ETHNIC MINORITIES AND MENTAL HEALTH

Revised guidelines for mental health services and staff on working with people from ethnic minority communities

Mental Health Reform
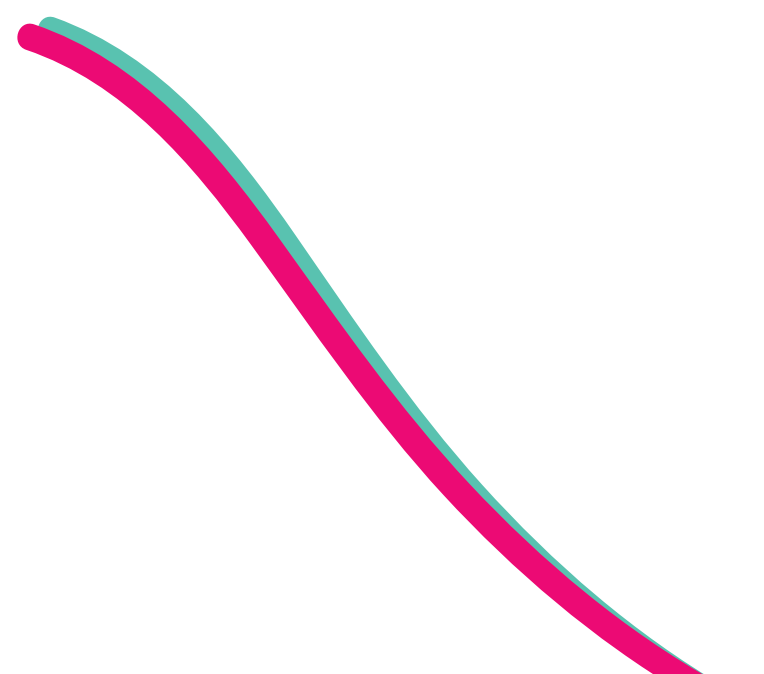Promoting Improved Mental Health Services

mhc
coimisiún meabhair - shláinte
mental health commission

Contents

Key Terms

Cultural competence

Culture influences how we view our health. It influences help-seeking behaviour in terms of both access and treatment. Therefore, it is crucial that service providers are culturally competent.

The HSE's Second National Intercultural Health Strategy 2018 to 2023 states: 'Cultural competence is that set of behaviours, attitudes and policies that shape the ability of a system to provide effective responses in cross cultural interactions.'[1]

These guidelines use the term "cultural competence" to refer to the attitudes, behaviours, knowledge and skills that mental health professionals need in order to deliver culturally responsive mental health services. This competency must also address power imbalance and institutional discrimination.

Ethnic minorities

The HSE's Second National Intercultural Health Strategy 2018 to 2023, states that: '[t]he term "ethnic minority" is mainly used to denote people who are in the minority within a defined population on the grounds of "race", colour, culture, language or nationality. Government documents and those involved in the work of race equality tend to use the term "minority ethnic" instead of "ethnic minority". Both terms are in common usage and are generally acceptable.'[2]

Service users

These guidelines acknowledge that there are different views on the terms used to describe a person who uses the mental health services. Often terms such as "service user" "the person", "the individual" or "someone who uses the mental health services" are used. In order to be consistent, concise and clear, the term "service user" has been selected for the purposes of these guidelines and is used throughout.

Recovery

These guidelines use the definition of recovery as set out in the HSE's, A National Framework for Recovery in Mental Health: 'recovery is intrinsically about people experiencing and living with mental health issues in their lives and the personal goals they want to achieve in life, regardless of the presence or severity of those mental health issues'.[3]

A person-centred approach

Sharing the Vision, the new national mental health policy, adopts a person-centred approach at the heart of the policy, 'which adopts a lifecycle approach that places the individual at the centre of service delivery.'[4] It states, '[I]f a person-centred, whole-of-government approach is to be achieved in practice, there will need to be a real focus on how mental health services are planned and delivered.'[5] A person-centred approach to mental health will focus on the needs of the individual and provide equity of service provision, regardless of ethnicity. These guidelines are rooted in this approach.

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[1] HSE, *Second National Intercultural Health Strategy 2018-2023* (Dublin: HSE, 2018), 72.
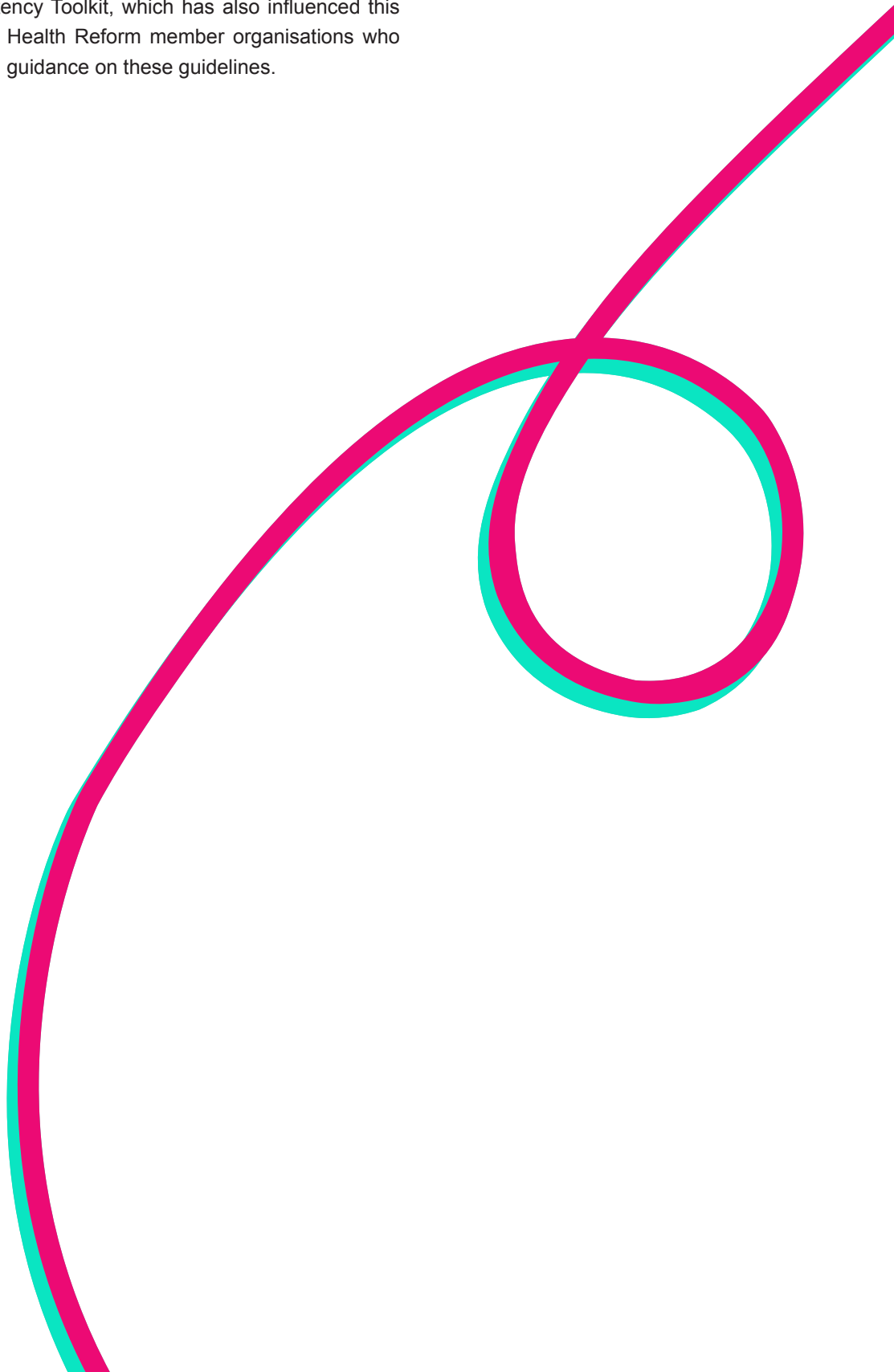
[2] Ibid., 90.

[3] HSE, *A National Framework for Recovery in Mental Health* (Dublin: HSE, 2017), 1.

[4] Department of Health and Children, *Sharing the Vision: A Mental Health Policy for Everyone* (Dublin: The Stationery Office, 2020), 9.

[5] Ibid., 20.

Acknowledgements

Introduction

Ethnic minority communities in Ireland come from a range of ethnic and cultural backgrounds, incorporating a rich tapestry of experience, skills, perspectives, and creativity. It is important that Ireland's mental health services serve the entire population, including individuals from ethnic minority groups. In keeping with international human rights treaties[6], Ireland is obligated to protect the health of minority groups through targeted programmes.

In December 2016, in partnership, the Mental Health Commission (MHC) and Mental Health Reform (MHR) published guidelines for mental health services and staff, on working with people from ethnic minority communities. The guidelines were based on MHR's previous position paper on ethnic minorities and mental health, launched in 2014.

In 2021, the Mental Health Commission once more partnered with Mental Health Reform to update the guidelines. The consultation process took place from June - August 2021. It involved a mixed methods approach using a combination of qualitative methods, to gather feedback from both service users and providers, plus analysis of written feedback from interested stakeholder groups. As the guidelines are intended to inform mental health services and staff on how best to provide care to individuals from ethnic minorities, recommendations from the consultation have shaped this revised document.

Recommendations included:

1   The 2016 guidelines should be updated taking into account intervening changes in Government policy and the provisions of international treaties since ratified.

2   Develop more user friendly guidelines.

3   MHC and MHR should increase efforts to raise awareness and disseminate the guidelines.

4   The revised guidelines must strongly highlight and recognise the need to invest in delivering culturally sensitive mental health services and support.

In 2021, MHR produced the Cultural Competency Toolkit , which is a practical document for staff working in mental health services. The Cultural Competency Toolkit has informed these revised guidelines.[7]

The feedback from the consultation has led to the production of a shorter version, intended to be more user friendly for those working on the front line of service provision. It is also a useful reference point for managers in the sector on the provision of services. The revised guidelines continue with the original thematic areas detailed in the 2016 edition. There also is an added section on useful resources for each theme, which signposts to further reading.

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[6]   UN General Assembly, International Convention on the Elimination of All Forms of Racial Discrimination, 21 December 1965, United Nations, Treaty Series, vol. 660, p.195.

[7]   Mental Health Reform, *Cultural Competency Toolkit: A practical guide for mental health professionals, services, and staff on working with ethnic minority communities in Ireland* (2021) www.mentalhealthreform.ie

Context in 2021- why do we need these guidelines?

Since the original publication of the guidelines in 2016, the context has changed. The recognition and rise of movements such as Black Lives Matter, the publication of a new mental health policy in Ireland, and the impact of the COVID-19 pandemic have altered the landscape. The consultation and literature review demonstrate the increasing importance of providing culturally sensitive mental health services in this new landscape.

Ethnic minorities comprise a growing percentage of the Irish population.[8] **The 2016 Census found that ethnic minorities made up 17.8% of the Irish population.**[9] The Government formally recognised Irish Travellers as a distinct ethnic group in March 2017[10], making up 0.7% of the usually resident population.[10] In 2019, the Central Statistics Office announced that there would be a revision of the question on ethnic group for the next census, which will seek to address the issue of under-reporting of ethnic minority groups in Ireland.[12]

It is broadly acknowledged that in Ireland, services are designed and developed in a way that reflects the majority culture. There are a number of barriers for individuals from ethnic minority groups in accessing mental health services in Ireland, resulting in inequalities of access and outcome. It is important to note that ethnic minority community groups are not homogenous; the barriers for these diverse communities may be very different from one group to the next and from individual to individual.

Despite the rise in numbers of people from ethnic minorities in the population and recognition of these barriers, there has been insufficient action taken to improve how health and social care services are provided to this group of people, to ensure that their needs are met in culturally appropriate ways. This lack of progress was affirmed in both the literature review and the consultations undertaken as part of the updating of these guidelines. The lack of progress in ensuring that mental health services are culturally competent and appropriately designed for people from ethnic minorities, is contrary to recommendations in national mental health policies A Vision for Change, and its successor Sharing the Vision, published in 2020.

Both policies stress the importance of providing culturally appropriate health care to meet the needs of service users from diverse cultural and ethnic minority communities.

Recommendation 61 of Sharing the Vision, specifically recommends that:

'The HSE should maximise the delivery of diverse and culturally competent mental health supports throughout all services.' [13]

[8] www.cso.ie

[9] For a more accurate analysis of the numbers please see: Alish Hannigan et al., 'Ethnicity recording in health and social care data collections in Ireland: where and how is it measured and what is it used for?', Int J Equity Health (2020) 19, 2, Table 3 Ethnic or cultural background Census of the Population 2016.

[10] This culminated in a National Traveller and Roma Inclusion Strategy: Department of Justice and Equality, National Traveller and Roma Inclusion Strategy 2017-2021 (Dublin: The Stationary Office, 2017). www.justice.ie

[11] www.cso.ie

[12] www.cso.ie The Census is now delayed until April 2022.

[13] Sharing the Vision, 63.

Taking an intersectionality approach

Intersectionality is an approach to feminism and social causes. The term was created by Dr. Kimberlé Crenshaw and refers to a theory about 'a prism for seeing the way in which various forms of inequality often operate together and exacerbate each other'.[14] It helps us understand how divergent sets of identities impact on access to rights and opportunities. In the context of the implementation of these guidelines, practitioners should be aware that all individuals have divergent experiences based on aspects of their identity including race, gender, social class, ethnicity, sexual orientation, religion, age, as well as other forms of identity.

[14] www.time.com

Guidance
for staff and mental health services

These guidelines are intended to be instructive to mental health services at a strategic level and to provide practical advice to mental health professionals in their work. The structure of the revised guidelines reflects this intention. In addition to the references throughout the recommendations, useful references are provided at the end of each section for further reading.

1 Respect for diverse cultures, beliefs, and values

Mental health services and staff should respect the diverse beliefs and values of people from ethnic minority communities, and deliver care and treatment in a manner that takes account of such beliefs. Respectful, empathetic relationships are required between people using the mental health services and those providing them.[15]

Mental health services should:

- Provide all staff working with people with mental health difficulties with training in the area of anti-discrimination and cultural competency.

- Reflect cultural concepts and beliefs in the development and delivery of individual care/recovery planning. [16] [17]

- Provide assurances that disrespect or discrimination of any kind by staff, should not be tolerated. Specific measures for reducing discrimination in mental health services should be implemented. This could include actions such as employing individuals from ethnic minority communities and educating local communities to target stigma and discrimination.

Mental health professionals should:

- Recognise that mental health services have been designed and developed in a way that reflects a majority culture, which can lead to cultural bias. For example, only having signs in English and Irish, no prayer room, standard assessment tools that reflect the dominant culture, etc.

- Recognise the role that cultural health beliefs and practices play in their own lives, as well as the lives of individuals seeking services.[18]

- Recognise that ethnic minority communities may have a different perception of mental health and therefore may not identify their experiences in the same way.

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[15] Under the Public Sector Equality and Human Rights Duty, Section 42(1) of the Irish Human Rights and Equality Commission Act, (2014) states that:
42. (1) A public body shall, in the performance of its functions, have regard to the need to—
(a) eliminate discrimination, (b) promote equality of opportunity and treatment of its staff and the persons to whom it provides services, and (c) protect the human rights of its members, staff and the persons to whom it provides services.

[16] Frederick T L Leong and Zornitsa Kalibatseva. *Cross-cultural barriers to mental health services in the United States.* Cerebrum: the Dana forum on brain science vol. 2011 (2011): 5. Available at: www.ncbi.nlm.nih.gov/pmc/

[17] Mental Health Commission, *Judgement Support Framework*, Version 5.1 (Dublin: Mental Health Commission, January 2020), Regulation 15, Individual Care Plan. Available at: www.mhcirl.ie

[18] The UN Committee on Economic, Social and Cultural Rights has made specific comments on the right to health for people from marginalised groups. General Comment 14 states that: "all health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities….".

2

Communication and language supports

Communication has been identified as a significant barrier for people from ethnic minority communities, in both accessing and remaining in mental health services. Mental health services and staff should identify the communication and language assistance needs of people from ethnic minority communities, provide information in ways that are accessible, and provide appropriate interpretation services where necessary. Standard 5.1.3 of the Mental Health Commission's Quality Framework states that, 'mental health services should provide information in ways that are accessible to people from ethnic minority groups to groups'.[19] The HSE's Second National Intercultural Health Strategy 2018–2023, sets out in Goal 1, Strategic Objective 1 to 'Provide information in accessible, culturally responsive ways.'[20]

Mental health services should:

- Ensure that staff are aware that it is the responsibility of each staff member providing care to service users, to assess their level of understanding and ability to communicate.

- Ensure that individuals from ethnic minority communities understand how to access mental health services, their options for treatment, and how to maintain their mental health and follow their individual care plan.

- Recognise that the requirement of interpretation services should be included in the individual's care/recovery plan. Once a staff member has confirmed that an interpreter is required, it is important to record this in the patient's case notes.[21]

- Ensure that staff are fully aware of and trained in the use of language assistance services, policies, and procedures.

- Facilitate the use of qualified and trained interpreters to support communication. Interpreters should be trained in cultural competency.

- Ensure that policies are in place such that family members (including children and/or carers) are not encouraged nor obliged to interpret for the individuals accessing services. Children in particular should not be required to act in this capacity.

- Provide supportive, accessible written material in a variety of languages, formats, and media. Materials should meet communication needs in all settings in the mental health service.
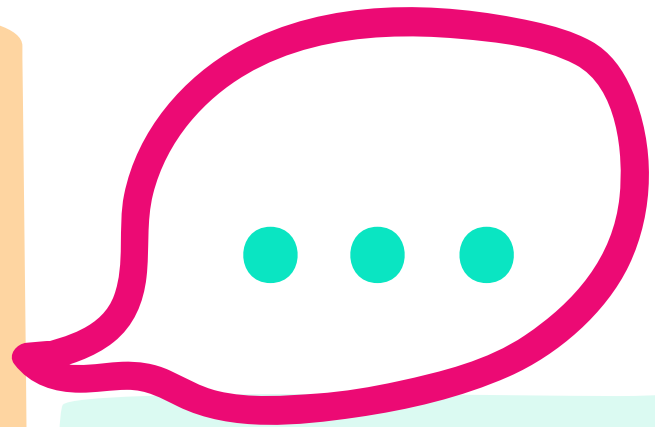
Mental health professionals should:

- Let service users know that they have the right to an interpreter to assist in communication. It should be made clear that there is no cost to the patient and that staff will arrange for the interpreter (the service user does not have to do this). The service user can use or refuse the assigned interpreter.[22]

- Be aware that a consultation involving the use of an interpreter will take longer than a routine appointment. Additional time should be allocated for this when appointments are made.[23]

- Provide resources onsite to facilitate communication for individuals who experience impairment due to a changing medical condition or status (e.g., augmentative and alternative communication resources, or auxiliary aids and services).[24]

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[19] MHC, Quality Framework: *Mental Health Services in Ireland* (Dublin: MHC, 2007), 38.

[20] *Second National Intercultural Health Strategy*, 11.

[21] HSE, O*n Speaking Terms: Good Practice Guidelines for HSE Staff in the Provision of Interpreting Services*, (Dublin: HSE, 2009), 10.

[22] Ibid.

[23] Ibid.

[24] The Joint Commission, *Advancing Effective Communication, Cultural Competence and Patient-and Family-Centered Care: A Roadmap for Hospitals* (Oakbrook Terrace, IL: The Joint Commission, 2010), 10.

3 Access to mental health services

Mental health services should improve accessibility to mental health services for people from ethnic minority communities
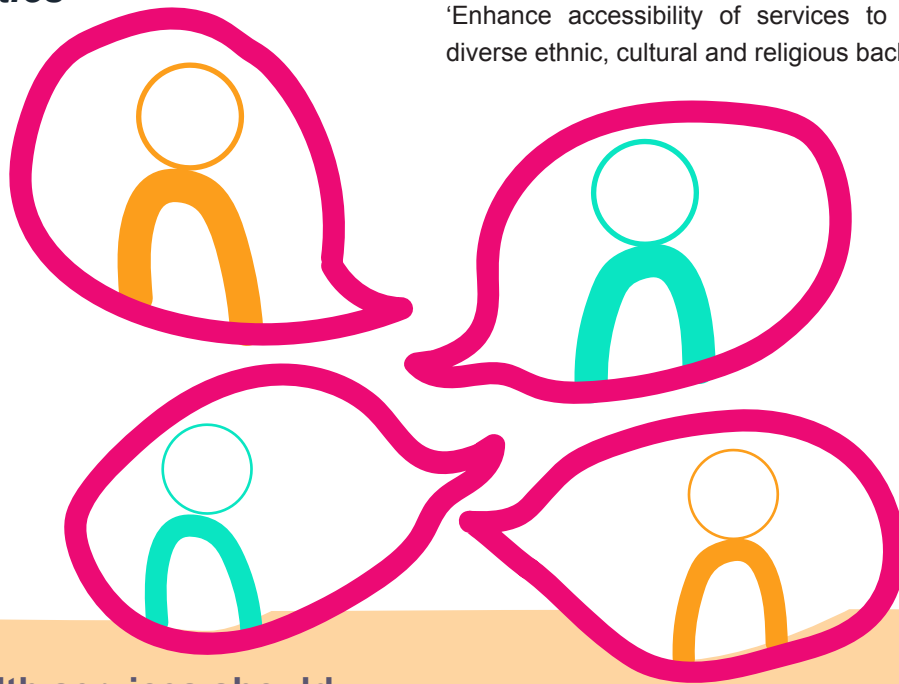
Standard 5.1.1 of the Mental Health Commission's Quality Framework states: '[T]he mental health service ensures equality in accessing a service regardless of the service user's gender, marital status, family status, sexual orientation, religion, age, disability, ethnicity, membership of the Traveller community or social class'.[25] Goal 1 of The HSE's Second National Intercultural Health Strategy 2018 - 2023 is to 'Enhance accessibility of services to service users from diverse ethnic, cultural and religious backgrounds'[26].

Mental health services should:

- Ensure equality for all individuals in accessing services regardless of the individual's ethnicity, including members of the Traveller community.

- Address any perceived or real barriers that research has identified in Ireland, such as stigma, mistrust, and prejudice to accessing services.

- Increase awareness of their services by disseminating information in English and other relevant languages through a number of channels including print, audio-visual or community information sessions and forums. Information should be disseminated to different cultural groups in places including but not limited to: local doctors' surgeries; hospitals; community centres; places of worship; schools; libraries; and other meeting places deemed to be specific to ethnic minority groups.[27]

- Co-facilitate peer led consultations/focus groups, where possible. This would include consultations with community groups in order to identify the mental health needs of people within ethnic minority groups.

- Improve access to mental health care for individuals from ethnic minority communities by establishing links with other service providers. For example, there should be clear protocols for communication between primary (including GP practices) and secondary mental health providers.

25 MHC, *Quality Framework: Mental Health Services in Ireland*, 38.

26 HSE, *Second National Intercultural Health Strategy* (Dublin: HSE, 2018), 11.

27 Multicultural Mental Health Australia, *National Cultural Competency Tool (NCCT) For Mental Health Services* (Parramatta, NSW: Multicultural Mental Health Australia, 2010).

4 Family, Friends, Carers and Supporters (FFCS) advocate involvement and support

Mental health services should provide opportunities for family/advocate involvement and support for individuals from ethnic minority communities.

Although it does not explicitly mention ethnic minority groups, The HSE's Family Recovery Guidance Document 2018 - 2020 Supporting 'A National Framework for Recovery in Mental Health 2018-2020', sets out mechanisms for family involvement in recovery.[28] Mental health services need to understand the relationship between individuals from ethnic minority groups and their families, their community, wider services, and society. Such dynamics may have a significant impact on the individual's willingness to access services, engage in and/or remain in care. This may be due to the family or community understanding of mental health. It may also be due to concerns of a lack of support or understanding from family members, or a fear of

discrimination or isolation from family and/or their community. It is fundamental for services to recognise the level of mental health education in families and communities, and how this may influence the individual in their decision making.[29]

Furthermore, as with all populations and families, a person from an ethnic minority community may or may not want to involve their family in their mental health care or recovery.

Mental health services should:

• Involve individuals from ethnic minority groups, FFCS, and community members in the planning, improvement and review of programmes and services on an ongoing basis.

• Develop policies and procedures to facilitate the cultural needs of people from ethnic minority communities and their FFCS, including roles and obligations.[30] This should be reflected in individual care/recovery planning.

• Ensure regular engagement with mental health advocates and ethnic minority groups in the community, to improve advocacy supports for people from ethnic minority communities.[31]

Mental health professionals should:

• Make use of community health workers where possible. Community health workers can increase the use of mental health services, particularly by people who have experienced trauma. Community health workers are usually members of ethnic minority communities who are trained in providing support, counselling, and information. Their contribution and interventions can have different goals, such as increasing access to services or increasing health-related knowledge.[32]

[28] HSE, *Family Recovery Guidance Document 2018 - 2020 Supporting 'A National Framework for Recovery in Mental Health 2018-2020'* (Dublin: HSE, 2018)

[29] MHR, *Cultural Competency Toolkit*, 51.

[30] NCCT, Standard 4.3.

[31] The US CLAS National Standards provides guidance to services in appointing patient advocates or ombudspersons.

[32] Richard F. Mollica, et al., '*The Mental Health Challenges of Immigration*' in Thornicroft, G. Szmukler, G., Mueser, K. and Drake, R. (eds), Oxford Textbook of Community Mental Health (New York: Oxford Community Press, 2011).

5

Mental health staff training

Mental health staff should be appropriately aware, skilled, experienced and knowledgeable to meet the care needs of people from ethnic minority communities.

The HSE's National Intercultural Health Strategy, 2007 - 2012 recognises that staff training in areas of anti-discrimination and cultural competence is a priority. It states, 'appropriate intercultural training and support for staff is a fundamental principle of the Strategy...'[33] The HSE's Second National Intercultural Health Strategy goes further to state that 'organisational commitment to all elements of intercultural health is required to support staff who have gained the necessary knowledge and skills through training.'[34]

Mental health services should:

- Develop policies on the recruitment of staff from ethnic minority communities by implementing strategies to recruit, retain and promote a diverse leadership and staff at all levels of the service, which reflects the demographic characteristics of the populations in the service area.

- Develop training in consultation with ethnic minority service users.

- Monitor and evaluate the training, skills and knowledge of staff in the area of cultural competency.

- Evaluate the education and training delivered to their staff.

- Develop post training staff evaluations on the effectiveness and application of training in cultural competency.

- Incorporate cultural competency into staff evaluations.

- Ensure that human resources management policies and practices include cultural responsiveness references in position descriptions, performance reviews and promotions.[35]

- Ensure that internal communication systems for sharing cultural diversity information and data are developed, maintained and periodically reviewed.[36]

- Ensure that interpreters receive the appropriate training in cultural competence.

Mental health professionals should:

- Be provided with the necessary resources and supports to deliver mental health care that is culturally competent. This includes the provision of training for staff to enhance their cultural responsiveness.

- Engage in Continuous Professional Development in order to enhance their skills and knowledge in working with people from ethnic minority communities.

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[33] HSE, *National Intercultural Health Strategy 2007-2012* (Dublin: HSE, 2008), 9.

[34] *Second National Intercultural Health Strategy*, 72.

[35] Department of Health, *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*, (Victoria: Department of Health, 2009), Standard 6.1.

[36] Ibid.

6 Ongoing evaluation, review, and monitoring

Mental health services should undertake systematic evaluation and self-assessment, to ensure that the mental health needs of people from ethnic minority groups are being adequately met.

Although identified as an issue in 2016, very limited evidence is available about the prevalence of mental health difficulties among people from ethnic minority communities in Ireland.[37] In addressing this need in the HSE's Second Intercultural Health Strategy, a strategic objective under Goal 4 is to 'Work towards the development of high quality data collection, monitoring and evaluation to build an evidence base on minority ethnic health and ensure evidence-informed practice.'[38] In their study of health inequalities in Europe Forster et al., recommend addressing the gap in data on migrant health, by using an intersectional approach as 'subsets of the population—including gender, migrant status, and ethnicity—are often evaluated in isolation.'[39]

Mental health services should:

Conduct organisational assessments to ensure they deliver care in a culturally competent manner. Specific ways that this can be achieved include:

- Conducting an organisational assessment or cultural audit using existing cultural and linguistic competency assessment tools, to assess existing structural policies, procedures, and practices. These tools can provide guidance to determine whether the core structures and processes (e.g. management, governance, delivery systems, and customer relation functions) necessary for providing culturally competent service delivery, are in place.

- Providing training opportunities where and when needs are identified.

- Using results from assessments to identify existing resources e.g. bilingual staff members who could be trained as interpreters, existing relationships with community-based organisations. Assessments can also highlight weaknesses e.g. the absence of translated signage or cultural competency training, opportunities to improve the organisation's structural framework, capacity to address cultural and linguistic competence in care, revise the mission statement, recruit people from diverse cultures into policy and management positions.

- Following the assessment, preparing adequate plans for developing culturally competent services. Subsequent ongoing assessments should be established in order to monitor the service's progress in implementing cultural competency and their strategic plans should be refined accordingly.

[37] Ailish Hannigan, et al., *Ethnic Minority Health in Ireland—Co-creating knowledge (EMH-IC): a participatory health research protocol*,l BMJ Open (2018): 1-7, 2. www.bmjopen.bmj.com

[38] HSE, *Second National Intercultural Health Strategy*, 35.

[39] Timon Forster, et al., *Health Inequalities in Europe: Setting the Stage for Progressive Policy Action* (Dublin and Brussels: FEPS/TASC, 2018), 73.

6 Ongoing evaluation, review, and monitoring

Mental health services should:

Collect and maintain demographic data to assess the mental health needs of people from ethnic minority communities in the service area. Specific ways that this can be achieved include:

- Collecting data early i.e. on admission. Types of information to collect include: race; ethnicity; nationality; nativity; ability to speak English; language(s) other than English spoken; preferred spoken/written languages or other mode of communication; age; gender; sexual orientation; gender identity; income; education; informed of right to interpreter services; request for, and/or use of, interpreter services; treatment history; medical history; outcome data (service type, utilisation, length of stay); client satisfaction.
All data collection and storage methods should comply with relevant data protection legislation (Data Protection Act 2018) and General Data Protection Regulations.

- Using standard collection instruments and storage of data in a standard electronic format.

- Providing ongoing data training and evaluation to staff.

Useful Resources

1. Respect for diverse cultures, beliefs, and values

Mental Health Reform, Cultural Competency Toolkit: A practical guide for mental health professionals, services, and staff on working with ethnic minority communities in Ireland (2021)
www.mentalhealthreform.ie

IHREC, Hidden Versus Revealed Attitudes: A List Experiment on Support for Minorities in Ireland (2020)
www.ihrec.ie

2. Communication and language supports

Mental Health Commission, Information for Patients Available in 9 Languages, in written and audio format.
www.mhcirl.ie

National Adult Literacy Agency (NALA) Policy Work in Health Literacy
www.nala.ie

HSE Multilingual Resources and Translated Information,
www.hse.ie

3. Access to mental health services

Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process, Report of the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process, (Government of Ireland, 2020).

Akidwa, Let's Talk: Mental Health Experiences of Migrant Women (2020).

Cairde, Pathways to Being Well. Mental Health guide for Ethnic Minorities in Ireland (2016). available in eight languages
www.cairde.ie

INAR, Racism and Mental Health: What We Know About How Racism Impacts Mental Health (2019), (Dublin: ENAR Ireland, 2019)
www.inar.ie

Spunout, Mental health support for ethnic minorities in Ireland,
www.spunout.ie

4. Family, Friends, Carers and Supporters (FFCS) advocate involvement and support

Mental Health Reform, My Voice Matters (2019)
www.mentalhealthreform.ie

HSE Mental Health Services: Family, Carer and Supporter Guide (2018)
www.hse.ie

5. Mental health staff training

HSE Intercultural Awareness eLearning Programme
www.hse.ie

6. Ongoing evaluation, review, and monitoring

ESRI, Diverse Neighbourhoods: An analysis of the Residential Distribution of Immigrants in Ireland (2019)
www.esri.ie

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