1ST DRAFT

Leicester City Council Scrutiny Review

A review of 'Mental Health Services for Black/Black British Young Men in Leicester'

A Report of the Health & Wellbeing Scrutiny Commission

16th February 2015

Health & Wellbeing Scrutiny Commission

Chair: Cllr Michael Cooke

Vice Chair: Cllr Elly Cutkelvin

Commission Members:

Cllr Deborah Sangster
Cllr Lucy Chaplin
Cllr Anne Glover
Cllr Ross Grant
Cllr Rob Wann
Cllr Deepak Bajaj

THIS REVIEW WAS LED BY COUNCILLOR MICHAEL COOKE

Contents

Chair's Foreword

The Health and Wellbeing Scrutiny Commission undertook this review of Mental Health Services for young people of Black/Black British ethnic backgrounds in Leicester at a time when mental health and wellbeing is a high priority for health and social care commissioners. Emotional health and wellbeing are key areas in the Health and Wellbeing Strategy, *Closing the Gap*, and the Better Care Together Strategy.

Of central concern to Commission was a theme, discussed at Mental Health Summits in Leicester, that there should be equity of outcome for our diverse population. In order to investigate this important issue, the Commission heard evidence from different service providers and commissioners. It also gathered expert knowledge and opinion.

We found that there is evidence of need, but whilst there have been some improvements in service provision, there is still much to be done. This evidence is reflected in the report and the recommendations. In the words of one of our local providers, "it's about time that the needs were addressed properly."

I would like to thank everyone who presented evidence to the Commission and to the elected members who contributed their ideas and time at the meetings we held to undertake this review.

We ask the City Mayor and executive, and the other stakeholders who can influence mental health service improvements to consider the findings and recommendations in this report.

Cllr Michael Cooke
Chair: Health and Wellbeing Scrutiny Commission

1. Introduction

1.1 According to national evidence relative mental health need, access to services and outcome of care is different for people from black and minority ethnic (BME) backgrounds compared to their White/White British counterparts. Young men of Black/Black British ethnic backgrounds are a subset of the population where there are particular, different, expressed needs.

1.2 In this context the Health and Wellbeing Scrutiny Commission aimed to investigate whether inequality is still present in the provision of, and access to, mental health and social care for young men of Black/Black British ethnic backgrounds in Leicester.

1.3 Generally people from black and minority ethnic (BME) backgrounds resident in the UK are:
- More likely to be diagnosed with mental health problems
- More likely to be diagnosed and admitted to hospital
- More likely to experience a poor treatment outcome
- More likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.

1.4 According to Mental Health Foundation[1] different rates and experiences of mental illness for BME people reflect cultural and socio-economic contexts, poor access to culturally appropriate treatments and the failure of providers and commissioners to understand the needs of people from BME backgrounds.

1.5 It is likely that BME mental health problems go unreported and untreated because some people from BME backgrounds are reluctant to engage with mainstream health services. It is also likely that mental health problems are over-diagnosed in people whose first language is not English.

1.6 Whilst rates of common mental disorders in people from African Caribbean backgrounds in the UK are lower than other ethnic groups, severe mental illness is more prevalent. African Caribbean people are 3 to 5 times more likely than any group to be diagnosed and admitted to hospital for schizophrenia.[2]

1.7 People from Black/Black British ethnic backgrounds are more likely to enter mental health services via the criminal justice system rather than primary care. They are also more likely to be treated under a section of the Mental Health Act and more likely to receive medication, rather than be offered talking treatments such as psychotherapy.

2.   Scope of the review

Members of the Health and Wellbeing Scrutiny Commission understood from national evidence and local reports that people from BME communities have more adverse experiences and negative outcomes from mental health care with regard to inequalities, access and service experience. Commission members also understood that there were often differences between and within different ethnic groups, and that one such group is young Black/Black British men.

In order to investigate this issue further the Scope of the Review was developed as follows:

Purpose:

- To review the extent of mental ill health in young men from Black/Black British ethnic backgrounds in Leicester.
- 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:

- To understand the context of mental health in Leicester, focusing on the needs of young men from Black/Black British ethnic backgrounds.
- 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.
- 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.
- To review whether patients and their carers are adequately involved in planning and decision making concerning their care.
- To identify significant gaps or issues and to make recommendations to the Boards of commissioning organisations.

Draft timetable

Meeting 1: Context and Commissioning Arrangements; a private meeting

Purpose of the meeting is for members:

- To understand the context of mental health in Leicester, focusing on the needs of young men from Black/Black British ethnic backgrounds.
- To understand the local commissioning arrangements for mental health services.

- 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.
- To identify the funding, targets and other measures used in commissioning services.

Meeting 2: Services for young men from Black/Black British ethnic backgrounds in Leicester; a public meeting

Purpose of the meeting is for members:

- To hear evidence and question the providers about available services, who these are aimed at, who takes them up, what outcomes are achieved and how these compare with other places.
- To gather written evidence to inform review

Meeting 3: Review of evidence; a public meeting

Purpose of the meeting is for members:

- To review the evidence presented and draw out conclusions, identify gaps and other issues which, if addressed, would improve services.

3. Evidence to the Health and Wellbeing Scrutiny Commission

3.1 In reviewing the extent of mental ill health and effectiveness of service response for young men of Black/Black British ethnic backgrounds the Commission gathered general evidence about mental health need among BME groups, with a specific focus on young Black/Black British men aged 18-35 years.

3.2 That the age range included those up to 35 years was important for voluntary and community sector organisations as service users at the upper limit of this age range may still identify with younger rather than older age groups.

3.3 Evidence was presented to the Commission by a number of local stakeholders including: De Montfort University; Local Voluntary and Community Sector (VCS) Organisations; Leicestershire Partnership Trust (LPT); Leicestershire Police; Leicester City Council Public Health and Adult Social Care and service commissioners from Leicester City Clinical Commissioning Group (CCG).

3.4 Defining the subject population was not straightforward, especially as there are issues of multiple group identities. According to Akwaaba Ayeh and LAMP this applies to people of dual heritage who are often stereotyped as Black/Black British people when they have mental health problems.

3.5 Service users from some BME backgrounds may not wish to give their ethnic origin because they are anxious or suspicious as to the use of the information. Such factors may complicate and issue which is already difficult to investigate.

3.6 With regard to the context of mental health in Leicester the commission heard that poor mental health is both a contributor to and a consequence of wider health inequalities. Mental illness is associated with unemployment, deprivation, poor housing, inequality, debt, educational attainment, social isolation, physical activity and alcohol and drug misuse. Leicester has high rates of the risk factors linked to mental illness.

3.7 There are differences between people from different minority ethnic backgrounds with respect to the prevalence of mental illness, access to and experience of mental health services.

3.8 When focusing on the needs of young men from Black/Black British ethnic backgrounds the Commission received general evidence about the mental health needs of people from BME backgrounds and particular evidence of need of people from Black/Black British ethnic backgrounds. However, evidence which specifically related to young Black/Black British men was more difficult to gather.

3.9   The Aetiology and Ethnicity in Schizophrenia and Other Psychoses (AESOP) study[3] indicated that, compared to the White British population, people from African Caribbean communities are 9 times more likely to experience schizophrenia and 8 times more likely to experience manic psychosis. People from other minority ethnic backgrounds have more modestly increased rates.

3.10   Furthermore, the rates of psychosis in Africa and the Caribbean are not as high as those found in AESOP for Black/Black British people in the UK. This may indicate that recognised risk factors for mental illness, such as poor housing, unemployment and social exclusion are disproportionately borne in the UK by people from BME backgrounds, such as people from Black/Black British ethnic backgrounds. In effect, BME people are disadvantaged before they reach mental health care.

3.11   Local VCS organisations have insights into how persistent inequalities have an impact on the mental health and wellbeing of young men of Black/Black British ethnic backgrounds. For instance, there are cases of young men who were excluded from school, who have low self-esteem, who now unemployed, have a problem with authority and emotional health problems.

3.12   The Commission learned that inequalities have persisted despite the Delivering Race Equality programme.[4] Nationally the *Count Me In* census of mental health inpatients in England found that there was minimal progress in reducing disparities in mental health care for people from BME groups, especially in rates of admission and detention under the Mental Health Act.[5]

3.13   Leicester, Leicestershire and Rutland (LLR) *Count Me In* census for 2005-10 showed that people from Black/Black British ethnic backgrounds were frequently over represented, in comparison to the general population, as inpatients at LPT and that there was an association between Mental Health Act detention and being a person from a BME background.

3.14   More recent data on mental health in Leicester was presented to the Commission by Leicester City CCG. This is presented in Table 1, below. This data shows that, compared to the 2011 Census, there was an over representation of people from Black/Black British ethnic backgrounds in detentions under the Mental Health Act, and an under representation of people from Black/Black British ethnic backgrounds in accessing Cognitive Behavioural Therapy and Psychotherapy. With regard to IAPT, Community Mental Health Teams and inpatient care, there were no significant differences.

Table 1: Mental Health Service use in Leicester by ethnicity

Ethnic Group	Population aged 18-64 2011 Census		Mental Health Act Detentions 2102-13		IAPT 2013-14		CBT and Dynamic Psychotherapy 2013-14		Community Mental Health Team 2013-14		All Inpatients 2013-14	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
White/White British	108,273	50.4	278	57.4	1082	51.0	215	73.9	965	65.6	617	68.9
Asian/Asian British	82,478	38.4	110	22.7	764	36.0	57	19.6	346	23.5	156	17.4
Black/Black British	12,355	5.8	64	13.2	127	6.0	6	2.1	85	5.8	77	8.6
Mixed	5,638	2.6	0	0.0	0	0.0	0	0.0	61	4.1	0	0.0
Other	5,992	2.8	32	6.6	149	7.0	13	4.5	14	1.0	46	5.1
Total	214,736	100.0	484	100.0	2,122	100.0	291	100.0	1,471	100.0	896	100.0

3.15 On the request of the Commission further evidence was gathered to compare access to psychological therapy in Leicester, with peer areas. Table 2 shows that over the period 2012-14, in comparison with other areas, people from Black/Black British ethnic backgrounds in Leicester had better access to psychological therapy, then the England average and peer areas such as NHS Nottingham City and NHS Central Manchester.

Table2: Access to psychological therapies services by people from black and minority ethnic (BME) groups Rate per 100,000

	Ethnic Group	England	NHS Barking and Dagenham CCG	NHS Birmingham South and Central CCG	NHS Central Manchester CCG	NHS Leicester City CCG	NHS Nottingham City CCG	NHS Sandwell and West Birmingham CCG	NHS Wolverhampton CCG
2012/13	Asian or Asian British	309.1	446	116.1	277.2	733.2	312.2	65	762.9
	Black or Black British	461.5	401.2	249.5	321.9	655.8	396.7	91.4	791.5
	Mixed	494.7	368.1	59.6	571.1	2633.9	409.6	72	531.9
	Other Ethnic Groups	657.7	0	0	200.4	1038.7	823.5	216.4	506.9
	Total for Black and Minority Ethnic Groups	398.9	402.5	122.3	315.6	874.4	382.8	78.5	716.9
	White	635.6	917.1	211	757	1202	701.9	86.9	1072
2013/14	Asian or Asian British	570.3	716.4	849.3	435.5	901.4	527	582.4	1034.3
	Black or Black British	775.8	549.3	1176.2	482.9	850.1	694.2	805.3	1253.7
	Mixed	947	1599.4	1371.2	810	2728.8	759.9	1118	954.3
	Other Ethnic Groups	1160.8	446.3	918.2	454.2	1178.8	1157.4	2910.9	528
	Total for Black and Minority Ethnic Groups	719.4	715.9	955.1	492	1039.2	656.5	783	1039
	White	1069.1	1289.8	1470.5	1044.7	1428.3	1098.8	662.6	1525.2

3.16 However, Table 3 below shows that in the period 2011/12 and 2012/13 people from Black/Black British ethnic backgrounds had less equitable access to Community Mental Health Teams, and that the rate of access for this ethnic group was lower than the England average and some peer areas.

Table 3: Access to community mental health services by people from Black and Minority Ethnic (BME) groups Rate per 100,000

	Ethnic Group	England	NHS Barking and Dagenham CCG	NHS Birmingham South and Central CCG	NHS Central Manchester CCG	NHS Leicester City CCG	NHS Nottingham City CCG	NHS Sandwell and West Birmingham CCG	NHS Wolverhampton CCG
2011/12	Asian or Asian British	1256.1	1050.9	530.6	1355	1339.9	1456.1	1233.4	1568.1
	Black or Black British	2223.9	1039.3	1211.8	2829.4	1676	3159.8	2324.5	2594
	Mixed	1276.7	863.2	1132.7	2128.8	1519.9	1692.6	1101.4	1095.1
	Other Ethnic Groups	4340.5	5115	708.8	2177.4	1062.1	5764.5	1179.5	1013.7
	Total for Black and Minority Ethnic Groups	1709.2	1179	702.9	1916.8	1380.5	2168.3	1483.6	1682
	White	2660.7	2657.2	1079	3788.5	3427.8	3739.4	2715.6	2887.8
2012/13	Asian or Asian British	1344.5	1017.1	2087.2	1671.8	1500.8	1735.8	1903.9	1610.3
	Black or Black British	2295.1	1033.9	4205.6	3096.3	2050	3646.6	3727	2599.8
	Mixed	1286.1	875.9	2337	2575.3	1891.2	1964	1538.6	1149.9
	Other Ethnic Groups	4707.2	4359.8	1965.2	2751.8	1237.2	6921.9	3289.7	992.6
	Total for Black and Minority Ethnic Groups	1801	1136.4	2400.7	2256.7	1583.9	2544.2	2373.8	1714.5
	White	2645.2	2419.1	3297.9	4640.7	3845.5	4568.9	3164.6	2891.9
2013/14	Asian or Asian British	1511.2	1050.9	2383.8	1968.7	1509.8	2105.4	2158.5	1610.3
	Black or Black British	2522.3	1077	4677.9	3579.1	2152.1	4390.4	3404.1	2732.7
	Mixed	1455.2	901.2	2229.6	3125.6	2297.1	2156.4	1948.2	1290.7
	Other Ethnic Groups	5624.7	4703.1	2899.5	3486.5	1097.1	9236.6	4371.8	1098.2
	Total for Black and Minority Ethnic Groups	2035.9	1185.4	2729.1	2671	1625	3068.5	2537.9	1772.2
	White	2895.8	2315.8	3510.6	5181.7	3847.3	5300.5	3614.8	2891.9

3.17   Evidence from Adhar highlights the partnership which this VCS group has with LPT to deliver IAPT in Leicester. IAPT in Leicester is recognised to being accessible and culturally competent for people from BME backgrounds.

3.18   However, access to specialist therapies is a particular problem. LAMP finds that young men of Black/Black British ethnic backgrounds have more negative experiences of the mental health system than their White/White British counterparts. They experience a greater likelihood of coercive treatments, physical seclusion, restraint and higher doses of medication. Conversely young African and Caribbean men are less likely to receive less invasive treatments, such as counselling and psychotherapy.

3.19   Akwaaba Ayeh has supported people who have been over medicated, so that they are overweight and experience involuntary movements.

3.20   There are links between the criminal justice system, mental illness and young men from Black/Black British ethnic backgrounds. The Bradley Commission[6] found that BME groups are over represented in mental health care health care and in the criminal justice system.

3.21   Evidence from LAMP suggests that whilst the number of young Black/Black British male service users in Leicester is low, it is likely that the proportion of the population in treatment and detained under the Mental Health Act is an over representation. People from Black/Black British ethnic backgrounds are more likely to receive a diagnosis of schizophrenia, more likely to be detained by the Police under Section 136 or sectioned for treatment.

3.22   The Commission took evidence from the Police, which included an analysis of patients detained from September 2013 to September 2014. The number of Black/Black British males detained in Leicester was 176 in the age group 18-35 years. In comparison there were 1,203 males from White/White British ethnic backgrounds.

3.23   The Police reported on Section 136 of the Mental Health Act, which provides wide powers to assess someone who may appear to be acting in a manner that could be seen as being 'out of the normal' behaviour patterns. Anyone who was detained under Section 136 that had committed an offence would be arrested and held in custody.

3.24   In LLR there is an initiative to reduce the number of people detained under Section 136 of the Mental Health Act.

3.25   15 of 18 people detained under Section 136 of the Mental Health Act were from White/White British ethnic backgrounds and 3 were from Black/Black

British ethnic backgrounds. There is no national common dataset for collecting Section 136 statistics, and factors such as ethnicity are not routinely collected.

3.26   Anecdotal evidence suggests that, with regard to mental health issues, the Police have more contact with people who are originally from Eastern Europe than those from Black/Black British ethnic backgrounds.

3.27   The Police want to improve mental health awareness within the force. They are working with Mind to deliver specialist training for officers dealing with mental health issues, and training is being reviewed nationally. Officers have access to e-learning packages and pocket book guidance notes. Additional investment has been made to provide specialist training for those working in specialist areas such as the Triage Car.

3.28   The Triage Car is based on collaboration between LPT and Leicestershire Police. It aims to provide appropriate mental health care to those in need and potentially reduce offending. It has been praised as an example of good practice by the Department of Health and has helped to reduce the number of people who have been sectioned.

3.29   In practice, the Triage Car sees mental health nurses accompany police officers to incidents where it is believed someone may need immediate mental health support. The scheme helps people with mental health problems who are sometimes detained in the wrong environment.

3.30   Within LPT management of the Triage Car is through the Criminal Justice Liaison Division. The Division aims to protect service users by
- Intervening and supporting at every stage of the Criminal Justice System;
- Identifying mental health issues at an early stage, and, if severe, recommending that the person be diverted out of the criminal justice system and signposted to the best pathway for treatment.

3.31   At the time of the Commission review 22% of people engaged in the service were new clients and many were not previously known to the health services as having mental health issues; most people self-presented. From April to September 2014 there had been 82 contacts of which 43 were Black/Black British.

3.32   The Commission received written evidence from local voluntary and community sector organisations. This suggested that people from Black/Black British backgrounds continue to mistrust and fear mental health services. This means that local VCS services are well used.

3.33   Akwaaba Ayeh suggests that, despite evidence of need, there is a lack of culturally appropriate services for young Black/Black British men in Leicester. This means that people with mental health problems and their carers look to the VCS for the support that meets their needs.

3.34   All local VCS organisations aim to deliver culturally appropriate services. Network for Change aims to promote and support positive mental health and wellbeing by challenging stigma, promoting positive identities, access and social inclusion. For LAMP, which provides formal and informal mental health advocacy, half of service users are from BME backgrounds.

3.35   Some important evidence from VCS organisations gave insight into the impact of stigma and discrimination on the mental health of people from Black/Black British ethnic backgrounds.

3.36   For LAMP people from BME backgrounds can experience stigma and discrimination within their own communities as well as in wider society. The impact of stigma has been observed among service users and is made manifest in isolation and fear. Service users require reassurance concerning confidentiality.

3.37   Adhar recognises that although mainstream advocacy project are developing. None are engaging fully with them and their communities.

3.38   For Akwaaba Ayeh the lack of culturally appropriate services means that there is a lack of awareness among service providers with regard to the needs of young men of Black/Black British ethnic backgrounds. Services are often judgemental. What emerges is a service based on stereotypes and discrimination, and service users who have a problem with authority, who lack trust and are reluctant to engage.

4. Findings of the Commission

The extent of mental ill health in young men from Black/Black British ethnic backgrounds in Leicester

Mental health, individual resilience and social exclusion are all influenced by a range and interaction of different factors across the life course such as social position, education, housing and employment. Mental illness further exacerbates inequality and is associated with increased mortality and morbidity as well as poorer economic, health and social outcomes.

Poor housing, unemployment and social exclusion are disproportionately borne in the UK by people from BME backgrounds, such as people from Black/Black British ethnic backgrounds.

> **Commission Finding: As poor mental health is a contributor to and a consequence of wider health inequalities, there is a need to embed mental health promotion messages in adjacent systems which can have such an impact on health, such as housing, employment and education. (See Recommendation 1)**

Risk factors for poor mental health in Leicester are generally high, but it has been difficult to gather specific local data for young men of Black/Black British ethnic backgrounds. The obtainable evidence suggests that there is an over representation of people from this group in detentions under the Mental Health Act and an under representation in access to specialist therapy. There is anecdotal evidence of over medication which has had debilitating effects on service users.

The Commission therefore finds that better information is necessary for service planning, especially for a group where research findings show inequity of access and outcome. Better information collection should be a means to achieve real change in how services are organised and delivered for Black/Black British men.

> **Commission Finding: Although there is evidence of difference in terms of prevalence of mental illness and experience of mental health services for people of difference minority ethnic backgrounds there is a need for better monitoring of ethnicity in mental health. (See Recommendation 2)**

The adequacy and effectiveness of services in Leicester in terms of access, take-up and outcomes for Black/Black British young men

Service Commissioners and Providers in Leicester have shown they recognise that services should be responsive and appropriate to the needs and wishes of service users. There have been important initiatives, such as Open Mind IAPT and the Triage Car. These have provided a service which has been more responsive to the needs of people from Black/Black British ethnic backgrounds. However, not all services are culturally competent, and there is a need for wider support of different service delivery models.

Commission Finding: There is a need to address evidence of inequality of access and outcome. Although some mental health services, such as Open Mind IAPT, showed real progress in meeting the needs of people from BME backgrounds, the Commission found that whilst there was an over representation of people from Black/Black British ethnic backgrounds in detentions under the Mental Health Act, there was an under representation of people from Black/Black British ethnic backgrounds in accessing Cognitive Behavioural Therapy and Psychotherapy. (Recommendation 3)

There are high levels of fear and mistrust towards using mental health services and this stops people from seeking help at an earlier stage. This means that young men of Black/Black British ethnic backgrounds have often been detained under the Mental Health Act or received treatment only through contact with the Criminal Justice System.

Commission Finding: Leicester has taken a lead in the development of joint working between the police and mental health service provider. The Triage Car is an example of the success of this joint working. This has resulted in people in mental health need accessing appropriate car and a reduction in the number of people detained under the Mental Health Act. However, the Commission found that there is no national common dataset for collecting Section 136 statistics, and factors such as ethnicity are not routinely collected. This is an important area which should be addressed (See Recommendation 2).

It is important for service commissioners and providers to challenge the concerns that have been raised by service users and VCS organisations. These include limited treatment options, restrictive treatment regimes, and lack of alternatives to medication. In tackling the lack of trust underpins the interactions between mental health services and young Black/Black British men commissioners and providers should engage more with Black/Black British communities.

The Commission believes that young Black/Black British men will use mental health services only when they culturally appropriate care. VCS organisations demonstrate that they can engage with people from our diverse communities. It is therefore important that service commissioners and providers establish better partnerships with community organisations to provide more appropriate care.

Commission Finding: The role of the VCS should be strengthened to deliver culturally appropriate care and early support for young Black/Black British men. Current statutory sector commissioners and providers should ensure that their own services are developed to meet need and establish credibility of mental health services in the community   (See Recommendation 4).

5. Recommendations

The City Mayor and executive and key stakeholders are recommended to consider the following recommendations:

To tackle the extent of mental ill health in young men from Black/Black British ethnic backgrounds in Leicester

Recommendation 1: Raise awareness of the links between mental illness and the wider determinants of health and wellbeing.

Recommendation 2: Work with health and social care service commissioners and providers and the Police to enhance the quality of information on young Black/Black British men.

To improve the adequacy and effectiveness of services in Leicester in terms of access, take-up and outcomes for Black/Black British young men

Recommendation 3: Encourage commissioners and providers to recognise the extent of mental health need of young Black/Black British men and work to address inequality of access and outcome.

Recommendation 4: Work with voluntary sector agencies which have demonstrated that they are able to engage with Black/Black British communities in order to inform and improve service delivery for young men of Black/Black British ethnic backgrounds.

APPENDIX 1: EVIDENCE AND HEARINGS

Health & Wellbeing Scrutiny Commission

EVIDENCE SOURCES TO THE 'REVIEW OF MENTAL HEALTH SERVICES FOR YOUNG BLACK BRITISH MEN IN LEICESTER '.

DATE	EVIDENCE
8th May 2014	Notes of 1st briefing meeting for members of the Health & Wellbeing Scrutiny Commission
July 2014	Scope of review document
8th July 2014	Notes of 2nd briefing meeting for members of the Health & Wellbeing Scrutiny Commission
8th July 2014	Professor Raghavan, De Montfort University 'Mental Health Services for Black and Minority Ethnic Group in Leicester, Leicestershire and Rutland – A Documentary Analysis'
8th July 2014	Centre for Mental Health 'Bradley Commission Briefing paper on Black and Minority Ethnic Communities mental health and criminal justice'
8th July 2014	Presentation and briefing by Mark Wheatley and Yasmin Surti, Public Health Team, Leicester City Council.
8th July 2014	Guardian Press Article, 26th March 2014 'Mental Health and Race – the blight of dual discrimination'
	Guardian Press Article 'What 12 years a slave tells us about 21st Century Black Mental Health' (dated February 2014)
8th July 2014	Article from The Voice 'Inquiry into Black Deaths in Custody must lead to justice' (dated February 2014)
22nd July 2014	Minutes of the meeting of the Health & Wellbeing Scrutiny Commission
22nd July 2014	Leicester City Clinical Commissioning Group Presentation slides 'Mental Health of Young Black/Black British Men in Leicester.
22nd July 2014	Joint Commissioning Panel for Mental Health - 'Guidance for Commissioners of Mental Health Services for People from Black and Minority Ethnic Communities'
22nd July 2014	Mental Health Crisis Care: Commissioning Excellence for Black & Minority Ethnic Groups – A briefing for Clinical Commissioning Groups (March 2013) by Mind for Better Mental Health.
30th September 2014	Leicestershire Police briefing note and an analysis of patients detained under Section 136 from August 2013-14.
30th September 2014	Leicestershire Partnership NHS Trust – Briefing paper on the Leicestershire Criminal Justice Mental Health and Learning Disabilities Liaison and Diversion Service.
30th September 2014	Article on the Triage Car, Acute Assessment Team and Criminal Justice Service, Leicestershire Partnership NHS Trust

30th September 2014	Article on the Equality and Human Rights Commission inquiry into 'non-natural deaths' of adults with mental health conditions.
30th September 2014	Equality Impact Assessments, email extract from John Singh, Leicester City Clinical Commissioning Group
30th September 2014	Leicester City Clinical Commissioning Group, Responses to members questions at 22nd July meeting.
30th September 2014	Data analysis from Leicestershire Partnership NHS Trust
30th September 2014	Email extract from Dr F. Noushad
30th September 2014	Service Users Counts, Leicestershire Partnership NHS Trust
30th September 2014	Mental Health Service User Counts, Leicestershire Partnership NHS Trust
30th September 2014	Quantitative Equality Analysis of service users Leicester City Increasing Access to Psychological Therapies Service May to September 2013, Leicestershire Partnership NHS Trust
30th September 2014	Quantitative Equality Analysis of Leicestershire Partnership NHS Trust Service Users in the year up to November 2013.
30th September 2014	Mental Health Review Tribunal / Leicestershire Partnership NHS Trust Ethnicity Monitoring Pilot.
23rd October 2014	Speech transcript: by Home Secretary, The Rt Hon Theresa May MP at the Policing and Mental Health Summit.
18th December 2014	LAMP Mental Health Project – evidence paper submitted by Denise Chaney, Executive Director (dated June 2014)
18th December 2014	Adhar Project – evidence paper submitted.
18th December 2014	Akwaaba Ayeh Mental Health Advocacy Project – evidence paper submitted by Pamela Campbell.
18th December 2014	Network for Change – refer to evidence gathered previously.

References

[1] Mental Health Foundation, Black and Minority Ethnic Communities at http://www.mentalhealth.org.uk/help-information/mental-health-a-z/B/BME-communities/ last accessed 17/7/2014

[2] Mental Health Foundation ibid

[3] Fearon, P. et al Patterns of psychosis in black and white minority groups in urban UK: the AESOP study *Schizophr Bull* 2005 31(2): 222

[4] Sewell H, 2006, Leading Race Equality in Mental Health, *The International Journal of Leadership in Public Services* 2006, 5:21

[5] Care Quality Commission 2011 Count Me In Census 2010, London, CQC

[6] Bradley Commission quoted by LAMP