

The Mental Health Act, Race and Ethnicity: what are the key issues for AMHPs now?

Part of the Professionals in Practice Series
Thursday 15th October 2020, 1.00-3.00pm



Introduction and Welcome

Dr Ruth Allen
Chief Executive, BASW



Background and Overview of the Issues

Emad Lilo

Co-Organiser and Vice-Chair, National AMHP Leads Network



Mental Health Act, Race & Ethnicity: What Are The Key Issues For AMHPs Now?

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Race, Equality and the AMHP Role – The National Perspective

Mark Trewin
Co-Organiser and Mental Health Social Work Lead,
Office of the Chief Social Worker, Dept of Health &
Social Care



The National Perspective

CSW MH Lead priorities and activities:

- To develop and support the role of the AMHP
- To develop & support the AMHP workforce
- To Link the AMHP workforce to the Social work and NHSE race equality frameworks
- To work with Social Work England, HCPC, NMC on the training and regulation of the AMHP role
- To challenge and support the AMHP role in the assessment of people under the MHA



Race, Equality and the AMHP Role – An AMHP Leadership Perspective

Valbona Demiri
AMHP & Social Care Team Lead, Reading Borough
Council



Why disproportionate numbers of Black and Asian people are detained?

- Structural Inequalities
- Racism
- Social Injustice
- Discrimination
- Exclusion
- Gaps in Mental Health Service Provision, for individuals of Black African, Caribbean or Asian heritage.



Solutions - Role of the AMHP

- To identify, challenge and, where possible, redress discrimination and inequality in all its forms in relation to AMHP practice.
- AMHP's to Advocate for a more inclusive Mental Health Services
- Treating people as individuals, having the curiosity to understand their trauma and disadvantage they may have experienced.
- Co-production of community services take an active leadership role by leading any initiatives and working closely with the community in order to develop the services to meet their needs.



Mental Health Act, Race and Ethnicity Patient and Carers Race Equality Framework Update

Husnara Malik Programme Manager, NHSE/I

The Patient and Carers Race Equality Framework (PCREF)



Independent Review of the Mental Health Act (Page 165):

We endorse ongoing work by NHS England to develop an OCF for mental health – the Patient and Carer Race Equality Framework (PCREF). We believe that goals should focus on several core areas of competence: awareness, staff capability, behavioural change, data and monitoring, and service development. The OCF will help providers to design services which are more attractive to people at an earlier stage of the mental health system, which will help to tackle the low levels of engagement. The OCF will also direct staff towards having regard to a person's past and present wishes and preferences and promote respect and dignity. The OCF will help to combat structural factors which lead to disparate outcomes for certain groups.

At all levels, the framework offers an important accountability tool: ensuring Trust boards set a strategic vision to respond to the needs of their patients; allowing regional commissioners to ensure alignment of service provision with wider population need; and, importantly, offering an important benchmarking tool at national level, bolstering wider work such as the Race Disparity Audit. The framework should be underpinned by a system of incentives, levers and drivers, to be tested and evaluated through a number of pilot sites in diverse geographical areas. It is expected that there will be a role for regulatory bodies to monitor compliance and attainment at a national level, with patient and carer representatives having an active role in the assessment. Ultimately, we want this to be a simple, workable approach that can be readily adopted and welcomed by organisations, as opposed to overburdening them with what could be viewed as a bureaucratic process.

The Patient and Carers Race Equality Framework (PCREF)



- NHS England and NHS Improvement accepted this recommendation and has been working closely with its Mental Health Equalities Adviser (Dr Jacqui Dyer) to co-produce it with patients, carers and system leaders.
- The PCREF is expected to consist of three core components:
 - 1. <u>National expectations on all mental health Trusts in fulfilling their statutory duties</u> under core pieces of legislation, such as the *Health and Social Care Act*, and the *Equalities Act*.
 - 2. <u>A competency framework</u>, in line with the original vision, to support Trusts to improve Black, Asian and minority ethnic patent and carer experience. It is expected these 'competencies' will be similar to those referenced in the Independent Review (ie: staff capability, data and monitoring etc...). The framework will aim to capture what good looks like, and how to achieve it over time.
 - A patient and carers feedback mechanism, to embed patient and carer voice at the heart of the planning, implementation and learning cycle.

Recent accomplishments and/or work underway	Short-term goals (<1 year)	Longer-term goals (>1 year)
 Panel of experts by experience recruited, early learning sites engaged, and academic experts identified to form the PCREF steering group Collate examples of positive practice when they emerge to support rapid improvements in BAME experience wherever possible Comprehensive patient, carer and staff engagement programme currently being developed 	 Early examples of positive practice in improving BAME experience in mental health settings identified and shared wherever possible Roll out engagement programme and share learning Drawing on expertise of the steering group and the engagement findings, draft a framework for testing in different sites and settings 	 Test the framework and its effectiveness in different sites and settings, monitoring and evaluating impact and learning – and sharing positive practice as it emerges Finalise the framework for uptake by mental health providers and roll out engagement and communications plan to support awareness and uptake





Discussion: Questions and Comments from Participants







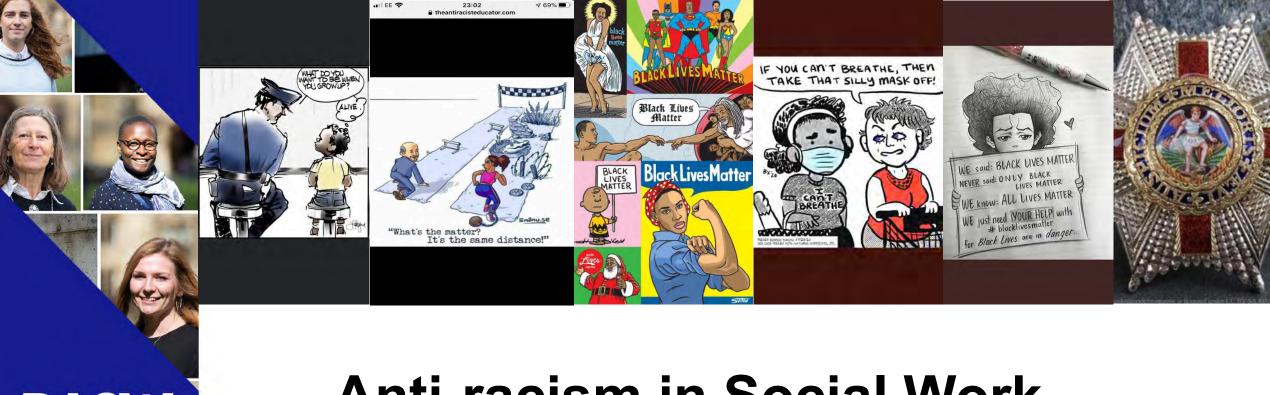
Introduction to Second Session

Ruth Allen Chief Executive, BASW



Leading for Anti-Oppressive Practice and Accountability

Natasha Sloman
Director of Quality Healthcare, Priory Group and former CQC Head of Hospital Inspection in Mental Health



Anti-racism in Social Work



social work and social workers

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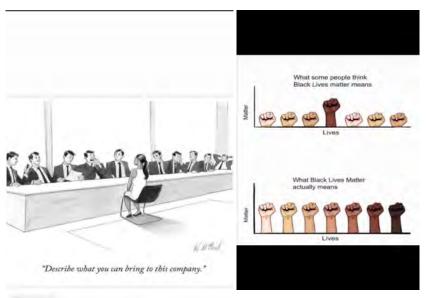




My perspective on anti-racism in social work

- Personal and professional
- Very few black male social workers
- My opinion cannot and should not be understood as representing all Black and ethnic minority people/practitioners. We are not a homogenous group.
- I refuse to be the tokenistic 'Black voice' of BASW. I'm one of many Black voices in social work.
- I'm by no means an expert in organisational development/leadership, but I do consider myself as an 'expert with lived experience' of personal and professional racism in life and in social work. These are purely my opinions.







Workstreams (June 2020 onwards)

- BASW EDI Advisory Group issues a position statement
- BASW supports campaign for black person's statue in Bristol
- The KCMG campaign and BASW open letter to the Queen
- WR Community Care article: 'Black Lives Matter: social work must respond with action not platitudes'
- WR 'Revolution' poem
- How to promote an anti-racist culture in social work (online article)
- Podcast interviews with: <u>David Niven</u>; <u>BASW NI</u>; <u>Jason Liosatos</u> & <u>Social Work Connect</u>
- BASW Black & Ethnic Minority Professionals Symposium (BPS)
- BASW Equality, Diversity & Inclusion Advisory Group
- Black & ethnic minority social workers <u>anthology</u>
- Anti-racism presentations and workshops



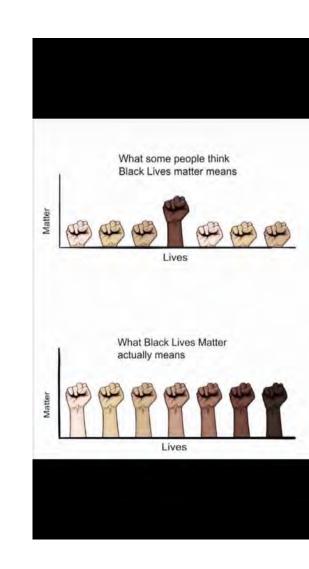




Black lives matter (BLM) is about:

- Black lives needing to matter more than they have society should value them equal to White lives and does not.
- The retort of 'White' or 'all lives matter' in response to BLM is not comparable or relevant. This is like asking: "What about colon cancer?" during a discussion about breast cancer? Or advising a bereaved mother that 'all lives matter' at her child's funeral. "Save the whales" does not mean other sea life is unimportant.
- White lives have always mattered. So, to keep proclaiming 'White lives matter' adds excessive value to them, tilting us further towards white supremacy.

BLM has its critics, but it is unclear why a movement that promotes equality is demonised by some people who vehemently claim they are not 'a' racist and advocate for freedom of speech.

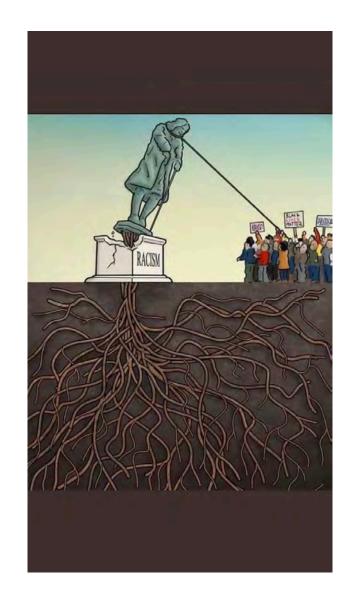


What is anti-racism?



'Anti-racism' is a belief that all races and ethnic groups are equal and deserving of the same opportunities. But the most important part of anti-racism is the next step, which is to do something about the existing inequality. Anti-racism is the active dismantling of systems, privileges, and everyday practices that reinforce and normalize the contemporary dimensions of white dominance. This, of course, also involves a critical understanding of the history of 'whiteness'."

Ibram X. Kendi, How to Be an Antiracist

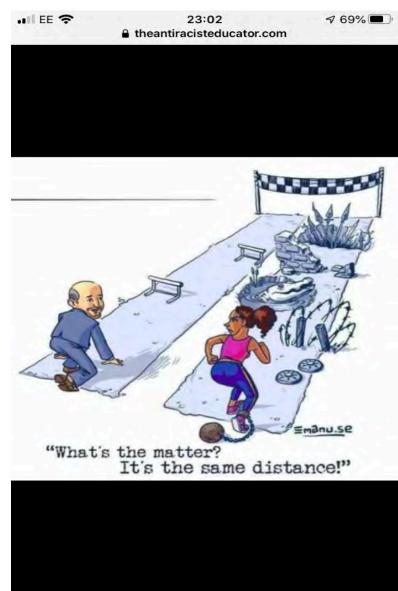




How much of a priority is anti-racism in social work? Really?!

Anti-racism in social work must be fully considered and dismantled through collaboration with Black and ethnic minority social workers in roles as 'experts with (personal and professional) lived experience'.

It really is just a question of how much of a priority is anti-racism in social work?



Anti-racism... so what? Blah, blah. Yawn...



"In a [multifaceted] racist society, it is not enough to be non-racist. We must be anti-racist." – Angela Davis

'Being an ally doesn't necessarily mean you fully understand what it feels like to be oppressed. It means you are taking on the struggle as your own.'

"The burden of ending racism should not be on those subjected to it, but on those who uphold and benefit from it."

"Racism isn't getting worse, it's getting filmed" - Will Smith





social work and social workers

White Allyship White Supremacy White Indifference White Awareness DEPARTMENT INDIFFERENCE Accepts, and in some cases promotes, Passionate defender of western Belief that racism is real and that it is a Racism is a complex interaction theories designed to justify white universalism, academic freedom and the product of 'prejudice plus power' between structural, ideological, Characterised by a desire to critically dominance and racial hierarchy right to offend. institutional and behavioural typically associated with 'scientific Belief in meritocracy but also recognises processes, but it can be overcome. reflect. racism'. Characterised by the desire to take that some (deserving) disadvantaged Functions like a mental illness that only Fear/loathing/exoticisation of the people need help. white people have (Katz) hence focus on responsibility for change, which is non-white other which may be overt Characterised by a refusal to take a 'discovering' unconscious bias and not restricted to behaviour alone. serious look at racism and views antior covert. cognitive distortions. Focus on paradigm shifts and Characterised by the 'white gaze'. racist initiatives as ideological endeavours concrete interventions Desire to engage with 'black issues and linked to culture wars and political people, but only in limited spaces Belief that we live in a meritocracy. Dynamic and creative solutions Uncritical/favourable view of empire correctness. (committees, training events) through co-creation. and colonialism - the white man's Self-concept is based on being rational This may be as a result of feeling guilty Rejection of deficit models and and moral, which results in avoidance of of historic racism and/or a desire to burden. acceptance of the link between responsibility for discriminatory make some amends. Subscribes to scientific racism. white privilege and educational behaviour! White privilege is recognised and outcomes. *Black underachievement is seen to Willing to 'tolerate'/'fetishize'/'pity the Share power, privilege, risk and becomes a source of shame and be due to their 'non-white' other. vulnerability. dysfunctionality/pathology. embarrassment. Happy to make tokenistic gestures, but Whiteness and its proxies' function as Actively divesting from histories, Most activity however restricted to selftotal refusal to accept one's own development and deployment of systems and structures that badges of honour White privilege is rationalised as the complicity in the (re)production of racism. politically correct language. reproduce racism. Onus on white to build sustained Whiteness is denied, so it functions as an Onus on white people to overcome natural order. absent/invisible/mythical norm leaving Onus on black People to accept their unconscious bias. partnerships with black people. white privilege intact. place. Onus on Black People to build up their

Note: *The term 'black' here is used to denote all those people who are positioned outside of whiteness and as a result experience racial disadvantage. The degree of racial disadvantage will vary as a result of other factors primarily associated with gender, class, ethnicity. © Gurnam Singh, 14th July 2020.

'resilience'.

THE FOUR OF RACISM

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INSTITUTIONAL

Policies and practices that reinforce racist standards within a workspace or organization.

STRUCTURAL

Multiple institutions collectively upholding racist policies and practices, i.e. society.

INTERPERSONAL

Racist acts and microaggressions carried out from one person to another.

+INTERNALIZED

The subtle and overt messages that reinforce negative beliefs and self-hatred in individuals.

Inspired by Race Forward Trainings Slow Factory Foundation



3 typical organisational responses when attempting to tackle racial inequality

From my cultured social work experience, the responses below generally indicate an organisation's prioritisation and level of commitment (or not) to anti-racism.

- 1. Keep silent, keep things the same and "hope all this Black Lives Matter (BLM) 'stuff' just blows over". This kind of inaction and paralysis of fear correlates with and reinforces perceptions of 'White fragility', 'White privilege' and white supremacy for some POC. This type of organisational response usually commends staff for being resilient and deflects attention away from the essential redesign of systems that routinely make people suffer.
- 2. Publish lukewarm organisational statements that recycle and regurgitate previous rhetoric on workforce unity with predictable (and borderline offensive) platitudes often proposing only superficial changes. For example, publishing a sympathetic, but non-committal kneejerk brief statement; possibly delegating responsibilities to an already overworked Equalities Officer or proposing minor changes to already vague policies/procedures on 'valuing diversity' with little or no accountability. Approaches at this level are usually well-intended, but tokenistic and overlook the nuanced obstacles and pitfalls POC face every day. Unfortunately, this response is common.
- 3. Publish an authentic anti-racism action plan outlining significant reforms that commit to specific, measurable, achievable and realistic targets (suggestions below). For example, publishing a strong mission/position statement condemning George Floyd's murder and racism in all its forms and committing to BASW's Code of Ethics, anti-oppressive, anti-discriminatory and anti-racist practice. This approach interlinks with the 'Anti-Racist commitment framework' (below).

The acid test is to share this presentation with your <u>social work leaders</u> and see what response you get.



ANTI-RACIST COMMITMENT FRAMEWORK		ACTIONS FOR CHANGE
ACCELERATING DIVERSITY WITHIN	We will build a workforce more reflective of the communities we serve by promoting opportunities for black and ethnic minority people to enter and advance within the organisation.	Create a new fast-track scheme for high potential people from ethnic minority backgrounds, fuelled by targeted recruitment for senior leadership and work with partners to help grow diverse talent pools. Selected staff will be mentored by a member of the Senior Leadership Team as they progress through different opportunities designed to build their career foundations. This will be maintained by ensuring there are diverse shortlists for every senior management role across the organisation.
EDUCATING, EMPOWERING and EQUIPPING PEOPLE	We will transform the culture to zero tolerance of discrimination. Introducing new immersive training to enhance awareness and support, to underpin inclusive management and meet various learning styles.	Race and culture awareness training will be mandatory for everyone. This will go beyond routine online training by: offering guidance; peer support groups; recognising local issues; providing support to equip managers to champion diversity and utilising external specialist advice/support as/when necessary.
LEADING BY EXAMPLE	We will ensure that every one of our senior leaders has a greater understanding of the issues faced by ethnic minority communities and are equipped to lead the fight for equality.	Every senior leader will commit to either a) to have an ethnic minority reverse mentor or provide professional support to a community organisation serving ethnic minority groups.
BUILDING TRANSPARENCY	We will address any gaps in our own data collection, ensuring that senior leaders can be held to account for the progress made in tackling both discrimination and equality of opportunity.	Staff will be encouraged to self-declare their identity, enabling us to build a rich profile of the workforce's diverse needs. This will underpin the introduction of an annual ethnicity pay audit, backed by any immediate action required. An 'ethnicity dashboard' will enable us to track progress across the colleague lifecycle and set targets for senior leaders. This will be published internally annually.



I identify how I may unknowingly benefit from Racism.

I recognize racism is a present & current problem. I promote & advocate for policies & leaders that are Anti-Racist.

I deny racism is a problem.

I seek out questions that make me uncomfortable. I sit with my discomfort.

I avoid hard questions.

I understand my own privilege in ignoring racism. I speak out when I see Racism in action.

Becoming Anti-Racist

Fear Zone

Learning Zone

Growth Zone

I strive to be comfortable. I education myself about race & structural racism.

I educate my peers how Racism harms our profession.

I talk to others who look & think like me.

I am vulnerable about my own biases & knowledge gaps.

I don't let mistakes deter me from being better.

I listen to others who think & look differently than me.

I yield positions of power to those otherwise marginalized.

I surround myself with others who think & look differently than me.



What needs to happen nationally?

Social work has a long history of committing to anti-discriminatory practice, but less in the way of practical mandatory implementation or robust challenge on these issues. Now is the time for the profession to properly address this. Anti-racism in social work requires the prioritisation of sector leaders (including the Chief Social Workers, Social Work England, Directors of Social Services and other key stakeholders) to meaningfully and purposefully move this agenda forward to establish a *mandatory* 'anti-discriminatory national framework' that is universal across social work - in collaboration with BASW.

An important first step, would be to explicitly reintroduce anti-discriminatory, anti-oppressive practices and anti-racist values and ethics into the <u>professional</u> and <u>qualifying education and training standards</u>. This new regime should involve partnership working between key stakeholders to enforce these values and ethics across the professional landscape. Key aims/objectives would be to: ensure consistency, introduce mandatory requirements, emphasise 'anti-racist' values and be universally applicable to all social workers like the <u>Professional Capabilities Framework</u> and the <u>professional standards</u>.

We all know that <u>organisations can sometimes be avoidant of anti-racism</u>, but as social workers we must recognise that silence (or inaction) on racism is complicity with White supremacy. Unfortunately, as a profession we have been complacent and have much more to do to cultivate equality, diversity and inclusion in the workplace and society.



The 'BAME' conundrum

Labels/terms such as Commonwealth, 'hostile environment', and 'BAME' need to be reexamined. BAME does not describe who I am. BAME is a clumsy, cluttered and incoherent acronym that is opportune for categorising people of colour as a homogenous group - when we quite clearly are not. Of course, I cannot speak for all people of colour. I understand that 'BAME' can be operationally helpful when exploring the overarching effects of all things racist. However, it misses so much nuance and subtlety, that it can be seized upon by those who wish to deny racism as a white problem. Routinely, I hear people comfortably stating that BAME people "can't even agree amongst themselves". This sloppy reductivism, leads to terms being invented such as 'Black on Black' crime. I have not heard about "White on White" crime – ever.





Recruitment

Anti-racist recruitment targets are set to employ Black and ethnic minority senior leaders and educators to better reflect local communities and the workforce (where necessary/possible).

The 'Rooney Rule' is adopted, similar to senior recruitment in American National Football League. This involves at least one POC candidate being interviewed for each senior leader vacancy.



Operations

<u>Anti-racism</u> is: explicitly promoted in mission/position <u>statements</u> (<u>good example here</u>) along with other forms of discrimination; included in relevant polices/procedures and forms part of employees' employment contracts to underline its importance.

The data on workforce diversity and 'protected characteristics' (ethnicity, gender, religion, sexuality etc) informs the support available for minority groups; training for <u>all</u> staff and organisational policies and procedures. The workforce is encouraged to self-declare their identity and individual/group wellbeing at work provisions are developed in partnership with them. Creative wellbeing at work provisions are developed for those who have experienced workplace trauma associated with racism (and other types of discrimination). This includes peer-led support groups for members to reflect fully on their personal and professional experiences. Personal wellbeing is a mandatory agenda item for supervision meetings. By using this 'identity dashboard' approach, organisational efforts are more focussed and genuine; progress is properly managed through a cycle of reviewing data output and periodic verbal/written feedback from the workforce.

Safe and informal systems are introduced for Black and ethnic minority social workers in the workplace. For example, discriminatory practices or constructive solutions are made anonymously in an 'honesty box' to empower POC without fear of reprisals. Arising issues are then explored in supervision, team meetings or with senior leaders (if necessary).

Annual <u>ethnicity pay audits</u> ensure that any anomalies and discrepancies for Black and ethnic minority staff are properly reviewed and resolved.

The Covid-19 risk assessment is consistently used for all staff (particularly those from Black and ethnic minority groups).



Education

Anti-racist education is recognised as being at the heart of developing a more cultured and inclusive workforce and healthy workplace.

Education providers 'decolonialise' social work training programmes with the input of black and ethnic minority academics, social workers and service-users integrated at all stages of programme development and delivery.

Anti-discriminatory, anti-oppressive and anti-racist practice form a fundamental and mandatory requirement of social workers professional development and registration. This includes a range of educational tools and training opportunities (for different learning styles) to ensure *quality* cultural diversity education is prioritised and valued. Staff continuously learn and better understand microaggressions, stereotypes and how they can demonstrate 'anti-racist practice'.

The expertise of specialist external trainers and consultants is instrumental in shaping effective antiracist approaches – with no reliance on tokenistic online courses.

Here are some additional weblinks to anti-racist education: 1, 2 and 3.



Allyship

Anti-racist <u>allyship</u> is understood by senior leaders, educators and practitioners to be vital in combating all manifestations of racism. Educating, empowering and equipping allies to actively support colleagues from marginalised and minority groups is common practice.

Allyship actively promotes ways in which managers and staff can become allies or become better allies to support their Black and ethnic minority colleagues. Social work employers and educators demonstrate they are willing to keep listening and learning from POC to instigate any meaningful change.

7 A's of Authentic Allyship

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Acknowledge

Openly acknowledge that the problem needs to be dealt with



Reverse mentoring

Anti-racist <u>'reverse-mentoring'</u> enables Black and ethnic minority social workers to mentor senior leaders and educators on anti-racism (especially those with identified 'anti-racist needs'). It is important reverse-mentoring allows mentors some autonomy in their approach. Furthermore, mentoring agreements (considering confidentiality, power dynamics and conflict resolution) are agreed and signed by both parties at the outset.

Leadership programmes

To combat 'glass ceiling racism', various professional development opportunities are available designed to provide advice/support colleagues from different ethnic and cultural backgrounds to enhance their career progression.

'Positive representation' recognises the disadvantages and obstacles for POC and provides opportunities (mentoring, nominations, secondments, shadowing etc) to support them in reaching their full potential.

Due to the representational imbalance, ring-fenced investment and operational resources to support leadership programmes is in place. This addresses the lack of Black and ethnic minority social workers in senior roles and provides support for those who are.

Any questions?





The professional association for social work and social workers

Keep in touch

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The Development of the Workforce Race Equality Framework for Social Work

Nimal Jude
Policy Adviser, Office of the Chief Social Workers
Department of Health & Social Care

What is WRES?

- The Workforce Race Equality Standards (WRES) involve submitting data reports on an annual basis around metrics (nine in the NHS version) which highlight disparities in experiences between white and Black, Asian and Minority Ethnic staff
- Key areas for focus in the NHS WRES are:
 - senior representation
 - recruitment and progression
 - access to career and development opportunities
 - experiences of bullying and discrimination
 - disciplinary action
 - A national team provides data analytic support for development of local WRES reports, which are also used comparatively
- Organisations develop action plans from the findings and identify local priorities

Working Together

- Senior leadership endorsement and support leadership at the very top must champion
- Data gathering and review activities to support the WRES metrics and the development of a local report
- Project leadership sufficient project management capacity to support improvement and evaluation activities
- Identify a WRES lead local authorities will participate in learning events to share good practice and develop a community of practice
- Commitment to staff engagement and to involve staff at all levels
- Involving those who use services

Timelines

Dec 2020: initial sites confirmed

Jan-March 2021: engagement/planning

April 2021: initial sites start

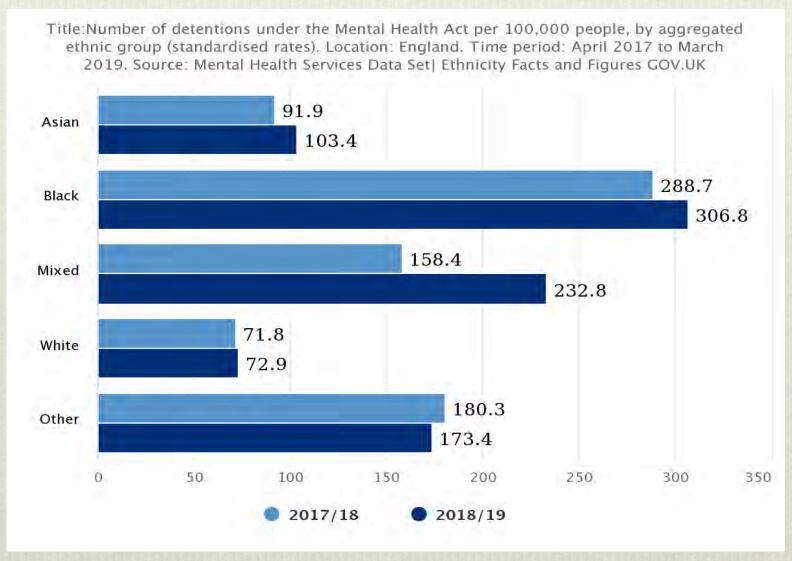


Approved mental health professionals and the compulsory detention of Black service-users under the Mental Health Act: An institutional ethnography

Research funded by the Economic and Social Research Council

Presented by: Renée Aleong PhD student University of York

Detention rates under the MHA by ethnicity, 2017/2018 and 2018/2019



Source: NHS Digital

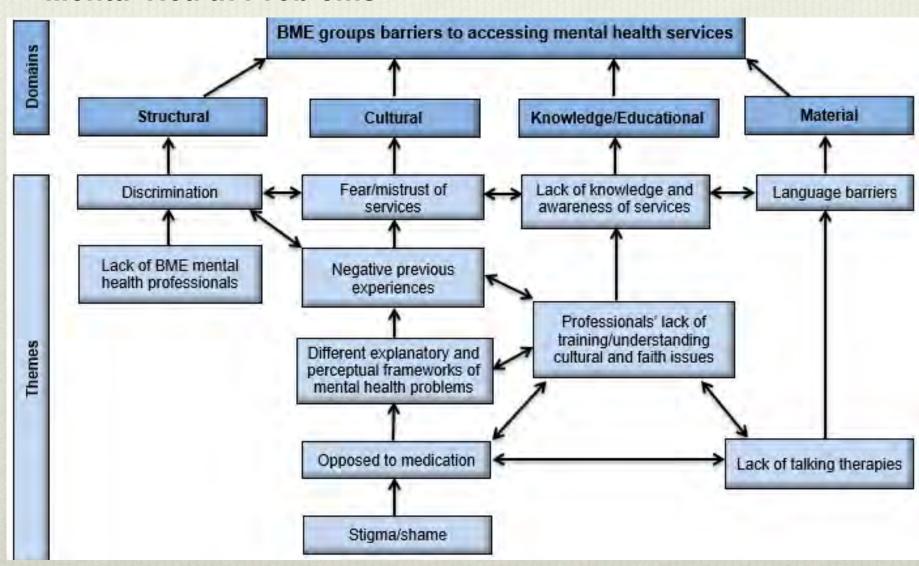
(2020)

BA Social Work dissertation

* Aims: 'What is known about barriers to accessing adult mental health services for Black and Minority Ethnic (BME) groups in England?'

* Methods: The systematic review of consisted of a literature search and selection of articles; quality assessment of papers identified; and data extraction and synthesis.

Contributing Factors to Barriers in Accessing Mental Health Services Among BME Groups and Increased Incidence of Mental Health Problems



Conclusion & Implications for Social Work

- ❖ Culturally sensitive practice is crucial when dealing with health disparities. For social workers, these insights can increase when BME worldviews are accurately and sufficiently represented in social work practice and educational curriculum.
- Adopting social approaches to mental healthcare; promoting direct pathways to services through self-referral; expanding intercultural-competencies of professionals, may improve equity and access to mental health services for BME groups.

MA Social Research Dissertation

- * Aims: This study sought the perspectives of Social Worker AMHPs to find out: 'How can mental health professionals mitigate the overrepresentation of Black and Minority Ethnic (BME) people compulsory detained under the Mental Health Act?'
- * Methods: 10 social worker AMHPs were purposively selected from two local authorities in the North of England to participate in this qualitative study, which used in-depth interviews and a focus group to collect data.

Factors AMHPs implicated in the disproportionate detention of BME people under the MHA

Thematic analysis revealed seven interrelating factors:

- Limited scope applying the MHA in practice (dichotomous: detention or non-detention)
- Emotional labour (stress of engaging with people experiencing mental distress)
- Poor socio-economic circumstances of the person subject to MHA assessment
- Lack of resources (voluntary in-patient psychiatric hospital beds and crisis care)
- Tensions with interdisciplinary working (medical vs. social models of mental health)
- Discrimination/Institutional racism (racial stereotyping of BME people)
- Culture of risk aversion in mental health services

Conclusion & Implications for Social Work

Mitigating the phenomenon of over-representation of BME people detained under the MHA requires:

- * Collaborative multidisciplinary and multi-agency approach, which should involve regulatory bodies and service providers, outside the field of health and social care, such as the criminal justice and educational systems.
- * AMHPs can play a significant role in this process, but there needs to be fundamental improvements in the socioeconomic conditions of BME people.

PhD thesis

Title: Approved mental health professionals and the compulsory detention of Black and Minority Ethnic (BME) service-users under the Mental Health Act: An institutional ethnography

Funded by the Economic and Social Research Council (ESRC)

Institutional Ethnography (IE)

❖ IE is a social theory and methodology and is most immediately identified in the work of Canadian sociologist Dorothy Smith (2005, 2006).

❖ IE places a focus on the perspectives, interests, and knowledge of people, in an institution's processes as distinct from the overarching explanations of the researcher.

Research questions

This research seeks to answer the guiding research question:

How do the operational and institutional structures within the role of social worker AMPHs influence the process of compulsory detention of BME service-users under the MHA?

This research will also explore:

- * What are the daily operations and institutional practices of social worker AMHPs?
- * What is the role of social worker AMHPs within the process of compulsory detention under the MHA of BME service-users?
- * How is the process of compulsory detention of BME serviceusers influenced by social worker AMHPs institutional operations?

Methods

Sampling

Up to 22 participants will be chosen from across two AMHP services

Data Collection

- Semi-structured interviews in order to learn "how things work"
- Investigation of written policies and procedures
- Participant observation
- My own reflections

What will this research achieve?

- ❖ It is the first known institutional ethnography study in England to examine how AMHPs' institutional practices impact the phenomenon of overrepresentation of BME service-users within compulsory detention under the MHA.
- * The findings can be used to demonstrate the complex work processes of integrated mental health and social care system.
- * Through such a raised awareness, professionals will be aware of the larger work process of which their own work is a part and will be better equipped to implement change.

Time Table for PhD research

Year 1-2019/2020

- Literature review and theoretical development
- Participant recruitment

Year 2 - 2020/2021

Data collection/initial analysis

Year 3 - 2021/2022

- Data analysis continues
- Write up of thesis

References

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Discussion with Panel and Questions



Black & Ethnic Minority AMHP Forum

The forum is affiliated, part of and report to the National AMHP Leads forum.

Aims:

Addressing, promoting and championing the needs and rights of black and ethnic minority AMHPs, service users and communities



Black & Ethnic Minority AMHP Forum

Objectives:

- 1. Informing and responding to consultations;
- 2. Providing specialist AMHP related support in addition to that of employer's;
- 3. Facilitating and participating in educational and professional development events to influence mental health policy, practice and education;
- 4. Conducting and participating in national surveys;



Black & Ethnic Minority AMHP Forum

Objectives:

- 5. Providing safe and supportive space for BME and AMHPs issues;
- 6. Creating frameworks and guidance that can be used in different areas of practice;
- 7. Promoting opportunities for BME AMHPs leadership and development;
- 8. Collaborating with external agencies/organisations;



Mental Health Act, Race & Ethnicity: What Are The Key Issues For AMHPs Now?

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Sum Up and Next Steps

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