

# Communities of Change

*Approaches in mental health that validate people's  
experience of personal and systemic racism*

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# Critical thinking

- BAME is a massively heterogeneous term, covering groups as culturally diverse as Japanese, Ugandans, black Jamaicans and Saudis to name a tiny fraction
- Terminology should be critiqued: BAME, immigrants, 2<sup>nd</sup>/3<sup>rd</sup> generation, 'race'
- Inference and associations are real and have an impact. It is helpful to understand the ways in which these operate

# Ethnicity



- From Greek word for people or Tribe
- Group identity
- Partially Changeable – Stuart Hall's new ethnicities
- Is covered within the definition of race within the Equality Act 2010

# Culture

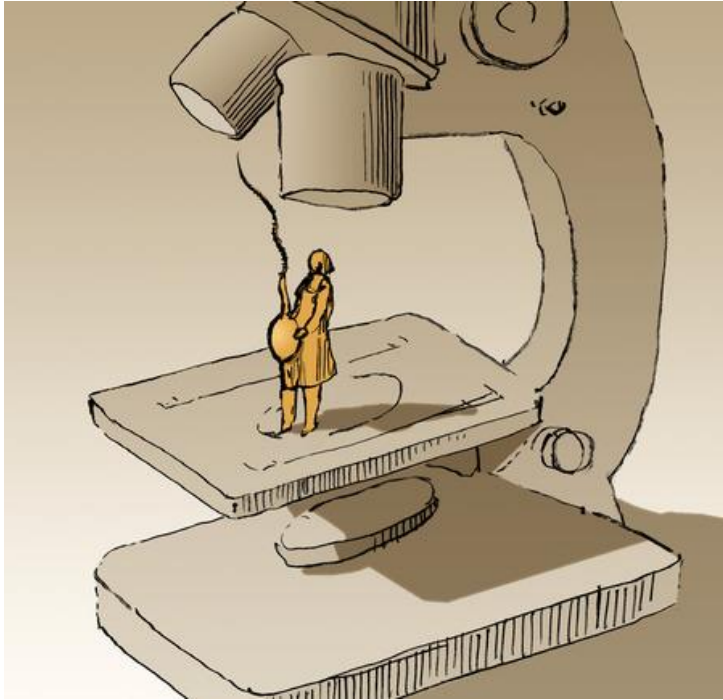


- Behaviour
- Partially Changeable
- Shared ideas, non-material structures, habits and rules

Bhui 2002; Fernando 1991

- *'most modern societies are mixtures of many sub-cultures'*  
Bhui (2002, p16)

# Race



- Biological
- Permanent
- No complete set of genetic characteristics that defines a race
- Main benefits are social
- Signifier for class

Fernando 2010, Garner 2010, Senior and Bhopal 1994,

What is the commonality between people covered by term BAME?



# Racialisation

*It is worthy of attention not least because the process of racialisation is not neutral (Garner, 2010).*

*Racialisation serves to promote a sense of people being different (i.e. the 'other') and usually it involves creating associations that are considered to be characteristics of the racialised group. Racialised groups can come to accept, and even internalise, that identity.*

Sewell 2017

# Five Domains of Inequality

**Domain one:** Disproportionate experience of factors that are linked to poor mental health

**Domain two:** Higher rates than average for utilisation of services or for particular diagnoses

**Domain three:** Lower rates than average for utilisation of services

**Domain four:** Poorer outcomes derived from the treatments and interventions in mental health services

**Domain five:** Poorer experience of relationships with mental health services and professionals

(Source: Sewell 2012)

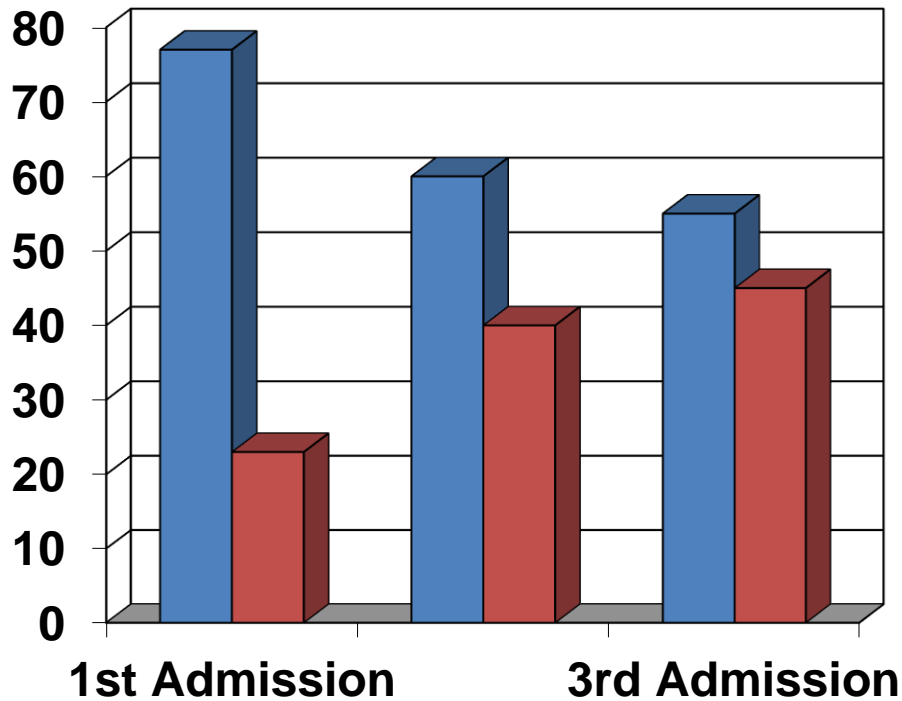


# Some specific data

- *Detention*: African people are three times more likely than white people to be compulsorily detained under the Mental Health Act; black Caribbean people are four times more likely.
- *Forensic services*: Black people's admissions to low and medium secure hospitals is five times their proportion in the general population..
- *Community treatment orders*: Black communities are 8 times more likely to be placed on CTOs than white communities.
- *Diagnosis for psychosis*: Data show diagnosis rates at 3.2% for black men compared with 0.3% for white men and 1.3% for Asian men (McManus et al. 2016).
- Sizmur and McCulloch (2016) stated, 'For nearly all minority groups, the proportion receiving psychological treatment was lower than for the majority group' (p.79).
- *No reliable change* from use of talking therapy services in 2017/2018: 26.2% for white people; 27.3% for black people; and for Asian or Asian British it was 28.4% (NHS Digital 2019).
- *Lengths of stay* on acute inpatient wards are longer for black and Asian people, even when data are adjusted for differences in diagnoses (Newman et al. 2018)

(**Source:** Working in Mental Health with People from Black, Asian and Minority Ethnic Groups, HS Consultancy 2018)

# After first Admission it gets Worse



“Proportion of people of BME backgrounds increases over time”

Singh et al, 2007

# Relationships

*'It seems to me that we must take seriously the possibility that the caring professions from which we take our recruits are moving towards a state of mind which is to all intents and purposes scared of relationships, of feelings, of being too closely linked to their clients. It is a state of mind that attributes therapeutic benefit to outcome, and not to the relationship which provides the container for it. It is precisely the link between the two that is fractured'(Loussada 2000, p.477).*

# Toxic Interactions Theory

Toxic interaction theory locates the attention on the possibility of change in the relational aspect of the meeting of African Caribbean individuals with predominantly white systems, even if fronted by BAME workers

# Toxic Interactions

*“Toxic Interaction Theory is a short hand for the way in which white people and white systems are not just interacting with the person in a microcosm of time but rather within the context of their wider experiences and personal and social histories”.*

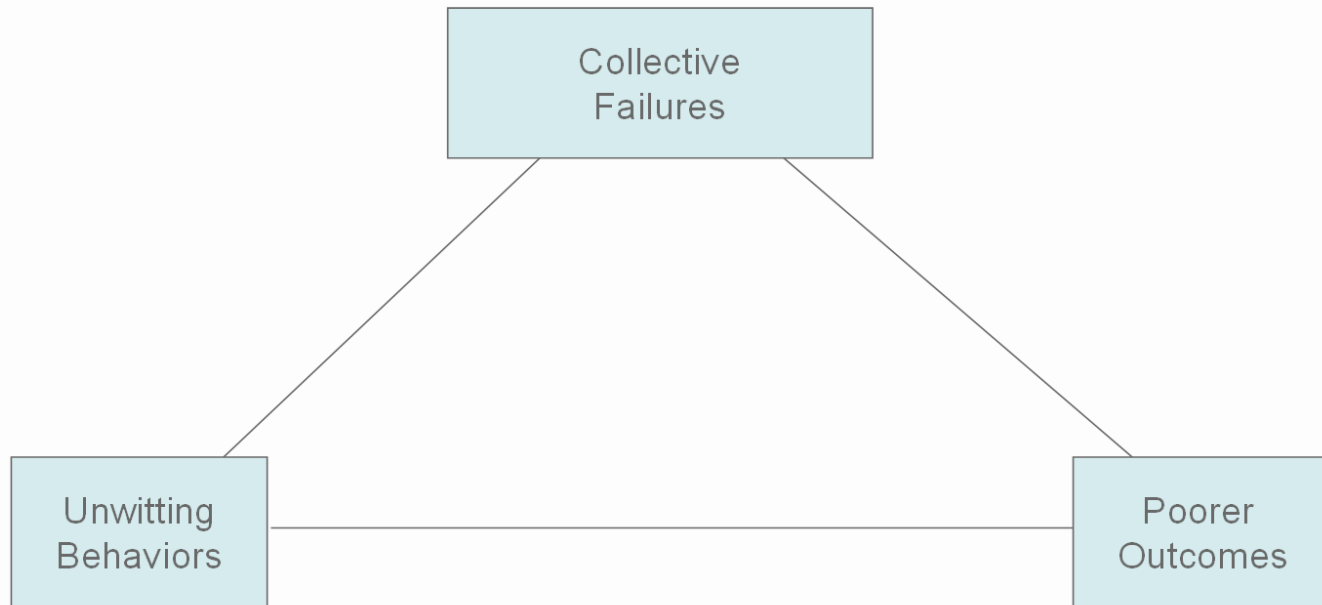
Sewell 2012

# MacPherson

- *'Institutional Racism consists of the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people'*

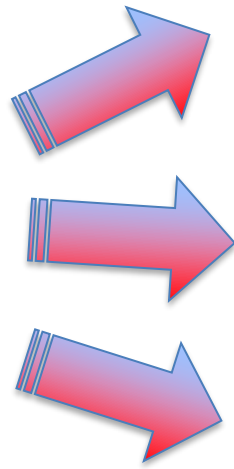
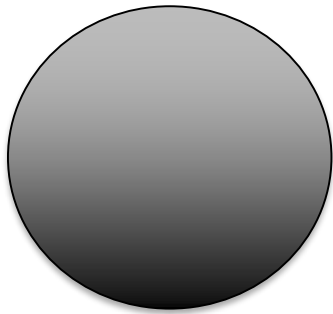
(MacPherson 1999, p.28)

# Institutional Racism



# Traditional characterisations

Black people



Resistant to  
engagement

Hard to reach

High risk

High levels of  
need



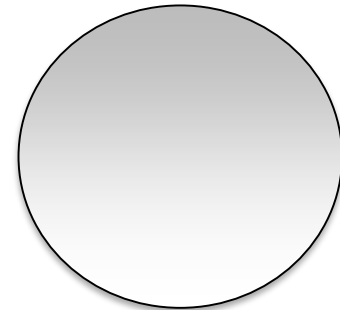
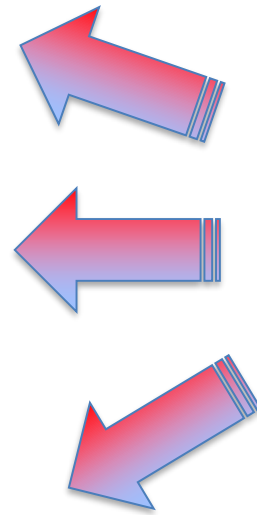
# Traditional characterisations<sup>2</sup>

Colour blind

Racist

Culturally  
incompetent

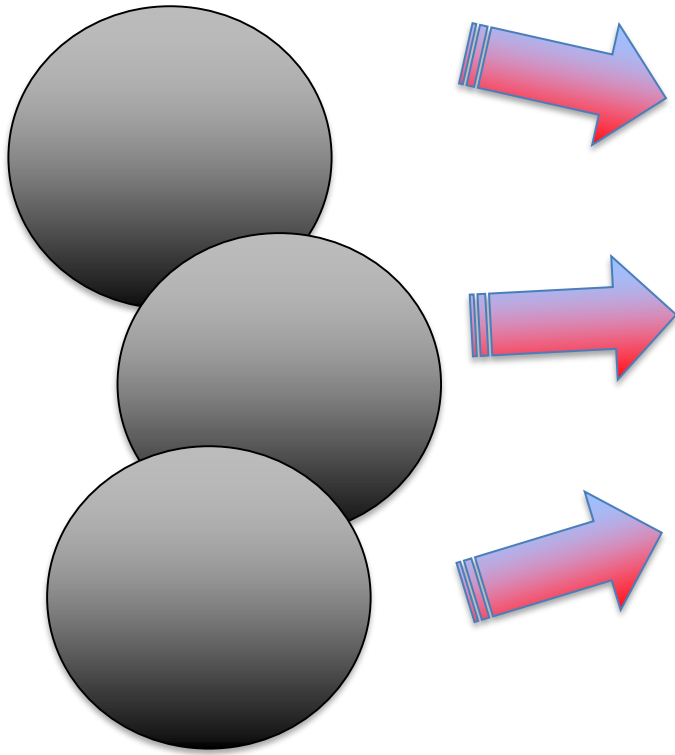
Prejudiced



White people

# Traditional characterisations<sup>3</sup>

Black people



Threatening

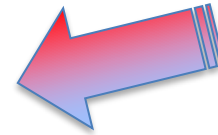
Intimidating

Dangerous

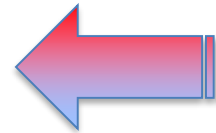
Poorer MH  
outcomes

# Traditional characterisations<sup>4</sup>

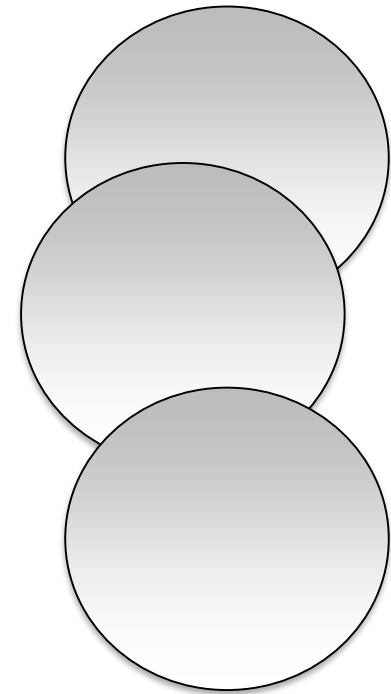
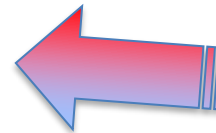
Institutionally racist



White privilege



Systemic discrimination



White people

# Focus on Relational Aspects

Prior experiences  
of micro-  
aggressions  
History  
Hypervigilance  
False positives

Anxiety about  
getting it wrong  
Hurt from feeling  
falsely accused  
Guilt



What happens here?

# Non-Validation Unconscious Bias

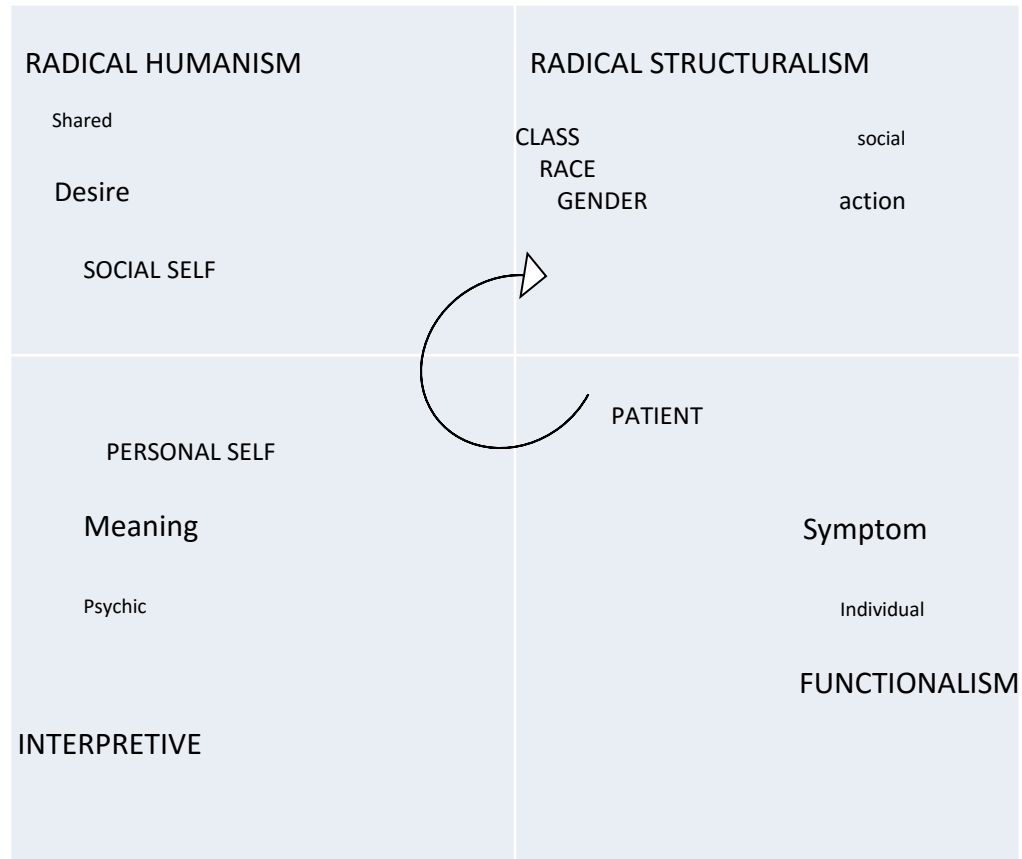
*“The acknowledgement of service users’ personal histories of racism by mental health workers is important in changing the dynamic of the relationship. This is relevant, regardless of the ethnicity of the worker because it demonstrates that negative (and toxic) influences on African Caribbean peoples’ lives are being taken account of in treatment and care.*

*Workers need to demonstrate that they are aware of the intertwining of the histories of psychiatry and racism set out clearly by Fernando (2003; 2010).”*

# Key Points

- We are not just interacting with the people in the room, we are interacting with their prior experiences
- Failure to incorporate ethnic identity in the relationship is (as a minimum) a form of non validation unconscious bias
- In a national and global context that wishes to silence people on their unique experiences (e.g. All Lives Matter), maybe you need to EXPLICITLY legitimise people's voice

# Four Paradigms



(Holland 1995)

# Communities of Change

*Black Thrive, Lambeth*

*Breaking Mad*

*Race on the Agenda*

*Mind BYM Project*





HS Consultancy



Consultancy\_hs & **UCLan\_TheCCC**



Hari Sewell (HS Consultancy & Black Satin Promotions)