

Full Council: 31 July 2018

Opposition motion in the name of Councillor Jess Brayne

Equality in Mental Health Services for BAMER Communities

Adults who use Barnet's Adult social care services increasingly have complex needs. There is a strong correlation between mental and physical health, and those accessing our support services will increasingly need support with both their mental and physical health. All Councillors have a responsibility to promote good mental health for all those living in our Borough. As such, I ask Council to support Race on the Agenda's commitment for Councillors, and to invite them to speak to us about their work, and how we can work together.

Race on the Agenda (ROTA) in partnership with BAMER organisations are calling for an end to unequal provision and access to Mental Health services for Black, Asian and Minority, Ethnic and Refugee (BAMER) communities.

Research has shown that BAMER communities face disadvantage, reduced opportunities and structural and institutional racism (Kindred Minds, 2018: 3). People from BAMER backgrounds with mental health support needs are less likely to have access to suitable services, in particularly primary care, therapeutic and psychosocial services (Keating, Robertson, McCulloch and Francis, 2002; Sashidharan, 2003 in NSUN, 2017), such as counselling or group work that is culturally appropriate, or in community languages, and pathways into secondary mental healthcare services are often too rigid. This leads to increased inequality in the mental health of BAMER communities. Culturally sensitive, holistic mental health services are key to improving mental health outcomes for BAMER people.

This year the Mental Health Act, which governs how people are supposed to be treated and protected, is under review. A January 2018 Care Quality Commission (CQC) report shows that detention rates for the 'Black or Black British' population group are more than four times that for the White population group and 'any other Black background', are over 10 times the rate of the White population group.

Differences in provision between mental and physical health services are also well documented. Creating parity of esteem is supported by all political parties, has been highlighted as a priority by the Prime Minister and Princes William and Harry, and has broad support from the third sector and clinical professionals. Only recently Clare Murdoch, NHS England's National Mental Health Director, ordered Clinical Commissioning Groups (CCGs) to increase their spending on services for people with mental health support needs or face sanctions.

As a Council we commit:

1. To always consider the need to provide appropriate, sustainable services for my BAMER constituents with mental health support needs

2. To recommend to Barnet's Health and Well-being board that they work with Race on the Agenda (ROTA) in partnership with BAMER organisations in order to deliver better mental health services for BAMER service users
3. To inviting Race on the Agenda (ROTA) to speak with Councillors about their work and how we can provide better mental health services for our BAMER constituents.

Council asks all Barnet Councillors to commit to the six points below that have been co-authored by Experts by Experience, user-led VCS and BAMER NGOs, to improve the design, commissioning and delivery of mental health services for BAMER communities and, therefore, reduce mental health inequality:

1. Highlighting the need to provide appropriate, sustainable services for my BAMER constituents with mental health support needs in my work as a local Councillor.
2. Addressing the multiple forms of marginalisation faced by BAMER services users and understanding how a broad range of policies such as housing, benefits reform, education, policing impact BAMER mental health and wellbeing. In line with Kindred Minds Call for Social Justice, develop a consideration of gender, class, gender identity, sexual orientation, age, ethnicity, refugee or asylum seeker status and levels of English proficiency.
3. Holding my statutory colleagues, in the Local Authority and NHS, to account for meeting their duties under the Equality Act (2010) and the Statutory Public Sector Equality Duty (2011) in service design, commissioning, delivery and access, including the timely publication of Equality Objectives (EO) and Equality Delivery Systems (EDS). Proper and rigorous Equality Impact Assessments should inform decisions around making cuts to services to ensure that BAMER communities are not disproportionately affected.
4. Championing the specialist, holistic services provided by local, user and community-led Voluntary and Community Sector (VCS) for BAMER people with mental health support needs and advocating for the proper funding of the BAMER voluntary sector. Community organisations provide safer, more accessible, responsive, efficient and cost effective services that reduce health inequality and play an important role in preventing minor mental health problems from becoming more serious, thereby reducing health crises, costs to the NHS and Public Health and improving planning of delivery.
5. Always reminding stakeholders that my BAMER constituents are not from 'hard to reach communities' and that genuine outreach and engagement will overcome structural barriers and unconscious bias.
6. Ensuring Experts by Experience are involved in all stages of mental health service procurement, delivery pathways and mental health policy by signing up to and rolling out NSUN's 4Pi National Involvement Standards to ensure effective co-production, and improving experiences of services and support.

Council calls on all members of Barnet Council to show their support by replying to this open letter or by pledging their commitment here:

<https://www.rota.org.uk/content/mental-health-equality-bamer-communities-london> and tweeting #MHEquality #MentalHealth4All #HardlyHardToReach

Under Full Council Procedure Rule 17.17: if my item is not dealt with by the end of the meeting I ask that it be voted upon at the Council meeting.