

Knowledgeshare

Joint CQC and REF report: mental health crisis services are 'inadequate'

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The Race Equality Foundation Mental health crisis review – experiences of black and minority ethnic communities

The Care Quality Commission and The Race Equality Foundation have published reports on mental health crisis care. The Race Equality Foundation report, fed into the CQC report and has also been published separately.

The CQC report found that mental health crisis services are 'inadequate.' Just 14% of people said the care they received was right and helped resolve their crisis. Most had come into contact with at least three different services and just over one in ten people with six to ten services.

The Race Equality Foundation report found that, in the five areas reviewed, black and minority ethnic patients experience discrimination and poor service in crisis care. The issues raised about crisis care included:

- Experience of direct discrimination on the basis of race and other characteristics.
- Services failing to address cultural needs.
- Limited understanding of faith in the mental health system.
- A feeling that mental health is not a priority.
- The impact of cuts to local services on specialist black mental health services.

The report also highlighted some of the good practice such as:

- Providing specialist supported housing.
- Working with service-users and their carers to plan their care.
- Services working together to support people through and beyond crisis.

The CQC report, *Right Here, Right Now*, is available here: <http://linkis.com/www.cqc.org.uk/conte/4rQi8>

The Race Equality Foundation (2015) Mental health crisis review – experiences of black and minority ethnic communities.

Available <http://raceequalityfoundation.org.uk>

For more information please contact Samir Jeraj (samir@racefound.org.uk).

Kat Clayton

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Race Equality Foundation

LGB&T hate crime reporting: identifying barriers and solutions by Neil Chakraborti and Stevie-Jade Hardy (University of Leicester)

This report presents the findings from a programme of tailored

work with lesbian, gay, bisexual and transgender (LGB&T) communities in Leicester and Leicestershire which aimed to encourage greater levels of hate crime reporting. Based on face-to-face qualitative interviews, the report outlines LGB&T people's experiences and expectations of hate crime reporting, and provides best practice guidance. It showed that verbal abuse, intimidation and harassment on the basis of sexual orientation and/or gender identity were identified as regular experiences within the context of many participants' everyday lives. Moreover, many people within LGB&T communities are unaware of and unfamiliar with reporting pathways. The report identifies a number of specific solutions for the problems experienced by LGB&T people in Leicestershire.

The report also presents best practice guidance for agencies and partnerships regionally and nationally. The suggested proposals include:

- identifying the specific support needs of LGB&T communities;
- using more extensive methods of engagement with these communities;
- developing positive campaigns to encourage reporting of hate crime;
- producing hate crime awareness campaigns;
- locating third-party reporting centres in more appropriate locations;
- tailoring reporting pathways to meet specific needs;
- making reporting procedures more victim-friendly;
- allowing anonymous reporting of hate crimes;
- providing regular updates about investigations; and
- offering the option of an independent advocate.

LGB&T Hate Crime Reporting Identifying Barriers and Solutions is available at: <http://www.equalityhumanrights.com/publication/lgb-and-t-hate-crime-reporting-identifying-barriers-and-solutions>

Megan Wong

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Dementia and cancer in the Irish community in Britain

The absence of up to date evidence about the Irish community is occasionally noted, but, due to a tendency to define ethnicity in terms of skin colour, policy makers and commissioners generally fail to commission research on this group. The presumption that the Irish community have the same problems

and needs as English people underplays evidence that poor health and limiting long term illness continue into the second and third generations of Irish migrants. This paper considers the experience of the Irish community in Britain in relation to cancer and dementia, considering the impact of demographic and cultural factors on the prevalence of these conditions and the uptake and appropriateness of treatment.

Mary Tilki, Irish in Britain

Better Health Briefing Paper 38, Race Equality Foundation, July 2015 available at

<http://www.better-health.org.uk/briefings/dementia-and-cancer-irish-community-britain>

Prostate cancer twice as likely to kill black men as white men

A recent study by Public Health England and Prostate Cancer UK has found that 1 in 4 black men in England will be diagnosed with prostate cancer, compared to 1 in 8 for white men. Black men in England additionally have double the risk of dying from prostate cancer than white men. Professor Julia Verne, from Public Health England, said “the findings follow similar statistics from the USA and highlight the importance of raising awareness among the black African-Caribbean community in England but also, the need for further research into the disease...’ It is hoped the study will lead to more targeted awareness-raising about prostate cancer.

Prostate Cancer UK (2015) *Men United v Prostate Cancer: Five inequalities, five solutions* available at

<http://prostatecanceruk.org/about-us/news-and-views/2015/7/black-men-are-unaware-that-they-re-twice-as-likely-to-die-from-prostate-cancer-as-white-men>

Report on ‘Pregnancy and Maternity-Related Discrimination and Disadvantage’

The Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission (EHRC) commissioned a programme of research to investigate the prevalence and nature of pregnancy discrimination and disadvantage in the workplace. The results in this report are based on interviews with 3,034 employers and 3,254 mothers. The two surveys cover the views and experiences of employers and mothers on a range of issues related to managing pregnancy, maternity leave and mothers returning to work.

The survey findings are based on employer’s and mothers’ perceptions and in the case of mothers, their view of whether their treatment was due to pregnancy and/or maternity leave. This treatment does not necessarily fall under the legal definition of discrimination. Only an employment tribunal can determine whether unlawful discrimination or unfair dismissal has occurred.

The majority of employers reported that it was in their interests to support pregnant women and those on maternity leave and they agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. However, the research found that:

- Around one in nine mothers (11%) reported that they were either dismissed; made compulsorily redundant,

where others in their workplace were not; or treated so poorly they felt they had to leave their job; if scaled up to the general population this could mean as many as 54,000 mothers a year.

- One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues; if scaled up to the general population this could mean as many as 100,000 mothers a year.
- 10% of mothers said their employer discouraged them from attending antenatal appointments; if scaled up to the general population this could mean up to 53,000 mothers a year.

The report was prepared by IFF Research on behalf of the Department for Business, Innovation and Skills and the Equality and Human Rights Commission: *Pregnancy and Maternity-Related Discrimination and Disadvantage. First findings: Surveys of Employers and Mothers. BIS Research Paper No. 235.*

Available at: http://www.equalityhumanrights.com/sites/default/files/publication_pdf/Pregnancy-and-maternity-related-discrimination-and-disadvantage.pdf

Stonewall research on ‘Unhealthy Attitudes’ in health and social care

Research released by Stonewall, the lesbian, gay, bisexual and trans equality charity, reveals that lesbian, gay, bisexual and trans (LGBT) people are facing unhealthy attitudes from health and social care professionals.

The YouGov research conducted for Stonewall, surveyed 3,001 health and social care workers across Britain. An astonishing 10% of health and social care workers directly involved in patient care have witnessed colleagues expressing the belief that lesbian, gay and bisexual people can be ‘cured’; a figure that rises to 22% among those healthcare workers in London.

Workplace bullying was also found to be commonplace in health and social work. Three in five (60%) staff directly involved in patient care, who hear discriminatory remarks about lesbian, gay and bisexual people, do not report it and a quarter (26%) of lesbian, gay and bisexual (LGB) staff said they have personally experienced homophobic or biphobic bullying from colleagues in the last five years.

Trans people are also subject to discrimination, with negative remarks or offensive language such as ‘tranny’ and ‘she-male’ being heard by 20% of patient-facing staff from their colleagues. Evidence also shows that trans issues often remain unaddressed in training, with only a quarter of those who received equality and diversity training stating that the legal rights of trans staff and patients were covered.

Public bodies have a legal duty to advance equality and eliminate discrimination. However, many staff say they have received little or no equality and diversity training, and some of those who were surveyed even questioned its relevance. Almost three in four (72%) of patient-facing staff have not received training on the health needs of LGB people, the rights of same-sex partners and parents, or how to use language that is inclusive.

Shockingly 28% of doctors say they don't feel confident they can respond to the specific care needs of trans patients, and 15% say they don't feel confident in their ability to meet the needs of LGB patients.

Practitioners also showed a lack of awareness of the relevance of sexual orientation to healthcare needs, with almost six in ten of those with direct responsibility for patient care saying that they don't consider sexual orientation to be relevant to one's health needs.

On the basis of the report, Stonewall is calling for

- central government to publicly condemn so called 'gay cure' therapy and consider taking further steps to ensure that the practice is outlawed.
- health and social care leaders to communicate a clear message to staff that trying to 'cure' lesbian, gay and bisexual people is both harmful and dangerous.
- a highly visible anti-bullying and discrimination campaign across the NHS.
- prioritisation of fit-for-purpose training in health and social care organisations, as well as medical schools and universities.

Stonewall already works with a number of healthcare providers, NHS Trusts and social care organisations across Britain to deliver meaningful equality and diversity training. This work has shown how successful this training can be, with Nottinghamshire Healthcare NHS Trust topping Stonewall's Top 100 Employers 2015 list.

Stonewall (2015) *Unhealthy Attitudes. The treatment of LGBT people within health and social care services*. Stonewall, London, available at <http://www.stonewall.org.uk/>

Gender Equality Index 2015 – Measuring gender equality in the European Union 2005-2012

The Gender Equality Index 2015, published by the European

Institute for Gender Equality, provides a comprehensive measure of gender equality, tailored to fit the EU policy context. Following the importance of cohesion across EU Member States, the Gender Equality Index ensures that higher gender equality scores can only be obtained in societies where there are small gender gaps and high levels of achievement.

The update includes scores for 2005, 2010 and 2012, for the first time allowing for an assessment of the progress made in the pursuit of gender equality in the European Union and individual Member States over time. Moreover, the update makes a first attempt at populating the satellite domain of violence by providing a composite indicator of direct violence against women, based on the data on violence against women collected by the European Union Agency for Fundamental Rights through the EU-wide Survey on Violence against Women.

European Institute for Gender Equality (EIGE) *Gender Equality Index 2015 – Measuring gender equality in the European Union 2005-2012* available <http://eige.europa.eu/rdc/eige-publications/gender-equality-index-2015-measuring-gender-equality-european-union-2005-2012-country-profiles>.

Call for Contributions

The Knowledgeshare pages are an Information Exchange provided by the journal as a service to our readers and to our community of people active in the field. We ask you to contribute by submitting any items of news or resources that you have found useful, to share with others: *We particularly welcome:*

Short accounts or evaluations of initiatives to improve practice or education in health and care

Reviews of books, websites, games or other resources to improve practice

Conference reports

If you have an item which you think might be of interest to our readers and your colleagues in diversity-practice, please send it to Nicky Hudson (email: nhudson@dmu.ac.uk)