Sheffield Flourish: submission to the Sheffield Race Equality Commission

1. Sheffield Flourish

This submission is on behalf of Sheffield Flourish, a local mental health charity that uses a blended model, combining community activity with digital resources, to support people living with mental-ill health to use their skills, ideas and talent to build the lives they wish to lead.

In 2019 Sheffield Flourish's board recognised the disproportionate number of BAME people effected by mental health and acknowledged that the charity had done little to address this. They therefore made race equity a priority for the charity and the charity has subsequently embarked on a series of events, partnerships, activities and commitments to address this, including the Chair and Managing Director being selected onto the ACEVO 12-month Race Equity programme. We therefore feel that submitting evidence to the Race Equality Commission is an appropriate avenue to share our learnings and analysis.

2. Racial inequalities and mental health

We are responding to this Commission's call for evidence as we are aware that people and communities that experience societal inequalities are more likely to experience poor mental health[1] and to find it more difficult to access services which meet their needs[2]. These inequalities, which existed pre-Covid, for example in housing, employment and finances, are more likely to impact people from BAME communities and have been exacerbated during this pandemic[3]. Given both the disproportionate impact of the Covid-19 pandemic on people from BAME communities[4] and the impact of systemic racism[5], there are people from BAME communities who are at risk of experiencing higher levels of mental health distress and ill health. In addition, people from BAME communities are disproportionately represented in inpatient mental health settings[6], suggesting that preventative support is not reaching BAME communities.

3. Sheffield Flourish views and learnings

1. Evidence of racial inequality in relation to mental health in Sheffield
While 19.2% of the Sheffield population is from a BAME background, just under half (46%) of the Sheffield secure inpatient population are. We oversee the Sheffield Mental Health Guide on behalf of Sheffield City Council, a website where we proactively find and list profiles for over 300 services and activities relating to mental health. We only have nine BAME-specific services listed on the website (just 3%), suggesting a very low level of culturally sensitive services in a city.

---

[1] Commission for Equality in Mental Health Briefing 1: Determinants of mental health, Centre for Mental Health, January 2020
[2] Commission for Equality in Mental Health Briefing 2: Access to mental health support, Centre for Mental Health, July 2020
[3] Existing inequalities have made mental health of BAME groups worse during pandemic, says Mind. Blog post based on survey of 14,000 adults. July 2020
[4] Beyond the data: Understanding the impact of Covid-19 on BAME groups, Public Health England, June 2020
[5] Covid-19: understanding inequalities in mental health during the pandemic, Centre for Mental Health, Louis Allwood and Andy Bell, July 2020
[6] Count me in 2010, Care Quality Commission national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales

In July 2020 Sheffield Flourish supported black survivor's organisation Adira and Sheffield Health and Social Care NHS Foundation Trust, to put on a live virtual event called Black Mental Health Live. The event aimed to look at ways to engage with the BAME community to build better relationships, break down barriers, dispel any myths about mental health services and build positive relationships with this community. It has been viewed by over 4500 people and received 83 comments and questions during the live stream. We collated these into key themes that highlighted that a lack of cultural sensitivity within 'mainstream' services means there are very few options for people of colour who want to be supported in a way that feels respectful and culturally appropriate.

2. Analysis of the cause/s of racism or racial inequality in relation to mental health in Sheffield

We have been privileged to work with a number of excellent BAME mental health groups over the last few years, who have outlined some of the reasons why the mental health of BAME communities is so low in Sheffield. There are issues which have a more national or even international scope, such as inequality and racism, but specifically to Sheffield there has been long-term defunding of BAME mental health community groups. This has meant that the mental health of BAME communities, long identified as an area needing more support, has dropped rather than improved, as resources have grown slimmer in the city. This, in turn, has widened the gap of distrust between statutory services and BAME communities.

3. Examples of good practice in relation to reducing racism or racial inequality in relation to mental health

Especially when it comes to the complexity of mental health, it is imperative that we collaborate with experts by experience and work to heighten their voices rather than speak on their behalf. We have been involved in some excellent partnership working over the last year that has aimed to do just that. We have been pleased to see statutory services beginning to take this seriously, for example SHSC fully supporting the recent Black Mental Health Live event and placing race equity central to their new Service User Engagement Strategy. Sheffield Flourish are also working in partnership with SADACCA to focus on preventative messages around suicide and black males (funded by Sheffield City Council). We are collaborating with Healthwatch on a piece of work called 'Mind the Gap', that understand people's experiences of mental health services through the telling of their story, in their own words (rather than top-down surveys).

4. What we believe to be the best way to tackle racism or racial inequality in relation to mental health in Sheffield

- Statutory services must acknowledge that failings have happened. To move on as a community, we have to know and acknowledge our histories. Going on from this, the city's leadership need to outwardly and actively celebrate the diversity of this city, so that all communities feel included within the city's future. A sense of community is imperative to good mental health outcomes. This includes supporting the sustainability and growth of community hubs like SADACCA, that have a rich history at the heart of our city.
- The way new services are developed and commissioned needs to be considered within the context of race equity. Too often funding processes are focused on the mechanisms of competitive commissioning, with long-winded tender applications that exclude smaller, specialist BAME organisations. A more inclusive, pro-active approach would be welcomed, as we have seen utilized during Covid-19 crisis response. Equally, when tendering for mental health services, applicant organisation should be asked to outline and budget for ways they will improve equality of access (for example, enough money to print some flyers off, travel to another part of the city, and share them with a community of interest).
- We have a number of health-related boards in the city – asking these boards (e.g. Health and Wellbeing Board, Psychology Board, Suicide Prevention Steering Group) to focus at least one of their meetings per year on BAME needs and prevention, could make a real difference. This isn't the first-time race equity has hit the spotlight in

this country, so this time any changes we do make need to be sustainable and built into the fabric of existing institutions.

- This work should go beyond the scope of our statutory service. For example more established VCSE organisations need to reach out and support smaller BAME organisations; providing offers of support such as promoting BAME services at events and through social media, amplifying BAME service user voices, supporting funding bids and working on truly collaborative projects.