Our experience.

healthwatch Lancashire

Conversations with the Windrush Health Group

Contents.

1. Healthwatch.

Who are we?

Healthwatch Lancashire is the public voice for health and social care in Lancashire and exists to make services work for the people who use them. Established in 2013, Healthwatch Lancashire is part of a network of over 150 independent Healthwatch organisations in England.

Healthwatch Lancashire functions as:

- Consumer champion for health and social care.
- Ensures the views and experiences of the people of Lancashire are heard by those who commission, provide and regulate services.
- Enables the people of Lancashire to influence, change and improve the quality of local health and social care services.

What we do.

Healthwatch Lancashire gathers intelligence by engaging with residents, listening to comments, compliments and concerns, ensuring that these views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire. We achieve this through:

- Representing the views of the public via Health and Wellbeing Boards set up by local authorities.
- Reporting concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission (CQC) take action.
- Identifying local and national trends and raising awareness of these to the relevant organisations.
- Signposting members of the public to services in Lancashire including information services, clinical commissioning groups, complaints and advocacy services.
- Working in collaboration with health and social care providers in Lancashire to ensure comments are listened to and to promote best practice.
- Developing creative projects and activities to capture views of vulnerable people in society or those who are seldom heard.

2. Summary.

This report is based on conversations with the Windrush Health Group in Preston, a group of Black Caribbean men, aged 29-66 years. The group was set up a few years ago in recognition of the significant unmet health and wellbeing concerns of community members.

Healthwatch Lancashire had initially met with them as part of another engagement. From this, broader concerns were raised about the wider wellbeing of the community. In particular, the group highlighted concerns around:

- Higher rates of poor health within the local community
- Concerns around mental health
- Lack of services and support
- Lack of opportunity to share concerns about health and wellbeing with wider services.

Upon further investigation, there did not seem to be any easily accessible, specific local data available on the health and wellbeing of local Black Caribbean communities. Further information was sought by the group through a freedom of information request, but this revealed very limited further details.

All, but one of those involved in these discussions are second or third generation British-born Afro-Caribbean descendants who have grown up, or now live, in Preston.

This report highlights the experience of the members of the Windrush Health Group but is set against the backdrop of the increased urgency of the Black Lives Matter Movement, as well as the recently published Department of Health and Social Care Reforming the Mental Health Act white paper, which highlighted mental health inequalities including disproportionate detention of people from ethnic minority communities.

Key issues.

Impact of racism.

In terms of the main findings, all participants emphasised how racism and growing up and living in Britain (and Preston, more specifically) had shaped their lives, their experiences and their wellbeing. Most of the main concerns raised emphasised the needs for addressing racism and the acknowledgement that this was system-wide and needed multi-sector action at all levels. However, on a more immediate and practical level the participants also shared their views on changes and improvements to the health and social care offer, as well as other solutions to addressing the needs of this community.

The experience of growing up in an atmosphere of increased levels of physical violence.

Some participants shared about how racism led to them experiencing physical violence and, while less of a direct problem now, for those affected these experiences have had a long-lasting impact many decades later, particularly in terms of impact on mental wellbeing. Participants commented on how this had led to strong feelings of mistrust and heightened levels of vigilance.

Being caught between two cultures –

For many growing up as second or third generation British-born Afro-Caribbean descendants has been challenging, with a feeling of having to have to straddle two communities and often feeling an outsider to both. Participants shared about the impact on identity and how they can feel ostracised by either the Black Caribbean community or wider society as they endeavour to fit and conform with both.

> **“People say that ‘racism is going away, surely its better?’ but I feel that it is getting worse.”**
>
> Shawn, project participant

Having to contend with racism and how it has changed, evolved, and become institutionalised.

Everyone shared their experiences about how racism has changed and become more subtle. For many group members this institutionalisation of racism has made it more difficult to tackle and has led to the problem of it not being addressed or even recognised by wider society. The growth of social media as well as changing national circumstances (such as Brexit) have also contributed to the problem for some.

Negative cultural stereotypes.

Participants shared their experiences and frustrations of how challenging it was having to contend with this more subtle racism, particularly in settings such as the workplace, and how they felt this impacted on their life chances.

Impact on mental health and wellbeing.

Everyone had either experienced or knew of others who had struggled with maintaining good mental health and wellbeing. Participants shared concerns that they felt that many people with mental health concerns weren't coming forward but rather were 'bottling them up'. Groups such as Windrush had witnessed how devastating this impact had been. There was evidence about how treatment and outcomes for Black Caribbean people with mental health problems differed considerably from the wider community. This was linked to how the community had, historically, been perceived by these services. Participants felt that this, in turn, had led to a distrust of using these services.

The lack of tailored support to meet these health needs.

Linked very much to the impact on mental health, participants shared very strong views that services did not understand the needs and experiences of this community and as a result were not providing services to meet their needs. Some participants additionally felt that the needs of the community were being ignored or let down by these services.

A lack of confidence that the NHS understands these health needs or has the capacity.

Participants questioned whether the NHS was looking at any specific needs of the community, as there didn't appear to be any evidence of this. Recognising the challenges that the NHS already has in terms of capacity, there were also comments that health services might not have the will to look more deeply into the needs of this community.

> **"Our experience is you have to conform, or you're seen as a troublemaker."**
>
> Errol, project participant

Recommendations.

Training for NHS services and other specialist support.

Members of the group shared their views about how these services need to reflect or have a better understanding of the needs of the community. Some participants wanted to see more Black Caribbean doctors working within the NHS who had familiarity with and understood the needs of the community.

Local peer support and training for community members.

The value of local peer support programmes was highlighted by community members as a good solution to addressing concerns, along with the importance of having training and continued support from the NHS for those involved.

Positive role models.

Very much linked to the feedback on peer support was the importance of positive role models within the community. Participants commented about having role models who could encourage and inspire young people and the community in general and could counter the negative cultural stereotypes.

Local support network and groups .

The importance of having locally led groups, a wider support network and a mechanism for coming together within the community were all highlighted as important priorities by group members.

Supporting personal action to improve wellbeing and address negativity.

The value of self-care management was highlighted by participants as important but would need to be supported by other services.

Tackling and eradicating racism.

While acknowledging that action needs to take place at a national level, there was a recognition that local partners (including the NHS, local authority, workplaces, schools etc) need to take responsibility for addressing institutionalised racism and the impact that it has on our local communities. Participants felt that these organisations and institutions should be working collaboratively with Black Caribbean groups and ensuring that they had community representation and involvement at a strategic level.

Collective community action.

Participants recognised the importance of the community coming together as one voice to support change and work collaboratively.

Next Steps.

Following the completion of these engagements, Healthwatch Lancashire and the Windrush Health Group have been exploring next steps for addressing recommendations.

In particular, they are looking to work with:

– **Lancashire and South Cumbria Integrated Care System Partnership** to build strategic support for change within the sector.

– **Lancashire and South Cumbria Foundation Trust** to reflect on the recent recommendations of the Mental Health Act White Paper.

– **Lancashire County Council** and **Preston City Council** around local plans and services, as well contributing to further engagement with community representatives.

3. Background.

This report is based on speaking to a group of Black Caribbean men, aged 29-66 years, who meet up as part of the Windrush Health Group in Preston.

'Windrush' refers to the Windrush generation who were immigrants invited to the UK between 1948 and 1971 from Caribbean countries such as Jamaica, Trinidad and Tobago, and other islands such as the Dominican Republic. The name derives from the famous HMT Empire Windrush ship, which on June 22, 1948, docked in Tilbury, Essex, bringing nearly 500 Jamaicans to the UK.

They came at the invitation of the British government, which was facing a labour shortage due to the destruction caused by World War II. The 1971 Immigration Act gave Commonwealth citizens who were already living in the UK indefinite leave to remain. All, but one of those involved in these discussions are second or third generation British born Afro-Caribbean descendants who have grown up or now live in Preston - with either their parents or grandparents originally coming to England as immigrants. Through the report, community representatives will be referred to as members of the Black Caribbean community.

Within Preston nearly 20% of residents are from an ethnic minority group but only 1% of these are from Black or Black British communities (1,676 residents, 2011 census). Despite a relatively small community, this is the biggest Black Caribbean community in Lancashire. The Windrush Health Group was set up a few years ago by a group of Black Caribbean men living in Preston, who had initially come together to work on another project, but who had recognised that there were significant unmet needs and concerns around the health and wellbeing of community members.

4. Methodology.

The original plan of this engagement project had been to conduct a focus group discussion with those involved, but with COVID-19 restrictions this was not possible. We, therefore, conducted 10 'video call' interviews as individual case studies – with the support and involvement of one of the group's leads, Ahmed James.

The key focus of these interviews was to get some insight and understanding around the health of those involved and, in particular, how their experiences have impacted on their mental health and wellbeing. In addition, we were interested to understand their experience of accessing NHS services and to get their views on what changes or improvements might make a difference for them. To support this engagement, each interview followed the following areas of discussion:

- Growing up in Preston/school/ early experiences
- More recent/current experiences including in the workplace
- Exploring how these experiences impacted on wellbeing/mental health
- Getting feedback on people's experience of NHS support
- Exploring what the NHS or other services could do to help with mental health and wellbeing
- Exploring what could make a difference to health and wellbeing and what changes or improvements the group would you like to see.

It was really important that the group, through their project lead, led these discussions and had ownership of the process. We were just there to listen. To this extent, despite the circumstances of the pandemic around us, none of the participants really wanted to talk about COVID-19 as they had more pressing lifelong concerns to share.

This report presents the key themes of feedback from these discussions, against the backdrop of wider national research findings into mental health and wellbeing within Black Caribbean communities. The full case studies can also be accessed in the separate appendix document.

Ahmed James.

5. Project Rationale, research findings and associated recommendations:

5. Project Rationale, research findings and associated recommendations:

Healthwatch Lancashire had initially met with the Windrush Health group as part of another engagement. From this initial contact, further discussions took place where the Windrush Health group raised some broader concerns about the wider wellbeing of the community. In particular, they highlighted what they perceived were:

- Higher rates of poor health within the local community
- Concerns around mental health within the group and the wider local community
- Lack of services and support for the local community
- Lack of opportunity to share concerns about health and wellbeing with wider services.

5.1 Local findings:

Upon further investigation, there did not seem to be any easily accessible local data available specifically around the health and wellbeing of local Black Caribbean communities. Further information was sought by the group through a freedom of information request, but this revealed very limited further information.

5.2 National findings:

In terms of national research into mental health among Black Caribbean communities and other ethnic minority groups, there is an acknowledgement that data collected on mental health is often subject to small sample sizes, which has limited what findings are available. With that in mind, the following section looks at findings from research into the mental health of ethnic minority communities in general before focusing more specifically on learning from Black Caribbean communities.

Research around mental health and ethnic minority communities has identified a number of key specific concerns[1]:

5. Project Rationale, research findings and associated recommendations:

5.3 Racism and discrimination

People from ethnic minority communities can experience racism in their personal lives, ranging from casual slights to explicit hurtful comments and verbal or physical aggression.

- Research suggests that experiencing racism can be very stressful and have a negative effect on overall health and mental health.[2-5]
- There is a growing body of research to suggest that those exposed to racism may be more likely to experience mental health problems such as psychosis and depression.[3-6]

Unemployment rates among 16 to 24-year-olds

26%

Black Caribbean background

11%

White background

5.4 Social and economic inequalities

Ethnic minority communities are also often faced with disadvantages in society. They are more likely to experience poverty, have poorer educational outcomes, higher unemployment, and contact with the criminal justice system, and may face challenges accessing or receiving appropriate professional services.[7-8] For example:

- Among 16 to 24-year-olds, unemployment rates are highest for people from a Black Caribbean background (26%) in comparison with their White counterparts (11%).[9]
- Even when employed, men and women from some ethnic minority groups are paid less on average than those from other groups with similar qualifications and experience.[10]
- Ethnic minority communities consistently have higher rates of poverty.[11]
- Homelessness is a key issue among ethnic minority groups, with 37% of statutory homeless households from an ethnic minority background in 2013.[12]

Each of these can act as risk factors for the development of mental health problems.

5.5 Mental health stigma

Different communities understand and talk about mental health in different ways.

In some communities, mental health problems are rarely spoken about and can be seen in a negative light.[8] This can discourage people within the community from talking about their mental health and may be a barrier to engagement with health services.

5.6 Criminal justice system

There is growing concern over unmet mental health needs among ethnic minority individuals within the criminal justice system, particularly in the youth justice system.[13-14]

- One 2016 report on the youth justice system in England and Wales found over 40% of children are from ethnic minority backgrounds, and more than one third have a diagnosed mental health problem.[15]
- The level of need may be even greater than this as it has also been found that ethnic minority individuals are less likely to have mental health problems or learning disabilities identified upon entry to the justice system.[13]

5. Project Rationale, research findings and associated recommendations:

5.7 Under-reporting of mental health concerns

Research undertaken for the Care Quality Commission (CQC) as part of their year-long "Declare Your Care" campaign has revealed those from an ethnic minority background are less likely than those from other backgrounds to raise concerns about the standard of care they receive, particularly in relation to mental health.[16]

The findings show that almost half of ethnic minority individuals with a previous mental health problem (48%) have wanted to raise concerns about mental health services. This is compared to just 13% of other people with a mental health problem. Additionally, 84% of ethnic minority individuals with a mental health problem have also wanted to raise concerns or make complaints about the standard of their care more generally, in comparison to 63% of other people with a mental health problem.[16]

5.8 Specific research on mental health concerns with Black / African / Caribbean / Black British people:

- The Adult Psychiatric Morbidity Survey (APMS) found that Black men were more likely than their White counterparts to experience a psychotic disorder in the last year.[17]
- Risk of psychosis in Black Caribbean groups is estimated to be nearly seven times higher than in the White population.[18]
- The impact of the higher rates of mental illness is that people from these groups are more likely than average to encounter mental health services.[19]
- Detention rates under the Mental Health Act during 2017/18 were nearly four times higher for people in the 'Black' or 'Black British' group than those in the 'White' group.[20]
- Black Caribbean adults were the most likely to use mental health and learning disability services out of all ethnic minority groups where the data was reliable. Nearly 4,800 adults per 100,000 of the Black Caribbean population did so, compared with just over 3,600 per 100,000 White British people. (England, 2014/15).[21]
- The Count Me in Census, which collects information on inpatient care, found higher than average admission and detention rates for Black groups in every year since 2006 to 2010.[22]
- Black men were reported to have the highest rates of drug use and drug dependency than other groups.[17]
- Among broad ethnic minority groups, known rates of Community Treatment Order use for the Black' or 'Black British' group were over 10 times the rate of those in the 'White' group[28]
- While the White Caucasian population experienced the highest rates for suicidal thoughts, suicide rates are higher among young men of Black African, Black Caribbean origin, and among middle aged Black African, Black Caribbean and South Asian women than among their White British counterparts.[23]

84%

Percentage of ethnic minority individuals with a mental health problem wanting to raise concerns or make complaints about the standard of their care

5. Project Rationale, research findings and associated recommendations:

5.9 The experience of mental health services for black communities living in Lambeth:

"Our current mental health and well-being services continue to fail to meet the needs of people from Black African and Caribbean backgrounds. Black African and Caribbean are more likely to report both poorer outcomes and harsher experiences of services. For example, in Lambeth, mental health services, under the Mental Health Act, are five times more likely to detain Black people compared to White British people.

When examining pathways to mental health services in Lambeth, data showed Lambeth Talking Therapies services were 20% less likely to engage Black people with symptoms of common mental illness such as anxiety, depression and post-traumatic stress when compared to their White British counterparts.

Services such as the police, A&E, social services and the benefit system did not work together to help people affected by mental illness as such, crisis care reform if not well coordinated will have little impact on the experience of Black African and Caribbean communities. It is very important to note that there is no reliable evidence to show Black people have a biological predisposition to serious mental illness, it is a system riddled with inequality and services that are not inclusive and responsive to diverse experiences and perspectives." (Black Thrive Project).[24]

5 times

more likely that black people are detained under the Mental Health Act than compared to White British people.

5.10 Culturally appropriate treatment and interventions

Research points to a strong need for greatly increased cultural competency in mental health services.[25] This may include increasing the ethnic diversity of staff, and action to address and reduce experiences of racism and discrimination.

In Lambeth, working with the NHS clinical commissioning group (CCG), a Black Health and Wellbeing Commissioning group was established and a programme of 40 recommendations developed to address local inequalities in health. The Black Thrive project was established to support the implementation of these recommendations.

5.11 Mental Health Act White Paper – recommendations for change

In December 2018, in response to the growing evidence of poor mental health outcomes within specific communities, in particular among people from a Black Caribbean background, an independent review was commissioned by the Government[26]. This report made recommendations for modernising mental health services including specific recommendations for addressing how these services were failing people from a Black Caribbean background. In January 2021, a new White Paper[27] was published detailing the proposed recommendations for changes to the Mental Health Act and requesting feedback on these proposals as part of consultation. Key areas for change include:

The establishment of the Patient and Carer Race Equality Framework
To help organisations understand what steps they need to take to make improvements in access, experience and outcomes for individuals of diverse ethnic minority backgrounds.

Culturally Appropriate Advocacy
A lack of cultural understanding can make already poor outcomes worse for patients from ethnic minority backgrounds, and potentially reinforce barriers to earlier engagement with services. Advocates are well placed to help patients voice their individual needs and can be crucial to establishing a better foundation for appropriate care and treatment.

Data and research priorities
A recognition that there is a lack of quality research around the health outcomes of people from ethnic minority backgrounds, in particular from Black Caribbean communities.

Changes in the workforce
There is also a significant under-representation of people of Black Caribbean descent across the mental health professions – specifically among decision-making professionals, such as psychiatrists, and among service managers. The review clearly argues that the mental health workforce needs to be more diverse.

Reduction in the number of Community Treatment Orders (CTOs)
Around 5,000 CTOs are made each year, considerably more than the number estimated by the Government prior to their introduction. NHS Digital reports that people included within its data category of black or black British people are over ten times more likely to be given a CTO than white British people compared to their representation in the general population.

Policing and ambulances
Use of police vehicles to transport people in crisis detained under the Act has risked making patients feel that they are being criminalised for their mental health. There is recognition of the provision of ambulances for those with urgent mental health cases. This was a particular concern for people from ethnic minority backgrounds.

6. Racism and other negative experiences.

6. Racism and other negative experiences.

6.1 Early experiences of racism

All members of the group recounted that they had experienced racism when they were growing up.

"We had to deal with a lot of racism when we were growing up ... It was a daily problem – particularly if you were out and about. You had to deal with nicknames all the time – being called 'chalky'. I didn't realise that a lot of it came from racism on television – people like Jim Davidson. How did this affect us then? Well, you certainly didn't have much trust – you didn't trust white people at that time."

Dave

"At Ribbleton Hall school things were very different and I experienced some terrible racism back then – worse than I have ever experienced since. Even when going out with girls it was a problem – I remember one saying, 'I can't go out with you because you're a nigger'. It was sad – I just felt sorry for her. I wasn't that hurt but just shocked at how these behaviours had been passed on to the children."

Ahmed

6. Racism and other negative experiences.

6.2 Having to contend with physical violence:

For some this racism extended to physical violence.

"You had to grow up quick in Avenham. You got chased by grown men there. They used to call me and my brother 'little nig' and big nig'. I was upset about what was going on and I remember thinking why is everyone after us, what have we done, why are they doing it? It made me angry at the time. I decided I would learn to box to protect myself. I didn't have problems after that. It's the first time I have really talked about it."

Bradley

"I remember when I was in a pub in Chorley, and someone was saying 'we need to get these niggers out of here' but I was with a friend who was performing on stage, so couldn't leave. You had to be a good fighter back then and hold your ground ... if you weren't you had to be a good runner or you to go to the gym and workout – build up your muscles, so that people wouldn't pick on you. Football games were particularly bad."

Dave

6. Racism and other negative experiences.

6.3 On-going experiences of racism

While more blatant and obvious racism may have reduced over the years, the experiences of racism have continued and evolved:

“I got constantly stopped and searched by the police. I have probably been stopped at least 150 times ... They would keep you in the station for an hour or so. After a while I got a video camera and started recording it. They were always arresting us for something. You got arrested regularly. It shouldn’t have been happening and nobody was listening to you. There was nobody you could speak to about this. There was no help or support then and there isn’t now.”

Bradley

“People are angry. They are fed up with the system and with the stereotypes and with that belief that we are never going to get that level playing field. Everything stems from years and years of suffering to this point now ... and enough is enough. People wanted to voice their opinions [around George Floyd’s murder] and it wasn’t just black people – people from the white community and Asian community also came out as everyone knows what is happening and what has happened. It’s time that we did something about it. If things do go forward – and we take action – then things will get better for the mental health of the black community, for young and old alike. If the murder hadn’t happened, we might not have seen now, but this was a catalyst.”

Wesley

6.4 Structural / institutionalised racism

The group shared their experiences of having to contend with a more subtle institutionalised form of racism:

> Racism is so institutionalised and embedded but often quite hidden. Just as an example, as a care manager, I recently went to do an assessment for a family of a future resident. I was only doing the assessment, but the family made the point that they would only be accepting white care for their family member.."

Shawn

> I have been called nigger when I was younger but then because the way that this label is now seen as a bad word, we tend to not hear it used as much. However, just because we don't hear this more blatant racist language doesn't mean that racism no longer exists ... it has just evolved."

Ronald

> The main problem with racism is that it is often so subtle that it's difficult to prove the intent – leaving the victim stranded ... particularly from the point of view of incidents in the workplace setting. There's an expectation that black people will just take it – put up with it. As a result, this leads to a build-up of anger – leading to self-hate and self-loathing and any mental health implications that we experience are not taken seriously."

Shawn

6. Racism and other negative experiences.

6.5 Caught between two cultures:

Group members highlighted the challenges of being caught between two cultures.

“We didn’t have the difference of religion and language like the Asian community, but we equally didn’t have a welcome, as such, from the wider community and this led to us rebelling – as we were caught in two places which were both challenging for us... we were between a rock and hard place!”

Colin

“You wanted to be part of your culture, but you also wanted to assimilate and get on with everybody, but this was hard. We felt constantly pulled by different sides within the community – trying to straddle the two. For me this led to internal racism – never feeling good enough if you’re black, and wishing you were white, as it would be much easier to get on. Then this flips and you try to fit into your black culture but you don’t quite fit in, because you have retooled yourself to fit into the host community. You feel like an outsider. So, we were constantly feeling between the two communities with one foot in each.”

Colin

6.6 Negative cultural expectations and stereotypes

The legacy of this racism is that the community have to contend with negative cultural expectations and stereotypes throughout their day to day lives.

“I am an experienced engineer and I have trained up three different men, who have ended up being my manager at different points, but when I have gone for the management role, I am told I don’t have the experience. So, what do you do? I don’t want to work here – but I don’t want to start again, it’s very frustrating. In my last role, I had similar experiences and ended up getting paid off. I don’t want to be in this position. I have professional pride and want to have the opportunity to excel within my role. It’s very frustrating.”

Errol

“Within my community growing up one thing that really bothered me was that we were under-represented in many areas. Whether it was in education, the police or other positions of influence, it was all white faces – no black role models. It really infuriated me that there wasn’t enough representation there. This still hasn’t really changed.”

Ahmed

“The negatives have been around the imposition of [a] Eurocentric … way of being – a way of having to follow the way that white people think and do things. We have had to negate ourselves culturally to fit in with this and we haven’t had any representation within the agencies and institutions around us. This has meant we have had no profile and no relevance to these services.”

Ronald

7. How these experiences have impacted on wellbeing and mental health.

7. How these experiences have impacted on wellbeing and mental health.

Concerns were raised by many members of the group about the impact of racism on general wellbeing and mental health.

Mental health is a big concern for our community. Black men are seen as aggressive and are much more likely to be sectioned off than treated in the community. We are loud and expressive when we are out together, and this can be misinterpreted. We had a friend – very smart, who was studying medicine – he got stopped by the police when he was out with friends. They weren't doing anything but talking but ended up getting arrested. That mashed with his head and he dropped out of 'uni' – he's now doing taxis."

Theo

Coming together for the first time as a group

This was the first time that some of the group had opened up about their experiences and the baggage that they had been carrying around all their lives. Many of those who were there were ... renowned in the community as strong characters. It was the environment that allowed them to speak openly and get things off their chest. One of individuals just broke down in tears and just wouldn't stop crying for a good four hours. There was an opening there and it was hard to see this individual going through this – and that then led to our men's health group and this sense that we had to address this together."

Ahmed

8. Barriers and concerns around accessing NHS or other health support.

8. Barriers and concerns around accessing NHS or other health support.

The group highlighted their experiences around accessing health care and other related services.

> People need to speak to someone not connected with their life to get help (like the NHS mental health services), but black men won't speak to outsiders. ... People need to face up to it and black men in particular need to not be so macho. There's a hyper-masculinity among black men – we put on an extra layer and we adopt personas to become respected. But we're all vulnerable and if you don't deal with it, then it will give you depression. People just hold it all in."
>
> **Theo**

> We try and not go to the hospital, as we're worried you won't come out. I had a friend who went in just for a simple procedure and the next thing we heard was that he had died. I don't like hospitals and don't think you get the same level of care as a black man."
>
> **Bradley**

> [The NHS needs] to have deliberate and determined mechanisms that clearly discourage any existence of racism within the institution. At the moment I don't think there is the appetite for that, and I have to question whether there is the political will to make change within the NHS. It can't be developed in isolation without acknowledging the importance of structural changes too. My concern is that they will say, this is good idea, but we don't have the money to do that ... but we can fund a website and you can text your anxiety to this number. This problem seems to be perfectly balanced to be imbalanced!"
>
> **Ronald**

9. Recommendations

9. Recommendations

9.1 We need training for NHS services and other specialist support

Members of the group shared their views about how these services need to reflect or have a better understanding of the needs of the community.

> We need to have more black doctors working in the NHS – as role models. If the NHS gave us more opportunities, then that could help. This does need to be on merit and only if we can show that we deserve the roles. But don't overlook us – give us the opportunity to showcase what we can do, we'll do it."
>
> **Wesley**

> External [support] would be better – but someone local would good. If they are external then they would need to have clout, with professional background and status. Anyone involved needs to understand the whole context of our experiences: to understand our journey and our history. They must not have these stereotypical viewpoints and [they need to] treat this work with us with ultimate care. We need that emotional hug and their understanding that this will be a very slow process of repair: people won't easily come forward. However, there are like-minded people within the community who want to see and support this change and it would be good to train these people to support others."
>
> **Errol**

9.2 We need local peer support and training for community members

The value of local peer support was highlighted by participants, along with the importance of having training to support those involved.

> Even a mental health first aid training course could be a starting point for us. This project is the start of trying to make a difference, and I have personally already been looking at courses and have undertaken a mental health practitioner course online. This gave me a good insight into the issues involved and I encourage others to look at this course and other opportunities to skill up."
>
> **Ahmed**

> If the NHS is able to put something in place quite quickly in terms of getting more training, then that would be great. We need training for community members, but also training for health care professionals so that they better understand the needs of black people. I know they will say that they treat all people equally, but the health statistics don't indicate that, so something isn't working."
>
> **Ahmed**

> Having mentors from the community 'trained up' could also work to help people with [poor] mental health. Having a place to meet, like a centre, would be good too – an opportunity to talk."
>
> **Dave**

9.3 We need a local support network and groups

The importance of local groups, having a wider support network and a mechanism for coming together were highlighted as important priorities by group members.

> I think that groups like this [the Windrush Group] have an important role to play because they will be in a better position to understand the needs of the community, whereas mainstream services won't have this experience of what people have been through - so how can these services understand this? Having said that I think we would need to make sure that a group like this has the resources in place, as well as the training and skills to support the community, and that we could monitor the impact and value of this service. Obviously, this wouldn't replace clinical services, but could be an important complementary service."
>
> **Paul**

> In terms of my involvement in the Windrush men's health group, this came together a few years back, when we were invited to be part of a residential event called 'Inspiring You'. We started talking as a group about growing up in Preston. This was the first time that some of the group had opened up about their experiences and the baggage that they had been carrying around all their lives ... there was an opening there and that led to our men's health group and this sense that we had to address this together."
>
> **Ahmed**

9.4 We need to encourage people to take personal action to address negativity ... but this might need support

The value of self-care was highlighted by participants as important but would need to be supported by other services.

> When someone calls us something derogatory, we need to remember that this is just ignorance on their part. The next person will be better than the last person. It takes a lot of self-discipline to carry this off continuously – it's mentally draining. It's hard going – you need to have such mental resilience to deal with this. My way of dealing of this is to understand that this is how society is set up."
>
> **Colin**

> I'm on the board of the football association in Lancashire trying to get more young people from black and ethnic minority communities into coaching. There is a lot of scepticism in the community saying that, when you look at professional and grassroots football, there are very few black coaches, so what's the point? Yes, there are few very coaches at the moment but if we don't tackle this then nothing will ever change. Sometimes you have to lead the way."
>
> **Wesley**

9.5 We need positive role models

Very much linked to peer support was the importance of positive role models within the community who could encourage and inspire young people and the community in general and could counter the negative cultural stereotypes.

> I'm an engineer and responsible for staff and services across the north of England. There are challenges for us within wider society, but there are also challenges within our own community. If you successful you are seen as selling out from your own community. Having said that there are a growing number of like-minded people within the community who are professionals, even in Preston and this is encouraging and something to build upon."
>
> **Errol**

> My motivation comes from the example that my parents have set. My Mum is the business brain – she's the glue that sticks the whole family together. She's the one, from a young age, who ... always encouraged me to be number one, to be the best that I could be. My father was also really encouraging, with a very high work ethic and a 'never give up' attitude. With the combination of both my Mum and my Dad this drove me to really go for every single thing I want to do. I also had the example of both my sisters who are extremely driven and intelligent. As a result, I'm really driven and want to show the impact of my people too. I carry that whatever I do."
>
> **Wesley**

9.6 We need to tackle and eradicate racism

While acknowledging that action needs to take place at a national level, there was a recognition that local partners (including the NHS, local authority, workplaces, schools) need to take responsibility for addressing institutionalised racism and the impact that it has on our local communities.

> Racism, of course, isn't just limited to the white community and this is the danger of just lumping people together as the BAME community as there is also racism between the communities too. Each community has its own unique problems. It's disrespectful and far too convenient for one faction to throw us all into the same category. It's okay to come together sometimes but we have enough going on in our own community alone and we need to focus on that as our main priority."
>
> **Shawn**

> Teachers will need to play a massive role as they're the interface for young people. My concern, however, is that they are not skilled enough to do that. They are not aware enough to fulfil this role. Racism in British society has put paid to that. Even though there are hundreds and thousands of teaching staff who are well meaning, intelligent, fair, honest and respectful, who will be comfortable challenging the status quo and exposing these past evils? In schools there has to be wholesale change to the curriculum."
>
> **Ronald**

> I appreciate that there are people who believe that Britain has such an illustrious history (and indeed it has in the contributions it has made in a positive way to the lives of millions of people across the planet) but there is absolutely zero recognition that it also f**ked up ... and that needs to be included and acknowledged. There is a responsibility for white people to accept that previous generations have much to answer for. I realise it will be very scary for a lot of white people to say, 'It was bad, it was wrong, it was amoral, it should never have happened.' It is a massive job to change this and a lot of systems have to be changed ... humbled, to address that."
>
> **Ronald**

9.7 The need for collective community action

Participants recognised the importance of the community coming together as one voice to support change.

"When we come together as a community, it makes you feel connected, relevant and grounded. It makes you feel safe, in terms of being part of something bigger and relevant and part of something that everybody shares. It's non-judgemental. The fact that I have had an escape from the negativity with a strong grounded community has meant that I have been able to withdraw from the duality of existence and be myself. But I realise that not everyone has had this opportunity."

Ronald

"We need to work with other groups and networks outside of the black community. The black lives movement isn't a radical political organisation to take on the world – it is about acknowledging that we matter, and we need to work with others to achieve this."

Colin

"On the back of the recent Black Lives Matter movement, I think we also need to look at a new group locally – a collaboration of local black groups in Preston – that will be a voice to speak on behalf of the community to stakeholders, like health services, the police, etc., to address issues of concern. There are differences within the black community – particularly between residents whose families originated from Jamaica and those from the other islands in the West Indies and it's important that we address these. It is encouraging that there is really positive action in Preston from our council – who have been standing in support with the community on recent events. We may have an opportunity to create something here. We need to work together, first as a black community and then bring in the wider community and those who want to help us."

Ahmed

10. Next Steps.

10. Next Steps

Following the completion of this engagement programme, Healthwatch Lancashire and the Windrush Health group have explored next steps for addressing recommendations.

These include:

- Presenting findings and recommendations to the Lancashire and South Cumbria Integrated Care System Partnership to build strategic support for change within the sector.

- Working with Lancashire and South Cumbria NHS Foundation Trust (LSCFT NHS) to explore links with and improvements to the mental health service offer. This has followed on from the recent Mental Health Act White Paper and the accompanying recommendations for local services working with Black Caribbean communities.

- Exploring how the findings and recommendations fit with county and local council plans and services. In particular, Lancashire County Council and Preston City Council have been leading on another engagement programme – also involving Healthwatch – with representatives from local ethnic minority communities, and we are keen to ensure that project builds on this report.

11. References.

1. **Mental Health Foundation**

2. Williams D.R. (2018) Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. Journal of Health and Social Behaviour, 59(4), 466-485.

3. Gibbons F.X., O'Hara R.E., Stock M.L., et al. (2012) The erosive effects of racism: reduced self-control mediates the relation between perceived racial discrimination and substance use in African American adolescents. Journal of Personality and Social Psychology, 102(5), 1089-104.

4. Williams D.R. & Williams-Morris R. (2000) Racism and mental health: the African American experience. Ethnicity & Health, 5(3-4), 243-68.

5. Bhui K., Nazroo J., Francis J. et al. (2018) **The impact of racism on mental health** [Accessed 18/06/19]

6. Wallace S., Nazroo J. & Becares, L. (2016) Cumulative Effect of Racial Discrimination on the Mental Health of Ethnic Minorities in the United Kingdom. American Journal of Public Health 106(7), 1294-300.

7. Equality and Human Rights Commission (2016) **Healing a divided Britain: the need for a comprehensive race equality strategy** [Retrieved 18/06/19].

8. Mermon A., Taylor K., Mohebati L.M et al. (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. BMJ Open 2016

9. Powell A. (22 May 2019) Unemployment by ethnic background, Briefing Paper Number 6385. [Retrieved 18/06/19].

10. Barnard H. & Turner C. (May 2011) **Poverty and ethnicity: A review of evidence** [Retrieved 18/06/19].

11. Joseph Rowntree Foundation (2017) **UK Poverty 2017: a comprehensive analysis of poverty trends and figures** [Retrieved 18/06/2019].

12. **Institute of Race Relations (n.d.) Inequality, housing and employment statistics**. [Retrieved 18/06/2019].

13. Lammy, (2017). The Lammy Review. An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System. **Available here**

14. White, C. (2016). **Incarcerating youth with mental health problems: A focus on the intersection of race, ethnicity, and mental illness. Youth Violence and Juvenile Justice**, 14(4), 426-447.

15. Taylor, C. (2016). **Review of the youth justice system in England and Wales. Ministry of Justice**

16. Care Quality Commission – **Declare your care**

17. McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

18. Fearon P., Kirkbride J.B., Morgan C. et al. (2006) Incidence of schizophrenia and other psychoses in ethnic minority groups: results from the MRC AESOP Study. Psychological Medicine, 36(11), 1541-1550

19. Baker C. (25 April 2018) **Mental health statistics for England: prevalence, services and funding, Briefing Paper Number 6988**. [Retrieved 18/06/19].

20. NHS Digital (9 Oct 2018) **Mental Health Act Statistics, Annual Figures 2017-18**. [Retrieved 18/06/19].

21. **Gov.UK Ethnicity Facts and Figures**

22. **Care Quality Commission (2010) Count me in 2010.** [Accessed 18/06/19].

23. Bhui K. & McKenzie K. (2008) Rates and risk factors by ethnic group for suicides within a year of contact with mental health services in England and Wales. Psychiatric Services, 59(4), 414-20.

24. **Black Thrive website**

25. Grey T, Sewell H., Shapiro G. et al. (2013) Mental health inequalities facing U.K. minority ethnic populations. Journal of Psychological Issues in Organizational Culture, 3(S1).

26. Modernising the Mental Health Act – **final report from the independent review**

27. **Reforming the Mental Health Act**

28. **Mental Health Act Statistics, 2019-20**

Acknowledgements.

We would like to thank Ahmed James for co-ordinating and leading the conversations and for other members of the Windrush Health Group for their support and involvement.

An additional thanks also to Adrian Murrell for setting up the Windrush Health Group and for initiating the contact with Healthwatch Lancashire.

Published by Healthwatch Lancashire, May 2021.

Contact us.

Healthwatch Lancashire
Leyland House
Lancashire Business Park
Centurion Way
Leyland
PR26 6TY

01524 239100
info@healthwatchlancashire.co.uk

healthwatchlancashire.co.uk

healthwatch
Lancashire