has created a feeling among some community partners that NHS claims to tackle mental health inequalities are just rhetorical.

This has reinforced feelings of mistrust toward healthcare institutions, as partners felt that their needs are not regarded with priority within NHS agendas. Partners felt that the prioritisation of ethnic mental health inequalities in NHS agendas was critical to significantly changing outcomes, and claimed this has been a major barrier to progress over the past 30 years.

> "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


LITTER

EMHIP: Ethnicity and Mental Health Improvement Project

EMHIP is a practical, locality-based service improvement programme designed to reduce inequalities in access, experience and outcomes in mental health care for Black and minority ethnic communities.

Launched in 2019, EMHIP is a collaborative project involving SWL STG, SWL Clinical Commissioning Group (now Integrated Care Board), Merton & Wandsworth locality, and networks of Black and minority ethnic voluntary faith and community groups. EMHIP is convened by the Wandsworth Community Empowerment Network.

EMHIP
ETHNICITY & MENTAL HEALTH IMPROVEMENT PROJECT

EMHIP involves five key interventions:

1 **Establishing Mental Health and Wellbeing Hubs in the community**

2 **Increasing service options by providing (i) crisis residential alternatives, (ii) enhanced support for people with longer-term needs and (iii) specialist support for those subject to multiple MHA admissions**

3 **Reducing restrictive and coercive practices through (i) inclusive and shared decision-making and (ii) eliminating the use of restraint & control**

4 **Enhancing inpatient care experience through (i) community involvement in inpatient care and (ii) cultural mediation**

5 **Ensuring a culturally capable workforce**

Throughout our discussions, EMHIP was frequently praised by community partners for its contributions towards improving mental outcomes for ethnic minority communities. Partners particularly praised EMHIP's co-production model, as they felt that the involvement of service users from ethnic minority

communities in the design and delivery of EMHIP's projects and programmes had the capacity to shift the dial on mental health service delivery in the borough.

Mental Health and Wellbeing Hubs

The EMHIP Health and Wellbeing Hubs aim to enhance the potential for early recognition and intervention in mental health problems. The hubs provide a community space with services to support guests, including physical health and wellbeing checks, mental health and wellbeing clinics and active signposting to local services or agencies. The first hub was opened at the New Testament Assembly in Tooting Bec, with a key focus on Black African and Black Caribbean communities, and the second hub has recently launched at Mushkil Aasaan, with a focus on South Asian and Muslim communities in the Tooting area.

Cultural competency of the mental health workforce

EMHIP are working towards delivering cultural competency training to staff within SWL STG mental health services. This training aims to improve the capacity of the mental health workforce to provide culturally appropriate care for diverse communities, and increase organisational capacity in relation to race, culture and difference. This intervention will entail integrated and ongoing monitoring to determine effectiveness.

A representative from EMHIP explained to us how cultural competency training can improve ethnic minority people's experiences and outcomes in services -

"For example, if one of the staff within the community mental health teams was over-prescribing a certain dosage to certain Black people, then, over a period of time, does he actually stop writing scripts for those individuals? Or is a different approach taken? Is it a thing whereby, instead of medication, are we talking about linking them into IAPT services? Or community services? Taking a more holistic approach to care and provision, and not just solely looking at the medical model."

Home Placement Project

The Home Placement Project aims to reduce in-patient admissions and length of stay in inpatient units by providing an alternative care pathway for people experiencing a mental health crisis. The service adapts the foster care model to mental health - service users at risk of being sectioned under the MHA will be provided a carer or family from the local community who are trained to provide community-based support for people with mental health problems, in a culturally competent way.

As explained by a representative from EMHIP -

"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."

Service users will also be supported by the home treatment team, and host families too will be provided wrap-around support – with access to facilities at the EMHIP hubs, training and supervision from the Home Placement Project service, peer support via Whatsapp and therapeutic supervision from Springfield.

The first year of the programme will be focused on Black African and Black Caribbean communities.

> We need to have the conversations.
>
> We need to be open about it.
>
> We need to be open about our own bias, conscious or unconscious.
>
> And we need to have the conversations as to why Black people, BME but especially Black people, are treated in this way.
>
> And to be really looking to do something about it.

EMHIP Representative

Talk Wandsworth is an Improving Access to Psychological Therapies (NHS Talking Therapies) service which delivers evidence-based psychological interventions for the treatment of anxiety and depression in adults.

Talk Wandsworth offers a range of talking therapies for people over the age of 18 with CMDs. This includes guided self-help, cognitive behavioural therapy, group therapy and counselling. The service is part of SWL STG Mental Health Trust.

Alongside their clinicians, Talk Wandsworth have a Wellbeing Team to support with community outreach. The Wellbeing Team works to raise awareness of mental health - in particular, what mental health is and what it isn't - and the support that is available to help people with their mental health.

They also work to build trust between mental health services and communities, and work alongside clinicians to adapt Talk Wandsworth's services to better meet the needs of different parts of the community. Providers confirmed that, as a result of this outreach work, they have seen increased numbers of people from Black groups attending Talk Wandsworth services.

Case Study

Raising Awareness of Mental Health inCommunity Groups

Talk Wandsworth told us about their work with two community groups in Wandsworth – the Ahmadiyya South Asian Muslim Women's group in Roehampton and an over-60's Black African and Black Caribbean group.

Talk Wandsworth's Wellbeing Team delivered presentations to these groups about mental health and wellbeing. For the Ahmadiyya group, this presentation was delivered in Urdu as well as English. The Wellbeing Team then joined these groups for lunch afterwards, which provided the opportunity for one-to-one conversations with attendees. Attendees found the presentations useful and informative.

> “In marginalised communities we know that there’s a lack of trust for statutory organisations like the NHS. So much of it is about trying to build trust and relationships.”
>
> Community Partner

Talk Wandsworth recognised that the recovery rate of clients from ethnic minority groups tends to be lower than the overall service recovery rate. Service providers also suggested that there may be higher drop-out rates among some ethnic minority communities who feel that interventions are not culturally appropriate or do not demonstrate cultural understanding.

Talk Wandsworth told us about their ongoing work to deliver culturally appropriate therapy to people from ethnic minority groups. One aspect of this has been building an ethnically diverse workforce - in 2022, 45% of Talk Wandsworth’s workforce was from an ethnic minority background. Another is working to remove language barriers through providing interpreters and translating key clinical communication materials.

Talk Wandsworth is working with clinicians to improve their understanding of how a person’s lived experience of racism and discrimination may impact their mental health. They are supporting clinicians to be flexible and adapt interventions to the cultural needs of different clients, and to develop the skills to raise conversations and encourage clients to talk about their experiences of racism.

Case Study

Creating an Open Dialogue About Race and Culture

Talk Wandsworth shared a case study of a Mixed-Black client and white therapist who established an open dialogue about race and culture, and how this benefitted their therapeutic relationship.

"There was an open discussion about background and culture, and the therapist thought [this] was a big part of moving forward in the treatment and therapeutic relationship... the therapist talked about how the client was feeling about being treated by a White therapist and gave that some space in the relationship, because [they] didn't want to presume that this wasn't relevant for this client. It wasn't relevant in this discussion, but actually the client really appreciated that the discussion was had."

Talk Wandsworth Representative

> “It’s never just as simple as we need more staff, we need more beds, it’s a lot more systemic than that.”

Mental Health Service Provider

Mental health services in crisis

Ethnic minority communities will be hardest hit by the pressures facing the NHS. We must rethink how we deliver mental health services, urgently.

The NHS is under immense pressure. Backlogs for hospital treatment, A&E waiting times and staff vacancy levels hit an all-time high in 2022. Almost 10% of all NHS staff posts were vacant in June 2022, contributing to the first ever nurses strike in December 2022.[106] As a result, some have argued that the NHS is on the brink of collapse.[107]

This pressure is reflected in mental health services which are experiencing unprecedented demand – in 2021, mental health services in England received a record of 4.3 million referrals, and this number has steadily risen since.[108] A similar picture is seen in CAMHS services, with over four times as many CYP in contact than there were six years ago.[109] Yet mental health services are not being resourced at a fast enough rate to keep up with this demand, resulting in long waiting lists and high thresholds for treatment. Latest estimates are that there are 1.4 million people on the waiting list for mental health services.[110]

> "When you're working in a system where you are working in a team where you've got three vacancies... I think you become desensitised to the individual, and they become a problem rather than a patient."
>
> AMHP representative

Partners particularly dwelled on the massive staff recruitment and retention crisis facing the mental health workforce. Around one in seven medical professional roles in mental health services are currently vacant, and this increases to one in five among mental health nurses.[111] In CAMHS, the number of CYP in contact with services has expanded at almost four times the pace of the psychiatry workforce since 2016.[112] Providers told us how services in Wandsworth often have vacant posts, especially posts requiring specialist training such as psychiatrists and

community psychiatric nurses. Partners reflected on how this high turnover of staff is limiting the quality of support that services can provide. For example, they reflected on how services cannot be delivered in a way which is individualised, as staff are unable to build relationships with service users and deliver tailored support to their individual needs.

We also heard about the increasing number of people presenting to services in crisis, and the limited resources that crisis services can provide to these patients. One in five calls to NHS crisis helplines are going unanswered.[113] Patients are increasingly presenting to A&E, where they are twice as likely to spend 12 hours or more waiting for help than general patients.[114] Whilst some of these patients will be in A&E for urgent care, most of the time their needs would be better met elsewhere. We heard from an AMHP about the pressures this is placing on ED, and how this environment in unsuitable for a person in mental health crisis. You can read a case study about how these pressures are affecting mental health services in Wandsworth on page 141.

In light of the immense pressures on the NHS, it is increasingly urgent that we alter the model by which we deliver mental health services. Ethnic minority groups in Wandsworth are already vulnerable to poorer access, experience and outcomes in mental health and mental health services. It is probable that – like with the COVID-19 pandemic and cost of living crisis – they will also be hardest hit by the pressures facing the NHS. We need to develop a model of mental health support and treatment that is equitable, effective, and sustainable for generations to come. The NHS recognised that "a key aspect of effective mental health care is ensuring that communities can maximise the support they provide to people who need it and therefore address local population needs."

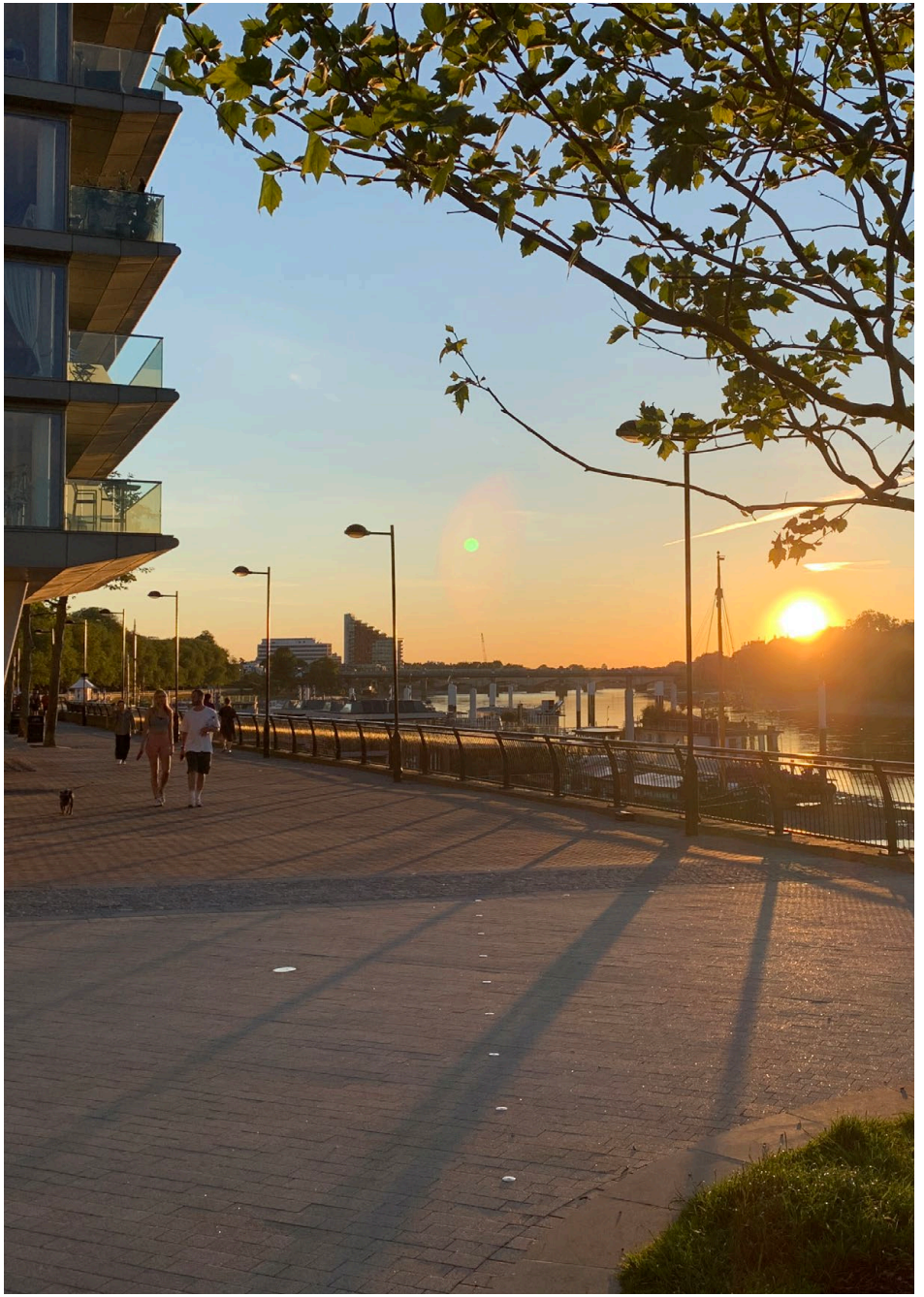
Ethnic minority communities in Wandsworth have valuable assets to offer, and a deep motivation to provide mental health support – the time is now to provide them with the resources they need to do this.

Case Study

Stresses on the Mental Health Workforce

"You often get a care coordinator ... they should probably have about 20 people on their caseload. They often have 40. Therefore, they're struggling with trying to manage all these patients with high needs. And the carer spots a deterioration and tries to contact the care coordinator – 'can you come and see Johnny? Because I'm concerned'. And then they say – 'yeah, we'll see him in three- or four-weeks' time'. That's too late."

Wandsworth GP



> “The system is broken. And I don’t know how you fix it.”
>
> AMHP Representative

Case Study

Pressures on Mental Health Services

Across our conversations with community partners, we repeatedly heard about the growing and unsustainable pressures on mental health services, and the impact this is having on service user outcomes and experiences. A representative from the AMHPs told us about the impact this is having on service users in mental health crisis, who are increasingly waiting for days in A&E whilst awaiting an inpatient bed.

The lack of available resources means that mental health services are “waiting until people really go over the cliff” to provide support. This is increasing the acuity of mental health needs, and increasing the number of people presenting to A&E in mental health crisis when they are unable to wait for a MHA assessment in the community.

Due to the lack of inpatient bed availability, service users are frequently left in A&E for two to four days whilst they wait for a bed. This is a highly unsuitable environment for people in mental health crisis. People are left without basic provisions – “you can’t access a shower, you can’t access a proper hot meal, you can’t have visitors” – and they are unable to begin receiving appropriate medical treatment. The only thing patients can be provided are sedatives, “so people are being chemically coshed.”

Patients in mental health crisis also create disturbance for staff and general patients in the A&E. This can create tension between the staff and patient. This whole experience was lamented as "completely undignified and ... inhumane" for a person in mental health crisis.

This system is also extremely high risk for the person in mental health crisis. Waiting an extensive time for an inpatient bed can lead the service user to walk out of A&E, and this can have disastrous outcomes. For example, the representative "had a patient ... who was waiting for a bed, who walked out of A&E and jumped off a bridge... Thankfully he didn't die."

There are only two Health Based Place of Safety Suites for people assessed under section 136 of the MHA. This is insufficient, especially given people are often held up in these suites far longer than the 24 hours they should be due to delays to accessing inpatient beds. Resultantly, it was felt that the suites are "just being used as an overflow for people waiting for beds."

The representative lamented the loss of the Orchid Suite, which was set up as an alternative to A&E for mental health patients during the COVID-19 pandemic. This was recognised as a "secure area where they were safe [and] where they could be nursed appropriately by specialist nurses." The Orchid Suite was felt to significantly improve patient experience. Service users could be started on the appropriate medical treatment immediately to enable recovery and were supported by staff who were "fantastic and caring". However, they also reflected on how ethnic minority people are less likely to be amongst those presenting to A&E due to their reluctance toward mental health services. The benefits of the Orchid Suite were therefore felt to be limited for ethnic minorities without wider systemic changes to improve their experience of mental health services.

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We thank them for their work to support our residents' mental health, and to challenge the inequalities faced by people from ethnic minority groups.

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