Black, Asian and Minority Ethnic communities: experiences of stigma discrimination in mental health services

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A note on language

This review seeks to highlight evidence found in the current literature on people from Black, Asian and Minority Ethnic communities and their experiences of mental health stigma and discrimination in mental health services. When referencing evidence which has referred to wider BAME communities then the term BAME has been used, however wherever the evidence is about a specific population group then this has been highlighted. Although some information may be collectively grouped as 'BAME' it is important to note that this is not a homogenous group and that different groups will have different experiences that are specific to them.

Background

Findings from the Scottish Government show that most Black, Asian and Minority Ethnic (BAME) communities in Scotland have better physical health than those who identify as 'White: Scottish', however, the Scottish Gypsy/Traveller community have the worst physical health out of all population groups.[1] Despite this, BAME communities have worse mental health than the overall population.[2] It can be seen that the inequalities and discrimination that these groups face can play a key role in higher levels of mental health illness. The strong link between poverty and poor mental health surely plays a key role here, as in Scotland, BAME communities are twice as likely to be in poverty than white Scottish communities.[3]

Some groups are more heavily impacted by specific mental health problems than others. Studies have found that in the UK, there are "elevated rates of schizophrenia and related psychoses among people of Black African and Caribbean backgrounds"[4], however; this appears to be a UK-specific finding, as similar studies

[1] The Scottish Government 'Which ethnic groups have the poorest health? An Analysis of Health Inequality and Ethnicity in Scotland' https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2015/08/ethnic-groups-poorest-health/documents/analysis-health-inequality-ethnicity-scotland/analysis-health-inequality-ethnicity-scotland/govscot%3Adocument/00484303.pdf?forceDownload=true

[2] Baskin, C. et al, 'Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: a scoping review' BMJ Open, 2021 https://bmjopen.bmj.com/content/11/4/e041102

[3] Lyle, K. 'Addressing Race Inequality in Scotland: The Way Forward' The Scottish Government, 2017, https://www.gov.scot/publications/addressing-race-inequality-scotland-way-forward/

[4] Alston, J, Lemetyinen, H and Edge, D. 'Black mental health matters: Time to eradicate long-standing ethnic inequalities in mental healthcare', Policy@Manchester Blogs, University of Manchester, July 15 2020

in Caribbean countries did not find similar morbidity rates.[5] Black men in the UK are far more likely to be diagnosed with severe mental health problems than white men, yet there are very few differences between Black and white men's levels of mental health problems until they reach 11 years old.[6] These findings suggest that racism towards Black people in the UK plays a key role in the emergence of mental health problems. Black people in England are more likely than any other group to be sectioned under the Mental Health Act and those from Black African and Caribbean communities are 50 per cent more likely to be referred to mental health services by the police than those from white communities.[7]

Other key groups in the UK that are reported to have poor mental health are South Asian women who are an at-risk suicide group, refugees and asylum seekers who are more likely to experience depression, anxiety and PTSD.[8] The suicide rate for members of the Gypsy Roma Traveller community is six times higher than the general population.[9]

This evidence indicates that mental health stigma is higher amongst minority ethnic communities than the wider population. Stigma is an intersectional issue for these communities: those with mental health problems in BAME communities face a 'double stigma' whereby they are stigmatised for their mental health and through the racism that they face. It is important to note here that people from non-white minority ethnic groups face a different form of racism due to the fact that their minority ethnic status may be more visible.

It has been found that those who are members of minority ethnic groups tend to have low engagement levels with mental health services. They tend to be less likely to seek out these services and if they do, they are less likely to complete treatment.[10] The reasons behind this appear to be linked to the double stigma that they experience from being part of a BAME community and having a mental health problem.

Stigma within BAME communities

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http://blog.policy.manchester.ac.uk/posts/2020/07/black-mental-health-matters-time-to-eradicate-long-standing-ethnic-inequalities-in-mental-healthcare/

[5] Alston, J, Lemetyinen, H and Edge, D. 'Black mental health matters: Time to eradicate long-standing ethnic inequalities in mental healthcare', Policy@Manchester Blogs, University of Manchester, July 15 2020 http://blog.policy.manchester.ac.uk/posts/2020/07/black-mental-health-matters-time-to-eradicate-long-standing-ethnic-inequalities-in-mental-healthcare/

[6] Mind 'Working with Young Black Men' https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/young-black-men/

[7] Institute of Race Relations 'Health and Mental Health Statistics' https://irr.org.uk/research/statistics/health/

[8] https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities

[9] Sweeney, S and Dolling, B. 'Suicide Prevention in Gypsy and Traveller communities in England' Friends Families and Travellers, 2020 https://www.gypsy-traveller.org/wp-content/uploads/2020/10/Suicide-Prevention-Report-FINAL.pdf

[10] Vahdaninia, M. et al, 'Mental health services designed for Black, Asian and Minority Ethnics (BAME) in the UK: a scoping review' 2020 http://eprints.bournemouth.ac.uk/33256/1/Vahdaninia%20et%20al.Accepted%20Dec%202019.pdf

When considering the mental health stigma that people from BAME communities face, it is important that we understand the stigma that individuals may experience from their families and within their communities. This stigma is often rooted in culture and tradition, these can be difficult concepts for people from outside these communities to fully understand, which adds to the mental health stigma within these communities. This stigma varies between different minority ethnic groups and can ultimately lead to people not accessing the mental health services that they need. Although not every group can be fully captured in this review, there were some key themes that appeared in the data and literature.

In some cases, cultural expectations can have a profound impact on mental health self-stigma. For some Muslim women living in the UK there can be pressure with regards to their mental health and marriage. With marriage being an important part of familial relationships and culture[11] they "may avoid sharing personal distress and seeking help for poor mental health due to fear of negative consequences with respect to marital prospects or in their current marriages."[12] One study found that Pakistani Muslims living in the UK were not open to marrying someone with a mental problems, and only half would consider socialising with them.[13] This stigma within the community could make it difficult for people to talk openly about mental health, as they may worry about what being open could do to their ability to meet cultural expectations. This stigma can often be portrayed as shame in these communities, with familial expectations and reputation playing a key role in this.[14]

Stigma can also present issues for women specifically. In some communities such as the Black Caribbean and South Asian communities, the role that women play are not seen as compatible with mental health problems. For Black Caribbean women, a history of slavery has shaped the role of women, and they are often seen to be the ones to be strong and to hold the family together. In both Black Caribbean and Bangladeshi communities, depression is perceived as a sign of weakness and in a role that is seen as inherently strong, women in these communities face another layer of mental health stigma.[15]

A common thread for all BAME communities and stigma was that people often associated mental health problem with shame and negative connotations. This deep sense of shame may have negative consequences that extend beyond the family, as

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[11] Ciftci, A. et al. 'Mental Health Stigma in the Muslim Community', Journal of Muslim Mental Health, 2012 https://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext

[12] Ciftci, A. et al. 'Mental Health Stigma in the Muslim Community', Journal of Muslim Mental Health, 2012 https://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext

[13] Ciftci, A. et al. 'Mental Health Stigma in the Muslim Community', Journal of Muslim Mental Health, 2012 https://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext

[14] Ciftci, A. et al. 'Mental Health Stigma in the Muslim Community', Journal of Muslim Mental Health, 2012 https://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main;view=fulltext

[15] Watson, H. et al. ' A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe' PLOS ONE, 2019 https://journals.plos.org/plosone/article/citation?id=10.1371/journal.pone.0210587

they may fear that they will no longer be respected by their community and that this may impact employment.[16]

Stigma and discrimination as barriers to accessing mental health services

People from BAME communities living with mental health problems who face 'double stigma' are less likely to seek out support from a mental health service.[17] Some have suggested that people from Black communities face a triple stigma, due to the stigma from their community, stigma related to racism and self-stigma.[18]

There are a variety of reasons why people from BAME communities are less likely to access mental health services. It can be seen that there are two key barriers that affect this: stigma from families and services that are not understanding of cultural differences.[19]

Family stigma

The first of these barriers is that many people from BAME communities feel that they cannot express how they are feeling to their families, for fear of judgement or feeling misunderstood. Some women reported that they do not wish to disclose their mental health problems because they do not want to be seen as bad mothers or they do not want to be labelled as having bad mental health.[20] This can be linked to the stigma discussed in the previous section.

One study that looked at BAME communities found that some people did not use mental health services because of the stigma from their community – one respondent stated that they did not use them as they were "for crazy people only".[21] Having this negative understanding of mental health and mental health services means that people may be less likely to be open about symptoms, as they do not want to be perceived in this way.

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[16] Memon, A. et al. 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England' BMJ Open, 2016 https://bmjopen.bmj.com/content/6/11/e012337

[17] Mental Health Foundation 'Written evidence submitted by the Mental Health Foundation (CVB0028)' Women and Equalities Parliamentary Committee, 2020 https://committees.parliament.uk/writtenevidence/8580/pdf/

[18] Race Equality Foundation 'Racial disparities in mental health: Literature and evidence review' 2019 https://raceequalityfoundation.org.uk/wp-content/uploads/2020/03/mental-health-report-v5-2.pdf

[19] Knifton, L. ' Understanding and addressing the stigma of mental illness with ethnic minority communities' Health Sociology Review, 2012 https://www.researchgate.net/publication/263928376_Understanding_and_addressing_the_stigma_of_mental_illness_with_ethnic_minority_communities

[20] Watson, H. et al. ' A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe' PLOS ONE, 2019 https://journals.plos.org/plosone/article/citation?id=10.1371/journal.pone.0210587

[21] Memon, A. et al. 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England' BMJ Open, 2016 https://bmjopen.bmj.com/content/6/11/e012337

Cultural insensitivity and structural racism within services

For many people from BAME communities, mental health services do feel to be designed with them and their experiences in mind. Issues such as language barriers, cultural naivety, insensitivity and discrimination within mental health services make them an untenable option for many people.[22] When service providers fail to have a culturally sensitive conversation with patients or they do not understand the cultural background that they come from then the chances of these stigma barriers arising increases.[23] One study found that "people with a BME background who have experienced racial discrimination in healthcare have a preference for ethnic similarity regarding healthcare providers"[24] thus suggesting that they have a better healthcare experience when they are supported by people who have similar backgrounds to them. Language is often highlighted as a barrier for people in accessing services, with providers not knowing the language and information and literature not being available in the required language. Without knowing what services are available, they will not be accessed nor will people understand what the services can offer them. Studies also found that people did not feel that their GPs were able to signpost them to culturally relevant services.[25]

Often this cultural insensitivity can lead to poor experiences with mental health services that mean that people might not want to access them in the future. A high proportion of women who are from BAME communities are found to have bad experiences with services for perinatal mental health care and one study found that women were less likely to access these services because they did not want to be treated by someone who was from a different ethnic background, did not have a positive previous experience or they did not want to be put on medication.[26] All of these are issues that require a deeper understanding of specific cultures and how these may impact on the way in which services are provided.

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[22] Memon, A. et al. 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England' BMJ Open, 2016 https://bmjopen.bmj.com/content/6/11/e012337

[23] Memon, A. et al. 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England' BMJ Open, 2016 https://bmjopen.bmj.com/content/6/11/e012337

[24] Arday, J 'Understanding Mental Health: What Are the Issues for Black and Ethnic Minority Students at University?' Social Sciences, 2018 https://www.mdpi.com/2076-0760/7/10/196

[25] https://bmjopen.bmj.com/content/6/11/e012337

[26] Watson, H. et al. ' A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe' PLOS ONE, 2019 https://journals.plos.org/plosone/article/citation?id=10.1371/journal.pone.0210587

Interventions

Community-based Interventions

One of the key themes in the current literature is that the most effective interventions are community based.[27] The most effective interventions to make mental health services more accessible for people from BAME communities in the UK were based out of school or community locations, as opposed to clinics and other traditional healthcare settings. It has been found that these were environments that lessened the stigma for some BAME people.[28] Interventions that are rooted in communities appear to make impactful changes to mental health stigma. This means having a deeper understanding of individual communities and strong ties with community partnerships in order to remove mental health stigma in specific BAME communities.[29] Some people from minority ethnic communities find mental health discussions easier when they are had with people from within their own cultural networks and consider formal mental health services as a "last resort."[30] Therefore, in order to be effective the interventions must be led by people from the communities they seek to support.

There are a number of organisations and projects that have used this community approach to tackle mental health stigma in BAME communities:

- In Scotland, Saheliya[31] tackle mental health stigma for young BAME women by offering a range of services that are led by staff who are from a variety of different cultures and ethnic backgrounds. They provide services in a number of different languages including Arabic and Urdu, which are often used by groups who are more likely to experience mental health problems, such as refugees and asylum seekers.

- In 2016, the 'Up My Street' project was launched by Mind Birmingham. It used 'street therapy' to help young African Caribbean men to speak more openly about mental health amongst themselves and with their families. By providing an informal and flexible service through the use of community centres and

[27] Codjoe, L. et al. 'Tackling inequalities: a partnership between mental health services and black faith communities' Journal of Mental Health 2019
https://www.tandfonline.com/doi/full/10.1080/09638237.2019.1608933
[28] Vahdaninia, M. et al, 'Mental health services designed for Black, Asian and Minority Ethnics (BAME) in the UK: a scoping review' 2020
http://eprints.bournemouth.ac.uk/33256/1/Vahdaninia%20et%20al.Accepted%20Dec%202019.pdf
[29]Knifton, L. ' Understanding and addressing the stigma of mental illness with ethnic minority communities' Health Sociology Review, 2012
https://www.researchgate.net/publication/263928376_Understanding_and_addressing_the_stigma_of_mental_illness_with_ethnic_minority_communities
[30] Baskin, C. et al. 'Community-centred interventions for improving public mental health among adults from ethnic minority populations in the UK: a scoping review' BMJ Open 2021
https://bmjopen.bmj.com/content/11/4/e041102
[31] http://www.saheliya.co.uk/saheliya/#.YQM-behKg2w

speaking to people in the street, they were better placed to tackle stigma and discrimination directly within the community.[32]

In order to eliminate mental health stigma in some BAME communities, mental health service providers and models need to be based on principles which are founded in an understanding of the culture of each community.

Cultural competence

Another key theme in the literature is that service providers need to have higher levels of cultural competence in order to tackle stigma.[33] Where there are lower levels of cultural competence, BAME patients were less likely to complete their treatment, the reasons behind this including the fact that practitioners did not have a reasonable understanding of cultural differences or religion.

It has been found that anti-stigma interventions need to be tailored to specific minority ethnic communities in order to improve services that are on offer,[34] this would be an important step in ensuring that the services provided are culturally sensitive and relevant since providers would know about important issues within different communities.

Summary

- There are differences between different minority ethnic groups and their experiences, and these need to be considered separately in order to achieve the best outcomes.
- People from BAME communities face multiple types of stigma from inside and outwith their communities.
- A deeper understanding of specific mental health stigma present within specific communities is needed to find solutions.
- An in-depth knowledge of how institutional racism impacts mental health services should guide decisions in order to remove the stigma associated with the services on offer.
- Interventions should be community based and practitioners should have good level of cultural competence to make the services more approachable and appealing for people from BAME communities who need support.

[32] Centre for Mental Health 'Against the Odds: Evaluation of the Mind Birmingham Up My Street Programme' 2017 https://www.mind.org.uk/media-a/4300/ums-report.pdf
[33] Memon, A. et al. 'Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England' BMJ Open, 2016 https://bmjopen.bmj.com/content/6/11/e012337
[34] Eylem, O. et al. 'Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis' BMC Public Health, 2020 https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08964-3#Sec19

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