Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust and NHS Race and Health Observatory

Mental Health Act Detentions All-Partnership Conference

Post event pack

Slough Borough Council www.slough.gov.uk
sloughcvs www.sloughcvs.org.uk
NHS RACE & HEALTH OBSERVATORY Breaking barriers for better health
mind in Berkshire
acre alliance for cohesion and racial equality
THAMES VALLEY POLICE

Introduction

National data from 2022-23 reveals a stark disparity: Black people are 3.5 times more likely to be detained under the Mental Health Act than white people. This troubling pattern is mirrored in Berkshire - and we're committed to addressing it.

Berkshire Healthcare NHS Foundation Trust has launched a dedicated project to better understand the reasons behind this inequality and identify practical steps to make mental health care more equitable for Black communities. The Mental Health Act Detentions All-Partnership Conference marks a key milestone in this work. It provided a platform to:

- Present our data, analysis, and early findings.
- Share the recommended actions emerging from this work.
- Invite meaningful discussion and engagement with attendees.

This post-conference pack includes the presentation slides from the day, powerful case studies of lived experience, and a summary of the feedback and pledges shared by attendees.

We will be holding a follow-up conference one year from now to reflect on our progress and hold ourselves accountable for the work undertaken within the project. If you have any questions or are interested in getting involved in the work we are doing, you can contact the team at mhadetentionsproject@berkshire.nhs.uk.

Carer case study 1

Challenges

Carer's feedback: When client was sectioned in PPH inpatient, the Black staff were not nice to the client.
Lack of communication on what was happening when the client was moved from Acute ward to Sorrell and rationale not given. Carer was told it's for Client's best interest.
Queried staffing ratio at one point - 1 nurse to 12 patients , is this enough?
Inpatient staff would promise call backs but not fulfilled – family frustrated and constantly ringing the ward, staff became aggressive towards family and defensive when asked questions about client care.
A lot of promises but none implemented
Doctors derogatory towards family (talked down to us) they were surprised they were being questioned about all aspects of care – food, personal care products, lithium monitoring
when client went AWOL, the client was man-handled by Police with no empathy
Consider not placing clients in Wales, it's too far away from family living in Berkshire

What's important to me and my care?

My family – parents and sisters

Background

Age : 45-54
Gender: Female
Language Spoken : Arabic and English
Diagnosis/Presenting condition : Nervous breakdown
Presenting situation: Client feeling unwell, reaching out to sisters and parents to get support. Crisis Team advised family to look after the client, until client reached crisis point for them to intervene. Had regular contact with GP. Not offered Talking Therapies by GP

Positive experiences whilst Client was sectioned:

Family requested to attend every care planning/ Multi- Disciplinary Team meetings just like in Acute care, from Crisis to discharge planning, and this was facilitated well
Family advocated for client
Family educated themselves about Mental Health and sought support independently
2 weekly Active Carers Group available at Prospect Park Hospital inpatient helpful and beneficial (this was delivered by one of the inpatient psychologists)

Key learning :

1. When calling Crisis, listen the client and carer voice.
2. Unless client is a threat, offering to call the Police escalates the situation
3. Police not trained like Crisis Team to manage a Manic presentation
4. Keep carers informed on the care of the client
5. Being less defensive and supportive, curious to ask questions
6. Staff training to manage challenging patients with compassion and empathy
7. Family/Carer support in Community lacking to help with post-discharge and recovery – can a similar offer as Inpatient be made available

Carer case study 2

Lived experience:

From my experience being placed in PICU makes one even more unwell. You interact and mix with people who are severely disturbed, and, in my experience, I struggled with this, being placed on Sorrell ward. I felt I was treated like a criminal and not with mental illness.

Carer's view. As carers and relatives, we were treated unprofessionally by staff at Prospect Park Hospital. We were advised, one must make 24hour appointment to see your loved ones, and if you turned up late by 5mins, they denied us access.
Staff were very strict - not flexible and very rude. We are fobbed off - told you can't see client without explanation given.

Challenges
Not heard about Talking Therapies before until today's interview and not been signposted prior to detention. Currently experiencing side effects and wants a medical review to change medication for better use & long-term gains.

Background

Age : 40-45
Ethnicity: Black British
Gender: Male
Language Spoken : Arabic, Zaghawa (interpreter for English)
Diagnosis/Presenting condition : Psychotic illness
Presenting situation: I've had up to 9 detentions, with the latest one in the last 12months. Police were called and I was taken into Prospect Park Hospital for assessment
Current state: I do not have a package of care for support in the community. I have no family locally and rely on my community for support to stay well. I'm on medication. I have not been signposted to any other services to support my recovery. I was allocated a Care coordinator since my last admission (<3months) whom I've met 4 times to get my injections. Now the injections have finished, I have seen my care coordinator once in the last month at home.

What's important to me and my care?

Seeing my mum every 3-6months keeps me mentally stable

Positive experiences whilst Client was sectioned:

none to report

Key learning :

1. Clarity of rules for Carers when their loved/Client is in PPH inpatient e.g. visiting times arrangements
2. Good rapport with Care coordinator built, and feel reassured by the care plan in place to support his recovery
3. Staff to be more compassionate and treat clients and carers with respect as per their professional conduct

Carer case study 3

Background

Age : not shared
Gender: male
Language Spoken: English
Diagnosis/Presenting condition : Psychosis
Presenting situation: At the start of the COVID-19 pandemic, client expressed paranoia about being followed and disliked by housemates due to having poor English. Living in shared accommodation, he became agitated and started drinking. I(carer) received a call from a housemate and contacted a GP, who diagnosed him with a mental health issue. Despite living in the UK for a long time, it was his first GP visit. This is common among some communities who don't register with a GP when young and healthy. Client was seen by a mental health nurse, who referred him to Prospect Park Hospital (PPH), and was admitted after a Mental Health Act Assessment (MHAA). Despite my concerns about the treatment for black men at PPH, which I've heard from the community, he was admitted and released after two weeks.

Carer's view.

During extreme lockdown, the carer moved client into her home, providing 24/7 support. The client experienced medication side effects, however an EIP pharmacist recommended alternatives, improving client's sleep and overall condition. The EIP team was supportive, planning to assist for three years before transitioning client to a long-term team. The family managed client's diet to prevent diabetes and medication was dispensed from PPH without GP contact. The collaborative effort significantly aided the client's recovery.

Challenges

I was made aware of Talking Therapies, but client wasn't confident to speak with them - conscience about self - self isolating. They offered an interpreter, but client was not confident about speaking and lacked trust of professionals. The family didn't use Talking Therapies, nor were they offered to extended family.

What's important to me and my care?

'home cooked food' was comforting to eat and made him calm.
had an audio Quran to listen to which are calming
spiritual aspect important to him to help him with faith
* (*food I ate growing up when I was in my home country)*

Positive experiences whilst Client was sectioned:

none to report

Key learning :

Received a good service from EIP and grateful for their input during the Covid pandemic. The pharmacist and Care coordinator worked well with us as a family which made my nephew's journey easy for all our us.

Carer case study 4

Support offered prior to being detained:
Medication, Community & Family support

Experience of engaging with MH services:
It was one of the bleakest experiences I have ever been witness to especially when my mental awareness came back. From that moment until the time when I was released it was the most excruciatingly boring and soul-destroying experience I have ever had. It felt like I was living the same day over and over again, furthermore time went very slowly.

Were you aware about Talking Therapies?:
I was aware of Talking therapies and did have contact with them. After my initial assessment, I didn't have any treatment however I received some information on anxiety and depression

Were you aware of factors leading to overrepresentation? For me I think it could be a lack of conversation as a culture. The stigma of being black socially combined with the stigma of having a physical disability contributed to my self esteem at certain parts of my life. In short ,Cultural conversations about Black Men and the societal pressures that we face, contributing factors such as disability, self esteem issues limit these conversations.

Background
Age : 35-39
Ethnicity: Black African
Gender: Male
Language Spoken : English
Diagnosis/Presenting condition :
Nervous breakdown

What's important to me and my care?
Attending cultural events for the understanding of culture and well-being together, this being a part of my personal mental health plan

Key learning :
It's a difficult one to answer, but when you are slowly coming back to reality again and on the road to being released from hospital, I think there should have been a joined-up package of care where Clinicians and community services support people to re-integrate a person back in the community. The only reason I knew relatively what to do when I came out was, that I knew about the services, and I had the confidence to re-integrate. Others may not have the same confidence to go out and interact with the services available. They should be assigned with a community connector/ worker who can help them by being the bridge between them(client) and services handholding until the patient feels comfortable.

More representation in the entire system that have an understanding of black people (culture and lifestyle) and how we approach MH services.

Positive experiences whilst Client was sectioned:
none to report

RHO rapid evidence review

- Our review found evidence to suggest clear barriers to seeking help for mental health problems rooted in a distrust of both primary care and mental health care providers, as well as a fear of being discriminated against in healthcare.
- In maternity, a consistent theme was women's experiences of negative interactions, stereotyping, disrespect, discrimination and cultural insensitivity.
- The review found that ethnic minority people are not well represented in large genomic wide association (GWA) studies.
- The review found evidence of NHS ethnic minority staff enduring racist abuse from other staff and patients and this was particularly stark for Black groups.
- The evidence on the damaging role of experiences of racism on both health and healthcare inequalities is profound.

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How to put the fizz back into your relationship G2

The Guardian
For 200 years
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£2.50 | €2.90
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Damning race report reveals vast inequalities across health service

Exclusive Call for radical action after review finds gross failings in the NHS

Andrew Gregory
Health editor

Radical action is needed urgently to tackle "overwhelming" minority ethnic health inequalities in the NHS, leading experts have said, after a damning study found the "vast" and "widespread" inequity in every aspect of healthcare it reviewed was harming the health of millions of patients.

Racism, racial discrimination, barriers to accessing healthcare and woeful ethnicity data collection have "negatively impacted" the health of black, Asian and minority ethnic people in England for years, according to the review, commissioned by the NHS Race and Health Observatory, which reveals the true scale of health inequalities faced by ethnic minorities for the first time.

"Ethnic inequalities in health outcomes are evident at every stage throughout the life course, from birth to death," says the review, the largest of its kind. Yet despite "clear", "convincing" and "persistent" evidence that ethnic minorities are being failed, and repeated pledges of action, no "significant change" has yet been made in the NHS, it adds.

The 166-page report, seen by the Guardian, is due to be published in full this week.

From mental health to maternity care, the sweeping review led by the University of Manchester paints a devastating picture of a healthcare system still failing minority ethnic patients despite concerns previously raised about the harm being caused.

"By drawing together the evidence, and plugging the gaps where we find them, we have made a clear and overwhelming case for radical action on race inequity in our healthcare system," said Habib Naqvi, the director of the NHS Race and Health Observatory, an independent body established by the NHS in 2020 to investigate health inequalities in England.

> *'Inequalities are evident at every stage from birth to death'*
>
> **The findings in the 166-page NHS race and health review**

The Covid pandemic has taken a disproportionate toll on ethnic minorities, prompting fresh questions about inequalities that permeate the practice of medicine. The observatory ordered the review last year to synthesise the evidence, translate it into "actionable policy" and "challenge leaders to act".

Naqvi said: "This report is the first of its kind to analyse the overwhelming evidence of ethnic health inequality through the lens of racism."

6

NHS RACE & HEALTH OBSERVATORY

7 ANTI-RACISM PRINCIPLES

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

NOVEMBER 2024

OUR **AMBITIONS**

NHS RACE & HEALTH OBSERVATORY

01

Shift Towards

COMMUNITY CARE

Embed Community Participation

Embed community participation in the design and delivery of healthcare services by building and maintaining trust. Paving the way for an NHS that is responsive to the genuine needs of diverse communities.

02

Tackle Workplace Inequity

Empower Black, Asian, and minority ethnic members of the healthcare workforce by tackling disparities. Ensuring equitable experience for more than a quarter of the workforce and improving the quality of education.

03

Shift Towards

DIGITAL

Improve Data and Evidence

Embed community participation in the design and delivery of healthcare services by building and maintaining trust. Paving the way for an NHS that is responsive to the genuine needs of diverse communities.

04

Innovate for Race Equality

Promote the effective spread of technology and innovation to reduce inequity and eliminate bias. Ensuring that advances in areas such as sickle cell and genomics are mobilised to serve ethnic minority people across their lifespan.

OUR **AMBITIONS**

NHS RACE & HEALTH OBSERVATORY

05

Shift Towards

PREVENTION

Advance Maternal & Neonatal Equity

Addressing structural disparities in maternal and neonatal mortality for Black, Asian, and minority ethnic women and babies. Preventing avoidable deaths by tackling racism at all levels of maternal and neonatal care.

06

Support Mental Health Reform

Support equitable reform to mental health legislation, practice, and culture. Ensuring that mental health services are serving ethnic minority communities, and that people are entering the system before they are in crisis.

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Project Overview

Priya Anand, Consultant Psychiatrist, Berkshire Healthcare NHS Foundation Trust

Yvonne Mhlanga, MHAD Programme Manager, Berkshire Healthcare NHS Foundation Trust

Gary Fountoulaki, Clinical Director for Mental Health Services, Berkshire Healthcare NHS Foundation Trust

What are we going to talk about today?

Berkshire Healthcare NHS Foundation Trust

- Recap - why are we doing this work?
- How we are making a difference
- Being honest about the challenges we face
- Building courage to tackle difficult problems
- What is our key learning?
- What's next?

The National picture

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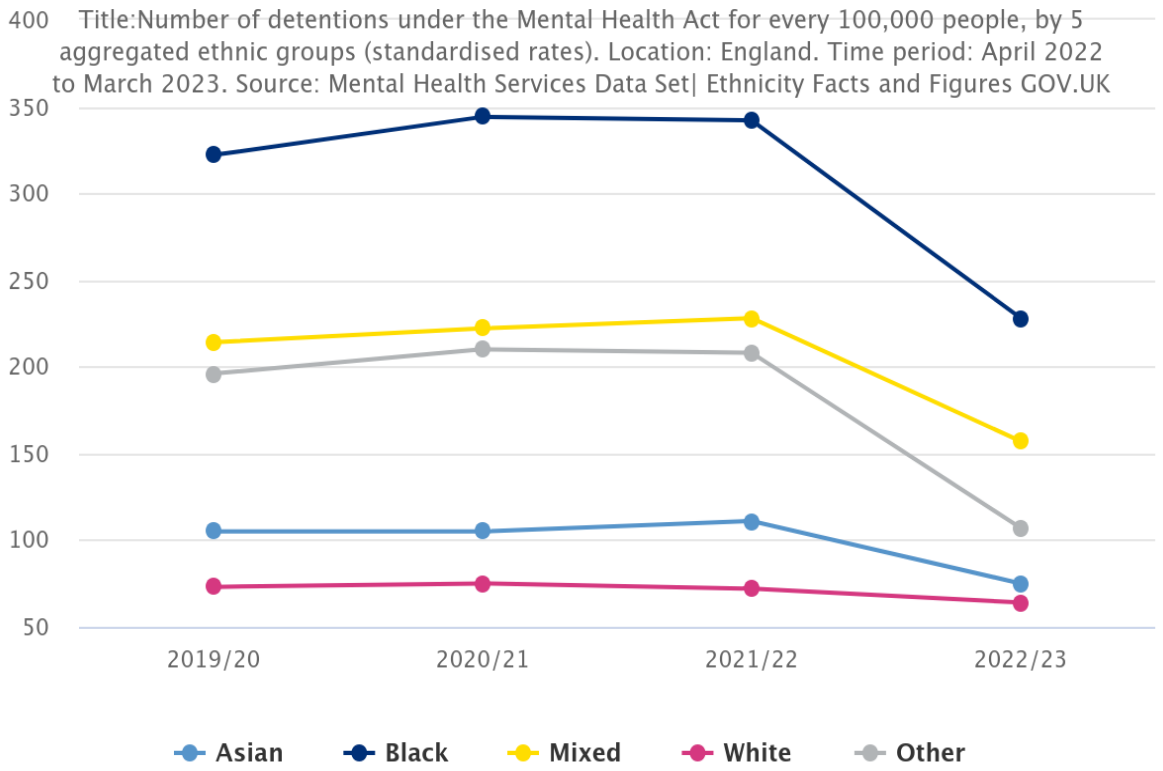
As of March 2023, Black people were **3.5 times** as likely as white people to be detained under the Mental Health Act – 228 detentions for every 100,000 Black people, compared with 64 for every 100,000-white people

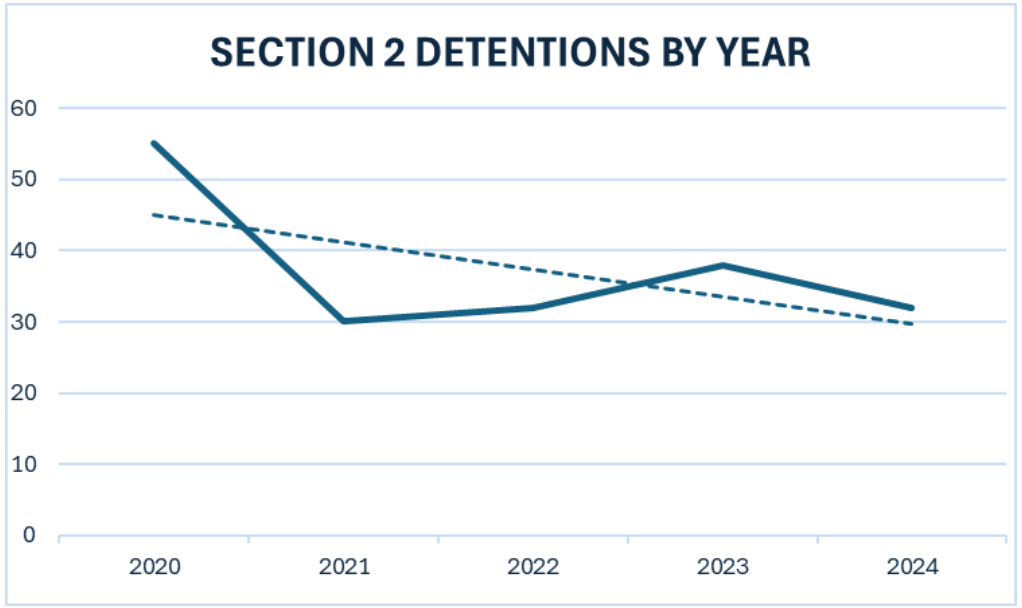
Various studies on disparities in the use of the Mental Health Act among ethnic groups found either no explanation for the variation in risk of detention, or **inadequate evidence** to support explanations such as "***higher co-morbid drug use in ethnic groups, language barriers, poorer detection of mental illness and greater stigma of mental health issues***".

In the 2021 Mental Health Act white paper, the government outlined its plans to reduce ethnic disparities under the act and promote equality.



Our local position

Berkshire Healthcare NHS Foundation Trust



Collectively, we have made impressive strides in reducing **Section 2 detentions**, achieving a **16%** Reduction (**38 to 32)** in the last year.

Generally, Section 2 detentions are trending downwards.

Section 2 MHA Detentions Across Berkshire from 2020-2024						
LOCAL AUTHORITY	2020	2021	2022	2023	2024	Grand Total
BRACKNELL FOREST COUNCIL	2	2	0	1	4	9
READING BOROUGH COUNCIL	31	19	16	20	15	101
ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD	6	0	2	2	5	15
SLOUGH BOROUGH COUNCIL	9	8	11	11	6	45
WEST BERKSHIRE COUNCIL	2	1	0	1	0	4
WOKINGHAM BOROUGH COUNCIL	5	0	3	3	2	13
GRAND TOTAL	55	30	32	38	32	187

Our local position

Counting Sections between Feb 2023 and Feb 2025

Berkshire Healthcare NHS Foundation Trust

	BRACKNELL FOREST COUNCIL				READING BOROUGH COUNCIL				ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD			
Ethnic Band	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population
Black	10	10.64%	2.40%	4.43	65	17.15%	7.20%	2.38	11	6.08%	1.50%	4.05
White	75	79.79%	86.10%	0.93	242	63.85%	67.10%	0.95	136	75.14%	79.88%	0.94
	SLOUGH BOROUGH COUNCIL				WEST BERKSHIRE COUNCIL				WOKINGHAM BOROUGH COUNCIL			
Ethnic Band	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population	Detentions Numbers	% of overall Detained	2021 CENSUS Population %	Detention Rate Vs Population
Black	37	15.29%	7.60%	2.01	1	0.71%	1.30%	0.55	10	5.43%	2.40%	2.26
White	93	38.43%	36.00%	1.07	134	95.71%	91.90%	1.04	147	79.89%	79.98%	1.00

This table compares the number of detentions for Black people (as a percentage of all detentions) with the 2021 Census data for each given locality.
You can see that in Bracknell Forest Council that Black People accounted for 10% of all the detentions but only made up 2.4% of the total population for that area.
In the Royal Borough of Windsor and Maidenhead, Black people accounted for 6% of all detentions but accounted for only 1.5% of the population.

Detentions per 100,000 people

Counting Sections between Feb 2023 and Feb 2025

Berkshire Healthcare NHS Foundation Trust

	BRACKNELL FOREST COUNCIL	READING BOROUGH COUNCIL	ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD	SLOUGH BOROUGH COUNCIL	WEST BERKSHIRE COUNCIL	WOKINGHAM BOROUGH COUNCIL
Black people detained Per 100,000 Black people	334	518	466	308	49	232
White people detained Per 100,000 White People	69	207	110	162	90	103
Relative rate of detention between Black and White people	4.78	2.51	4.20	1.90	0.55	2.24

Across Berkshire (average) Black people are **2.69X** as likely to be detained under the MHA as White People, when considering their population sizes

This table shows the number of Black people detained per 100,000 Black people and compares this with the number of White people detained per 100,000 white people for each Local Authority in Berkshire.

It tells us how much more likely (or less) Black people are to be detained under the MHA compared to White People, in relation to their population sizes.

Detention data for Section 2, 3, 4, 37 between Feb 2023 and Feb 2025.

Why this matters

Berkshire Healthcare NHS Foundation Trust

As a healthcare provider, we have a **responsibility** to ensure we provide the **best quality care** to **all individuals**, regardless of their **age, gender or ethnicity**. Our mission is to deliver the best quality care – and address health inequalities and racism

Disparities in detentions across ethnic groups are a clear health inequality and potential infringement of human rights. **Being detained has a profound impact on a person's life.**

The MHA detentions project is a major programme of work under our reducing health inequalities strategy and links with our commitment to being an **anti-racist organisation** – for patients, families, carers and staff

This is also outlined within our **Annual Plan on a Page,** which is a summary of our organisation's key priorities:

*We will work in partnership with our health and social care partners to **address Health Inequalities** and to collaborate on the redesign of services to provide better and more efficient care.*

How we are making a difference

Berkshire Healthcare NHS Foundation Trust

Four workstreams:

Case review of Section 2

Literature Review
Test Hypotheses from Literature Review (e.g. Audit of Section 2s)

Mapping holistic mental health offering across the localities

Commissioning Support Unit to produce electronic map of all MH offerings across Berkshire, to allow us to see if there are any gaps for black service users

Community Engagement and lived experience

MIND, ACRE Reading & Slough CVS (charity) commissioned to garner views of lived experience patients (and their families / carers) who have been detained at BHFT under the MHA in the past 5 years

MIND to interview BHFT staff who were involved in detentions to understand their experiences

Understanding the drivers leading to detentions

Onboard NHS Race & Health Observatory to analyse information from Workstreams 1 – 3, to understand key reasons for inequality in MHA Detentions for black individuals

The challenges

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- **Honesty and courage**

We articulated the problem, openly and transparently

- This proved to be uncomfortable for some, colleagues can be nervous discussing race, not everyone recognised this as a problem
- We were challenged "why black people?" "what about other health inequality groups?" Lots of "what-aboutary"
- We used data but the power of the lived experience stories is paramount
- We had many difficult conversations

Explicit leadership and support

- We built the project team with advocates - a select few people put themselves forward to tackle and address racism
- We've created a trusting, resilient team, we challenged each other, our biases and assumptions
- Executive team support is key, this cannot be achieved without clear leadership messages and resources
- Lead by example: "Talk the Talk", but "Do the Doing", talk about racism in mental health, and wider society, listen and be seen to act on the voices of lived experience and communities
- Explicit in our aim to be an Anti-racist organisation and reduce health inequalities

The challenges

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This is a complex project with a long lead time

Building relationships

Centre the community and lived experience in the project

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Section 2 MHA Case Reviews Findings & Actions

56 clinical cases were reviewed from Aug ‘22 – Aug ’23.

‘Black ethnicity’ detained in Berkshire under Section 2 of the Mental Health Act

Demography & Admissions

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Reading has the highest detentions with 43% followed by Slough with 34%

54% of Black females detained compared to 46% of Black men

82% of people had language spoken as English.
It's unclear if language barrier is an issue.

91% were detained to one of the Prospect Park Hospital inpatient wards. The remaining 9% were detained to an Out Of Area Placement

100% of cases have a diagnosis on discharge

Client's contacts with Mental Health services 6-months prior to their detention

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Early Intervention Psychosis (EIP), Community Mental Health Team (CMHT), Individual Placement & Support (IPS) or Crisis Resolution Home Treatment Team (CRHTT)

- 19 had **NULL/ 0 contact** with any of the 4 MH services (EIP, CMHT, IPS or CRHTT), of these 12 are from Berkshire Local Authorities, the other 5 Out of Area/No Fixed Abode
- 18 had contact with at **only 1 MH service**, 1 client had **42 contacts** with CRHTT
- 14 had contact with **2 of 4 MH services**, 1 client **135 contacts** with CMHT & CRHTT
- 4 had contact with **3 of 4 MH services,** 1 clients with **103 contacts** with EIP, CMHT and CRHTT

Presenting circumstances leading to detentions

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- 60% (34) were **emergency admission Section 136** and 36% (20) Section 135
- 63% (35) **presented with symptoms <6 months** prior this admission
- 84% (47) were detained **due to a relapse of a known mental health condition**
    - The remaining 16% (9) were related to new presentations and first-time hospital admissions.
    - Nearly all clients were detained in the interests of the clients' own health and safety
- 38% (21) clients had a **co-occurring substance misuse** prior to being detained and any subsequent history. Of this sample size 13% (7) reported cannabis use, 1 cocaine use, 1 alcohol and 2 poly substances.
    - Limited data to conclude hypothesis of substance misuse is a driver to mental illness (psychosis)
- 23% (13) reported **history of suicide and or self-harm** leading up to admission

Mental Health Services Engagement & Interventions

Berkshire Healthcare NHS Foundation Trust

- 84% (47) were **known to Mental Health services** at Berkshire Healthcare prior to formal admission
- 30% (17) have been in **contact with Criminal Justice Liaison & Diversion (CJLD).**
- 60% (34) had a **history of non-compliance with medication**, which subsequently impacted their detention
- 59% (33) have **been on a subsequent section**, since this detention

  Of the 33 clients:
  - 82% (27) continued the **same admission to Section 3**
  - And the remaining 18% (6) were discharged from Section 2, however they have since **been detained again**
- Average Length of Stay at **Prospect Park Hospital is 65 days** (incl. leave days) for this cohort, ranging from 1 – 477days

Interventions offered & outcome measures

- 86% (48) **did not receive Cognitive Behavioural Therapy for psychosis** (CBTp)

- Following deep dive 20% (11) **appeared to have Improving Access to Psychological Therapies referrals (IAPT - now Talking Therapies) referrals** (2017-2022)

  Of the 11:
  - Total referrals 27, with 2 clients having 7 referrals each
  - 18% (2) **completed IAPT**
  - 61% (11) **highest referrals from friends and family**

- **Early Intervention in Psychosis (EIP) Access & Outcomes Measures**
- 7% (4) **had contact with EIP** <6 months prior to detention

  Of these 4:
  - None had CBT(p); 25% (1) had IAPT, 75% (3) received Family Interventions Therapy and 50% (2) had EIP outcome measures recorded on RiO
  - None had contact or were open to **Criminal Justice Liaison & Diversion**

- Of the 56,14% (8) **had EIP outcomes measures** recorded on Electronic Patient Records (RiO)

Conclusion

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- In Berkshire, Black adults are more likely to be diagnosed with psychotic disorders and less likely to received early intervention services such as Talking Therapies, Cognitive Behavioural Therapies in psychosis, Early Interventions in Psychosis. They are more likely to end up in crisis and more likely to have a poor experience.
- Stigma towards racialised communities is significant, with Black men significantly more likely to be subject to use of force and put under a Community Treatment Order. ‘Big Black and Dangerous’ is still a very real perception.
- Being Black and lacking economic and or social support, significantly increases the risk of poor mental health
- There are disproportionate numbers coming through the Criminal Justice Liaison & Diversion service
- Trust of Berkshire Healthcare mental health services is low from racialised communities
- Active engagement with Berkshire Healthcare services needs to improve and we must look to adapt our services to be culturally appropriate
- We need to work much more closely with community groups to engage, understand and adapt

What next?

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From this conference and the RHO recommendations we adapt the implementation plan for 2025/26 and deliver the change needed

The implementation plan includes:

1. Review of Existing Care Pathways and Interventions
2. Scoping Alternatives to Multiple Admissions and MH Support for Decile 1-4
3. Development and Completion of Advanced Choice Documents (ACD) with Clients
4. Cultural Adaptations of Interventions for Psychosis and Other MH Problems
5. Community Outreach Programme for Clients and Caregivers
6. Partnership with Thames Valley Police and AMHPs to Reduce Detentions and Improve Access and Outcomes for Black Clients

We are all here to commit to action and establish a way of working with communities that supports ongoing change in the way we design, deliver and experience mental health services in Berkshire.

MH Detentions - TVP

Penny Jones

1st April 2025

Police Involvement in Mental Health Detentions

- S135 MHA 1983
- Police are required to execute warrants granted under S135 MHA by a Magistrates Court.
- The warrant is usually obtained by an AMHP for S135(1) or staff from a MH setting for S135(2)
- S136 MHA 1983
- Police only power to detain a person (not in a dwelling) who appears to be suffering from a mental disorder and is in immediate need of care or control, if it necessary in the interests of that person or for the protection of others

TVP Survey

- 32 officer and staff responses
- Age range 18-64 years
- Length of service under 1 year to 40 years
- 24 male / 8 female
- 28 white / 2 other than white / 1 not stated

Key findings

- 26 unaware of over representation of black people in detentions under MHA
- 29 were able to describe anti-racism, 5 felt they would benefit from more training
- None were able to actively compare detaining black people or white people
- 28 saw no barriers between detaining black or white individuals.
- 24 felt that people of all races expressed distrust with the police

Ideas for improving experience / outcomes

- Improve options before crisis point is reached
- Ensure people are treated according to their individual needs (“Not an easy prospect when dealing with people in mental health crisis”)
- Is it possible to carry out a survey with detained people to get their views?
- Deal with people in a caring / compassionate way
- The whole system process needs to be considered – there is a lot of waiting time, delays in ambulances, nowhere to take people.

What could be done to make sure black people are supported and cared for in a way that respects culture, beliefs and values?

- Explaining and communicating
- Treat people with respect
- More training for frontline officers (not e-learning) with people from the demographic – lived experience leaves a lasting impression
- More research around the detentions and what other options were available
- S136 is an emergency power, it is difficult to offer individual support at that point

What is currently in place?

- Police Race Action Plan
- Independent Scrutiny and Oversight Board
- Community and Diversity Officers (CADO)
- Neighbourhood Engagement
- Race Equity and Active Allyship Training
- Collaboration with Frimley ICB
- Monthly PIP meeting
- Right Care, Right Person

Next Steps?

Next Steps

- Trust and Confidence Strategy

  - Build effective systems and processes to gather information on potential disparities in policing
  - Treat everyone respectfully, empathetically and fairly, in accordance with our standards of professional behaviour and codes of ethics.
  - Identify and address disparities or discrimination in police policies, powers and decision making
  - Prioritise trauma-informed and de-escalation approaches in communication

Slough Borough Council Approved Mental Health Professionals (AMHPS)

Developing Cultural Competence, and Professional Curiosity.

Tigist Kinfe (Service Manager & AMHP Lead) Slough Borough Council (SBC).

Dr. Jacob Daly, Sessional AMHP SBC & Berkshire Healthcare Lead for Right Care Right Person

Slough Borough Council www.slough.gov.uk local government in the 21st century

Over-representation of Black individuals within Local Authorities (LA) vs representative population

Local Authority	2016-2020	2021-2023
Slough	1.59X	2.2X
Bracknell	2.5X	2.6X
Wokingham	3.4X	3.42X
Reading	3.4X	2.4x
West Berkshire	5.2X	4.6X
RBWAM	5.7X	3.82X

Examples

- AB a 35 years old mix heritage with forensic history but has not committed any offence since 2019
- Placed in Slough from another local authority and recently moved to the area and is not happy with the placement
- Referral for Mental Health Act Assessment received from the Responsible Clinician – Approved Mental Health Professional (AMHP) considered under s.13 Mental Health Act and liaised with the Crisis Team. Crisis Team accepted the referral.
- Professional pressure placed on AMHP to detain but patient had capacity to agree to an informal admission – no bed so continued to be supported in the community by the crisis team.

Conti...

- Patient later withdrew his consent and another referral for Mental Health Act Assessment was made.
- AMHP felt pressured to consider a s.3 but resisted the pressure.
- Patient was admitted under s.2.
- 11 Days into admission under s.2, a request for made for a further Mental Health Act Assessment under s.3. Grounds put forward included necessity because of risk factors.
- Patient had been on successful s17 leave, complied with his treatment and his mental health was stabilised. The AMHP was experienced and made the decision under s.13 not to make application under s.3 after considering all the circumstances of the case.
- The Mental Health Act seeks to balance the medical model with a socio-legal perspective. The latter is intended to provide a holistic platform where medical evidence in the form of medical recommendations forms part of the ‘overall circumstances of the case’ which the AMHP is duty bound to consider.

Fundamentally what is the basis underpinning AMHP's Decision?

The AMHP is asked to 'consider all the circumstances of the case' (s.13) with a view to deciding whether it 'is appropriate for them' to arrange a MHAA and/or make an application'.

AND

If such an application is proportionate given the circumstances of the case. The AMHP has a statutory duty to consider the person's Article Rights under **HRA 1998**, specifically **Article 5**, the person's right to liberty and freedom [and] **Article 8** the Right to Respect for private and family life before making an application.

Referrals Vs Mental Health Act Assessments

2024	MHAA Activities	MHAAs
April	43	30
May	62	41
June	50	34
July	48	30
August	52	41
September	37	33
October	44	32
November	18	14
December	37	27

Cultural Sensitivity and Professional Curiosity

- ‘Cultural sensitivity refers to the awareness, understanding, and respect for the cultural differences and practices of individuals from diverse backgrounds. It involves recognising that cultural norms, values, and behaviours can significantly differ from one group to another. Being culturally sensitive means actively acknowledging these differences and adapting one’s interactions accordingly to foster respectful and harmonious relationships’ (Oxford Review Briefings).

- Professional curiosity is the capacity and communication skill to explore and understand what is happening within a family / for an individual rather than making assumptions or accepting things at face value.

Cultural Awareness and Critical Reflection in Practice

- One Slough AMHP's Five-year Warrant Period: ***201*** MHAA (2022)

Ethnicity	Numbers	Female	Male
Asian / Pakistan	34	18	16
Asian / Indian	21	05	16
White British	74	28	44
White Irish	03	00	03
White Other	12	07	05
White European	19	10	08
Black Caribbean	16	06	10
Black African	13	07	06
Dual Heritage	07	00	07
Chinese	02	02	00

Findings

For Black African (and) Black African Caribbean client's my applications for detentions were lower compared to national figures. For example, NHS Digital Statistics (2022) report that service users from Black / African / African-Caribbean backgrounds are four times more likely to be detained under the MHA 1983, compared to white people (321.7% detentions per 100,000) people, compared with 73.4% per 100,000 (White/British/Irish/Other). My own figures were 25% and 48.7% respectively for both groups. Whilst I do acknowledge that it can be difficult to obtain direct feedback from service users and carers, I did experience that exploring this question from a different angle, using my own data, allowed me to begin a process of critically reflecting on my own practice.

Explanations

48% of the Mental Health Act Assessment resulted in non-detention.

S.13 was key in determining outcomes.

Time to consider, to ask questions, to engage, professional curiosity.

Acknowledge what I don't know.

Be alert to my own values and ethics and how these can inform, influence and determine outcomes.

Values and ethics are a key determinant in the construction of both methodological / practice frameworks.

Conclusion

In 2019 we began a journey that involved critical reflection of our own practice in professional supervision, AMHP Peer Group Supervision and informal supervision. We were able to link our reflections with our s.13 statutory duties. We explored Mental Health Act Assessments from the perspective of cultural competence as an integral part of personalisation and the Mental Health Act Assessment process. Acknowledge what we don't know, be honest about our own values and ethics and the power that these can have upon outcomes. Our figures in Slough show a journey that is not reflective of national metrics. We continue to learn.

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mind in Berkshire

MHS Detention Project

Stephen – Director of Services (D. CEO)

Louis – Engagement & Development Services Manager

Project Focus

- In Berkshire Black people are 3-4 times more likely to be detained under the mental health act in comparison to their white counter parts. This is not dissimilar to the UK more broadly and is recognised on a national level as very concerning health inequality with concerns about the striking differences in numbers despite being a much smaller percentage of the wider population.

- BHFT therefore wanted to engage with Black communities to explore and gain an in-depth insight into the lived experience to gain a better understanding of how this impacts individuals and the wider community.

Ethos

- For this project to be successful it was critical for voices and experiences to be amplified. We had to carefully think about the parameters of how we collect data. It was agreed we would aim to speak with those who had been detained and others who may not have experienced this first hand.

- Our aim when engaging was always to have open conversation and dialect to ensure we we're filtering anyone's experience and we we're allowing them to tell their undiluted truth.

- •Storytelling – giving individuals' perspective centre-stage

- •Appreciative inquiry – a focus on change through positivity and finding solutions

- •Restorative practice – developing collective solutions to repair the experience of harm

Approach

- Our involvement remit was purposely broad. It was recognised early on that this health inequality was experienced by a number of stakeholders, not only those who were being detained under MHA. This included:

- Family member/ Friends of those with first hand experience of being detained from Black communities

- Clinicians/workers - Also a member of the community

- Lay-person/Community members - who have concerns or thoughts on the experience of Black people who have mental health needs

Key Themes

- . 1. Systemic Racial Bias:

Black people's experiences with mental health services are shaped by wider societal racism and bias.

Black people may be reluctant to engage with services due to a perceived lack of trust and fear of discriminatory treatment.

- 2. Poor Experiences with Mental Health Services:

Some Black people have reported direct experiences of poor, dismissive or discriminatory treatment when accessing mental health support.

This can lead to a deep-seated mistrust of healthcare systems, perpetuating the cycle of disengagement.

- 3. Stigma within Black Communities:

Stigma around mental health issues, especially for Black men, creates barriers to seeking support.

This is exacerbated by biases and lack of cultural understanding among some healthcare staff.

- 4. Need for Cultural Competency Training:

Mental health staff often lack adequate training and awareness of cultural differences and needs within Black communities.

This can lead to misunderstandings and inappropriate approaches that further alienate Black service users.

Key Themes

- 5. Intergenerational Trauma:

Traumatic experiences with mental health services by previous generations have created an enduring mistrust passed down within Black families.

This intergenerational impact is an important contextual factor.

- 6. Importance of Early Education and Proactive Approaches:

Engaging Black communities, especially young people, on mental health and wellbeing early on could help overcome stigma and build trust.

Proactive, community-based initiatives are seen as crucial.

- 7. Need to Build Trust and Respect:

Black communities' express frustration at perceived tokenistic engagement by healthcare services without meaningful change.

Sustained, collaborative partnerships based on mutual respect and co-production are required to address the issues.

Recommendations

- Be aware and respectful of a deep-seated mistrust of public services

The mistrust of the NHS comes through strongly in the research and this has to be further explored and understood by BHFT in their efforts to co-develop, implement and review plans with black communities

- It is a necessity to improve cultural awareness and understanding within the workforce

The research indicates staff (who are a part of the community) need to be better engaged with at all levels. Engagement and quality improvement need to be approached with cultural consideration and psychological safety as cornerstones of developmental work

- Embed meaningful patient and carer feedback mechanisms

Qualitative data has been gathered here, which can supplement quantitative data to develop a richer understanding. Internally, this can be used to support improved awareness of the complex issues at stake. Externally, acknowledging the challenges could also start forging stronger community relationships as a supporting foundation for effective implementation of future plans, including the PCREF.

Next steps

- Mind in Berkshire are committed to continue working alongside partners to challenge the striking health inequality. To do this we are currently working to understand how we best support the recommendations to deliver long term concrete change to those impacted by this striking health inequality.

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COMMUNITY WELLBEING HUB-READING

Facilitating Health & Wellbeing Initiatives.

Bridging The Gaps to Improve Our Physical, Mental Health & Wellbeing.

COMMUNITY HEALTH CHAMPIONS
CONNECT INFORM EMPOWER

MEET PEET
Patient Experience Engagement Team

THAMES VALLEY POLICE

mind

healthwatch Reading

NHS Berkshire Healthcare NHS Foundation Trust

COMMUNITY UNITED WEST BERKSHIRE

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

UwG Utulivu Women's Group

Reading Borough Council
Working better with you

NHS Talking Therapies
Berkshire Healthcare

Alafi

PROJECT SALAMA

Community Wellbeing Hub-Reading

Alliance for cohesion and racial equality

ACRE was established to promote equality, community empowerment, and cohesion across Greater Reading.

To:

1. **Eliminate racial and all forms of discrimination**
2. **Advocate for equal** opportunities for all
3. **Strengthen relationships** between diverse racial, ethnic, and faith groups.

Our Reach & Approach

Serving 74+ Diverse Communities**:** Ethnic minorities, Marginalised groups, Faith-based & cultural heritage communities

How We Deliver:

- **Engagement**: Hosting forums on topical issues.
- **Empowerment**: Supporting navigation of statutory systems.
- **Integration**: Celebrating cultures & enabling societal contributions.

Community Empowerment in Action, Key Initiatives:

- **Advocacy**: Helping marginalised groups access public services.
- **Training**: Culturally tailored programmes for individuals/organisations.
- **Consultation**: Facilitating community voices in public-sector decisions

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COMMUNITY WELLBEING HUB

Community Wellbeing Hub – a safe space, a warm and a culturally sensitive friendly atmosphere;

- The friendly atmosphere, tea/coffee sessions every Tuesday extends social networks, address loneliness & isolation.
- We have weekly conversations both virtual and physical meetings with the focus on building resilience. Focus on mental health awareness and coping strategies; tackling drugs & alcohol, Gender-based violence.
- A wide reach to the communities:Ethnic minorities, Marginalised groups, Faith-based & cultural heritage communities
- Deliver on specialist conferences, events & activities, and training programmes targeted at the wider BAME/grassroot communities.
- Grassroots Community Network (GCN) with over 42 communities representatives. We hold meetings every 6 weeks, aims:
  - To unite the voices of the communities, deliberately continue nurture community partnerships and build on the strength of communities.
  - Communities are always evolving and its a great platform to hear what they are doing at every given time.

Overall outputs: Improve mental health literacy, awareness and access to support. Normalise mental health & suicide conversations ,reduce stigma. Needed : More investment in Mental Health and Suicide First Aid **(including the culturally-tailored one)**

DISPROPORTIONATE MENTAL HEALTH ACT (MHA) DETENTIONS FOR BLACK PEOPLE PROJECT FINDINGS

1. Poor Communication

Lack of communication about patient movements, particularly when being transferred to a high dependency unit.

The hospital staff did not provide updates to the family about the patient's condition or situation.

The families felt left out of key decisions and not informed when they should have been.

2. Rude and Unhelpful Staff

Staff were described as rude and dismissive towards both the patient and their family.

Conversations with staff often became confrontational or argumentative when they didn't need to be.

3. Lack of Advocacy and Support

Family members felt they had to question everything because the patient was unable to advocate for herself.

There was a sense that hospital staff were not advocating for the patient's needs properly.

4. Restricted Communication and Isolation

The patient was not allowed to contact family members at times.

The hospital did not proactively inform the family about important developments.

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DISPROPORTIONATE MENTAL HEALTH ACT (MHA) DETENTIONS FOR BLACK PEOPLE PROJECT FINDINGS. CONT

5. Mistreatment and Neglect

There were mentions of the patients being "ill-treated" by the hospital staff.

At times, the patients was not allowed to go outside.

6. Challenges in Recognising Mental Health Issues

Families did not fully understand the severity peoples MH condition.

Mostly the situations worsened over time, leading to a crisis.

7. Difficulties with Mental Health Support Services

The response from support teams was slow and inconsistent.

There was frustration about how long it took for proper intervention.

Some services were not proactive in offering help or checking in regularly.

SUGGESTED POSSIBLE SOLUTIONS FROM THE RESEARCH

Mental Health Support Team

- Assigning a **nurse and a care coordinator** to monitor proved helpful.
- The **intervention team** played a key role in supporting recovery.
- The presence of family and continuous communication with the support team was crucial in managing the situation.

Better Communication & Collaboration

- Encouraging open, **collaborative relationships** between families and professionals.
- Recognising families as key **support systems** in patient care.
- Positively working with the **communities of faith** where most of the patients will have links with and meaningful source of hope

Comprehensive Mental Health Support

- **Nurses, care coordinators, and intervention teams** provided ongoing monitoring and support.
- Regular assessments and **team-based care** improved recovery.

Improved Crisis Response

- Crisis teams provided emergency support, but families called for **more proactive intervention**.
- **Effective crisis management strategies** helped prevent escalation.

Medication & Side Effect Monitoring

- Medication being **carefully managed** to balance symptom relief and side effects.
- Professionals listened & adjusted treatments **based on patient needs & family discussion**

Emotional & Well-being Support

- **Psychological support and reassurance** helped ease distress.
- Addressing **stigma** encouraged more people to seek help.

Better Living Conditions

Concerns over **housing** led to efforts to find **safer, more supportive environments for patients and families.**

Family Involvement in Decision-Making

- Families included in **care discussions**, improving cooperation and advocacy

Mental Health Awareness in Communities

- Improve mental health literacy
- Normalise mental health and suicide conversations (reduce stigma)
- Invest in Mental Health and Suicide First Aid **(including the culturally-tailored one)**

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STRENGTH IN COMMUNITIES- Partnerships

STRENGTH IN COMMUNITIES- Why this works

- **Trust Takes Time**
  - Building trust within a community is a gradual process.
  - Consistent engagement, transparency, and respect are key to earning trust.
  - People need to see genuine care and commitment before opening up.
- **Community Activities are Inclusive and Free**
  - Open-to-all events create a welcoming environment for everyone.
  - Free activities remove financial barriers, ensuring equal participation.
  - Social gatherings foster a sense of belonging and shared experiences.
- **Understanding Stigma Around Mental Health**
- A wide reach to the communities of Faith for Mental health literacy and awareness.
  - Different communities have unique cultural perspectives on mental health and this reinforces mental health literacy.
  - Addressing stigma requires education, safe, culturally sensitive open discussions within the community.
  - Creating safe spaces encourages people to seek help early and without fear of judgment.
- **Empowering Individuals Through Support Groups (communities champion) who connect, empower, inform**
  - Community groups provide encouragement and boost self-confidence.
  - Members find their voice and learn to express their feelings and concerns with ease.

COMMUNITY WELLBEING HUB/ COMMUNITY ENGAGEMENT

Run by Mental Health and Suicide First Aiders

Arabic, Swahili, Urdu languages

'A safe space to meet and talk for better Health and Wellbeing'

Our services:

- Information, advice, guidance and signposting
- Coffee Mornings with games and wellbeing activities
- Weekly online conversations
- Meetings with health professionals
- Training in health and wellbeing
- Computer training for beginners
- Occasional social activities, i.e. walks and trips

344 Oxford Road,Reading,RG30 1AF

@orc_hub344 @OxfordRoadComm1

Talking Therapies you can trust

Start feeling better with free and confidential NHS treatment and support for low mood and worry

TEA & COFFEE MORNING

Enjoy Uno, Chess, Bingo, Connect 4 Art Wellbeing.

Every Tuesday From 11:30am to 1pm

All are welcome

Where: 344 Community wellbeing hub Oxford Road Reading RG30 1AF

Get Here Via

To access the Car Park via Portman Road use this postcode: RG30 1AJ

Bus: 17, 16, 15, 15a Beresford Road or West Village Tesco

Support from CBT Therapist James- Main mental well-being topics (Depression, Stress, Anxiety, Trauma, Sleep problems, Appetite problems, Physical health issues, etc). 1:1 with James Momoh- for further CBT support if required.

Guests: James Bolton from Britain Transportation Police

HW Priorities Survey: HealthWatch Reading by Tariq and Zainab

Enquires : raveena@mojatu.com or admin@utulivu.co.uk

mojatu

FREE HEALTH CHECKS

Be well this winter and come along to a community wellbeing event.

Find out more about local activities and support available to you, and get a free health check from NHS staff that will help spot if you have any early signs of:

- STROKE
- KIDNEY DISEASE
- HEART DISEASE
- TYPE 2 DIABETES
- DEMENTIA

COMMUNITY WELLBEING HUB, OXFORD ROAD

2nd Thursday of the Month and last Tuesday of every month.

Call 0118 304 8841 if you have any questions, spoken translation is available when you call.

TACKLING GENDER-BASED VIOLENCE

Women To Women Peer Support Group

"The World Needs You-Your Voice counts too!"

SELF-CARE CAN BE

taking a step back · asking for help · spending time alone · forgiving yourself · putting yourself first · saying 'no'

@lauraheartlines

Alafia

Acre Family Support Service

'Supporting families from minoritised communities, to care for children with disability or additional needs (aged 0-25 years) since 1995'

We aim to ensure that families receive an equitable, culturally competent and fully inclusive service from statutory and voluntary sector service providers.

Our Core Services:

EMPOWERMENT

Information, advice, guidance and signposting

Support to resolve problems with health and social care, schools, housing, etc.

ADVOCACY

Enabling access to services

Advocating for the needs of carer families

PROMOTING HEALTH & WELLBEING

'Shortbreak' activities, including trips, outings, mild group exercises and social gatherings

Monthly family support group meetings and outreach sessions

344 Oxford Road, Reading, RG30 1AF

Alliance for Cohesion and Racial Equality

Charity No: 1149491 Company No: 8248195

Acre was set up to promote:

- Equality, Community Empowerment and Community Cohesion in Greater Reading.

We aim to:

- eliminate discrimination
- promote positive relationships between communities
- advocate equal opportunities for all

ACRE *promotes equality* which is the golden thread running through everything that happens in Reading and is fundamental to its success as a *diverse, multicultural* and *cohesive place and space.*

ACRE *brings together* people from diverse backgrounds to celebrate the different cultures, and enable residents to make positive contributions to Reading.

ACRE *supports minority* and marginalised communities, families and individuals experiencing difficulty with navigating formal structures and statutory provision.

Middle Building, 344 Oxford Road, Reading, RG30 1AF

0118 951 0279 · info@acre-reading.org · acre-reading.org

@acre.reading.org · @acrereading · @acrereading

acre

Interpretation Services at the Community Hub.

ONLINE SERVICES

Who is Slough CVS?

Working together to build stronger, healthier and safer communities. Slough CVS supports voluntary and community action in having the greatest positive impact on our residents.

2024-2028 sloughcvs

SLOUGH CVS STRATEGIC PLAN

1. Vision

Working in partnership to build stronger, healthier and safer communities.

2. Mission

Capacity Building
We provide the infrastructure for voluntary/community groups to thrive, through the delivery of high-quality training, advice and support. We recruit, train and develop the skills of volunteers to support communities to grow.

Collaborating
We are the link bringing local people, partners and the voluntary sector together, to share skills and use resources most effectively.

Connecting
We engage and connect residents to local voluntary/community groups' activities, empowering them to improve their health and wellbeing.

3. Values

Integrity
We apply trust, transparency and openness in everything we do.

Innovation
We find new and creative ways of making the voluntary sector thrive, always with a positive approach.

Inclusion
We respect and celebrate the diversity of our communities and champion equality and inclusion for all.

4. Our focus

- Infrastructure support
- Health & Wellbeing

5. Our priorities

- Capacity Building
- Volunteering
- Communications & Information
- Community Connectors
- Wellbeing
- Community Engagement

6. Strategic Ambitions

1. **Embed a growing and thriving voluntary sector**
2. **Build resilience and sustainability as an established and effective volunteer centre.**
3. **Empower communities** linking people with community activities and support that matters to them, taking a holistic approach to wellbeing.
4. **Reduce inequalities** bridging the gap between the VCS and NHS.
5. **Partnership working and collaboration** - joint solutions to improve lives of our residents.
6. **Whole systems approach -** ensuring all communications and information is shared across all parts of the system.

sloughcvs
www.sloughcvs.org.uk

Empowering Change - Community Conversations

with Rosanne Naicker

How did we get here?

2022- 2023 **Cultural Competence training**

- Introduction to Mental Health
  - Effective Interaction with Seldom Heard groups
- Black Men's Mental Health Matters
- Mental Health Impact on Refugees
- Mental Health Inequalities faced by women
- Muslim Men, Mental Health and Suicide
- Carers & Mental Health
- Amplifying Diverse Voices for MH
- Faith verses Culture

2023 – 2024 **Health Inequalities – Mental health Campaign**

Mental health in the community

2024 -2025 **Mental health, suicide and bereavement training**

Detention under the Mental Health Act

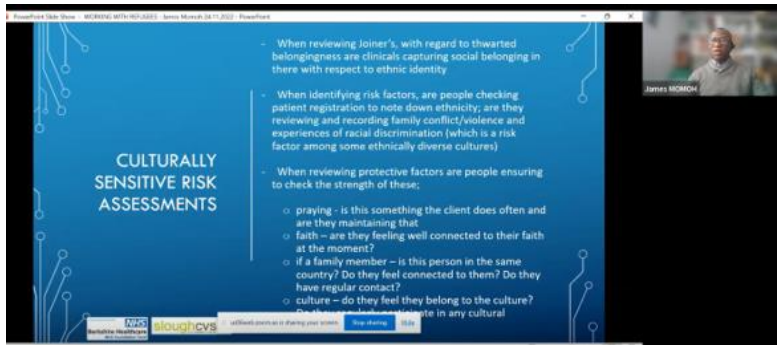
sloughcvs
www.sloughcvs.org.uk

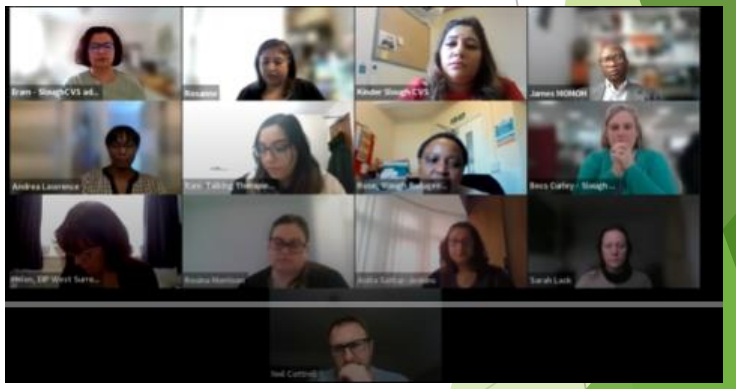
Approach

Working alongside local community groups, faith groups and organisations to reach those most in need of support in this area.

- **Afrocaribbean Heritage Society**
- **Jamia Masjid & Islamic Centre (JMIC)**
- **Let's Connect**
- **Turning Point**
- **Slough Refugee Support**
- **Slough Walk About**
- **Focus groups**

The Journey





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Themes

From interactive discussion:

- **Cultural Identity**
- **Lack of understanding**
- **Community togetherness**
- **Fear of mental illness**
- **Poor relationships with authorities**
- **Factors that promote poor lifestyles**

Key Themes

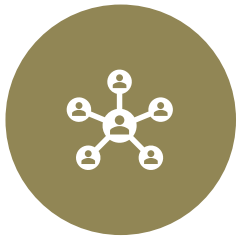
What influences current choices and decisions?

ACCESS TO SERVICES

AVAILABILITY

INFORMATION AND KNOWLEDGE RESTRICTIONS

CULTURE



SOCIAL

ECONOMIC

ENVIRONMENT

Case Studies

- Understanding Mental Health
- History is important
- Who to turn to in crisis

Thinking about the individual….

What are the factors that influence the current situation?

What are the challenges that could be seen as barriers to change?

Community Voices

"While many said that being detained under the Act saved their lives, many also said they were not treated with enough dignity and respect."

"Current services, structures do not work. We are pulled from pillar to post, people in authority fob you off. We get referral to referral with no real help."

"We are more likely to take up services that are not labelled as "Mental Health"

"Advertising needs to be more approachable."

sloughcvs
www.sloughcvs.org.uk

Learnings

- Collaborations for changes
- Outreach (community groups, faith groups)
- Community involvement
- Check up on your neighbour, don’t wait!

Stand up, listen, speak up

NHS RACE & HEALTH OBSERVATORY

HEALTH INEQUALITIES IN MENTAL HEALTH ACT DETENTIONS

BERKSHIRE HEALTHCARE

Sam Rodger, Assistant Director, Policy
NHS Race and Health Observatory

THE RACE AND HEALTH OBSERVATORY

1 **EVIDENCE –** We produce evidence about racial and ethnic inequality in health, not only commissioning original research to fill knowledge gaps, but also synthesising and mobilising existing evidence.

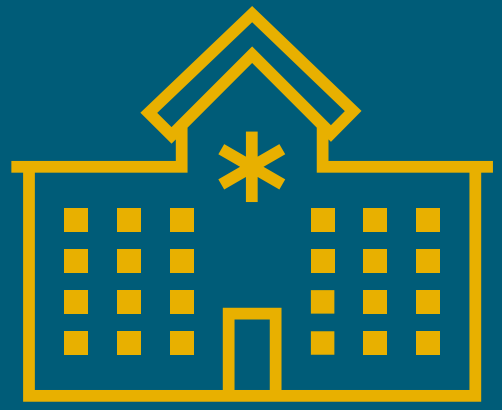
2 **INFLUENCE**- We use the evidence we commission and mobilise to influence leaders through practical recommendations for policy and practice.

3 **IMPLEMENT**- On the basis of our recommendations, and in response to the needs of the communities we work with, we work to support the implementation of new policies and practice at the grassroots.

OUR MODEL OF RACISM

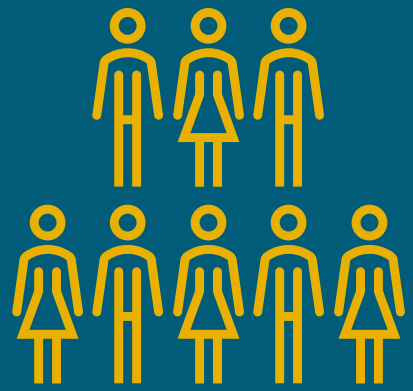
Structural racism

- Socio-economic context
- Resource distribution and access.
- Legislation.
- Education.
- Employment.
- Cultural denigration



Institutional racism

- Policies.
- Practice.



Interpersonal racism

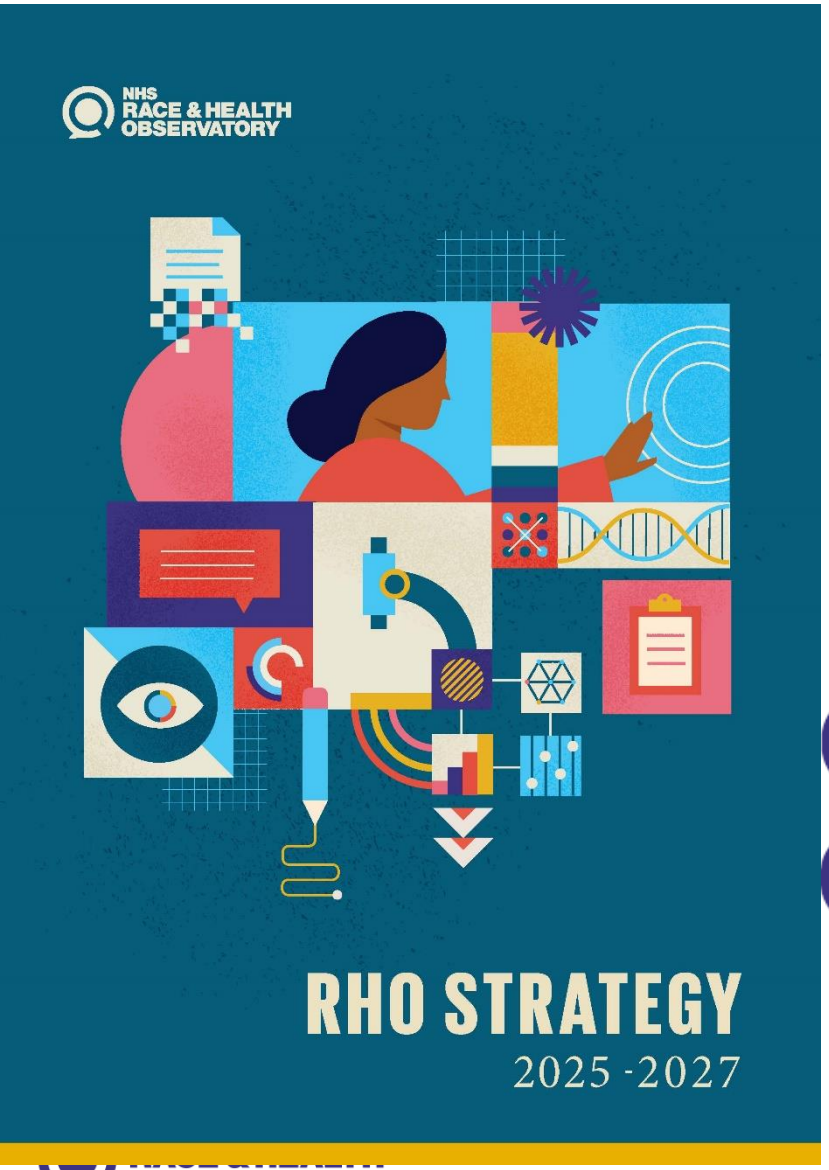
- Cultural assumptions.
- Behaviours.
- Stigma.
- Trauma.

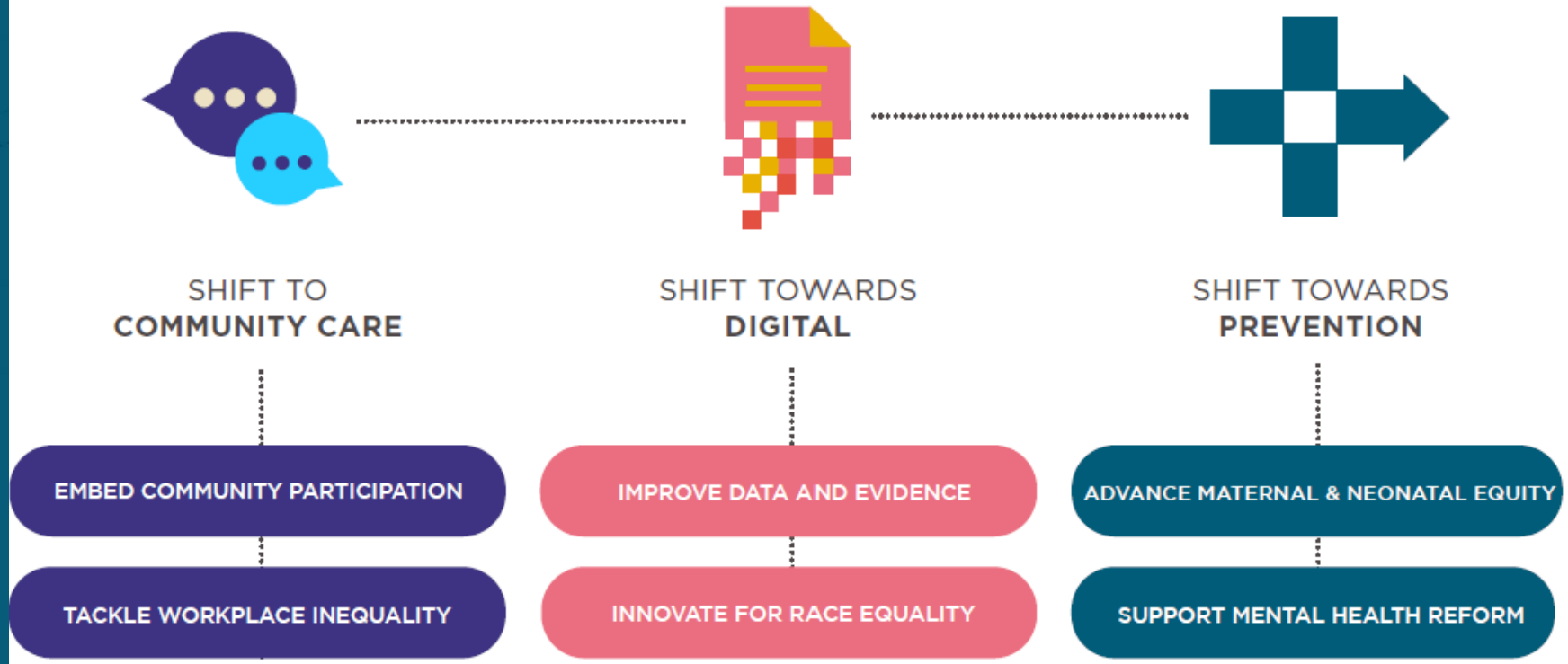
7 ANTI-RACISM PRINCIPLES

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

NOVEMBER 2024

2025 STRATEGY





WHY ARE PEOPLE OVERREPRESENTED IN IN MENTAL HEALTH ACT DETENTIONS?

Since its inception in 2021, the Observatory has had mental health as a primary focus, commissioning work on:

- Talking therapies
- Gypsy, Roma, Traveller mental health
- Trauma Informed care.

The Observatory's role in this project:

- To act as a critical friend to Berkshire Healthcare throughout
- To provide insights from a national race equity perspective.
- To suggest actions both locally and for scale.

NHS RACE & HE OBSER AT

THE NATIONAL PICTURE

Our work on race equity in mental health has shown:

- Racism is entrenched across mental health services.
- The Mental Health Act, designed to protect the rights of individuals, does not serve all groups equally.
- Black people are as much as 3.5x more likely to be sectioned under the Act and 10x more likely to be subject to a CTO.
- Screening (e.g. dementia, perinatal mental health) is often not culturally adapted.
- Communities are rarely engaged in the design and delivery of their local mental health provision.
- Stigma around mental health is a barrier to access – but can also be an excuse for inaction.

SIX HYPOTHESES

The work done in Berkshire should serve as an example to other healthcare services. We've broken down our assessment of the work across the project's six hypotheses:

1. 1 – An Increased Risk of Psychosis
2. 2 – Societal Racism and Stigma
3. 3 – Internal Stigma and Cultural Beliefs
4. 4 - Lack of Social Support & Poverty
5. 5 - Structural Inequalities in the Criminal Justice System (CJLD)
6. 6 - Talking therapies not utilised and Disparities of EIP Access & Outcomes

Hypothesis One

Black people are at an increased risk of psychosis.

- Individuals from minoritised racial/ethnic groups are at a higher risk of developing mental health problems but are less likely to receive adequate support.

- They are more frequently diagnosed with psychotic disorders, more likely to only seek help at times of crises, more often admitted to hospitals, and more prone to poor treatment outcomes and disengagement from mainstream mental health services.

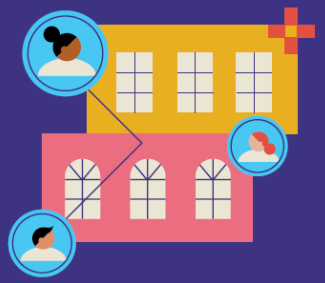
- Data from 16 UK studies estimate that for every one White person with schizophrenia, 4.7 Black people are diagnosed with the disorder.

Insights for national practice and policy and opportunities to scale BHFT work:

- In making the shift to more primary prevention, national policy makers must consider the drivers of higher rates of psychosis, including substance abuse, living conditions, and the impacts of racism itself.
- Providers cannot rely on data but must engage with communities to understand the drivers of increased diagnosis.

Hypothesis Two

Societal racism and stigma drive detentions under the Mental Health Act.



- Stigma towards racialised communities is significant, with Black men significantly more likely to be subject to use of force and put under a community treatment order.
- This also extends into healthcare settings, where we see screening processes that are not culturally adapted, and a tendency for clinicians to assume Black people are more likely to be seeking drugs.
- This racism also operates at a structural level, expressed through under-funding of research, unrepresentative research cohorts and lack of proper sampling in national surveys (e.g. breast cancer, APMS).

Insights for national practice and policy and opportunities to scale BHFT work:

- Staff must be trained to be culturally competent, adapting their provision of care accordingly.
- The NHS/DHSC must enforce statutory guidelines on inclusion of national ethnic monitoring data in all NHS mental health clinical data that allows robust statistical Trust-level, regional and national analysis.
- Mandate representation in clinical trials.

Hypothesis Three

Internalised stigma and cultural beliefs are a driver of detentions.

- Stigma in some communities towards mental health services (and healthcare services more generally) can prove to be a barrier to accessing mental health services, which in turn can delay diagnosis and increase chances of detention under the Act.
- Some cultures also vary in their way of conceptualising and speaking about mental health, with some languages lacking direct translation for some terms that are common in western medical models.
- **However**, these barriers are sometimes framed as a community deficit, which removes the onus from services who must better adapt to community need (and make better use of social prescribing to draw upon community assets).

Insights for national practice and policy and opportunities to scale BHFT work :

- Policymakers and providers should work with local communities to understand local variance in conceptualisation of mental health and to identify community-based resources for social prescribing.
- Clinicians and other practitioners should be educated to a level of cultural competence that avoids using a deficit model to explain away access issues among Black communities.

Hypothesis Four

Lack of social support and poverty.

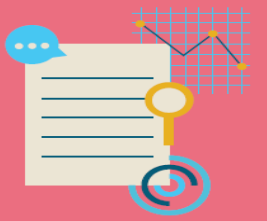
- Race and socio-economic status intersect in both the likelihood of detention, and in the approaches needed to reduce detention.
- In 2022/2,3 detentions in the most deprived areas had the highest rates of detention (147.6 detentions per 100,000 population). This was more than 3 and a half times higher than the rate of detention in the least deprived areas (40.1 detentions per 100,000 population). Source.
- These intersecting forms of disadvantage are also exacerbated by a lack of trust, reported as lower across both of these communities.

Insights for national practice and policy and opportunities to scale BHFT work :

- Health care organisations must cut data by both race and deprivation status to better understand the intersections between mental health, deprivation, and race.
- Healthcare providers should work alongside VSCE's and other partners to build a support network that goes beyond mental health services.

Hypothesis Five

Structural inequalities in the criminal justice system.



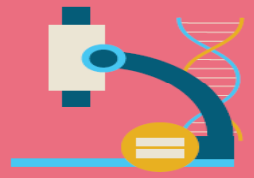
- Race inequality in the criminal justice system is evident in the use of force, strip-searches, arrests, fines, charging, sentencing and imprisonment.
- This is due to systematic bias within the criminal justice system, and societal issues such as bad housing, school exclusion, poverty, precarious employment – which stacks the odds against some people. Source.
- Much of this stems from the perception of some racial groups – most often Black men – as problematic or in need of greater surveillance and monitoring.
- Black and minority ethnic people are 40 percent more likely to access mental health services via the criminal justice system than white people.

Insights for national practice and policy and opportunities to scale BHFT work :

- Healthcare providers should work with local police services and other actors within the criminal justice system to better understand the pathways to detention.
- At a national level, government must work in a cross-sector and inter-departmental way to tackle the intersecting drivers of interaction with the criminal justice system and likelihood of being detained under the mental health act.

Hypothesis Six

Talking therapies are not equitably accessed.



- When interacting with NHS Talking Therapies, almost all minoritised ethnic groups experienced worse outcomes, waited longer for assessment, and were less likely to receive a course of treatment following assessment.
- Drop-out rates are highest among 'Mixed: White and Black Caribbean', 'Black: Caribbean' and 'Black: Any Other Black Background' groups.
- Despite the creation of positive practice guides designed to increase diversity of access to talking therapies, most commissioners either were not aware of such resources, or felt they did not have the resources to address inequality.

Insights for national practice and policy and opportunities to scale BHFT work :

- The NHS Talking Therapies Positive Practice Guide should be implemented across all providers, with the NHS providing funding for dissemination and monitoring.
- Providers should invest in co-production to produce culturally informed care pathways, and promotional materials to highlight the benefits of psychological therapies.

NEXT STEPS FOR SCALE AND SPREAD

The Race and Health Observatory endorses the recommendations adopted by BHFT, and encourages urgent action on:

- The deployment of advance choice documents (ACD).
- Continued meaningful engagement with local Black communities to build trust in the service, promote the benefits of talking therapies and CBT, and to inform the design and delivery of services in the future.
- Enhance the quality of data collected in the trust to improve population health planning.
- Continue working in partnership with police services and other non-health actors to improve overall level of cultural competency, and an ability to tackle the structural causes of increased detentions.

The Observatory will work alongside BHFT to produce a case study of this project in order to promote the work and recommend other providers adopt this methodology.

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Interactive session

What's the biggest takeaway from today's session?

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What specific steps can you take in the next 3 months to reduce Mental Health detentions for Black people?

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What will you do to regain my trust?

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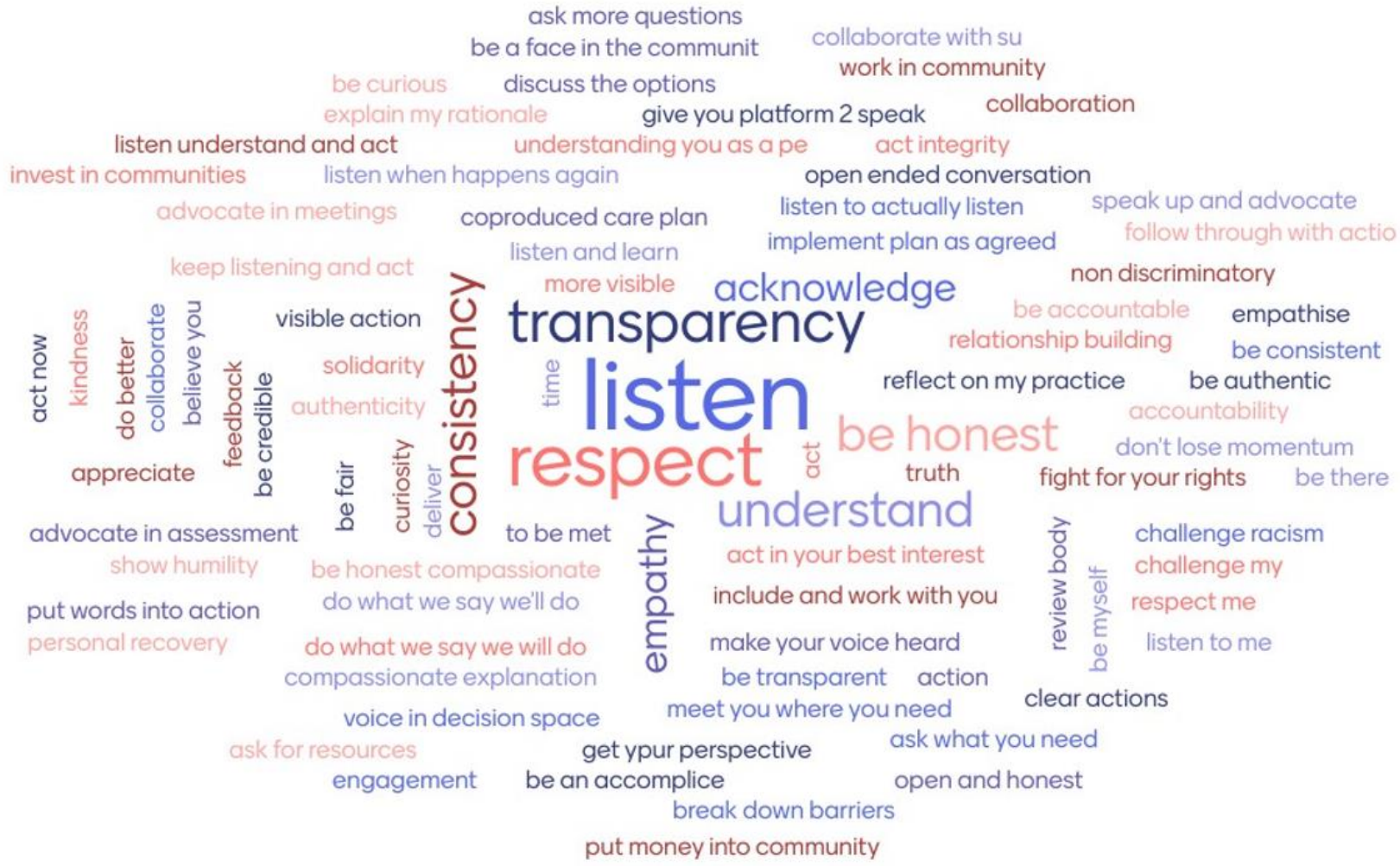

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Call to action

Pledges

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As part of the conference, attendees were invited to make a pledge:

What steps will they take to contribute to the change needed?

- **Slough CVS:** At Slough CVS we are committed to raising awareness of mental health issues and promoting open conversations to reduce stigma by collaborating with key services such as mind talking therapies and CMHT we aim to develop and implement effective mental health strategies working in partnership with our voluntary sector we strive to build the skills of our health champions to prevent mental health challenges from escalating and ensure a residents receive timely support empowering them to lead healthier more resilient lives.
- **Reading ACRE:** we will continue to provide mental health literacy which is culturally tailored we will continue to invest in mental health first aid and suicide prevention first aid training if we can get more support from public services
- **Cassie Finnigan**: Be solution focused. Be positive. Work across boundaries. Be kind and compassionate
- **Mark Day NED:** Placing this subject on a future board to hold the executives to account
- **Lore Cunningham**: Promoting talking points community cafes to prevent the breaking point
- **Paula Wray**: Sign up to RHO principles. Linking with speakers from today. Continue to support Health Equity
- **Penny Jones TVP:** my commitment - move my focus from generalised process is to understand our data around the use of our powers in relation to ethnic communities what that tells us and work with Health Partners to address practise that needs to improve
- **Sally Glen NED**: Ask challenging dash supporting questions at the Board in relation to the progress being made on this project
- **Anonymous**: Being culturally aware will drive better understanding and allow to teach and role model
- **Mansoora Muneeb :** Ask if we can somehow come together and influence the media newspapers to stop fanning the flames of racism

Pledges

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- **Jennifer Keal**: I pledge to stay open minded to be prepared to acknowledge and challenge my own biases and be culturally knowledgeable where I have gaps
- **Anonymous**: To self- educate. meet with my team and share the key messages
- **Nurse Consultant Network**: to embed as a golden thread throughout our training and clinical staff support offer including key stakeholders such as friends, family, carers and communities in the design and delivery
- **Anonymous**: Continue to advocate for service users and improve cultural intelligence wherever I am and whatever table I sit at
- **RBC** pledge to Commission community partners to create and maintain those safe spaces for communities to challenge mental health stigma
- **Anonymous**: Continue with raising awareness of racism in NHS services
- **Tich Mubaira**: Mobilise leading for core design
- **Frimley Health NHS:** educating stuff in general acute hospitals about mental illness and advocating for patients' rights of next of kin under the Mental Health Act
- **Anonymous**: To ensure all list restrictive options have been explored and alternative therapies and support for black people
- **Kate Penhaligon**: I will ensure that the clinical research projects which are sponsored by the Trust include Co-production that has been carried out with the community to ensure the projects are designed with the community in mind
- **John Featherstone Berkshire Healthcare Governor:** to continue work as a governor to improve all aspects of care especially in areas of racial difference and inadequacy's

Pledges

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- **Ariel Breaux- Torres:** Continue fighting for mental health equity and liberation by spreading the message of centering black people to the benefit of all
- **Cheyenne Sparks**: connect this work into key partners who aren't yet involved. Use my platform to showcase the work and learning
- **Anonymous**: To challenge my team and senior executive team at RB FT to be transparent on their anti-racism objectives
- **Theresa Wyles:** Stop talking and start doing for Impact. Reduce waiting time. Adaption to treatment offers
- **Sam Roger RHO**: we will spread the word of good work like this project far and wide and continue with our commitment to delegate power to communities
- **Joseph Wafula**: Art workshops promoting creativity and wellbeing
- **Gary Fountoulaki**: look at any changes does it impact on everyone equally does it disproportionately affect some does it go a step to address racism raise awareness of culturally appropriate mental health services
- **Juliette Simmons**: lead by example educate other officers and call out racism when I see it
- **Anonymous**: Listen more. Challenge discrimination. Provide a safe space to staff who is experiencing discrimination. Increase awareness within the team
- **Anonymous**: Review 136s and frequently presenters with this issue (racism) in mind within West Berkshire. Raise awareness of this issue with ICR and encourage self-reflection

Pledges

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- **Jacob Daly**: I'm going to see if I can attend the cultural competence workshops in Slough. My commitment is to make sure that the subject of detention rates is on supervisors notes and monthly AMHP forums
- **Vicki Parkin:** Encourage practise reflections in clinical supervision and clinical discussions
- **Babita Khunkhun**: I provide teaching, I will encourage stuff to adopt cultural intelligence and professional curiosity
- **Challenge Number 22** to engage with black and ethnic minorities to help reduce stigma of black people accessing counselling
- **Kathryn MacDermott:** BHFT pledge to continue to engage with communities on this work.
- **Eve Tsapayi**: I pledge to ensure I lead by example in ensuring our in patients received care that demonstrates compassionate culturally aware care
- **Natasha Ramnarine:** Practice kindness & compassion daily
- **Alice Mpofu-Coles University of Reading**: Looking for Community groups and organisations to collaborate in research which is community-led from marginalised people. **Reading Borough Council:** To listen and act. To advocate for seldom heard
- **Yvonne Mhlanga**: Actively engage more partners to work in community spaces, where communities feel safe and comfortable. This will improve rebuilding trust and rapport with the Global majority communities
- **Berkshire Healthcare:** We commit to holding a follow-up conference one year from now to reflect on our progress and hold ourselves accountable for the work undertaken within the project.

The Team

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Raj Shokkar
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Mtage Mohamed
Cecily Mwaniki

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NHS Foundation Trust


Call to action
Call to action


HEALTH INEQUALITIES IN MENTAL HEALTH ACT DETENTIONS
BERKSHIRE HEALTHCARE
Sam Rodger, Assistant Director, Policy NHS Race and Health Observatory


Welcome
to Yorkshire
Healthcare

Post-conference feedback

Berkshire Healthcare NHS Foundation Trust

Following the conference, attendees were invited to share their feedback on the day's sessions - and the response was overwhelmingly positive. It's clear that, by working together, we have the power to drive meaningful change toward a fairer, more inclusive mental health system.

"Inspiring.
A warm energy"

"I found the day really refreshing"

"Excellent- insightful, great speakers, good mix of qualitative and quantitative information"

"Good conference very informative"

"Really enjoyed seeing all the partners and the presentations. Felt it was the kind of event that builds us all up in the best way. "

"Great event, another one next year to hold account and drive change"

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Thank you

A big thank you to all attendees who joined us at Berkshire Healthcare NHS Foundation Trust and NHS Race and Health Observatory Mental Health Act Detentions All-Partnership Conference. Your attendance of this conference qualifies you to earn valuable 6 CPD point (6hours).

If you have any questions or are interested in getting involved in the work we are doing, you can contact the team at mhadetentionsproject@berkshire.nhs.uk.

Slough Borough Council www.slough.gov.uk
sloughcvs www.sloughcvs.org.uk
NHS Race & Health Observatory Breaking barriers for better health
mind in Berkshire
acre alliance for cohesion and racial equality
Thames Valley Police