

NAVIGATING THE UK'S MENTAL HEALTH SERVICES AND ADVOCATING FOR OURSELVES

By Tavie Tiffany Agama



"There's a lack of cultural understanding in the consulting room with the GP as the first port of call"

*- Beverley J Weston, Intercultural Therapist on
BLAM's Zuri Therapy Workshops*

In the UK, evidence suggests that Black and minority ethnic communities are at comparatively higher risk of ill mental health. There is no evidence to show that Black peoples have a biological predisposition to serious mental illness, and still Black communities display much higher rates of depression.

Evidence shows that African Caribbean communities are three times more likely to be diagnosed and admitted to hospital for schizophrenia than any other group. Without a biological predisposition, the high rates of ill mental health are evidence of a failing system that does not meet our needs. Despite our increased ill mental health rates, we've been found less likely to be provided access to mental health support in primary care (i.e. through our GP) and more likely to end up in crisis care. Recent evidence showed that Lambeth Talking Therapies services were 20% less likely to engage with Black people presenting symptoms of common mental illness such as anxiety, depression and post-traumatic stress when compared to their White British counterparts. It has been proven that Black and minority ethnic people are less likely to be referred to talking therapies and more likely to be medicated for ill mental health despite Black patients being more likely to state their preference not to take medication.

Black people face a number of barriers when it comes to accessing mental health care and although possible lack of knowledge and different cultural attitudes towards mental health care are often cited as the cause, there are a number of other obstacles hindering our access. We've spoken with our Intercultural therapist Beverley J Weston to get a better understanding of the issues that Black people are facing within the UK's mental health system.

"When we first present, there's not really a consideration for the overall picture and that's why we see more black people entering the system at crisis point and then being diagnosed with psychosis" when asked about some of the common issues that she's witnessed her patients experiencing

with UK mental health services, Beverley recounts seeing outcomes similar to the findings cited by the Race Equality Foundation. Patients are “not feeling heard or understood. They don’t feel that they’re connecting with the mental health professional or feel like they care”.

Memon et al (2016) noted a key barrier to accessing mental health services is the relationship between the service user and healthcare practitioner. In the UK there is a lack of diversity among health care professionals. 79.2% of the NHS workforce is white. Therefore Black people are highly unlikely to receive care from someone that looks like them, meaning less culturally appropriate treatment is available. “There’s really a lack of cultural understanding in the consulting room with the GP as the first port of call” says Beverley.

Research conducted by MIND in 2013 showed that nearly two-thirds of ethnic minority students experienced discriminatory encounters with healthcare professionals.

Discrimination can act as a trigger for many Black people experiencing racial trauma and therapy is the last place that anyone needs to be exposed to racism and culturally insensitive healthcare professionals. Graham-LoPresti et al (2017) reported that experiences of racism can have significant negative effects on both physical and mental health for Black people. Access to mental health care for ethnic minorities is disappointingly limited.



Ethnic minorities report longer wait times for treatment, and a lack of support for those with limited English. More needs to be done to improve the accessibility of mental health care for Black communities in the UK.

Once in the mental health system, black and minority ethnic people experience further inequalities and discrimination. Research has revealed ethnic bias and greater uncertainty by clinicians in the diagnosis of emotional problems and depression in BME patients. More research of minority communities needs to be carried out in order to improve and develop treatment that is compatible with the reality of Black people's experiences. The country's mental health system is a white space that omits the black experience. Health care professionals acting on their racial biases cannot treat Black people effectively and are harmful to us as a collective group. More needs to be done by the government to implement changes. In relation to the high proportion of Black women that die during childbirth in this country, the recent statement from the NHS in the Black People, Racism and Human Rights report read "the NHS acknowledge and regret this disparity but have no target to end it". This institutional attitude of indifference that permeates the NHS, perpetuates the racial inequalities that we see in the disproportionate amount of health issues affecting Black communities.

Cultural Safety is a framework for the delivery of culturally appropriate healthcare services. It involves examining the historical and political factors that create health inequities as well as creating an environment that is spiritually, socially and emotionally safe for everyone.

This country has a responsibility to address the current mental health disparities that exist for minorities in this country and provide healthcare that is culturally safe.

With all that being said, there are ways for us to advocate for ourselves and find health care that is culturally appropriate.



Although searching for a Black therapist can prove difficult on some of the more traditional therapy registers, our Intercultural therapist still advocates for “registers like Psychology Today, Counselling Directory, BAATN” but also recommends searching for alternative and culturally appropriate therapy by Google searching keywords such as “Black counselling or Black therapy” as well as looking at social media because “unfortunately, there aren’t .

that many of us (intercultural therapists) in the mainstream”. The future does look bright in regards to this, however, as Beverley notes a rise in Black NHS practitioners who are considering moving out of the NHS and becoming independent. “There’s been a movement this year, since the UK discovered that Black lives matter”

Beverley notes the charity Nafsiyat, based in North London who offer intercultural therapy in 20 different languages. “They’re an intercultural therapy service and they’ve been going for some time. Their model is primarily psychodynamic but they deliver CBT alongside

psychodynamic so they're still employing Eurocentric ways of engaging with therapy... it's just that their therapists are of colour."

Although these services may be extremely beneficial for some, Beverley warns against assuming that all Black therapists will be equipped to treat all of the issues that Black people face in the UK. "Unfortunately, even as Black people we're not trained to hold the space for Black issues, racism or spirituality and religion... we come out (of training) molded within an institutionalised framework and then we have to do the work ourselves, because we're told don't talk about religion, and the only diversities covered are sexuality and disability if you're lucky. They may touch on certain things but it's not enough".

Despite this Nafsiyat have done some amazing work. Another organisation working to improve the mental health provisions in this country are Black Thrive, a non-profit organisation who are "working with local communities and local services to develop more voluntary led alternative models of crisis support, such as crisis cafes, safe havens, and crisis houses, providing an alternative to A&E or inpatient psychiatric admission."



Another pertinent point raised by Beverley was that, when searching for a therapist, “be comfortable to interview your therapist”. The therapist is there to assist you on your mental health journey, it’s important that you’re confident they are equipped to do so. The initial assessment that takes place is for both the client and the therapist to assess whether this is a good fit. Don’t be afraid to inform the therapist that “these are the issues that I face” and ask “how do you work with that? Do you have experience supporting these kinds of issues?”

Lastly, Beverley speaks on the importance of allowing ourselves to embrace and utilise our support networks “I think we need to be more honest with ourselves and our support network...Even in our own spaces and in our own networks, we don’t share as much as we should in order to really get the right help”. At BLAM we provide weekly Racial Wellness Workshops for Black people living in the UK to begin healing from racial trauma. Our Zuri Therapy workshops are a great opportunity for participants to find an online community that shares their lived experiences and speak about them in an open and supportive space. To sign up, visit our [Zuri Therapy Web Page](#) and book your slot.

Here is a little more about Beverley, our Intercultural Therapist for the Zuri Therapy Workshops. “I’m developing a training model where I’m integrating African centeredness, I’m integrating a comfortability to work with spirituality and acknowledging that a lot of eurocentric models that are delivered in the mainstream are actually stolen goods so I’m working on a course to reeducate practitioners.”

If you'd like to learn more about receiving intercultural therapy or training, you can visit the [Mabadiliko Therapy Web Page](#).