Generally, everyone who has a diagnosed mental illness experiences some difficulties. These can consist of peer rejection, problems with attaining employment, or difficulties in accessing essential services and support. However, people from ethnic minority communities tend to experience additional difficulties such as discrimination and isolation.

Additionally, people from BME communities are statistically more likely to be diagnosed and admitted to a psychiatric hospital for severe mental illness. Different issues appear to affect different groups of people; leading to a failure in the treatment, support, and care that the individual receives. This is demonstrated in the following examples:

*Statistically, African Caribbean people are more likely to be admitted to a psychiatric hospital with a psychosis than any other group*

It is generally thought that one significant reason for this is because of a fear of an incorrect diagnosis or institutional racism. The potential of this occurring can discourage people from this group from seeking appropriate intervention soon enough. This also results in people from this group disengaging themselves from services, and consequentially leading to deterioration in their mental health; which then requires hospital treatment. This disengagement and fear of

<table>
<thead>
<tr>
<th>CDW</th>
<th>Community Engagement</th>
<th>Better Information</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Volume 1, Issue 3
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Inside this issue:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic minorities &amp; Mental Illness</td>
<td>1</td>
</tr>
<tr>
<td>Continued from Page 1</td>
<td>2</td>
</tr>
<tr>
<td>Employment &amp; Mental Health</td>
<td>3</td>
</tr>
<tr>
<td>Faith &amp; Mental Health</td>
<td>3</td>
</tr>
<tr>
<td>Continued from page 3</td>
<td>4</td>
</tr>
<tr>
<td>Self Directed Support Workshop</td>
<td>5</td>
</tr>
</tbody>
</table>

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Continued from page 1:

discrimination possibly contributes to African Caribbean people being more vulnerable to sectioning (compulsory hospital admission), because mental health deterioration can result in a person becoming a danger to either themselves or others; a significant factor used in the process of detaining someone under the Mental Health Act.

Approaches used in the Western world for treating people are often considered culturally unsuitable for Asian people

First generation Asian parents may not recognise western approaches to treatment and mental illness. Therefore, the existence of mental illnesses may be undiagnosed, leading to a lack in the provision of treatment and support: consequently the family then endure the pressures of meeting the care needs of the person in question—without support. Moreover, because Asian people generally live in larger families than white majority groups, there can be a greater impact on a child’s mental health. That is, a child is less able to understand and cope with any stigmatisation, loss, or pressure put on the family if a member has an untreated mental illness.

Statistics on mental illness in Chinese people appear to be comparatively low

This could be for two reasons: one, Chinese people tend to have stronger family support networks; two, the presence of stigma could prevent people from seeking appropriate intervention and treatment (affecting the statistics). The possibility of the lack of awareness and understanding about mental illness.

White people from outside the United Kingdom are included as ethnic minorities

For example, White Irish communities appear to demonstrate much higher rates of alcohol dependency and depression; with and apparent vulnerability to suicide.
Employment & Mental Health

Did you know that studies have shown a link between unemployment, stress, low self esteem, physical illness and increased feelings of depression.

In addition to providing an income, employment can serve as a source of achievement, satisfaction, and a boost to one’s self-esteem. Work gives structure and purpose to the day and can provide opportunities for social contact and making friends. Work can also provide people with an identity and stated role within society.

Gennae Wan is an Employment Specialist for “Restore” and specialises in assisting individuals to find suitable employment. She has been able to actively support service users back into work and is pleased to report the positive and welcome changes experienced by service users upon finding a job.

To access the service please contact:

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Employment Specialist
RESTORE
Manzil Way
Cowley Road
Oxford, OX4 1YH
07540 722 878

Faith and Mental Health

Mental illness is everywhere. In other countries the way it is perceived will determine how it is addressed. We are all aware of the stigma associated with it in our nation and some have experienced it.

Most people from BME communities go untreated for substance abuse problems, severe depression and psychotic disorders, or they go untreated by doctors. Instead they turn to their respective religious practices.

Faith healers are by far the most socially acceptable way to try to cure mental illness amongst BME communities.

Continued on page 4
Faith and Mental Health

“People from some BME communities find it easier to say they or their family member are affected because of supernatural causes like magic due to the stigma attached to mental illness.

Could it be that the Western modes of treatment such as anti psychotic medication and European modelled therapies are deterring ethnic minorities from approaching medical professionals?

In a society where the latest trend is to throw drugs at people for most ailments, maybe the incorporation of faith into the array of tools used to treat mental illness should be considered by all those dedicated to beating mental illness.

Faith healers or priests aren’t going to be adequately trained to deal with someone with mental illness themselves and therefore need to have a system where training to identify mental illness is offered to faith organisations could be a way forward to ensuring prompt referrals from the outset.

If you belong to a faith organisation and would like to discuss the issues further, please feel free to contact one of the CDW team members.

Self Directed Support workshop

The first in a series of SDS workshops took place on the 16th July 2010. Ian Bottomley and Lonah Hepditch gave very informative presentations about what SDS is and how it can assist individuals gain control of their recovery as they feel suitable. Ian highlighted that personalization was a way of working with people who needed social care. Some of the principles are, that personalization would help people:

- Live independently
- Recover quickly
- Be active participants/leads in their own care
- Be accorded maximum respect

One of the key statements made by all presenters was that Prevention and early intervention are very much part of the agenda and that We believe anyone can recover.

Lunch was provided courtesy of RESTORE and Gennae Wan (RESTORE) did a presentation about her role, which is to assist service users back into paid employment.

We thank everyone who attended for their participation on the day.


The CDW unit hosted a follow up workshop for voluntary organisations to look at organisational equality schemes, good practice and to hear about the Equality Act 2010.

A presentation for the PCT’s equality scheme demonstrated a public commitment to addressing:

- The needs and wishes of local people and staff
- The challenge of the NHS constitution
- The duties placed on the PCT by equality legislation

A presentation about the Equality Act 2010 also highlighted some key areas such as:

- How the “Act” harmonises and extends current equality law
- Provides a consistent framework for community and voluntary groups
- Protected characteristics – gender reassignment, disability, pregnancy and maternity, race, religion and sexual orientation.

For a detailed report please contact one of the CDW team members.

World Wide Women

For further details please contact: Marianna Pizkovzky on 07754595633