The Black Spaces Project

SUMMARY

The Black Spaces Project looks at how some Black voluntary organisations provide mental health support services. The aim of the project is to disseminate learning to other Black organisations and the wider mental health care system.

The Black Spaces Project forms a key part of the Mental Health Foundation’s focus on user-led research.

A small steering group of experts guided the project and a team of consultants including users was engaged to visit seven Black and Asian organisations.

Key findings that emerged from the report include:

- The importance of working in partnership with key organisations
- Advocacy is vital to secure Black people’s rights
- The importance of empowering users
- Cultural sensitivity to Black service users
- Organisations dancing to the funders’ tune
- Involvement of families and the community in care.

Examples from the organisations illustrate how these themes impact on users and staff. The consultant team has distilled this information into a set of suggestions for best practice.

These include:

- Conducting outreach work
- Providing gender specific services
- Attaining tangible quality standards
- Co-ordinating volunteers and allowing service users to volunteer
- Promoting adult education classes and training
- Respecting cultural differences.

The report also sets out recommendations for future work by the Black mental health sector as a whole. This includes setting up a user consultancy team to help develop organisations. It also advocates closer collaboration between organisations in order to learn from each other and to influence the mainstream mental health sector.

BACKGROUND

Research shows that Black groups often have a negative experience of the mental health system. African-Caribbean people are over-represented in secure psychiatric units. They are twice as likely as white people to be diagnosed with a mental health problem and three to five times more likely to be diagnosed and admitted to hospital for schizophrenia. Yet a recent Home Office report suggests that African-Caribbean do not have significantly higher rates of psychotic illness – including schizophrenia – than other population groups. 1,2,3,6
Furthermore, western approaches to mental health treatment are often found to be unsuitable and culturally inappropriate, for example, to the needs of Asian communities, who tend to view the individual in a holistic way, as a physical, emotional, mental and spiritual being.5

Further research shows that when people from Black groups are in the mental health system, those who have a diagnosis of severe mental illness are more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in mental health.4

Various public policy initiatives have tried to tackle these problems. The 1999 National Service Framework for Mental Health8 emphasised the poor sensitivity of existing services to African and Caribbean people. One of the key aims of the 2002 NHS Plan was to address inequalities in health, especially for people from minority ethnic communities.9

However, the Department of Health issued a report in March 2003 acknowledging that neither of these policy initiatives adequately addresses the particular needs of Black people. The report, Inside/Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England10 sets out an agenda for improving mental health services for Black communities.

The Sainsbury Centre for Mental Health produced a research report last year, which highlights issues, which should be on the government’s agenda. ‘Breaking the Circles of Fear’7 recommends empowering the Black community to develop ‘gateway organisations’ which can build bridges between the community, services and individuals. It also suggests a programme of mental health promotion aimed at and owned by the Black community, as well as more support and training for Black primary care staff.

The recommendations from this report and the plethora of research material point to the need for Black spaces where people from Black groups can find a mental health service tailored to their needs and culture.

**RESEARCH**

The Foundation set up a steering group comprised of service users, people with experience of developing initiatives on race, Foundation staff and a consultant researcher.

This group established the terms of reference of the project. These included the consultant spending at least three days with each agency shadowing their work and acting as an observer/student. A separate two-day visit was also organised for user consultants to provide feedback from a user perspective.

Similar information was collated about each agency, for example, location and suitability of the building; target population; services on offer; number of staff; number of volunteers; number of students involved; funding; brief history of the organisation.

**FINDINGS**

One of the key findings to emerge is the importance of partnership working, with some of the organisations establishing valuable relations with housing associations, psychiatric units and Benefit offices.
Advocacy work on behalf of clients in hospital settings has proved vital, especially concerning diagnosis and treatment of Black people. Black organisations have also helped to ensure people’s rights under the Mental Health Act are respected in hospital settings. Preventative work is also important to try and stop unnecessary admission to hospital.

The setting of the Black organisation itself can be important in terms accessibility, safety and culturally sensitivity. Empowerment of users through user groups, opportunities to volunteer and acting on user feedback is also important.

Organisations that are directly aware of the impact of racism and the issues surrounding mental health within some cultural settings are invaluable.

The user consultants felt that some projects were in danger of losing their focus on mental health or Black issues in the search for funding. There have been problems attracting core funding.

Outreach work has ensured that organisations are supporting some groups who find it difficult to attend a centre. Outreach work can also extend to resettlement work in the community.

Creating organisations with a sense of Black identity has proved very important for service users. This can include incorporating belief systems through to music in service provision.

Based on these findings, the consultant team compiled a set of suggestions for best practice.

These include:

- Conducting outreach work
- Promoting adult education classes and training
- Providing gender specific services
- Producing and distributing information
- Empowering users
- Training student mental health workers.

**IMPLICATIONS**

Students training for mental health work should be encouraged to undertake placements within the Black voluntary sector. This should also be a part of continuous professional development.

There should be support for Black voluntary sector organisations as they expand.

Service users should be encouraged to realise their potential with more focus on how people were before they had a psychological problem.

More attention should be paid to re-training people and getting them into employment.

Different projects should be encouraged to network with each other so that they could develop new ideas and different ways of working.

A team of African-Caribbean, Asian and African service user consultants should be developed to help with organisational development within the Black voluntary sector.
REFERENCES


The report is written by Yvonne Christie, Black Spaces Lead Consultant and edited by Nicola Hill.

For information on subscribing to Updates, please call 020 7802 0300

The Mental Health Foundation
83 Victoria Street London SW1H 0HW
Tel: 020 7802 0300  Fax: 020 7802 0301

The Mental Health Foundation Scotland
5th Floor, Merchants House,
30 George Square, Glasgow G2 1EG
Tel: 0141 572 0125  Fax: 0141 572 0246

E-mail: mhf@mhf.org.uk
Website: www.mentalhealth.org.uk
Registered Charity No. 801130

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