# Mental health needs of Black and Minority Ethnic communities in Leicester, Leicestershire and Rutland

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Introduction

The three reports within this document have been commissioned by the Leicester, Leicestershire and Rutland Focused Implementer Site (FIS) Steering Group in 2008. The FIS Steering Group oversees the local implementation of the government's Delivering Race Equality in Mental Health action plan. (For membership of FIS Steering Group, see appendix A)

Each report aims to bring together local statistics and other information to give a picture of the mental health needs and experiences of services of different black and ethnic minority communities in Leicester, Leicestershire and Rutland. The three reports will focus on:

1. Black/Black British communities (including Somali)
2. Asian/Asian British communities
3. Other communities (including asylum seekers and refugees, Irish, Eastern European, people with mixed race backgrounds)

Each report will cover:

- Population demographics of our local communities
- Prevalence of mental health needs
- Local mental health services
- Local data on use of mental health services
- Information from consultations/surveys
- Summary of findings
- Recommendations

These reports will focus on working-age adults. Similar analysis will need to be carried out in relation to race equality in children's and older people's mental health services.

Background to DRE

The Department of Health published Delivering Race Equality in Mental Health Care (DRE) in 2005, following an earlier consultation document and the independent enquiry into the death of an African-Caribbean man, David Bennett, who died after being restrained by staff in a medium secure psychiatric unit. DRE was intended to be a five-year action plan for achieving equality and tackling discrimination in mental health services in England for all people from Black and Minority Ethnic (BME) backgrounds. It was largely stimulated by nationwide evidence that people from BME communities are particularly dissatisfied with the mental health services they receive, are over-represented in compulsory detention under the 1983 Mental Health Act, and in incidents of violence, restraint and seclusion in psychiatric inpatient settings, and are under-represented in counselling and psychotherapy, and in involvement in planning and delivering mental health services.
The DRE programme is therefore based on three 'building blocks':

- More appropriate and responsive services
- Community engagement
- Better information

(See Appendix B for aims of DRE)

**Prevalence of mental health needs in different Black and Minority Ethnic communities**

Prevalence of mental health problems among different ethnic groups in Britain is a controversial and complex area. Different studies have given very different findings. Most studies have used contact with services as an indicator of mental health need, but this does not take into account differences in access to and relationship with statutory services. There have also been questions raised about the cultural appropriateness of the surveys used within these studies.

The Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) study\(^2\) was a large scale population study commissioned by the Department of Health in 2002 to attempt to address some of these issues. EMPIRIC looked at prevalence rates amongst people aged 16-74 years from six communities: White, Irish, Black Caribbean, Bangladeshi, Indian and Pakistani.

Prevalence rates from EMPIRIC are referred to within these reports. For those communities not covered by EMPIRIC, prevalence rates have been drawn from the research available.

**Mental health services in Leicester, Leicestershire and Rutland**

Services for people with mental health difficulties in Leicester, Leicestershire and Rutland include:

- Local Authority services – day services, home care, residential care, Direct Payments, adult learning
- Housing-related support commissioned by Supporting People – supported accommodation, floating support
- Services commissioned from the voluntary sector – advocacy, day services, education and support for carers, counselling, employment support, befriending, community development work in Black and Minority Ethnic communities
- Primary care – GPs, Common Mental Health Problems Service (time-limited psychological therapy)
- Secondary and tertiary mental health care – community mental health teams, early intervention in psychosis, crisis resolution, inpatient, assertive outreach, specialist services, psychotherapy
Asian/Asian British communities in Leicester, Leicestershire and Rutland

The 2001 census gave the population of Asian (Indian, Pakistani, Bangladeshi and Asian Other) communities as:

<table>
<thead>
<tr>
<th>Population</th>
<th>% of overall population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester city</td>
<td>83753</td>
</tr>
<tr>
<td>Leicestershire county:</td>
<td></td>
</tr>
<tr>
<td>Blaby</td>
<td>3411</td>
</tr>
<tr>
<td>Charnwood</td>
<td>9207</td>
</tr>
<tr>
<td>Harborough</td>
<td>798</td>
</tr>
<tr>
<td>Hinckley &amp; Bosworth</td>
<td>1062</td>
</tr>
<tr>
<td>Melton</td>
<td>246</td>
</tr>
<tr>
<td>North West Leicestershire</td>
<td>351</td>
</tr>
<tr>
<td>Oadby &amp; Wigston</td>
<td>7431</td>
</tr>
<tr>
<td>Total Leicestershire county</td>
<td>22506</td>
</tr>
<tr>
<td>Rutland</td>
<td>138</td>
</tr>
</tbody>
</table>

The majority of the Asian/Asian British population in Leicester live on the east side of the city, with two thirds living in six wards: Belgrave, Coleman, Latimer, Rushey Mead, Spinney Hills, and Stoneygate. 39% of the Asian/Asian British population live in those Leicester wards that are in the 5% most deprived wards nationally, compared to 45% of the population as a whole.

(See appendix C for Leicester Black and Minority Ethnic population by ward).

Some migrants from India and Pakistan arrived in Leicester in the 1950s and 1960s to meet Britain’s post-war demand for workers, but the largest migration of Asians into the city came in the 1970s, with over 20,000 East African Asians arriving as refugees having been forced to leave Uganda by Idi Amin. In the 2001 census, 86% of Asians/British Asians in Leicester said their ethnicity was Asian Indian, 5.1% Asian Pakistani, 2.3% Asian Bangladeshi, and 6.6% Asian Other.

The overall population figure for Leicestershire County and Rutland hides huge variations, between populations of a few hundred Asians living in more rural areas such as Rutland and North West Leicestershire, and larger communities in Loughborough and Oadby and Wigston. In Leicestershire County, the Bangladeshi community, especially Bangladeshi men, have high rates of unemployment or part-time employment, and of housing deprivation. Indian communities in the County have high rates of economic activity, and are more likely to live in detached housing and own a car.
Prevalence of mental health needs amongst Asian/Asian British communities

The Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) study found prevalence rates of common mental disorders of between 12% and 13% for men from Indian, Pakistani or Bangladeshi communities. This was not significantly different from the rates for White men. For women, the picture was more mixed, with significantly higher rates found for Indian and Pakistani women (23.8% and 26% respectively) and a significantly lower rate of 12.3% found for Bangladeshi women. However, the finding for the Bangladeshi community differs considerably from those of another national survey, Health Survey for England – the Health of Ethnic Minority Groups\textsuperscript{5}, where rates for Bangladeshi women were similar to those for other Asian women and higher than rates for White women, and rates for Bangladeshi men were also higher compared to men from other ethnic groups.

In terms of psychosis, rates for Indian men (0.9%) were similar to those for White men (1.0%), and rates for Pakistani men were slightly higher, at 1.4%. Rates for Indian and Pakistani women were 1.3%, higher than the 0.7% found for White women. Rates for both Bangladeshi men and women were 0.6%. However, none of these differences were found to be statistically significant. For the three Asian groups in the study, rates for ‘migrants’ were lower than for ‘non-migrants’ (people who were born in Britain or migrated here before the age of 11).

There were minor differences between the different ethnic groups on measures of social functioning, chronic strain and personality difficulties, with these correlating more to social class than to ethnicity. Participants from the Bangladeshi community reported slightly more difficulties with social functioning and chronic strain.

The Asian participants in the study, particularly those from Pakistani or Bangladeshi communities, were more likely to have poor physical health, and significantly less likely to have approached their GP about a stress-related or emotional problem in the previous six months, although Bangladeshi men and women were the most likely of all the groups to report having seen their GP in this time for a physical health problem. South Asian groups provided more informal care within their homes than the other ethnic groups.

Bangladeshi participants reported high levels of emotional and practical support from their close relationships, but also high levels of negative aspects. Those Bangladeshi participants who had higher scores on measures of common mental disorders also reported lower levels of social support.

(See appendix D for EMPIRIC prevalence figures)

Mental health services in Leicester, Leicestershire and Rutland

A number of projects are specifically commissioned to provide support to people from Asian/Asian British communities:

- Akwaaba Ayeh provides mental health advocacy to working-age adults from Black and Asian communities in the city
- Savera Resource Centre and Adhar Project provide mental health day services to working-age adults from Asian communities in the city
- Basera Mental Health Project provides day services to people from Asian
Local data on use of mental health services

The following analysis is based on data from Leicestershire Partnership NHS Trust (city and counties data) and for the city, from Leicester City Council and from Leicester's Supporting People team.

The analysis is best treated as the best picture we have from the data currently available, and needs to be treated with some caution:

- Some services report a high percentage of ethnicity ‘Not stated’; this is particularly the case for first outpatient episodes, specialist services, and for County areas
- Actual numbers of people from Pakistani and Bangladeshi communities are relatively small; tests of statistical significance have not been carried out
- Data is likely to be incomplete in some areas
- Data for different service areas is from different years; the last data made available for secondary mental health services and for assessments and detentions under the 1983 Mental Health Act dates back to 2005/06

(Detailed figures can be found in Appendix E).

(Statistical significance tests will be carried out – should be completed by June)

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Asian/Asian British communities over-represented</th>
<th>Asian/Asian British communities under-represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>Day services</td>
<td>Assessments</td>
</tr>
<tr>
<td></td>
<td>Meals</td>
<td>Reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential care placements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other social care services</td>
</tr>
<tr>
<td>Voluntary sector services (city)</td>
<td>Day services</td>
<td>Advocacy</td>
</tr>
<tr>
<td></td>
<td>Carers services</td>
<td>Counselling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employment support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing-related support (City &amp; Counties)</td>
</tr>
<tr>
<td>Primary care</td>
<td>-</td>
<td>Common Mental Health Problems Service (Counties only)</td>
</tr>
<tr>
<td>Secondary mental health services</td>
<td>PIER (early intervention in psychosis) (Counties)</td>
<td>Dynamic psychotherapy</td>
</tr>
<tr>
<td></td>
<td>Asian Men in Counties are over-represented in:</td>
<td>Forensic services</td>
</tr>
<tr>
<td></td>
<td>General psychiatry first outpatient episodes</td>
<td>Personality disorder services</td>
</tr>
<tr>
<td></td>
<td>General psychiatry inpatient</td>
<td>Specialist services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Except for Asian Men in Counties, Asian communities are under-represented in:</td>
</tr>
</tbody>
</table>
In the 2007 Count Me In census of psychiatric inpatients, Asian communities were slightly under-represented within Leicestershire Partnership NHS Trust wards, but this finding was not statistically significant⁶.

Psychiatric inpatient admissions and for Asian/Asian British men in the city showed a slightly younger age profile than that seen for White communities, with a peak at 26-30 years not seen for other ethnic groups. With Asian/Asian British women, there was a peak at 46-50 years.

<table>
<thead>
<tr>
<th>Mental Health Act</th>
<th>Assessments (in County) Referrals from GP Diagnosis of schizophrenia Outcome of compulsory detention</th>
<th>Assessments (in City) Referrals from Police</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis (only available for inpatients)</td>
<td>Schizophrenia/psychosis</td>
<td>Depression Substance use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age profile of general psychiatry inpatient admissions, 2005/06 - Asian male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>16-20</td>
</tr>
<tr>
<td>21-25</td>
</tr>
<tr>
<td>26-30</td>
</tr>
<tr>
<td>31-35</td>
</tr>
<tr>
<td>36-40</td>
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<tr>
<td>41-45</td>
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<td>46-50</td>
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<td>51-55</td>
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<tr>
<td>56-60</td>
</tr>
<tr>
<td>61-65</td>
</tr>
<tr>
<td>66+</td>
</tr>
</tbody>
</table>
In Leicester city, 40% of Asian/Asian British psychiatric inpatients have a diagnosis of schizophrenia, compared to 22% of White inpatients (numbers in Leicestershire and Rutland are too small for meaningful analysis).

Figures for ongoing involvement of Asian service users and carers in planning and development of mental health services are not available. At a local service user and carer participation conference held in 2003, 37% of participants were Black/Black British.

Assessments and detentions under the 1983 Mental Health Act\textsuperscript{7,8}

Whilst Asian communities in the city are under-represented in assessments and compulsory detentions under the 1983 Mental Health Act, in 2005/06 (the last year that the analysis was carried out in the city) 64.7% of assessments on people from Asian/Asian British communities ended in compulsory detention, compared to 51.2% of assessments on people from White communities.
In 2005/06 in the city, younger Asian men and women were particularly under-represented in Mental Health Act assessments. People from Asian communities who were assessed were more likely than those from White communities to have a diagnosis of psychosis.

Information from consultations/surveys

In 2006, the Focused Implementer Site Steering Group commissioned two validation studies of baseline assessments about race equality and mental health in Leicester, Leicestershire and Rutland\(^9\,10\). When interviewed, respondents mentioned:

- Lack of information and explanation about mental health conditions and about medication and its side-effects
- Services being dominated by a medical model of mental illness and health
- The need for befriending, respite, and talking therapies
- Lack of knowledge about availability of and access to talking therapies
- On inpatient wards, boredom and isolation, experiences of being misinterpreted and so over-medicated, lack of good quality African Caribbean food
- The impact of racism on people’s lives, including employment
- Stigma within communities
- Need for better understanding in services of different cultures, especially the role of family and community

The reports’ findings on lack of information were partly confirmed in an Equality Impact Assessment of mental health information and advocacy carried out by Leicester City Mental Health Strategy Team, also in 2006\(^11\). Whilst the respondents from Asian/Asian British communities said that they found it easier to find information about mental health problems, treatments and services, they found it harder to understand the information that was available. Respondents from Asian communities were also less likely to know about mental health advocacy or where to find a mental health advocate. (See appendix F).

Summary of findings

People from Asian/Asian British communities in Leicester, Leicestershire and Rutland who experience mental health problems are generally under-represented in many of the secondary mental health services, including general psychiatry outpatient episodes and inpatient admissions, crisis resolution, dynamic psychotherapy and specialist services.

There are exceptions for:

- Asian men in the Counties
- PIER service (early intervention in psychosis)
- Assertive Outreach, for Asian men
- Liaison psychiatry, for Asian women

Asian men and women are also under-represented in social care assessments and reviews, assessments under the 1983 Mental Health Act, residential care placements, housing-related support, advocacy, and counselling.
In the city, they are over-represented in day services and services for carers of people with mental health difficulties.

In some areas, the percentage of returns where ethnicity is ‘Not stated’ is high. This is particularly the case for specialist services and first outpatient episodes and crisis resolution in the Counties.
Mental health needs of Black/Black British communities in Leicester, Leicestershire and Rutland

Black/Black British communities in Leicester, Leicestershire and Rutland

The 2001 census gave the population of Black Caribbean, Black African and Black Other communities as:

<table>
<thead>
<tr>
<th>Area</th>
<th>Population</th>
<th>% of overall population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester city</td>
<td>8595</td>
<td>3.1</td>
</tr>
<tr>
<td>Leicestershire county:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blaby</td>
<td>452</td>
<td>0.5</td>
</tr>
<tr>
<td>Charnwood</td>
<td>615</td>
<td>0.4</td>
</tr>
<tr>
<td>Harborough</td>
<td>147</td>
<td>0.2</td>
</tr>
<tr>
<td>Hinckley &amp; Bosworth</td>
<td>115</td>
<td>0.1</td>
</tr>
<tr>
<td>Melton</td>
<td>39</td>
<td>0.1</td>
</tr>
<tr>
<td>North West Leicestershire</td>
<td>79</td>
<td>0.1</td>
</tr>
<tr>
<td>Oadby &amp; Wigston</td>
<td>502</td>
<td>0.7</td>
</tr>
<tr>
<td>Total Leicestershire county</td>
<td>1949</td>
<td>0.3</td>
</tr>
<tr>
<td>Rutland</td>
<td>107</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Whilst the majority of Leicester’s Black Caribbean communities arrived during the wave of migration from the 1950s to 1970s, recent arrivals, most significantly of people from Somali communities has led to a significant growth of the Black African population, rendering out of date much of the data from the 2001 Census for the city. Current estimates suggest that there are 8-10,000 people from Somalia living in Leicester, many of whom have arrived since 2001\textsuperscript{12}. A rough estimate for the current Black/Black British population in Leicester city would therefore be around 5 - 6% of the overall population.

Within Leicester city, two thirds of the Black/Black British population live on the east side of the city. Almost 50% of the Black/Black British population live in those Leicester wards that are in the 5% most deprived wards nationally, compared to 45% of the population as a whole. (See appendix C for Leicester Black and Minority Ethnic population by ward).

Prevalence of mental health needs amongst Black/Black British communities

The Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) study\textsuperscript{13} found prevalence rates of common mental disorders of 13.8% for Black Caribbean men and 19.8% for Black Caribbean women, not significantly different from the rates for White communities. There were minor differences between the different ethnic groups on measures of social functioning, chronic strain and personality difficulties, with these correlating more to social class than to ethnicity.

In terms of psychosis, EMPIRIC found an estimated annual prevalence rate of 1.6% for Black Caribbean men and 1.7% for Black Caribbean women, compared to 1.0% for White communities.
men and 0.7% for White women. This difference was not found to be statistically significant. Participants in the study who were from Black Caribbean communities were less likely to be employed, and less likely to be married or cohabiting, both of which were associated with higher rates of psychosis. However, it is not possible to tell from the study whether this is a causal relationship.

Participants from the Black Caribbean communities were more likely than their White counterparts to have poor physical health. They were significantly less likely to have approached their GP about a stress-related or emotional problem, and despite having high levels of contact with relatives and friends, also reported receiving less confiding, practical or emotional support.

(See appendix D for EMPIRIC prevalence figures)

**Mental health services in Leicester, Leicestershire and Rutland**

Two projects in the city are specifically commissioned to provide support to people from Black/Black British communities: Akwaaba Ayeh, which provides mental health advocacy to working-age adults from Black and Minority Ethnic communities in Leicester; and Foundation Housing, which provides housing-related support to people with mental health needs from African and Caribbean communities. Mental health Community Development Workers work specifically with Black and Minority Ethnic communities across Leicester, Leicestershire and Rutland.

**Local data on use of mental health services**

The following analysis is based on data from Leicestershire Partnership NHS Trust (city and counties data) and for the city, from Leicester City Council and from Leicester's Supporting People team. (Actual figures are in Appendix E).

The analysis is best treated as the best picture we have from the data currently available, and needs to be treated with some caution:

- Some services report a high percentage of ethnicity ‘Not stated’; this is particularly the case for first outpatient episodes, specialist services, and for County areas
- Actual numbers of people from Black/Black British communities are relatively small; tests of statistical significance have not been carried out
- Data is likely to be incomplete in some areas
- When analysing the city figures against population, a revised population estimate of 5-6% Black/Black British population was used to attempt to account for new arrivals
- Data for different service areas is from different years; the last data made available for secondary mental health services and for assessments and detentions under the 1983 Mental Health Act dates back to 2005/06

(Statistical significance tests will be carried out – should be completed by June)
<table>
<thead>
<tr>
<th>Type of service</th>
<th>Black/Black British communities over-represented</th>
<th>Black/Black British communities under-represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social care</td>
<td>Assessments Reviews</td>
<td>Residential care placements Home care Other social care services Day services</td>
</tr>
<tr>
<td>Voluntary sector services</td>
<td>Advocacy Carers services Employment support</td>
<td>Day services Counselling</td>
</tr>
<tr>
<td>Primary care</td>
<td>-</td>
<td>Common Mental Health Problems Service</td>
</tr>
<tr>
<td>Secondary mental health</td>
<td>General psychiatry inpatient admissions Restraint, seclusion and assault Forensic services Psychiatric intensive care (PICU) Assertive Outreach PIER (early intervention in psychosis) Crisis Resolution (in counties)</td>
<td>Dynamic psychotherapy Personality disorder services Specialist - Mother and Baby Eating disorders services</td>
</tr>
<tr>
<td>Mental Health Act</td>
<td>Assessments Compulsory detentions Referrals from psychiatric inpatient, Assertive Outreach Diagnosis of schizophrenia</td>
<td>Referrals from Police</td>
</tr>
<tr>
<td>Diagnosis (only available for inpatients)</td>
<td>Schizophrenia/psychosis</td>
<td>Depression Substance use</td>
</tr>
</tbody>
</table>

The 2007 Count Me In census of psychiatric inpatients also found an over-representation of people from Black/Black British communities within Leicestershire Partnership NHS Trust wards. This finding was statistically significant\(^{14}\).

Psychiatric inpatient admissions and outpatient episodes for Black/Black British communities tend to show a younger age profile than that seen for White communities, with Black/Black British men and women aged 16-20 years being particularly over-represented. However, the numbers are relatively small, and so this finding needs to be treated with caution.
In Leicester city, 38% of Black/Black British psychiatric inpatients have a diagnosis of schizophrenia, compared to 22% of White inpatients (numbers in Leicestershire and Rutland are too small for meaningful analysis).

The Supporting People figures for the city for 2006/07 show that 5.5% of clients were from a Black or Black British background, in line with the population estimate of 5-6%.

Figures for ongoing involvement of Black service users and carers in planning and development of mental health services are not available. At a local service user and carer participation conference held in 2003, 9% of participants were Black/Black British.

The very small figures for Black/Black British communities in Leicestershire County and Rutland make analysis difficult. However, from the figures available, patterns of over- and under-representation are similar to the city.

**Assessments and detentions under the 1983 Mental Health Act**\(^{15,16}\)

People from Black Caribbean, Black African and Black Other communities in Leicester, Leicestershire and Rutland have for several years been over-represented in assessments and compulsory detentions under the 1983 Mental Health Act, by a factor of at least 2 to 3.

The larger numbers in the city allow for more detailed analysis. This shows that younger
Black/Black British men are particularly over-represented. Black and Minority Ethnic service users from the city assessed under the Mental Health Act are more likely than White service users to have a diagnosis of psychosis.

In 2005/06 (the last year that the analysis was carried out in the city) 60% of assessments on people from Black/Black British communities ended in compulsory detention, compared to 51% for White communities.

![2005/06 MHA assessments - by ethnicity and outcome](image)

Restraint and Seclusion

According to local figures from the 2006 Count Me In census of psychiatric inpatients, Black/Black British inpatients across Leicester, Leicestershire and Rutland were more likely to have been restrained or put into seclusion. This finding needs to be treated with caution because of the small numbers involved.

Information from consultations/surveys

Nationally, the Sainsbury’s Centre’s 2002 publication, ‘Breaking the Circles of Fear’\(^7\) reported that many people from African and Caribbean communities found mainstream mental health services to be inaccessible, not welcoming, not relevant and not integrated with the community. The report also mentioned differences in understanding of mental health difficulties between professionals and Black communities, and poor resolution of conflict between them. Black service users, families and carers did not feel involved by mental health professionals, and Black-led initiatives were not valued. Stigma and social exclusion were also mentioned as key factors.

Locally, a research report, ‘Sadness in My Heart’\(^8\) was written in 1989 about the mental health experiences of Black and Asian men and women in Leicester. Although it is now almost twenty years old, its findings are still reflected in more current studies.
In 2006, the Focused Implementer Site Steering Group commissioned two validation studies of baseline assessments about race equality and mental health in Leicester, Leicestershire and Rutland\(^{19,20}\). These found similar issues to those discussed in ‘Breaking the Circles of Fear’ and ‘Sadness in My Heart’:

- Lack of information about mental health conditions, medication and its side-effects
- Services being dominated by a medical model of mental illness and health
- The need for befriending, respite, and talking therapies
- Lack of knowledge about availability of and access to talking therapies
- On inpatient wards, boredom and isolation, experiences of being misinterpreted and so over-medicated, lack of good quality African Caribbean food
- The impact of racism on people’s lives, including employment
- Stigma within communities
- Need for better understanding in services of different cultures, especially the role of family and community
- The lack of recovery-focused support for African Caribbean people aged 18-55 years – education and information, individual and group-based support, support to access other services, training and information about medication

The reports’ findings on lack of information were confirmed in an Equality Impact Assessment of mental health information and advocacy carried out by Leicester City Mental Health Strategy Team, also in 2006\(^{21}\). Respondents from Black/Black British communities found it harder to find information about mental health problems, treatments and services, and to understand the information that was available. (See appendix F).

Issues specifically mentioned by local health professionals in relation to Somali communities in Leicester and mental health include the stigma attached to mental illness and issues around the use of the drug ‘Khat’\(^{22}\).

A report in 2007 exploring the experiences of African and African Caribbean carers in Leicester city found a lack of trust of mainstream services and a lack of communication between services and communities\(^{23}\). The report’s recommendations included: promotion within African and African Caribbean communities of who is a carer and carers services and rights, translation and interpretation reflecting the needs of newer communities, more flexibility and more opportunities for cultural matching in respite services, and more support for carers of people with drug use problems.

**Summary of findings**

- People from Black/Black British communities in Leicester, Leicestershire and Rutland who experience mental health problems are over-represented at the more acute end of mental health services (inpatient admissions, compulsory detentions, forensic, diagnoses of schizophrenia/psychosis) and under-represented at the more preventative or recovery-focused end (day services, information and education, mental health promotion).

- Service users from Black/Black British communities are also less likely to be receiving non-medical interventions for their mental health difficulties, such as counselling and psychotherapy.

- In some areas, the percentage of returns where ethnicity is ‘Not stated’ is high. This
is particularly the case for specialist services and first outpatient episodes and crisis resolution in the Counties.
This chapter discussed the mental health needs of Irish communities, people with Mixed race backgrounds, Asylum seekers and refugees, people from Eastern Europe, Gypsies and Travellers, Chinese communities.

Other Black and Minority Ethnic communities in Leicester, Leicestershire and Rutland

The 2001 census categories allows us to identify the size of the White Irish population, the Mixed race population and the Chinese population in Leicester, Leicestershire and Rutland.

<table>
<thead>
<tr>
<th></th>
<th>White Irish</th>
<th>Mixed race</th>
<th>Chinese</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pop.</td>
<td>% of overall pop.</td>
<td>Pop.</td>
</tr>
<tr>
<td>Leicester city</td>
<td>3602</td>
<td>1.29%</td>
<td>6506</td>
</tr>
<tr>
<td>Leicestershire county:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blaby</td>
<td>683</td>
<td>0.76%</td>
<td>831</td>
</tr>
<tr>
<td>Charnwood</td>
<td>1152</td>
<td>0.75%</td>
<td>1374</td>
</tr>
<tr>
<td>Harborough</td>
<td>488</td>
<td>0.64%</td>
<td>492</td>
</tr>
<tr>
<td>Hinckley &amp; Bosworth</td>
<td>544</td>
<td>0.54%</td>
<td>588</td>
</tr>
<tr>
<td>Melton</td>
<td>308</td>
<td>0.64%</td>
<td>226</td>
</tr>
<tr>
<td>North West Leicestershire</td>
<td>460</td>
<td>0.54%</td>
<td>420</td>
</tr>
<tr>
<td>Oadby &amp; Wigston</td>
<td>462</td>
<td>0.83%</td>
<td>606</td>
</tr>
<tr>
<td>Total Leicestershire county</td>
<td>4097</td>
<td>0.7%</td>
<td>4537</td>
</tr>
<tr>
<td>Rutland</td>
<td>249</td>
<td>0.72%</td>
<td>255</td>
</tr>
</tbody>
</table>

People from Eastern Europe

An increase in the number of people from Eastern Europe, has occurred since the accession to the European Union, in 2004, of countries such as Poland. It is estimated that there are now between 3,000 – 5,000 Polish people and other economic migrants, including people from Slovakia and Portugal living in Leicester city\(^2\).
In the 2001 census, 1726 people in Leicestershire said that they were born in Eastern Europe; this was 0.3% of the overall Leicestershire population.

Refugees and asylum seekers
Estimates suggest that there are just under 1000 asylum seekers living Leicester city, and an estimated 2000 refugees.

Gypsies and Travellers
An accommodation needs assessment for gypsies and travellers in Leicester, Leicestershire and Rutland was carried out in 2007. It estimated that there were 1815 gypsies and travellers in the Leicester, Leicestershire and Rutland area: 57% Romany/Gypsy; 20% Irish; 3% New traveller; 20% Other Travellers.

According to the Supporting People Team in the city, 21 families live on the authorised caravan site in Leicester, with an estimated 50 – 200 families and single travellers occupying unauthorised sites in Leicester in any one year. A further 80 Gypsies and Travellers are supported in settled housing.

Prevalence of mental health needs amongst Other BME communities

Irish communities

The Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC) study found higher prevalence rates of common mental disorders for Irish men (18.4%) compared to men from other ethnic groups (11.6% to 13.8%). A higher percentage of Irish women reported they had recently seen their GP for a stress-related or emotional problem. No other major differences were reported for Irish communities. None of the Other Black and Minority Ethnic communities discussed in this paper were covered by EMPIRIC.

Refugees

Research studies have found prevalence rates of depression and anxiety for refugees of 35-60% compared to a general prevalence of common mental health problems of around 16-18%.

In 2005, the ASSIST service, providing primary care for asylum seekers in Leicester, found that 28% of patients reported nightmares, 31% insomnia and 22% low mood, suggesting these may be related to histories of trauma. 20% of patients disclosed that they had been tortured and 6.4% that they had been raped.

Gypsies and Travellers

Research studies have found prevalence rates of depression and anxiety for refugees and for travellers of 40% compared to a general prevalence of common mental health problems of around 16-18%.
Chinese communities

There have been few studies of prevalence of mental health problems amongst Chinese communities. The Health Survey for England – the Health of Minority Ethnic Groups found a considerably lower prevalence of mental health problems for Chinese communities compared to other communities, based on scores on the General Health Questionnaire (GHQ12). However, the GHQ12 has not been validated specifically for ethnic minority groups. A 2000 study on the needs of Chinese older people found that 65% experienced low self-esteem and over half described their mood as a little or very sad most of the time.

Mixed race

No research studies on the prevalence of mental health problems for adults from mixed race backgrounds were identified for this report. A needs assessment carried out by Southwark Child and Adolescent Mental Health Services (CAMHS) in 2006 found higher use of CAMHS by mixed race children than would be expected from population levels.

Local mental health services

- ASSIST is a primary care service specifically for asylum seekers, and includes access to a Common Mental Health Problems Service practice therapist.

- There are two primary care health visitors working specifically with local Gypsy/Traveller communities (is this still the case?)

(Any other services specifically for Other BME groups – Irish, Mixed race, Chinese, Eastern European?)

Local data on use of mental health services

Ethnicity monitoring data, from Leicestershire Partnership NHS Trust (city and counties data) and for the city, from Leicester City Council and from Leicester's Supporting People team, allows us to identify patterns of service use for people from White Irish, Chinese or Mixed race ethnic groups. It does not specifically identify people from Eastern Europe, refugees and asylum seekers, or travellers.

The very small numbers of people from these Other communities makes it difficult to carry out meaningful analysis; in most of our local services, one or two people may make the difference between over-representation and under-representation.

City and Counties – Count Me In census 2007

The 2007 Count Me In census found people from Other (Mixed race, Chinese or Other) ethnic groups to be significantly over-represented in psychiatric inpatient admissions across Leicester, Leicestershire and Rutland.
Other findings that may be statistically significant are:

City

Social care
- Over-representation of people from Mixed race backgrounds (except day services)
- Over-representation of Chinese people in social care assessments and in residential care

Voluntary sector:
- Over-representation of people from Mixed race backgrounds in receipt of advocacy and information
- Under-representation of people from Mixed race, Chinese or Other ethnic groups in day services and in voluntary sector counselling

Primary care (Common Mental Health Problems Service)
- Under-representation of Irish communities
- Under-representation of people with Mixed race backgrounds
- Over-representation of Chinese or Other communities (ASSIST service works specifically with asylum seekers)

Secondary care
- Under-representation of White Irish men in general psychiatry outpatient episodes
- Over-representation of people with Mixed race backgrounds in the PIER (early intervention in psychosis) team
- Over-representation of Chinese or Other communities in Crisis Resolution
- Over-representation of Mixed race and Chinese or Other communities in diagnoses of schizophrenia

1983 Mental Health Act
- Over-representation of Mixed race and Chinese or Other communities in assessments and detentions under the 1983 Mental Health Act and in diagnoses of psychosis/schizophrenia
- Over-representation of people with Mixed race backgrounds in referrals from the police/courts

Housing related support (Supporting People)
- Over-representation of people with Mixed race backgrounds

Counties

Primary care (Common Mental Health Problems Service)
- Under-representation of people from other ethnic groups (including Mixed race, Chinese, Other)

Secondary care
- Over-representation of White Irish women in general psychiatry inpatient
admissions and general psychiatry outpatient episodes

- Over-representation of people with Mixed race backgrounds in PIER (early intervention in psychosis)
- Under-representation of people from Mixed race or Chinese/Other ethnic groups in Crisis Resolution

1983 Mental Health Act

- Over-representation of people with Mixed race backgrounds in assessments under the 1983 Mental Health act

(Detailed figures can be found in Appendix E).

(Statistical significance tests will be carried out – should be completed by June)

Information from consultations/surveys

Chinese

The 2000 study on the needs of Chinese older people found problems with access to services due to:

- Issues with language
- Inability to understand the jargon used by services
- Insufficient knowledge of services available and individuals’ rights
- Myths within services about families always caring for elders
- Differences between cultural perspectives and perspectives of services, leading to problems with communication

Gypsies and Travellers

200 gypsies and travellers across Leicester, Leicestershire and Rutland were interviewed in 2007 for an accommodation needs assessment.

- 17% reported problems in getting healthcare for themselves or their families
- Problems with registering with GPs and arranging appointments
- Variability in how they are treated by different GPs
- Positive experiences of the Traveller health visitors
- High levels of discrimination and harassment from the general public, especially for those gypsies and travellers who had now chosen settled accommodation

Summary of findings

- There are difficulties in providing meaningful needs analyses for Other Black and Minority Ethnic communities, due to the inability to identify some communities within current ethnicity monitoring, and the very small numbers in some areas
• There is a particular lack of information about the population and mental health needs of people from Eastern Europe

• The evidence available suggests that people with Mixed race backgrounds in particular may be over-represented at the more severe end of mental health services (psychiatric inpatient admissions, assessments and compulsory detentions under the 1983 Mental Health Act, referrals from police/courts)

• Other Black and Minority Ethnic communities are over-represented in diagnoses of psychosis/schizophrenia

• Other Black and Minority Ethnic communities are largely under-represented in day services and counselling/psychotherapy services

• People from Chinese communities are over-represented in social care assessments

• Asylum seekers and gypsies and travellers receive specific primary care support from ASSIST and the Travellers health visitors
Mental health needs of Black and Minority Ethnic communities in Leicester, Leicestershire and Rutland

Recommendations

• That the findings of this report inform DRE FIS Steering Group action plan

• That the findings of this report are reported to the Leicester City and Leicestershire & Rutland Counties Local Implementation Teams and Commissioning Boards and that they inform local commissioning decisions

• To establish regular data collection and reporting processes on ethnicity and use of mental health services

• That similar work is undertaken for children’s and older people’s mental health services

• That a programme of work is instigated to increase access to counselling and psychotherapy for Black and Minority Ethnic communities

• That Leicestershire Partnership NHS Trust establish a task group to address the over-representation of people from African and Caribbean communities or with Mixed race backgrounds in psychiatric inpatient admissions and detentions under the 1983 Mental Health Act; with involvement from the local voluntary and community sector, including Akwaaba Ayeh and BME Community Development Workers

• To commission a local community-based, recovery-focused project for people from African and African Caribbean communities experiencing mental health problems

• DRE FIS Information subgroup (what about resources for information?)

• Something on self-harm and Asian women?

• Something on support for Asian men in Counties?

• Work to identify needs of people from Eastern Europe?

• Over-representation of BME communities in diagnoses of psychosis/schizophrenia – why?

• Chinese communities?
References


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