

**DRAFT**



## **Leicester City Council Scrutiny Review**

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**Mental Health Services specifically for Young Black/Black British Men  
(specifically African, African Caribbean) in Leicester.**

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Health & Wellbeing Scrutiny Commission

25<sup>th</sup> February 2014

## **Background to scrutiny reviews**

Getting the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template has been designed to assist in thinking through the purpose of a review and the means of carrying out the review. This scoping document needs to be completed by the member proposing the review but advice can be sought from a Scrutiny Officer (contact details below).

In order to be effective, every scrutiny review must be properly project managed. This is to make sure that the review achieves its aims and has measurable outcomes. One of the most important ways to make sure that a review goes well is to ensure that it is well defined at the outset. This way the review is less likely to get side-tracked or be overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

This template includes a section for the Department to complete to allow the Scrutiny Commission and OSC to consider any additional factors that may influence the proposed review. It also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be facilitated by a Scrutiny Officer.

### **Evaluation**

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate to the topic under review.

**For further information please contact the Scrutiny Team on (0116) 454 6342**

## **1. Title of Proposed Scrutiny Review**

Review of Mental Health Services for Young Black/Black British Men (specifically African, African Caribbean) in Leicester.

**Proposed by** - Councillor Michael Cooke, Chair of Health and Wellbeing Scrutiny Commission

## **2. Rationale**

Members should outline the background to this review and why it is an area worthy of in-depth investigation.

Leicester has a diverse population. Around 50% of Leicester residents are from Black, Minority Ethnic (BME) backgrounds, compared with 14% in England. Thirty-seven per cent of the Leicester population are from South Asian, 6% are from Black/Black British ethnic backgrounds and 4% are classified as mixed and 3% are from other ethnic origins. The BME age profile is younger than the White/White British population, with proportionately more in the younger age groups and fewer aged over 60 years. The 2011 Census reported that 68% of foreign born residents of Leicester were aged between 15 and 44 years when they arrived and 26% were aged 14 years or younger on arrival.

Ethnicity is an important issue in mental health because there are variations between ethnic groups in underlying morbidity, diagnosis and management. People from BME ethnic backgrounds are over-represented in compulsory detention under the Mental Health Act and in incidents of violence, restraint and seclusion in psychiatric inpatient settings. The Leicester JSNA reported that the BME population is, on average, three times more likely to experience psychosis than the white British population. In the South Asian population the rates of severe mental illness with an admission to hospital are lower than the Leicester average, and they are almost twice as high in the black community. Local analysis of the Count Me In Census reports for 2006-10 show that Black/Black British groups are over represented as inpatients in local secondary care mental health facilities (JSNA, 2012, p37). People from BME backgrounds are generally under-represented in the take up of counselling and psychotherapy services, and tend to be less involved in the planning and delivery of mental health services. Some evidence suggests that people from BME backgrounds are dissatisfied with the services that they receive.

There has been a range of policy guidance for commissioners and service providers aiming at addressing issues such as those described above, which were brought into sharper focus by the National Inquiry into the death in 1998 of David Bennett a 38 year old African-Caribbean man who died in a medium secure psychiatric unit after being restrained by staff. These include Delivering Race Equality: A Framework for Action (2004), Delivering Race Equality in Mental Health Care(2005), an action plan for achieving equality and tackling discrimination in mental health services, and the Race Relations (Amendment) Act 2000 itself provides legislation and guidance.

The review will assess the progress made with the development of mental health services for young Black/Black British men in Leicester.

### **3. Purpose and Objectives of Review**

Members should consider what the objectives of the review are

Purpose:

1. To review the extent of mental ill health in young men from Black/Black British ethnic backgrounds in Leicester.
2. To review the adequacy and effectiveness of services in Leicester in terms of access, take-up and outcomes for Black/Black British young men.

Objectives of the review:

1. To understand the context of mental health in Leicester, focusing on the needs of young men from Black/Black British ethnic backgrounds.
2. To understand the local commissioning arrangements for mental health services and to establish whether the needs of Black/Black British young men are being adequately addressed as part of an overall strategy for mental health care in Leicester.
3. To review services available in Leicester with regard to access, take-up and outcome by young men from Black/Black British ethnic backgrounds in Leicester, compared to other groups and the population generally, and the reasons presented for any variation.
4. To review whether patients and their carers are adequately involved in planning and decision making concerning their care.
5. To identify significant gaps or issues and to make recommendations to the Boards of commissioning organisations.

### **4. Methodology/Approach**

Members should consider how the objectives of the review will best be achieved and what evidence will need to be gathered from officers and stakeholders, including outside organisations and experts.

The Health and Wellbeing Scrutiny Commission will:

1. Refine the scope of the Scrutiny Review including a working definition of young Black/Black British men.
2. Establish the context of the review by collecting evidence of the mental health needs of young Black/Black British men in Leicester
3. Review the current commissioning strategy to understand whether the identified mental health needs of young Black/Black British men are being adequately addressed
4. Review evidence of the access, take-up and outcome pertinent to young men from Black/Black British ethnic backgrounds in receipt of mental health care in Leicester.
5. Establish the extent to which the views of young men from Black/Black British ethnic backgrounds, and their carers, have been taken into account with regard to mental health care planning and decision making
6. Make recommendations to Boards of commissioning organisations.

The Health and Wellbeing Scrutiny Commission will take account of the Guidance Briefing 'No Health Without Mental Health: A Guide for Overview and Scrutiny Committees, produced on behalf of the Mental Health Strategic Partnership, **See Appendix B**

## **5. Expected length of the review**

Members should anticipate the likely length of the review being proposed.

Three months from commencement?

## **6. Additional resource/staffing requirements**

All scrutiny reviews are facilitated by Members Support/Scrutiny Support Officers. Members should anticipate whether any further resource is required, be this for site visits or independent technical advice.

- 1) Technical support regarding mental illness, and
- 2) **See Appendix A** (resource references list)

## **7. Risks**

Members should consider whether there are any additional risks to undertaking this scrutiny review, for example whether there is a similar review being undertaken by the Executive or whether a national or local change in policy or service may supersede the need for this review.

None known

## **8. Further Supporting Evidence**

Members should consider whether they would like to add further information to support the case for a scrutiny review.

(see section 1) and

There is a stigma attached to mental health problems in different communities – particularly those who experience disproportionately high levels of mental illness, or those where the stigma of mental illness remains most significant, for example, the ‘Time to Change Campaign’ is launching a pilot project to support young African and African Caribbean men, with the aim of reducing the stigma and discrimination experienced in statutory services.

**Before approving this scoping document the Scrutiny Commission should ensure the following boxes should be completed in conjunction with the relevant officers:**

## **9. Likely publicity arising from the review**

Members will wish to anticipate whether the topic being reviewed is high profile and whether it will attract media interest. If so, this box should be completed with help from the relevant officer in the Council’s PR and Media Team.

Media interest possible

## **10. Divisional Comments**

Scrutiny's role is to influence others to take action. It is, therefore, important for the Scrutiny Commission and OSC to understand the Division's view of the proposed review. The following box should be completed in sufficient time for the Commission to consider as part of its deliberations whether to proceed with the review.

Given that Leicester has a diverse population it would seem appropriate to investigate evidence of disparity amongst BME populations in terms of access, take up and outcome with regard to mental health services. In doing this there will be requirement to evidence how services are currently provided, the improvements which should be made and possible remedial actions.

The Department agrees to assist in the proposed review.

**Departmental Comments Completed by** \_\_\_\_\_

**Job Title** \_\_\_\_\_

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