

Race & Cultural Issues in Counselling

Lymarie Rodriguez-Morales

1

Overview

- Background
- Current treatment landscape
- Counselling responses
- Working with ethnicity and race

2

Culture as an Iceberg



3

Culture & Mental Health

"[i]t is a process by which ordinary activities acquire emotional and moral meaning for participants. Cultural processes include the embodiment of meaning in habitus and physiological reactions, the understanding of what is at stake in particular situations, the development of interpersonal connections, religious practices, and the cultivation of collective and individual identity. Culture is inextricably caught up with economic, political, psychological, and biologic conditions. Treating culture as a fixed variable seriously impedes our ability to understand and respond" (Kleinman, 2004 as cited in Cromby, Harper, & Reavey, 2013, p. 57).

4

Culture & Mental Health

The discourse on 'culture' that is applicable to mental health mainly concerns the culture of the individual because of the emphasis on the individual in the (western) interpretation of 'mental health'...But even here it is recognized that individual culture rests on a bed of traditional family culture, the culture of the community they are part of, the wider body of people they felt attached to, the regions(s) they live in and even perhaps the 'imagined communities'...they are connected to.

These ramifications of culture determine to a large extent people's behaviour, and more generally, their social systems, religious systems and beliefs, worldviews and, most important of all...their concept of the human condition, the meaning of life itself (Fernando, 2014, p. 13).



5

Group Work (Rooms)



6

Race, Ethnicity & Culture

Table 1.1 Race, ethnicity and culture

	Characterised by	Determined by	Perceived as
Race	Physical appearance	Genetic ancestry	Permanent (genetic / biological)
Culture	Behaviour Attitudes	Upbringing Choice	Changeable (assimilation, acculturation)
Ethnicity	Sense of belonging Group identity	Social pressures Psychological need	Partially changeable

(Fernando 1991, p.11)

7

Race

A black man in his mid-twenties is being assessed. He appears to be black African or African Caribbean. His ancestry is in fact part South American and part Caribbean. He was brought up in an upper-middle-class environment in Ecuador, has a university degree and has a strong South American identity. When assessed in the English mental health services for the first time the social worker considers race as part of the process. The physical appearance of this man, i.e. that he is black, offers no reliable or useful information other than the knowledge that he is probably perceived as having particular experiences and attributes because he looks black. It is the relationship between his blackness and society that creates meaning. His ethnic identity will in its own right bring richer information, which will include his 'race' as well as culture, geographical heritage, language and religion.

8

Institutional Racism (Blofeld Report, 2003)

Independent Inquiry into the death of David Bennett



David 'Rocky' Bennett
1960 - 1998

"Institutional Racism is the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping, which disadvantage minority ethnic people".

The evidence we heard shows that although some people understand the Macpherson definition, there are others who did not appreciate that unwitting prejudice, ignorance or thoughtlessness, or racist stereotyping leads to institutional racism. They considered that institutional racism must be deliberate. This is a serious and important misconception which needs to be put right.

The representatives of MIND said that there was institutional racism in the NHS. They told us that when there was talk about institutional racism, that meant talking about a heart-and-mind attitude to black people. There was a lack of awareness of cultural issues, a lack of awareness of how people come from within their communities and of the values they have and their aspirations. The starting point should be to go to the description that black service users give of their experience of mental health services. This approach should be one that was done on a regular basis.

<http://image.guardian.co.uk/sys-files/Society/documents/2004/02/12/Bennett.pdf>

9

Institutional Racism & Mental Health UK

"Especially the African Caribbean males on the ward, they do feel the vibes. They feel that people are shrinking away from them if they are trying to express themselves. What they see as expressing themselves, others perceive as sort of anger and almost threatened violence." (quoted in McLean et al. 2003).

In a study comparing black and white patients, black patients were perceived as being more dangerous, despite exhibiting lower levels of aggressive behaviour (Bhui, 2001).

Black African suspects are more likely than white suspects to be arrested, tried by courts and six times more likely to be in prison and be given longer sentences (The Parekh Report, 2002).

10

Barriers

Should BAME be ditched as a term for black, Asian and minority ethnic people?

By Rajdeep Soodhu
Political reporter
© 17 May 2018



It's a term often used by politicians, officials and the media - including the BBC - but does anyone in real life ever refer to themselves as BAME (black and minority ethnic) or BAME (black, Asian and minority ethnic)?

BME women remain marginalised within current policy debates. They are often viewed exclusively, in stereotyped ethnic images - for instance, as 'loud and difficult to manage' in the case of African-Caribbean women, or in the case of Asian women, as having problems that are rooted exclusively in 'cultural conflict or practice' within the family. This results in their needs as women being ignored and overlooked (Keating, Robertson & Kotecha, 2003).

11

Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England

Anjum Memon¹, Katie Taylor¹, Lisa M Mohebbati¹, Josefin Sundin¹, Max Cooper¹, Thomas Scanlon², Richard de Visser³

Author affiliations +

Abstract

Objective In most developed countries, substantial disparities exist in access to mental health services for black and minority ethnic (BME) populations. We sought to determine perceived barriers to accessing mental health services among people from these backgrounds to inform the development of effective and culturally acceptable services to improve equity in healthcare.

Design and setting Qualitative study in Southeast England.

Participants 26 adults from BME backgrounds (13 men, 13 women; aged >18 years) were recruited to 2 focus groups. Participants were identified through the registers of the Black and Minority Ethnic Community Partnership centre and by visits to local community gatherings and were invited to take part by community development workers. Thematic analysis was conducted to identify key themes about perceived barriers to accessing mental health services.

Results Participants identified 2 broad themes that influenced access to mental health services. First, personal and environmental factors included inability to recognise and accept mental health problems, positive impact of social networks, reluctance to discuss psychological distress and seek help among men, cultural identity, negative perception of and social stigma against mental health and financial factors. Second, factors affecting the relationship between service user and healthcare provider included the impact of long waiting times for initial assessment, language barriers, poor communication between service users and providers, inadequate recognition or response to mental health needs, imbalance of power and authority between service users and providers, cultural naivety, insensitivity and discrimination towards the needs of BME service users and lack of awareness of different services among service users and providers.

Conclusions People from BME backgrounds require considerable mental health literacy and practical support to raise awareness of mental health conditions and combat stigma. There is a need for improving information about services and access pathways. Healthcare providers need relevant training and support in developing effective communication strategies to deliver individually tailored and culturally sensitive care. Improved engagement with people from BME backgrounds in the development and delivery of culturally appropriate mental health services could facilitate better understanding of mental health conditions and improve access.

12

Legislation

- The Race Relations Act 2000
- The Equality Act 2010

13

Ethnicity

- Ethnic group
- Ethnic origin
- Minority ethnic group
- Ethnicity is not neutral.

14

Ethnicity Pay Gap (2019)

Where Britain's regional ethnicity pay gap is widest

Difference in median hourly pay between white employees and ethnic minorities in 2019



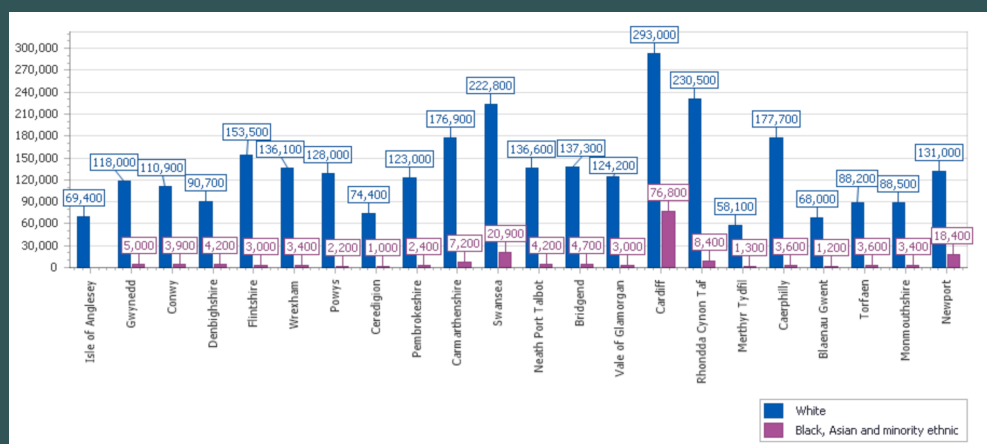
CC BY ND

@StatistaCharts Source: ONS

statista

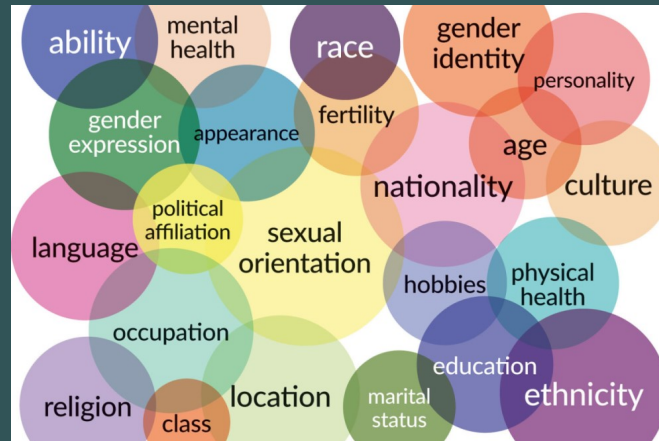
15

Ethnicity by area and ethnic group (June 2020)



16

Intersectionality



17

Ethnicity, Race & Culture in the Assessment Process

- Cultural Formulation Interview (DSM V) - conceptual issues with implicit notion of 'culture'.
- Racism Diagnostic and Review Tool (RaDAR Tool)
- Key issue: accuracy and reliability of information from referrals.

18

RaDAR (Sewell, 2009)

RaDAR asks:

Do I know whether people on my caseload from BME backgrounds have poorer experiences of working with me and my service?

Do I know whether BME people on my caseload have poorer outcomes in relation to:

- self-defined recovery
- experience of restrictions, such as detentions under the Mental Health Act 1983, locked wards or seclusion
- repeat admissions?

Do I utilise information available such as findings from the national service user survey, inpatient census, local service user feedback?

Do I know how my own professional practice may have a differential impact according to ethnic background?

What steps have I taken in relation to the evidence that suggests that unless specific action is taken to prevent poorer outcomes for people from BME backgrounds, this is likely to occur?

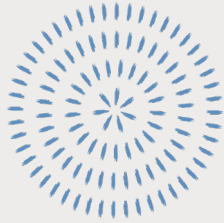
These questions will help to highlight areas for potential improvement in a practitioner's drive to tackle the long-standing negative trends in BME service user outcomes. Unless workers individually improve, the collective impact will remain negative, no matter how unwittingly this occurs.

19

Group Work (Rooms)



20



Counselling & Interventions

- Culturally mediated psychotherapy is effective (Ibrahim, Heuer, & Khan, 2021).
- Therapy conducted in the client's language is effective (Bema & Chi-Ying Chung, 2020).
- Intersectionality is critical in the therapeutic work.
- Therapists as social justice advocates.
- Considering alternatives to the illness model (e.g. Hearing Voices Approach).
- Positive examples: Mellow Campaign NHS, Changing Outcomes NHS Foundation Trust)

