



Prifysgol Cymru

Y Drindod Dewi Sant

University of Wales

Trinity Saint David

Trawsnewid Addysg, Trawsnewid Bywydau
Transforming Education, Transforming Lives

ECAY6007

Professional Practice in Advocacy: Tensions and Opportunities



www.uwtsd.ac.uk



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Aims:

To identify legislation, codes, conducts and values associated with professional standards in advocacy work.





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Upon the successful completion of this module, the student should be able to:

- demonstrate a critical understanding of how management of personal behaviour/ interaction with others is influenced by legislation, codes, conducts and values associated with professional standards in advocacy work;
- identify and critically engage with appropriate standards relating to specific interest groups;
- explore interventions which support the voice of the individual;
- demonstrate a critical understanding of how current legislation establishes a framework of measures designed to maintain professional boundaries, professional practices and in the provision of effective advocacy services.



Advocacy and BaME Groups



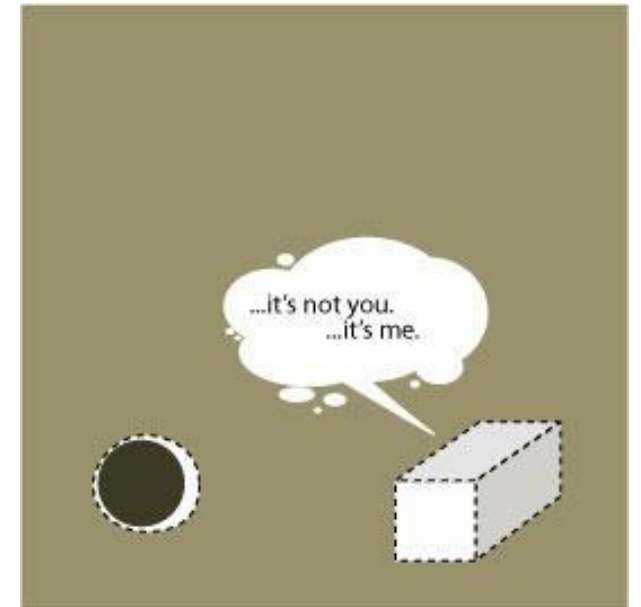
www.uwtsd.ac.uk

Matters for Your Consideration before viewing this resource:

- Why do 'we' feel the need to label people?
- Is difference a part of power and control?
- What does it say about 'our' culture(s) when we label?
- If someone/a group is 'other' than 'the norm' does this:
 - Lessen their value?
 - Consider 'value' as a concept (£? Ability?)
- Who makes (or breaks) these judgements of
 - Value
 - Worth
 - importance

Question....

- What do YOU think the issues might be about Mental Health services and people from BaME backgrounds?



BMER and Mental Health

- People from BaME groups living in the UK are:
 - more likely to be diagnosed with mental health problems
 - more likely to be diagnosed and admitted to hospital – particularly Afro-Caribbean people
 - more likely to experience a poor outcome from treatment
 - more likely to disengage from mainstream mental health services
 - more likely to be socially excluded
 - Poor access to non-drug treatments

WHY?

- “Western concepts of mental health as a separate entity may seem alien to many people - who see it as an intrinsic part of a person’s overall well-being. Mental health is associated with faith, spirituality, family life, employment, housing, hope, safety and fulfilment”.
- <https://jamanetwork.com/journals/jama/fullarticle/2767029>

Breaking the circles of fear

- Black people see using mental health services as a degrading and alienating experience: the last resort.
- They perceive that the way services respond to them mirror some of the controlling and oppressive dimensions of other institutions in their lives, e.g. exclusion from schools, contact with police and the criminal justice system.

Fear

- There is a perception that mental health services replicate the experiences of racism and discrimination of Black people in wider society, particularly instances where individuals have experienced the more controlling and restricting aspects of treatment.
- A service user talks about her experience of seeking help from mental health services as a Black person:

Fear

- *“...Coming to mental health services was like the last straw... you come to services disempowered already, they strip you of your dignity...you become the dregs of society”*
(Service User, quoted in Keating *et al*, 2002)

Poor Practice...

- Example of poor practice by mental health professionals dealing with a black woman:
- “There is one thing that I’ve done that I’ve felt really uncomfortable about ... It was a pre-planned assessment on a woman who had given birth to a baby two or three weeks earlier.
- They knew she was at home.

Power

- We went in forced entry.
- Myself, a sergeant and one of my female colleagues and I felt really uncomfortable.
- He [the psychiatrist] asked this lady several questions that she got right and he got wrong! General knowledge questions like, 'What's the date?' and 'Who's the Prime Minister?'

Power & Control

- And she was getting them right and he was going 'Is that right?' You know you sort of really felt quite awkward but at the end of it, it ended up in a free for all and I felt really quite awkward having to manhandle a female. ...[She was] quite vulnerable, quite large but she also had a babe in arms.

Abuse of power?

- So we had to not only manhandle her to remove the baby, which obviously at three weeks old [was] incredibly fragile and I felt quite awkward doing that.
- We found all the other professionals took one step back.
- As soon as it came to hands on.
- There must have been about eight people in that room

Abuse of power?

- and only three moved forward ... ASWs, two ambulance officers, staff psychiatrist, the social worker for the lady.
- There was doctor – there must have been four or five other professionals there and they all stepped back. It was just automatically – the police will deal with that.
- I mean not only did they leave us to wrestle with the woman they didn't even assist to take the baby” (Police Officer).

Reflect on this....

- What elements of practice would you question?
- What changes do you think would have enhanced good practice?
- What part do you think 'culture' played in this scenario?

MH advocacy for BME groups

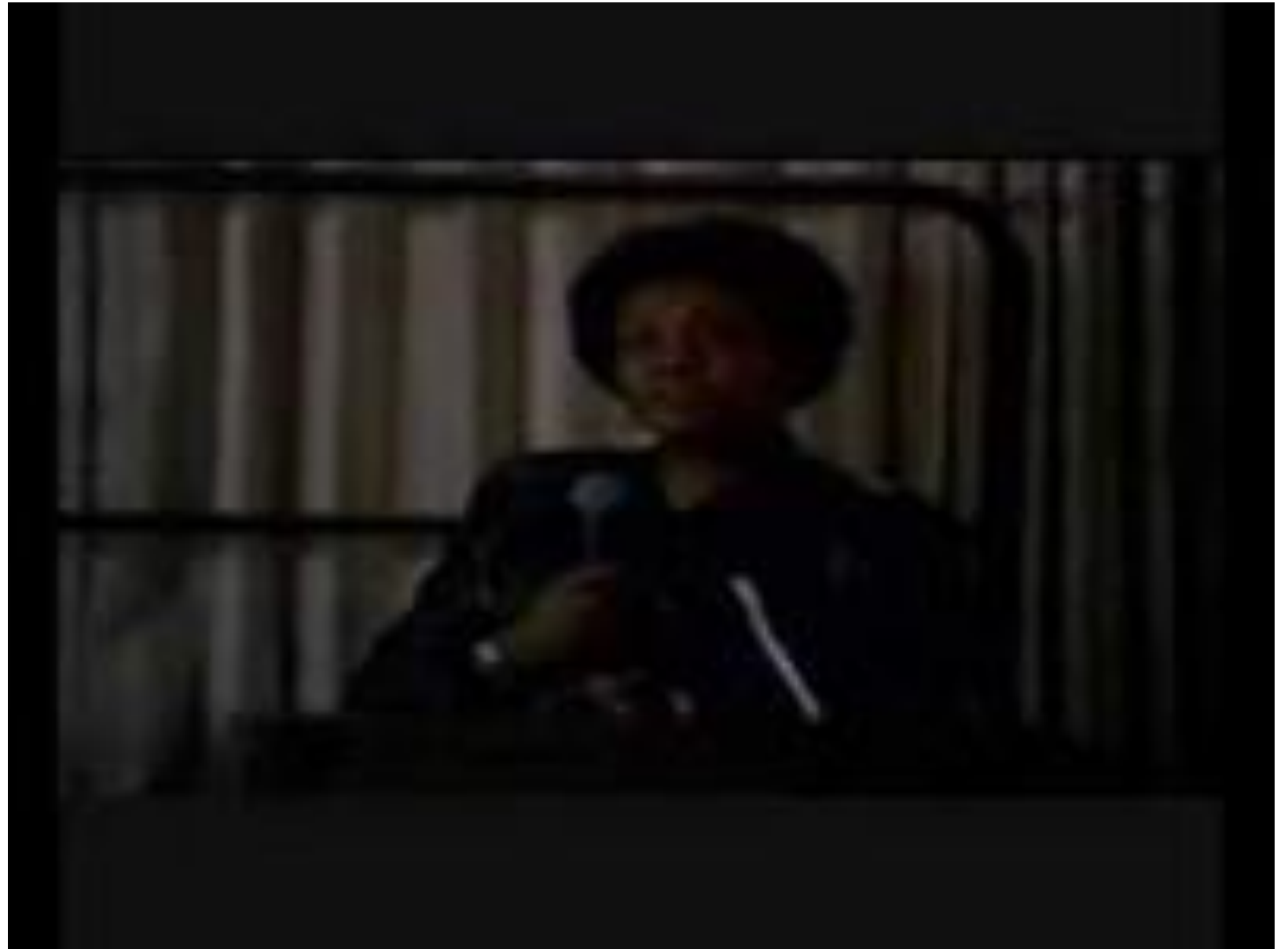
- Research studies have found:
- Advocacy services are frequently inaccessible to BME groups
- WHILE AT THE SAME TIME:
- Users and carers from BME groups are dissatisfied with MH services – controlling of their experiences and methods of expression
- Afro-Caribbean individuals are over-represented in MH hospitals and facilities

MH advocacy for BME groups

- Word 'advocacy' frequently misunderstood by BaME groups – lack of awareness of what it means so low uptake
- Translation is an essential component
- Lack of BaME user-led services and advocates

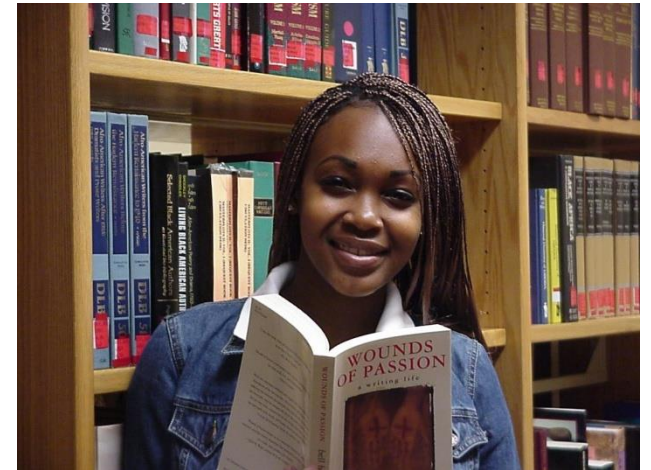


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Tensions

- “I have so much difficulty in getting white professionals to see me as a black person. I feel they see me as a stereotype and not as a person”





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Abuse of power?

- “The reality is I see myself as ‘normal’ but a lot of people don't see me as normal.
- I see other people who have similar experiences as me but they are not seen as mentally ill... I often question if it is my culture, gender, or age that gets a negative reaction”

Tensions

- Low expectations of disempowered communities create climate of cynicism
- Much advocacy in BME communities is informal – through families & communities of faith etc
- Black advocates felt their work intrinsically and inevitably involved challenging mainstream practice

(Joseph Rowntree Foundation, 2019)

Good practice in advocacy for BME communities

- Needs to challenge double discrimination of racism and mental health issues
- Facilitate access to culturally appropriate services
- Empower Black service users to identify their own needs
- More independent and accessible – and black-led advocacy services



Good practice....

- Should reflect service users' cultural background, language & gender
- Promote 5 themes:
 - identity,
 - faith,
 - anti-racism,
 - gender
 - spirituality

Mental Health Advocacy for BaME communities

- The Department of Health and Social Care (DHSC) have awarded funding to Gaddum, delivered in partnership with African and Caribbean Mental Health Services, to take part in a pilot for culturally appropriate advocacy in Manchester (2022)
- This is to ensure Black Asian and minority ethnic (BAME) communities get fair access to culturally competent support and care across all mental health provisions.

Mental Health Advocacy for BAME communities

- The pilot programme provides:
 - A safe and confidential space to discuss and address cultural and language needs
 - BAME advocates trained in mental health issues and cultural competence
 - Support to challenge decisions made by others
 - Strength-based approaches to increase confidence
 - Support in getting voices heard

Mental Health Advocacy for BAME communities

- As part of the programme, a series of community workshops are being run by the project Team at the Millennium Windrush Centre in Manchester.

Cultural Appropriation or Cultural Appreciation



TASK

- Consider the points made in the video.
- As advocates should we adopt:
 - Cultural appropriation
 - Culturally appreciation
- Provide evidence

References

- Henderson, R. 'Mental Health Advocacy and Empowerment in Focus' in, Ryan,T and Pritchard, J. (eds) Good Practice in Adult Mental Health. London: Jessica Kingsley Publishers, 2005
- World Health Organisation. Advocacy for Mental Health. Geneva: World Health Organisation, 2003
- Rethink Factsheet: Black and minority ethnic communities and mental illness.

References

- Barnes, D et al. Independent Specialist Advocacy in England and Wales: recommendations for good practice. Durham: University of Durham, 2002
- Hawkins, J. (2002) Voices of the Voiceless: Person-Centred approaches and people with learning difficulties, Ross-on-Wye: PCCS Books
- Keating, F et al. Breaking the Circles of Fear. London: Salisbury Centre for Mental Health, 2002.
- Wetherell, A. Advocacy, That's Counselling isn't it?, www.arwtraining.com

Useful websites

- Mind – www.mind.org.uk

Mind helps people take control of their mental health. We do this by providing high-quality information and advice, and campaigning to promote and protect good mental health for everyone

- Colourmind – www.colourmind.co.uk

Colour Mind is the website of the Mental Health Race Equality Team for Central Lancashire.

- Rethink – www.rethink.org

Working to help everyone affected by severe mental illness recover a better quality of life

- www.actionforadvocacy.org.uk

taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

- The Joseph Rowntree Foundation is an endowed charity that funds a large, UK-wide research and development programme aimed to understand the root causes of social problems, to identify ways of overcoming them. www.jrf.org.uk
- Advocacy Really Works – training and development for the MH advocacy sector.
- www.arwtraining.com