

Race, Equality and the AMHP Role-An AMHP Leadership Perspective – by Valbona Demiri, AMHP & Social Care Team Lead, Reading Borough Council

Asking “why disproportionate numbers of Black, Asian and other ethnic minority people are detained is a question that I and every AMHP asks and should ask themselves before making decisions to make application”.

It has to be acknowledged that we as AMHP’s become involved when someone is in mental health crisis, so we are the sharpest end of Mental Health Service Provision.

We acknowledge that detention under the Mental Health Act takes away an individuals’ liberty and imposes treatment that people do not want, which can be traumatic and frightening. But on the other hand, it can help to restore health and even be lifesaving; limiting the pain and distress that accompanies the most severe mental illnesses. We have seen people we have detained get better.

Some accounts from service users included in the Independent Mental Health Act Review are difficult to hear, especially as AMHP’s are the last professionals involved with someone in crisis and have to make a decision. We should take this as a powerful prompt for change and improvement, both locally and nationally to reduce detentions and improve mental health provisions for ethnic minority groups, especially those from groups that are overly represented.

So how do we use our powers to uphold human rights for Black and Asian Service Users / individuals we assess?

At the starting point, of AMHP’s involvement.

Our involvement as AMHP’s begins with being aware and reminding ourselves of the structural inequalities, social injustice, discrimination, and racism that exists in society and how these contribute to mental health problems.

We also know that factors associated with structural inequalities are linked to poorer mental health in general; factors such as poorer housing, lower levels of education, higher rates of unemployment and poverty all can be detrimental.

We are fully aware that racism is still a fundamental problem in our society and that the trauma, and a sense of injustice are unavoidable issues in the care and support of black and other minority with mental health problems. As AMHPs we need to challenge these more.

Understanding and knowing that there are gaps in mental health service provision and these at best are not fit to meet the needs of ethnic minorities.

There is still lots of stigma and mistrust in society about mental health services and especially from ethnic minorities, at times this prevents groups in our society asking for help early on, ultimately leading to crisis situations where choices regarding a resolution are limited.

Exploration of less restrictive options start with the Referral and Protecting Individuals Human Rights Article 8

As an AMHP I have a duty to consider referrals for Mental Health Act Assessments, this gives me the opportunity to scrutinise all the information provided by the referrer, more so in fact if a referral is made for an individual of Black African, Black Caribbean or other ethnic minority.

This is to ensure that there is no bias - we ask direct questions, ask for evidence about everything said, for example risk, reasons for request, and we evaluate the information and do not act on other professionals' anxieties or perceived risks, to check the evidence and not to act on assumptions (other professionals might see us as difficult). This also enables us to explore what has been tried so far.

Whenever appropriate and safe, we give advice to referrers on what else needs to be done to prevent, firstly an intervention via Mental Health Act and advise on the use of least restrictive options. We do challenge referrers if we identify any discrimination or inequality and thus promote social justice. Despite our advice however often we receive the same referrals again and again, with much of the advice not being followed for various reasons.

If we were to proceed with a Mental Health Act assessment, we would explore and make the necessary reasonable adjustments for the individual in line with their protected characteristics and try to get the right assessing team.

Specialists or interpreters with experience in dealing with ethnic minority needs or perhaps the mental health professional being from the same ethnic background can make the person in crisis feel safe and comfortable, that their needs are being advocated for on their behalf appropriately.

I lead an ethnically diverse AMHP team and we draw on each other's insights of culture and experiences of racism to improve our service.

Our role in the assessment is to ensure that individuals' human rights are protected, they are treated with dignity and respect, ensure that their voice is heard, engage with them in an empathic manner, validate their distress, and create a therapeutic alliance with them, as most of the times they may not wish or are unable to engage and they communicate via behaviour.

We try to understand their explanation of their experience and try to make sense of this and see what can be done - how the distress can be lifted from them. We try to maintain an open dialogue with the individual being assessed and wherever possible come to a mutually agreed decision regarding their crisis.

We do not see these individuals based on racialised categories but as another fellow human being in Mental Health Crisis and try to understand them at that time and how they have arrived here and what can be done.

By doing this we are not trying to ignore experiences or make assumptions but keep it personalised as even those from the same cultures /race can present differently, and it could be unhelpful.

Why we make an application under the MHA?

We evaluate and explore all possible alternatives to admission or detention however, sometimes there are no alternatives available.

We have in-front of us a human-being in great pain and mental distress and it is clear that there is no other appropriate or safe alternative at that time and if you don't detain because of the person's ethnic background then that is discrimination, you are withholding from them the right to care and treatment.

Ethical Dilemmas for AMHPs

Do Nothing? – this is because they don't want to add to detention statistics, not wanting to deprive someone of their liberty, not wanting to add another label to them knowing that the care and treatment in hospitals is not always satisfactory, particularly for these minority groups.

By evaluating all the evidence /information we have, we can predict what the outcome of doing nothing is likely to be:

Outcomes such as serious or fatal harm to the individual or the public.

We know that if we do nothing, we could also be breaching the ECHR Article 2; Article 3 and Article 14

Apart from the fact that it is unlawful and illegal it is also morally and ethically wrong to leave another human being in distress when you know you can do something about it, whether the intervention is ideal/ the best.

The Mental health Act has many safeguards in place surrounding detainment such as the right to appeal, nearest relatives' rights and access to a SOAD.

The bigger picture - what needs to change to allow us to use less restrictive choices in MHA assessments?

AMHPs are leaders in their own right and can contribute to changes to the developing mental health services which are available to these individual groups and therefore minimising /eradicating structural inequalities.

Preventative Work-

In my view there are many things that can change, not all of these directly linked with the mental health act assessment itself or the AMHP role

- Preventative work is needed targeting structural inequalities, racism, stigma and discrimination that exist in society, which leads to individuals developing mental illness.
- Developing and implementing comprehensive aftercare plans for individuals with severe and enduring mental illness, who are eligible for section 117 Aftercare (that should address education, employment, religion or spiritual needs, social inclusion, poverty, housing, physical and mental health, medication is a small part of the care plan) to prevent relapse.
- Society needs to change in general - eliminate stigma attached to Mental Illness and Care & Treatment. This could enable individuals to access services earlier on and prevent crisis or the need for interventions under the Mental Health Act.
- There needs to be an increase in the range and quality of culturally appropriate community services, especially for the ethnic minorities that are overrepresented in detention.
- We must eliminate the stigma attached to detention and psychiatric admissions, because this in itself is to blame for these individuals viewing detention/admission as punishment. This view point causes the reluctance/refusal to engage on top of creating fear and increasing their distress during the mental health act assessments.
- Improve inpatient care and treatment and comprehensive aftercare plans especially for the revolving door individuals and those with severe and enduring mental illness.

What we currently do locally

We carry out joint home visits with the referrers whenever possible and if we find out that an individual's mental health crisis/relapse has come as result of neglect or discrimination, we raise a safeguarding concern.

After the MHAA we make recommendations to the inpatient team and Community services on what they need to consider for the individual when planning discharge such as any specific needs, such as religion, food, physical health and education if they are under 18 etc

We inform the individual and their nearest relatives of their rights and encourage them to act on these. Refer for IMHA

What we plan to do

In order to ensure that the correct action has been taken we follow up on any recommendations and advice we have given. In doing so we impact the care and treatment these individuals receive in and out of the hospital, specially the individuals with severe and enduring mental illness.

We as AMHPs should meet with individuals and their families post discharge to get feedback about their experience, what could we have done differently to improve their experience or anyone else's, explain about AMHP role and mental health services when they are not in crisis, this to install trust and confidence.

Request and set up Multi-Agency meeting for any individual with repeat admissions and formulate plans to ensure that we prevent readmission as well as making the professionals accountable for any neglect or lack of action.

We plan to have direct links and meetings with different teams within the local authority such as the NHS, voluntary organisations, leaders, people from the local communities and religious groups to be the advisors and educators regarding mental illness, mental health services and how to navigate systems and improve socio-economic conditions for individuals from Black African, Black Caribbean , Asian and another ethnic minority or disadvantage group in our communities .

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.

Finally, how do we care for all AMHP's in the work environment in dealing with the role /work pressures, especially Black and Asian AMHP's (these appear to be the group more at risk of Covid).

Although we make decisions individually and the role is autonomous, we work, reflect, debate and talk openly with one another about any dilemmas or decisions we make in order to ensure that there is no unconscious bias, prejudice or stereotyping.

Sometimes these can be difficult discussions because we as AMHP's from ethnic minorities there are particular ethical burdens as we are adding to the statistic as well.

- Debriefing after Mental Health Act Assessments.
- Work in pairs if needed.
- We have been working from home since March 2020 and have had to work extra hard to continue to have the healthy discussion, debates and support each other.
- We had PPE from the beginning and based on research findings have tried to reduce exposure of AMHP's especially from ethnic minorities who are more at risk.
- We have full support from our Director, Senior Managers and Chief Executive, they back up our proposal for improvements such as current and Future Workforce Plan.
- We are working towards trying to train and recruit young professionals and from all local community backgrounds, including these with protected characteristics, support, mentor and prepare them for AMHP Training.