Mental health crisis review – experiences of black and minority ethnic communities

Race Equality Foundation

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Introduction

Research over a number of decades has shown black and minority ethnic people are over-represented in crisis mental health services. The Race Equality Foundation was commissioned by the Care Quality Commission (CQC) to conduct a series of interviews and focus groups with black and minority ethnic people, in specific areas, who had experience of crisis care. These areas were: Ealing, Lambeth, Northampton, Sandwell and Southampton.

Focus groups and interviews were carried out in the five mental health trust areas between August and November 2014. Participants were recruited through local voluntary sector organisations. A total of 76 people took part in focus groups and/or interviews facilitated by local organisations, who carried out recruitment. Several of the people from focus groups were also interviewed on their own to gain a better insight into their experience. Consent was obtained from participants at the sessions and all the names of people interviewed for this report have been changed to protect their identity.

Some people had experienced crisis a few days before (one person provided an interview on behalf of a client who was currently in detention) and some had last used crisis care more than two years ago. The youngest participant was in their 20s and the eldest in their 90s. 45 men and 31 women took part. Participants came from a variety of ethnic backgrounds: 32 were from Black or African Caribbean heritage, 26 of Asian heritage, four defined as being of dual or mixed heritage, three were White British, with one each from Irish, Eastern European and mainland European backgrounds. Eight did not provide details. The Eastern European community was particularly challenging for us to access, despite being the largest ethnic minority group in some areas.

We produced the following reports for each area, which fed into the local inspections of crisis services, and the CQC national report.

Ealing area report

Case studies: ***Paul is an older man.***

'All I wanted was someone to be there, to be with me.'

Paul has been in and out of the mental health system for decades. On one occasion he was held in a Police cell because there were not any beds available in the local hospital. He felt that the Police officers avoided him when he was in the cell because he was mentally ill.

The experience of being in crisis in a cell was a major trauma in itself for Paul.

'I'm in total chaos, I have just tried to kill myself. I'm in a prison cell. I've no belt, no shoelaces, no shoes, because they wouldn't let me have them.'

He feels that it is not just the Police that lack empathy when dealing with people in crisis. The problem extends to professionals.

'The sort of people you need in crisis is an empathetic person.'

Key points raised:

- **Patients are unnecessarily shifted towards homecare services.**
  'They try and keep you out of hospital as much as possible.'
  Someone had presented in crisis but was not assessed as needing to be hospitalised because he was judged as able to support himself with care at home. Several people commented that the care at home service had improved from previously focusing more on medication compliance to now being more patient-centred and talking about their needs.

- **Accident and emergency is 'patchy' for mental health crisis.**
  Several people said that when they present to accident and emergency, they are told to phone the Crisis Team, whereas before they were allowed to wait in a room until the Crisis Team arrived. One participant reported, '*I had the phone put down on me several times when I phoned up the pager service because they didn't want to admit that I needed to be hospitalised… The crisis line was so bad last time that they didn't want to give their names out*'

- **Treatment was not delivered in the best setting for the patient.**
  One person was sent to hospital in Charing Cross (up to a two hour journey by public transport) because of a lack of beds locally. He said

that this made it difficult to resettle into his home as he could not easily go back there during the day. Another had been confined in a Police cell (more than two years ago) and felt that the police officers and staff dealing with him had lacked basic skills of empathy or understanding of mental health.

- **Several participants reported very poor experiences in the system.** Some of these experiences were years earlier but obviously still impacted on their confidence in accessing services in the present. One person recounted how in the 1980s he had had a catheter inserted, very painfully, while in detention without any care paid to his wellbeing**.** In their view these experiences were a source of trauma in themselves. An advocate concluded '*a lot of the people here have experienced bad times in the hospital. This included treatment by disinterested staff.'*

- **People did have some positive experiences of parts of the system.** One lady felt that the services she accessed were *'brilliant'*. They also helped her with her son, who has learning disabilities. *'Every meeting I had at social services, my CPN (community psychiatric nurse) attended.'* She had also moved between Mental Health Trusts and said that Ealing had proactively come to see her after receiving her patient notes from her previous Mental Health Trust. Similarly, another person said he had stopped getting into trouble with the Police as a result of intervention by the Crisis Team.

- **The benefits system can add to the problems faced by those using crisis services.**
  Some participants reported the benefits system as confusing for them to navigate and they received poor information about what to do, which created further problems. It was clearly a great source of anxiety and stress to people, including those who had recovered and were trying to find employment. A couple of people described the negative impact on their mental health when receiving a 'brown envelope' from the benefit office. One participant was put in a work programme associated with the hospital. However, he was treated poorly by his supervisor and came to the centre in distress.

- **Service-users do not feel involved in local decisions.**
  The John Connolly unit was recently demolished in favour of a low to medium risk secure unit. This means a two-hour journey to Charing Cross hospital. Several patients had a good opinion of the facilities at John Connolly and did not feel they were consulted in the development decision. Several of the wards in West London mental health hospitals had closed, and it was felt that the number of available beds was very low.

- **People do not have the confidence to complain about poor service.**
  Several of the participants said that they felt unable to speak up for themselves. *'I'm frightened of kicking up a fuss…I don't know how to stand up for myself.'* Many participants felt complaining would not change anything, *'I wouldn't bother, because nothing ever bloody happens.'*

Thematic staffing issues:

- **The expectations of staff were poor.**
  Several people said staff judged them on outward appearance without talking to them. They feel they are not taken seriously, and are stereotyped as mentally ill people. One person reported that staff were controlling and, at times, abusive (this was more than two years ago but less than 10 years ago), using the threat of force and placing an *'abusive emphasis'* on him needing to say *'please'* and *'thank you'*. Paul said, *'The sort of people you need in crisis is an empathetic person',* but felt that this was generally not the case.

People felt judged by staff.

One participant said healthcare professionals often make a judgement as to how ill someone is based on how they look and act. '*Because I have an articulate and forward nature… they find it difficult to say I am suffering'.*

A second person said that staff judge patients on outward appearance rather than asking about their mental state. He recounted that he had once been told that he must be fine because he was able to get to hospital by walking. *'They don't take you seriously'.*

- **Advocates also had bad experiences with staff.**
  An advocate described staff as often being hostile to him and his presence. He said that he often felt service-users were being treated more like prisoners. He also recounted an incident where he had gone to see one of his clients, and spotted a man who was confined to bed and had no food at dinner time. On following this up with the staff it transpired that he had been forgotten because he had special dietary requirements (Halal). The advocate was convinced that this man would not have eaten were it not for their intervention. The advocate and a colleague were also approached by someone who said that staff at the hospital would use condescending language such as announcing medication as '*smartie time'.*

Lambeth area report

Case study: DeeDee is a carer.

DeeDee recently had to look after her sister after she became severely ill. However, it took 3-4 days from when DeeDee contacted mental health services before they responded. It became clear that her sister needed to be sectioned, but as there needs to be several different parties involved, it makes it very difficult to coordinate. There was no help around when it was needed.

The doctors did not listen to DeeDee or her nieces when they told them what had been going on. DeeDee felt that she had no impact on the decisions made about her sister's life, and it was very difficult to get her sister help as she did not believe she was ill. There was no follow-up for DeeDee's sister and no after-care. She said, *'The Community Mental Health Team are just not there'.'*

Case study: Andy is a man who works at a care home.

Andy believes the service response for a particular service user could have been better. For example, when this person presented with behaviour indicating they were about to experience a crisis, mental health crisis services did not take immediate response as expected, and sometimes an issue would not be responded to for several days. Usually, a prompt response only occurred when an issue escalated to a dramatic event. During the time it took for the service to respond, Andy tried to minimise the risk to the person in crisis and the other service users in the care home. The reason for the delay is due to 'logistics', for example there are no doctors, staff or ambulance crew available.

There is a lack of clarity presented in the procedure of sectioning a service user. When a person is sectioned, social services, nurses, doctors and ambulance crew all need to be present to ensure the service user is admitted to hospital with minimal fuss. In the case of this woman who was sectioned for a second time, the police were contacted and arrived to the care home before the care coordinator. However, the police could not take action without the care coordinator and ambulance being present, and therefore had to leave. Clearer communication is required between the various people involved in sectioning.

Andy believed this particular woman was sectioned, not necessarily as a result of mental health, but as a result of behavioural issues and non-compliance with medication. Her behaviour becomes more erratic if she does not comply with taking her medication.

Andy does not believe the service user was treated differently based on her race or culture. Her care history may have had an impact on her treatment if the service perceive her as someone who has been there long-term and are familiar with her. A negative attitude of *'Oh, she's back…'* could affect the level and quality of care she receives while in hospital.

People with severe mental illnesses, such as this example, may not necessarily utilise services without the support of carers such as Andy or other advocates. A third party intervention is often required, particularly where a person is not in the position to access the support they need.

Key points raised:

- **There is an overly-bureaucratic system for a person to access crisis care**.
  The number of agencies involved (Care Coordinators, Police, Social Services, Ambulance) means that logistics are a significant challenge. Patients can wait long periods for the right combination of people to be present to section them.

  One interviewee, speaking about her sister, said it took 4-5 days for crisis services to respond. When they did, she felt that they did not listen to her or to his sisters' daughters. This added even more strain and pressure to the situation. After their sister was released, there was no after care and she felt that the Community Mental Health Team were just not there.

- **There are issues around medication.**
  One interviewee said they had become afraid of injections and of having blood taken. She said, *'It is very frightening, taking my blood'.* Several people did not understand the medication they were on.

- **There were some poor experiences of staff.**
  One participant, who usually goes to the hospital with someone, had been to the hospital on his own several times. He said doctors are less

likely to listen to him when he goes alone and that they speak differently to him if someone else is there.

Several other participants said they preferred it when staff from the care home accompanied them to hospital. A member of staff at the care home said he could not guarantee the quality of care for his residents once they left his care and went into hospital, which is something that concerns him.

- **There were variable experiences of services.**
  One woman said she was *'never'* happy with the services provided. However, she was *'happy'* with the care home. Another person said he was happy with services, and felt respected. A support worker said many of the people who go into hospital in crisis do not understand or believe that services are helpful.

- **Faith and family were important for some people**.
  One woman was regularly visited by '*church people'* and occasionally by family, both of which were very important to her.

- **There is a lack of post-crisis follow up**.
  One woman, who was sectioned multiple times for non-compliance was not offered counselling, there was no appropriate follow up care, and she did not have support from any family or friends. This meant she was reliant on the care home for support. In general, when people from the care home go into hospital, staff say there is not the capacity to check in on them, and so they do not necessarily know what type of care has been provided in crisis.

- **People doubted the effectiveness of complaining.**
  One member of staff said that he wondered whether complaining to the CQC would bring about any speedy change to this situation. A patient had made a complaint through PALS about her psychotherapist, because they had accidently barred her from driving; however, she felt completely unsupported in making her complaint and there was an assumption she would 'cope'.

Another participant made a complaint about a therapist through the PALS system. The complaint system worked but it was not good enough. She wanted to be able to directly contact the therapist but was unable to do so. It would only be resolved if she went through official channels.

Thematic points:

Information & expectations:

- **Information-sharing is extremely poor between mental health services and care homes**.
  The staff did not have a named contact within the Crisis Team. They also said that they were *'the last to know'* about changes of personnel and of policy within NHS services. It sometimes takes months to be informed of new policy changes and staff are usually not informed through official sources but instead through word of mouth. The sharing of information with care homes is vital; however staff do not expect to be given any information directly. A monthly newsletter with updates would be useful. Staff added that there was a high turnover of staff, which made it difficult to ensure continuity: *'Sometimes changes overtake us'.*

- **The care home is an important source of information.**
  Several participants said they get their information about mental health services from the care home, staff or hospital letters.

Staffing issues:

- **There was a high turnover of staff**.
  As mentioned above, there are frequent changes of staff in the NHS, which make it very difficult for residents or staff at the care home to navigate the system.

Northampton area report

Case Studies: James is a Black man born in the UK.

'If I hadn't come here I would be in my grave'.

James ended up on the streets following a breakdown in his mental health, but was living in supported housing at the time of this interview.

While he was on the streets, James would often be picked up by the Police when he was having an episode. Sometimes he would be released, despite being in the middle of a severe episode. Other times, the hospital would prescribe *'a few pills and put me back on the street'.*

This cycle continued until James became aware of a specialist housing scheme through a homelessness centre he used. The scheme provided supported housing for black and minority ethnic people with severe mental health issues.

Case study: Gina is an African Caribbean woman born in the UK.

'They don't take into account faith or culture.'

Gina is a woman who has moved on from supported housing, but still regularly accesses mental health services through a psychiatrist.

Gina personally did not have any experience of the mental health system before her first crisis. She did not realise she was mentally ill, but other experiences of mental illness within the family meant her mother recognised the symptoms. This was when Gina was first sectioned.

'Every time God talked to me they locked me up'.

She is a devout Christian, but feels that her faith is often treated by mental health professionals as a symptom of her illness rather than a source of strength for her recovery. Other doctors had handled her faith in a much better way, but they had changed and the new doctor was not as sympathetic.

Key points raised:

- **Hospital and police services are not joined up**.
  Several participants talked about being picked up by the Police, but not being taken to a mental health unit or hospital, and instead being kept in cells and released after a while. Another interviewee talked about seeking help from the Police earlier, but their issues were not

recognised. They said that the hospital and Police do not know enough about the services in the community that could help people going through crisis or post-crisis.

- **People can become trapped in a cycle.**
  When services don't work, people can find themselves going around various parts of the system until something happens to break that cycle. One participant talked about going through a cycle of homelessness, arrest, hospital and back to homelessness. He said: *'I don't think the hospitals help'* - they give you a few pills and put you back on the street where you become ill and have to be picked up by the Police. In his case, it was hearing about a mental health housing scheme at a homelessness centre and being accepted as a tenant there that broke this cycle.

- **Referral into services can be difficult**.
  One interviewee reported that his friend had tried to refer him to services when it became clear that he was becoming severely ill. His friend was told that he could not refer him. Instead a self-referral would be required. Ultimately, his situation deteriorated and the Police had to break into his flat.

- **There is a lack of understanding of faith in the mental health system**.
  This issue covers both actively asking about faith, and the treatment of faith for someone who outwardly expresses it. One person said there was no understanding or appreciation of his faith in services, he was never asked about his faith. Another participant said her psychiatrist saw her faith as part of her illness – especially when she interpreted her symptoms through a religious perspective. She said this made seeing the psychiatrist difficult, and meant that she supressed her faith.

- **Black mental health and housing provision is effective.**
  The participants all said that having a stable and supported living environment, provided by the scheme, had made a big impact in improving their mental health. Several participants said being able to live at the housing scheme had had a transformative impact on their lives. One resident said he wanted to live there for years to come. The

participants had all actively chosen to live in an environment which was specifically for the black community. One person said that more broadly, *'Black mental health needs are not a priority'.*

- **Care in prisons is poor.**
  One participant talked about receiving poor care in prison. Medication was forced on him and when he was given pills at discharge, they did not work. He was later admitted to a mental health unit where they started injections. This participant reported that this medication helped, but he felt it was not timely. He further suggested that while in prison he received medication in the mornings and evenings, but had no support in between and had to *'cope'*.

- **Family support is important.**
  The support of family members was critical for several people. In a couple of cases, it was family members who were involved in first getting them help when they became ill but had not recognised it themselves. One participant said his kids kept him going through recovery.

Thematic issues:

Information & expectations:

- **There is a lack of information and awareness of mental health.**
  Most participants had not come into contact with mental health services before they experienced crisis. Some had family members or friends who recognised they were in crisis, others were diagnosed through criminal justice (police and prison). One person said their friend had tried to refer them into mental health services, but had been told they could not.

- **The effectiveness of mental health services is poor**.
  One interviewee claimed, *'They never did anything to help me. They just wanted to give me some tablets - and that carried on for years. I got better without them'.* Another said that he would rather wait to see the support worker at the scheme than access mental health services. A third said he wanted to move off medication, and that he was worried

about becoming dependent on it. However, one person said that he felt services were good.

- **Expectations of crisis care are poor.**
  Several participants said they did not know what to do in a crisis and would rely on the support worker at the housing scheme. One person said he trusted the support worker much more than the Crisis Team.

  'I feel more comfortable talking to her than to the mental health team'.

- **None of the participants knew how to complain about services**.
  Participants doubted that complaining would have any impact. One person said they had been the victim of abuse by a member of staff many years earlier, but had not complained. Another person reported there was a lack of knowledge about their rights in the mental health system.

- **Medication**.
  Many of the participants felt that there was too heavy a reliance on medication, and they experienced side-effects such as feeling very tired. One interviewee expressed a desire to come off medication and go back into work, he feared he would be dependent on medication for the rest of his life.

Staffing issues:

- **There is a high staff turnover in mental health services**.
  Both staff and residents at the scheme reported this. They said high staff turnover made it difficult to recover as they were having to explain themselves to new people often, and establish new relationships of trust. One person said they averaged a new psychiatrist every year.

Wider issues impacting crisis:

- **The benefit system is not supportive.**
  The support worker said benefit issues were a concern for all of the residents, and that she was unable to provide the support they needed to pursue claims and issues in the benefit system. One person said their psychiatrist has recommended that they stop volunteering due to

concerns about the benefit system – despite volunteering helping their recovery.

Sandwell area report

Case study: Ramone is an Eastern European man in his 20s.

'To get crisis intervention she had to go to the Police for sectioning'

He had recently been sectioned and was still in detention when the interview was conducted through his support worker.

Ramone has paranoid psychosis and, according to his support worker, clearly requires institutional care. However, Ramone does not have access to public funds and cannot go to a facility. When he is taken into crisis care, usually by the Police, he is detained for several months while receiving injections – but is then released and his family have to try and look after him.

Without continued injections, Ramone inevitably relapses and ends back in the crisis system. This is a cycle which has continued for six years, and there appears to be no end in sight.

Case study: Charlie is a British-born African Caribbean man

'I wouldn't have gone through so much pain if I had known what to do about my illness, and who to go to, where I could get support. Maybe then I could have stayed in work'.

Charlie lives in supported housing and describes himself as having 'a routine' in that he knows his illness and, despite ups and downs, is able to manage it.

However, when he first developed symptoms, Charlie did not know what was happening. It was *'very frightening'*. He went without treatment for years before going to hospital. Following a difficult path of through diagnosis and finding the right medication, Charlie now feels able to manage his condition. However, he feels that this could have been different if the information had been there at the start.

Case study: Tanya is from a mixed Caribbean and Irish heritage. She is also a wheelchair user.

'He looked at me as if to say "she's just another scum on the street" and he wasn't listening to what I was telling him.'

Tanya feels that whenever she goes to a meeting or appointment, she has to prove she is a 'person' because people make assumptions based on her ethnic appearance. *'I am not the same. We're not the same.'*

She has experienced discrimination inside the mental health system, and in support and wellbeing services outside of the NHS.

She also feels that people with a mental illness often have their physical illnesses ignored by medical staff.

Key points raised

- **Participants felt crisis services were poorly run**.
  One person had been told it was 'out of hours' at 4pm, and on another occasion that there were other calls waiting. Another person said the number was often engaged and that staff tried to *'fob you off'* when you got through – she had called the team a few weeks earlier after having self-harmed and described them as unhelpful and rude.

  A third said they called up the crisis team on behalf of someone else who had been self-harming and threatening to end their life. She was told that this is not what the crisis team would count as a 'crisis'. When asked what they would define as a crisis, they gave the example of it being *'when someone is about to jump off a bridge'*. Someone else had sought help from both the Police and the hospital without success.

  'I knew something was terribly wrong, and I phoned the hospital and said "you had better come and fetch me cos I'm in serious problems here" and all they did was refer me to my GP. But you can't wait. It is not a thing that can wait. I turned up at the Police Station and said "something is wrong here. I got to get treatment." They just said you got to go and see your GP.'

- **Many service users are taken out of the area for treatment.**
  This means most of the time their family and friends can't afford to visit them. One person spoke about their son, who had become angry while at the doctors because he wasn't being listened to. This resulted in him being taken to court and sent to a secure unit in London, without her knowledge.

- **Services are felt to be fragmented.**
  Services were fragmented, and the client's mother was having to act as his advocate through the system. This put further pressure on her (she has developed depression), and because of her 'assertive' nature, she

often found herself in conflict with services over treatment. The last time the service user experienced crisis, there were five or six assessments carried out before he was admitted to hospital. Where services worked together, they could be transformative. For example one participant said *'Once I had a proper social worker, my life changed a lot'.*

- **Family and friends can be supportive or part of the problem.**
  One interviewee found that due to the nature of his illness, and the general stigma around mental illness in his community, family and friends are actively contributing to his mental illness. He spoke about a former friend who would 'warn' other people about him, and thus leave him isolated. Similarly, after arriving in the UK he stayed with an uncle who threw him out due to behaviour connected to his illness. For another person, it took time for his family to understand, *'At first my family didn't. They buried their heads in the sand'.* Eventually, especially when the medication started to work, the family came on board. They came to understand that regular medication would *'bring me back'*, and that with support he could manage his illness.

- **Post-crisis care and access to talking therapies was also viewed as inadequate.**
  One person said she had waited 14 weeks for a counsellor, and when referred to Cognitive Behavioural Therapy (CBT) had only received a six session course – which was not enough. Another person said that there was only ever a short-term focus and that staff were reluctant to record things because it would demonstrate the need for longer term support.

- **Medication was an issue for some of the participants**.
  Several people had tried to change their medication but were initially refused. For one person, his medication was not working so he was given some tests which revealed he was not depressed but instead was bipolar. His medication was increased which meant that he had to stop working as it made him drowsy. He wanted to start working again so went to the doctor to find an alternative. The doctor said there was no alternative, thus he sought a second opinion. This doctor said there was

an alternative medication so he went back to the original doctor and told him. The doctors had a discussion on the phone and it was decided that he would try the new medication. He was satisfied with the fact that he was given tests to reveal what was wrong with him, but was unsatisfied with the follow up care and said that he felt there could have been some underlying racism from the original doctor.

Another person said, *'The medication didn't work'.* He ended up at another hospital where they found medication which did work. Proper diagnosis was something that had a big impact on him.

'It takes so long to diagnose and get proper treatment. You go years without treatment and diagnosis. So, you are left to fend for yourself. In that period a lot of damage can be done. It is unnecessary really to suffer for the sake of it really, because nothing is happening'.

A third person was still trying to get their medication changed but was being sent round from GP to psychiatrist, and had recently called up the Crisis Team after self-harming.

- **Several had encountered or experienced discrimination on the basis of race and other characteristics.**
  One lady, who has a disability, identifies as gay and is mixed race, feels she is often viewed through pre-conceived ideas and prejudices in the mental health system. Another person said her son was arrested many times despite being mentally ill, because he is black. A third commented that the mental health system was a dangerous place to be a black man.

- **There is also stereotyping due to outward presentation.**
  One participant keeps being told that she is very articulate which she finds frustrating as it means that many health care professionals assume that she does not need help and that she is ok.

- **No one thought it was worthwhile making complaints**.
  One person commented that it would only mean her medication would be raised. Whilst they knew about crisis services, they had no confidence in them to provide a timely and effective service. An advocate was part

of a complaint against a social worker as they had not assessed someone as needing sectioning who had gone on to become violent towards family members. A third person is currently seeking to make a complaint against various doctors, as he believes he is the victim of medical negligence. Another person had complained about their counsellor through PALS (Patient Advice and Liaison Service), but was not happy with the process.

Thematic issues:

Information and expectations:

- **There is a lack of information and the system can be confusing.** One interviewee said people often ask him where to go, who to speak to and what to do - *'A lot of people live off my experience'*. Prior to crisis, he had no knowledge or experience of mental health services. Some of the other participants read leaflets or heard about services through the centre.

Expectations of general services were poor.
One person said staff 'feared' making mistakes, and another that their good GP had left and they didn't have confidence in their new one. Another person said they '*keep getting passed around from person to person'*. A third said staff feel as though the medical is divided into the physical and mental. If it's mental, they can't see it so they don't necessarily believe it's there. Sometimes people's conditions are circumstantial not clinical, therefore forcing them to take medication is not always the answer. They were met with a lot of 'should' and 'must'. Sometimes medication can just mask everything. Someone commented that staff *'did not believe in recovery'*, whilst someone else said staff treated her differently because she came across as *'articulate*'. Another mentioned staff seemed '*overfamiliar'* with a certain type of case so they fob you off. He added, '*Once you've had an experience with the crisis team you don't want to go back'*. Although there was variation with one person saying, *'It took them ages to get me a CPN [community psychiatric nurse]. The CPN was really supportive…. I saw a psychiatrist that didn't help at all'.*

Southampton area report

Case studies

Beatrice is a retired lady who does a lot of work in the community. When her granddaughter finished university she became clinically depressed. Beatrice had never dealt with mental health before and did not know what to do, so took her granddaughter to a GP.

There was a 6 week waiting list reported for counselling or any sort of mental health service. Beatrice's granddaughter went to live with their mother in Reading, who took her to Reading Hospital. In hospital she saw a mental health practitioner and a doctor who told her the prescription given by the previous doctor was *'absolutely useless'.*

Key points raised:

- **There was poor continuity of service.**
  One woman went to her GP, but there has been no continuity as she has a locum doctor who changes every two to three weeks.

- **Online mental health self-assessment is not suitable for people with serious mental illness**.
  One attendee had helped a relative use the online self-assessment. She felt it was ineffective because a mental health problem can make it difficult to complete this form.

- **Access to services such as talking therapy took a long time**.
  There was a six week waiting list reported for counselling or any sort of mental health service. In this same case, the woman went to live with their mother in Reading, who took her to Reading Hospital. In hospital she saw a mental health practitioner and a doctor who told her the prescription given by the previous doctor was 'absolutely useless'.

- **Diagnosis was also taking a very long time.**
  A woman had been waiting over two and a half years for a proper diagnosis. She had been initially diagnosed with depression, but may have also had a neurological condition. She has not been offered any talking therapy, and the doctor prescribed medicine which was not stocked in the local pharmacy.

- **Culture and religion is an issue that is not addressed by services**.
  One attendee said social and cultural needs are not taken into account. Another person added that White, middle class men will not identify the needs of someone from a different ethnic group. An Asian attendee said that mental health is a taboo subject in Asian culture, and there is associated stigma – she said that, in her experience, women may be unable to marry if people find out that they have or had a mental health problem as people fear it could be passed on to offspring. She said that, in her experience, Indian women in the community often lead a very sheltered life and the husband or father figure dominates. Women are treated as second class citizens and culture keeps them down. She feels that doctors are not aware of this.
- Several people talked about the issue of 'black magic' in Asian cultures, some African Caribbean too. One person said there are advertisements for the removal of 'black magic' in Asian traditional newspapers. She added there was a lack of awareness and training when working with black and minority ethnic groups. Another attendee believes there is straight out racism in NHS system not necessarily only mental health services, and witnessed this racism when she was a nurse.

- **Recent cuts to local services had devastated black mental health work.**
  There had been recent cuts to support services locally. There had been a lot of local projects and staff employed through Delivering Race Equality (DRE) immediately afterward. When this support went, the community work on mental health stopped. In particular a highly regarded worker who had worked with black and minority ethnic groups across the city had been made redundant, and their presence was severely missed. The lack of joined up services was something which several attendees commented on. One said there used to be a general advice service which was effective at signposting people with mental health issues to services.

- **None of the attendees felt that there was value in complaining when services didn't work**.
  Some said they feared it would count against them and mean they were marked as 'difficult'. One person said she had helped a client who was being ignored at the GPs, and was not able to stand up for themselves.

Thematic issues:

- **Information & poor expectations**.
  Most participants knew nothing about mental health prior to themselves or a family member becoming ill.
- **Staffing.**
  Several of the participants were former nurses. One said that she had encountered direct racism working in the National Health Service.