



Culturally competent advocacy

Introduction

The most profound inequalities exist across mental health services and under the Mental Health Act for people from ethnic minority communities, and in particularly Black African-Caribbean men.

In this information book you are going to learn what and where inequalities show up before looking at culturally sensitive and culturally competent advocacy.

Rates of mental ill health

Rates of mental health problems can be higher for some Black, Asian and minority groups than for white people. For example:

- Black men are more likely to have experienced a psychotic disorder in the last year than White men
- Black people are four times more likely to be detained under the Mental Health Act than White people
- Older South Asian women are an at risk group for suicide
- Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD
- Historically, Irish people living in the UK, have had much higher hospital admission rates for mental health problems than other ethnic groups

Information taken from <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

Inequalities - in community

There are differences in how people access mental health services: White people often access mental health support through engaging with health services – predominantly through a referral from their GP. However Black people are more likely to come to the attention of mental health services through contact with the police or the criminal justice system.

There are also cultural factors to consider. People from Black, Asian and minority ethnic backgrounds experience different pathways into care. This may be because of a fear of racism, because of perceptions held within the community for example around recognising symptoms of mental illness or due to levels of associated stigma, as well as a distrust of services.

Inequalities - in hospital

Black British people are over four times more likely than White British people to be detained at all and are over ten times more likely to be subject to a Community Treatment Order (CTO).

Once in hospital Black African and Caribbean men are treated differently. They are more likely to:

- receive diagnosis of severe mental illness
- receive higher doses of medication,
- be prescribed anti psychotic medication
- experience higher levels of restraint (up to 3 times higher than that of White British people)

NEEDS REFERENCE

Inequalities

Various reports have provided a range of explanations, including

- socio and economic disadvantages (which can be interwoven with racism);
- differences in diagnosis, misdiagnosis and severity of illness;
- experiences of deprivation and discrimination;
- historical legacies of slavery (including intergenerational trauma)
- impact of migration;
- differences in social and family support;
- public and professional perceptions about risk;
- the reasons for and impact of recreational substance use.

But many agree structural racism within health, social care, education, criminal justice and other institutions has a massive contributing factor in this unequal treatment.

reference: The Independent Mental Health Act review - Interim report

Pause and Reflect

Before you read on, take a moment to reflect on the following questions:

1. What are the implications of this level of inequality?
2. How familiar are you with these inequalities?
3. How would this impact on people's lived experience?
4. What role does advocacy have in reducing such inequalities?



What do we mean by "Culturally competent advocacy"

Culturally competent, or culturally appropriate advocacy, is not a new idea! It refers to advocacy that is responsive to and sensitive to the cultural needs and experiences of the individual.

Rather than seeing the person as somebody who is using advocacy to help with a single issue (usually connected to accessing, using or challenging mental health services), the culturally competent advocate provides support that is rooted in an understanding and awareness of culture and societal racism.

What do we mean by "Culturally competent advocacy"

In real terms, this means

- appreciating and respecting the whole identity of the person and what culture means to each person
- developing an understanding of cultural norms and expectations
- responding to a person's cultural needs (for example ensuring dietary needs are met in an in-patient setting or facilitating access to faith leaders)
- developing an awareness of how mental health is understood through a cultural lens (for example Western models of medicine can view and treat mental health very differently from other traditions around the world)

What do we mean by "Culturally competent advocacy"

In real terms, this means

- understanding the impact of discrimination and racism (including institutional racism)
- challenging and speaking up against discrimination and racism
- understanding the 'interconnectedness' of faith, spirituality and mental health (and the role faith can play in the person's recovery or journey)
- responding to the 'whole' person (or the holistic needs of the person). This means providing advocacy that isn't limited to responding to mental health issues but supports with housing, employment, education and justice.

Culturally competent advocacy - who is best to deliver?

Advocacy can be accessed through a range of mainstream, specialist, independent and mental health services. It can include:

- advocacy as part of another support role
- commissioned statutory independent mental health advocacy
- commissioned community based advocacy
- specialist bi-lingual advocacy
- advocacy as part of support offered by Black Voluntary Community Services (BVCS)

Culturally competent advocacy - who is best to deliver?

In 2007, Uclan and SCIE published research into the provision of advocacy for African and Caribbean men. It found that the most effective advocacy is provided by *“African and Caribbean or BME mental health services, providing a range of other services. They are rooted in the community and therefore understand the importance of Black history, of religious and spiritual beliefs, and of the social problems, in particular racism, faced by African and Caribbean people. Black advocates often voiced their objective as Black empowerment, which intrinsically and inevitably involves challenging mainstream practice.”*

See Mtezi: Developing mental health advocacy with African and Caribbean men

Culturally competent advocacy - who is best to deliver?

Mainstream Independent Mental Health Advocacy services tend to be very different from Black Voluntary Community Services or mental health services. IMHA services are specifically commissioned to deliver advocacy support and emphasise the importance of their independence.

This type of statutory advocacy is characterised by short term support, a focus on single 'issues' (often related to legal rights under the Mental Health Act) and responds to a person seeking out help.

Culturally competent advocacy - who is best to deliver?

Mainstream advocacy services are rarely embedded in local communities but rather 'parachuted' in to provide 'a service'. "These organisations often do not proactively seek clients, thus disadvantaging African and Caribbean men and members of other BME communities who may find them difficult to access." (Mtetezi)

Culturally competent advocacy - cultural sensitivity

Cultural awareness describes a person's understanding of the differences between themselves and people from other cultures. You develop awareness when you understand how cultural similarities and differences can affect people and communities and behaviours.

It also means being aware of equality and non discriminatory practices.

Cultural sensitivity takes this further and means that a person understands cultural norms and behaviours, understands how this might impact on an individual or community and is respectful of this.

Culturally competent advocacy - cultural sensitivity

Cultural sensitivity also means:

- being aware of how stereotypes can develop
- understanding how stereotypes can be used to discriminate against people
- understanding that we all have racial bias
- recognising how bias leads us to react and respond in certain ways.

Cultural sensitivity means you are committed to unpacking these biases and challenging yourself (and others) to see the person in the context of their culture without discriminating.

Culturally competent advocacy - cultural sensitivity

Cultural competence does not require you to be an expert in every culture you might meet. But it is the ability to adapt your individual practice to culturally diverse situations, rejecting cultural assumptions or stereotypes, and recognizing the way that different cultures may impact the delivery of services.

Culturally competent advocacy - embedded in communities

Most commissioned Independent Mental Health Advocacy services are not 'embedded' in their local communities. They have no longer grown from within the community or could be described as 'grass roots'.

IMHA organisations, are now a professional service, commissioned by the Local Authority to provide a very specific role. They respond to requests for help with single issues and will often see advocacy through the lens of individual specific issues that need 'fixing' before moving onto to the next one.

They simply are not embedded in their communities or have a presence in the same way Black Voluntary and Community Sector (BVCS) services are.

Culturally competent advocacy - embedded in communities

This can be a problem as it means that black, Asian and people from a minority background are less likely to trust and access the IMHA service.

There are two ways of improving this:

Firstly, **become more embedded.**

Contribute to the local community. Make sure you have a presence in community celebrations and any activities where people are. This will make you more pro-active in meeting people, developing trust and demonstrate your independence from mental health services.

Culturally competent advocacy - embedded in communities

Secondly, **develop links with BVCS organisations** and support their work. Remember they also provide advocacy. Support the BVCS organisations to develop advocacy skills and be there to take on more complex or technically complicated support.

This starts with finding out who your local BVCS organisations are and developing your relationships.

Culturally competent advocacy - holistic advocacy

The Mental Health Act describes the role of the IMHA and directly links this to issues connected to the person's care, treatment and detention under the Act.

But if advocacy is to become more holistic, and responsive to people's need, then we must push on the types of issues an advocate can spend time and attention and widen this to be more person centred and reflective of what people need.

Advocates need to move away from the model of issue based advocacy whereby the advocacy is delivered to 'fix' or resolve single issues, and move towards a more holistic model, where the entirety of the person and their experiences are understood, appreciated and supported.

Culturally competent advocacy - holistic advocacy

IMHAs will of course also provide support that are connected to the personal goals of the person, but they should also be confident in responding to issues that:

- are connected to relationships, employment or housing
- increase choices and access to a greater range of culturally appropriate care, delivered more consistently and to a higher standard
- looks out for and challenges restrictive forms of care
- checks for bias and discrimination in decisions around treatment and medication
- accesses more community support to ensure greater access to a broad range of social opportunities

Culturally competent advocacy - in summary

Cultural competent and sensitive advocacy is advocacy that:

- addresses the double discrimination of racism and mental illness
- provides a safe and secure relationship within which the feelings of isolation and consequences of stigma associated with mental illness and racism can be addressed
- responds to the linguistic and cultural needs of individuals
- emphasises promotion of health, reintegration of the self, spirituality, self-knowledge and connection to the community
- offers choice, especially in terms of gender, and demonstrable ethnic sensitivity
- uses a proactive approach to personal advocacy through community-based action and engagement

Culturally competent advocacy - in summary

As a commissioned IMHA service, you can work towards ensuring your service is culturally competent by

1. being embedded in your local community
2. developing authentic and reciprocal links with faith based, culture specific and BVCS organisations
3. avoid a reliance on the model of issue based advocacy
4. develop a holistic approach to the whole person
5. develop proactive referrals where you reach into community rather than respond to referrals
6. develop cultural sensitivity

Please return to your
e-learning for the
next section of
learning

