

PRIAE *Policy Research Institute on Ageing & Ethnicity*

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PRIAE POLICY RESPONSE to the Green Paper

**‘Improving the mental health of the
population: Towards a strategy on mental
health for the European Union’**

*Submitted to the European Commission
Directorate-General Health and Consumer
Protection*

June 2006

**PRIAE Response to the Green Paper:
'Improving the mental health of the population: Towards a strategy on
mental health for the European Union'**

Introduction

PRIAE is the leading body specialising in ageing and ethnicity in the UK and across Europe. Established as an independent charitable Institute in 1998, PRIAE seeks to improve health, social care, housing, income and pensions, and employment and quality of life for current and future generations of black and minority ethnic (BME) elders at the national and European level. For this submission we use in most cases the term 'minority elders' to refer to those who have worked, lived, aged and are ageing in Europe due to being a traditional/national minority; as a result of economic migration within the Union; as a result of colonial connection and/or refugee background.

The Institute works with BME elders and age organisations, with clinical and non-clinical professionals and researchers, across sectors to influence, inform, develop and strengthen the knowledge base, capacity and practice in ageing and ethnicity.

PRIAE welcomes the opportunity to respond to the European Commission's Green Paper: 'Improving the mental health of the population: Towards a strategy on mental health for the European Union'. Although PRIAE works mainly in the field of ageing and ethnicity, we recognise the importance of the issue of mental health for all groups and minorities throughout the EU, and

our submission includes proposals and recommendations relating to younger people.

The main part of this submission draws on findings and experience gained in PRIAE's project on the Care Needs of Ethnic Older People Suffering from Alzheimer's (the CNEOPSA Project).

PRIAE has been at the forefront of developments in ethnicity and dementia since its inception in 1998. It has now established itself as the leading organisation in this area, which has come under renewed scrutiny with the advent of the National Service Framework for Older People standard seven.

The Institute produced a ground-breaking study in 1998 detailing measures to improve provision for ethnic minority people suffering from dementia. This work brought together researchers from the UK, Denmark and France who produced a series of recommendations for good practice.

This was the first such research in this area undertaken in the UK. Although the black and minority ethnic organisations interviewed for the study have been doing some good work in mental health, they have little knowledge of Alzheimer's. Among the majority organisations working in this area, there remains a scarcity of work or printed material for minority ethnic communities.

The study was followed by an innovative video in 1999, which sought to continue informing mainstream and statutory providers of the needs of ethnic minority older people suffering from dementia. Indeed, the then health minister Rt. Hon John Hutton MP declared, 'policymakers, managers, professionals and minority ethnic communities will find important messages in both the film and the booklet'.

The work that PRIAE has done in this area resides on the premise that 'the work of dementia is colour blind and minority communities are dementia blind'. This statement indicates the complexities of working in this area, and the amount of work that remains to be undertaken.

This submission also draws PRIAE's Minority Elderly Care (MEC) project. The MEC project was designed and undertaken as a serious attempt to contribute to a health and social policy agenda relevant to the growth of the minority elderly population across Europe. Empirical research was undertaken as part of the EC Fifth Framework Research Programme. Research was conducted in 10 countries: Bosnia-Herzegovina, Croatia, Finland, France, Germany, Hungary, the Netherlands, Spain, Switzerland and the UK. This research is highlighted for it is the largest research project in the area of ageing and ethnicity in the UK and across Europe, and a first for the European Commission in its 24 years of research framework funding.

During this response unless otherwise stated the examples mentioned and recommendations refer to policy in the UK.

PRIAE Response to Green Paper: *Improving the mental health on the population: Towards a strategy on mental health for the European Union*

Executive Summary of Recommendations

- ✦ Strategies to improve the mental health of the population need to take account of the following issues
 - Minority ethnic groups can be more susceptible to mental ill health for the following reasons: (1) due to patterns of migration, minority ethnic individuals can find themselves in unfamiliar situations and environments, which can be stressful and create anxiety; (2) migration can be associated with refugee status – many refugees have experienced severe trauma which is itself associated with mental ill health; (3) many minority ethnic individuals can find themselves separated from wider social support networks, which can create feelings of loneliness and isolation, making the individual more susceptible to substance misuse.
 - There is evidence to suggest that certain minority ethnic groups are more likely to suffer from schizophrenia and depression. This can be particularly so for minority ethnic women.
 - PRIAE's MEC research project found that, in the UK, Chinese/Vietnamese elders scored lower on the indices of self-esteem and well-being than South Asian elders and African-Caribbean elders (African-Caribbean elders, in fact, had a higher score than the other two groups on the index of self-esteem). Although only a few regional differences were found with regard to health problems in the UK, a lower incidence of mental problems was found in West Yorkshire than in Scotland and London (Patel, 1995).
- ✦ The EU workforce relies heavily on inner and outer migration across the EU and any concentration of mental ill health among ethnic minority groups is costly for both the individual and society as a whole. It is therefore essential that the EU plays a role in influencing national

policy on mental health and works to ensure that the concentration of mental ill health among particular social groups is addressed.

- ✦ Targeted developments and research must be put in place to assist ethnic minorities in accessing dementia care, as this has been so impoverished in the past. The involvement of mainstream statutory and voluntary providers is crucial due to the resource limitations of the dementia sector as a whole.
- ✦ The EU and national governments need to develop awareness programmes for the population on mental health in order to tackle the stigma of mental ill health at an early age. Stigmatisation can have severe long-term consequences and affect mental health in later life.
- ✦ Stress in the workplace is a serious and growing source of mental ill health across the EU. For minority ethnic individuals workplace stress can be associated with prejudice, discrimination, and racism. It is essential that the EU and national governments have clear and well-implemented anti-discrimination policies.
- ✦ A training package needs to be put in place for health and social care professionals, allowing them to engage with issues relating to dementia and develop their own appropriate strategies. PRIAE has begun running such sessions, and the support we have received indicates a willingness of health care professionals to participate.
- ✦ Mainstream organisations need to employ specialist minority ethnic workers, who are well placed to ascertain needs and anticipate problems relating to dementia. This would also help stimulate appropriate care developments for the future.
- ✦ There is some evidence of an association between substance misuse and suicide among young men. This issue warrants further investigation through empirical research.

- ✚ An information and communication strategy needs to be put in place to increase awareness of dementia and support for carers. A number of cultural barriers continue to prevent ethnic minority groups from recognising the onset of Alzheimer's or seeking outside help.
- ✚ Policymakers need to recognise that minority ethnic organisations are essentially acting as primary providers of dementia care in the absence of mainstream services. This should be reflected in future funding arrangements, as they currently suffer from scarce and short term resources.

Answers to Specific Questions

PRIAE's response below to the consultation questions raised in *Improving the mental health of the population: Towards a strategy on mental health for the European Union* is based primarily on the 5 key recommendations of the CNEOPSA project.

1. How relevant is the mental health of the population for the EU's strategic policy objectives, as detailed in section 1?

The EU's strategic policy objectives as detailed in section 1 are:

- a) Put Europe back on the path to long-term prosperity
- b) Sustain Europe's commitment to solidarity and social justice
- c) Bring tangible benefits to the quality of life for European citizens

In PRIAE's booklet *Dementia Matters, Ethnic Concerns*, it is stated that:

'Developments today will set the foundation for tomorrow when the demands for appropriate dementia care will be much higher. There will also be higher expectations of the quality of the care provided' (Patel *et al.*, 1999: 34)

It is not possible therefore to separate the mental health of the population today from long-term strategic policy objectives for the EU. It is essential that that mental health issues are addressed effectively if prosperity, solidarity, social justice, and a good quality of life for all European citizens are to be a reality in the future.

Strategies to improve the mental health of the population need to take account of the following issues

- Minority ethnic groups can be more susceptible to mental ill health for the following reasons: (1) due to patterns of migration, minority ethnic individuals can find themselves in unfamiliar situations and

environments, which can be stressful and create anxiety; (2) migration can be associated with refugee status – many refugees have experienced severe trauma which is itself associated with mental ill health; (3) many minority ethnic individuals can find themselves separated from wider social support networks, which can create feelings of loneliness and isolation, making the individual more susceptible to substance misuse.

- There is evidence to suggest that certain minority ethnic groups are more likely to suffer from schizophrenia and depression. This can be particularly so for minority ethnic women.
- PRIAE's MEC research project found that, in the UK, Chinese/Vietnamese elders scored lower on the indices of self-esteem and well-being than South Asian elders and African-Caribbean elders (African-Caribbean elders, in fact, had a higher score than the other two groups on the index of self-esteem). Although only a few regional differences were found with regard to health problems in the UK, a lower incidence of mental problems was found in West Yorkshire than in Scotland and London (Patel, 1995).
- The EU workforce relies heavily on inner and outer migration across the EU and any concentration of mental ill health among ethnic minority groups is costly for both the individual and society as a whole. It is therefore essential that the EU plays a role in influencing national policy on mental health and works to ensure that the concentration of mental ill health among particular social groups is addressed.

2. Would the development of a comprehensive EU-strategy on mental health add value to the existing and envisaged actions and does section 5 propose adequate priorities?

The Commission proposes that an EU-strategy could focus on the following aspects:

- a) Promote the mental health of all

- b) Address mental ill health through preventative action
- c) Improve the quality of life of people with mental ill health or disability through social inclusion and the protection of their rights and dignity; and
- d) Develop a mental health information, research and knowledge system for the EU

Regarding (d) above, PRIAE recommends

Targeted developments and research must be put in place to assist ethnic minorities in accessing dementia care, as this has been so impoverished in the past. The involvement of mainstream statutory and voluntary providers is crucial due to the resource limitations of the dementia sector as a whole.

3. Are the initiatives proposed in sections 6 and 7 appropriate to support the coordination between Member States to promote the integration of mental health into the health and non-health policies and stakeholder action, and to better liaise research and policy on mental health aspects?

The initiatives proposed in sections 6 and 7 are as follows:

- a) Building mental health in infants, children and adolescents
- b) Promoting mental health in the working population
- c) Promoting mental health in older people
- d) Targeting vulnerable groups in society
- e) Addressing mental ill health through preventative action
- f) Reducing substance use disorders
- g) Preventing suicide
- h) Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity
- i) Improving information and knowledge on mental health in the EU
- j) Creating a Dialogue with Member States on Mental Health

- k) Launching an EU-Platform on Mental Health
- l) Developing an interface between policy and research on mental health

Regarding (a) and (b) above, PRIAE recommends

- The EU and national governments need to develop awareness programmes for the population on mental health in order to tackle the stigma of mental ill health at an early age. Stigmatisation can have severe long-term consequences and affect mental health in later life.
- Stress in the workplace is a serious and growing source of mental ill health across the EU. For minority ethnic individuals workplace stress can be associated with prejudice, discrimination, and racism. It is essential that the EU and national governments have clear and well-implemented anti-discrimination policies.

Regarding (c) and (d) above, PRIAE recommends

- A training package needs to be put in place for health and social care professionals, allowing them to engage with issues relating to dementia and develop their own appropriate strategies. PRIAE has begun running such sessions, and the support we have received indicates a willingness of health care professionals to participate.
- Mainstream organisations need to employ specialist minority ethnic workers, who are well placed to ascertain needs and anticipate problems relating to dementia. This would also help stimulate appropriate care developments for the future.

Regarding (f) and (g) above, there is some evidence of an association between substance misuse and suicide among young men. This issue warrants further investigation through empirical research.

Regarding (i) above, PRIAE recommends

- An information and communication strategy needs to be put in place to increase awareness of dementia and support for carers. A number of cultural barriers continue to prevent ethnic minority groups from recognising the onset of Alzheimer's or seeking outside help.

Regarding the policy-making issues outlined in (j), (k) and (l) above, PRIAE recommends

- Policymakers need to recognise that minority ethnic organisations are essentially acting as primary providers of dementia care in the absence of mainstream services. This should be reflected in future funding arrangements, as they currently suffer from scarce and short term resources.

The issue of minority ethnic organisations essentially acting as primary providers of care is discussed in detail in the briefing Flyer for the CNEOPSA Project:

For too long, the needs of ethnic minority elders have been met in the voluntary sector, with such organisations acting as *primary* providers of care, information and advocacy. While this represents a failing on the part of mainstream providers, it also means that key knowledge on ethnicity and dementia resides among black and minority ethnic organisations. For this reason, PRIAE used the 1998 CNEOPSA study to suggest that a 'satellite model' be adopted in the UK.

PRIAE was very pleased that the satellite model proposed in the 1998 study was adopted by the Department of Health. This is currently in operation in the UK, bringing together a number of ethnic minority organisations working in the dementia field to improve access, infrastructure and comprehension of dementia and ethnicity. It will also

give recognition to the role of such voluntary organisations as primary to the mainstream in meeting the needs of ethnic minorities, giving rise to the need for them to be funded appropriately.

As stated in the study, the satellite model, 'would enable the development of comprehensive resources, education methods, staffing and infrastructure to be clearly focused on one aspect of elderly care: dementia, which could be utilised by many. This would help address major problems of access, appropriate care and the low knowledge base on dementia among minority communities.'

PRIAE is currently taking the satellite model forward, working with psycho geriatricians, community psychiatric nurses and other mental health staff. The satellite organisations involved are the W.I.S.E Project, Ashna House-Asra, Ekta Project, Pepper Pot Club, Deancross Day Centre, Subco Day Centre, Eastwards Trust, Great Wall Society and Alzheimer's Concern Ealing.

Policymaking at the European level and engagement with Member States regarding mental health issues and strategies must therefore taken account the relationship between the sectors (e.g. the relationship of the voluntary sector to the public sector) within each country if policymaking is to be successful and the objectives outlined in *Improving the mental health of the population: Towards a strategy on mental health for the European Union* are to be realised.

ENDS

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This PRIAE submission was prepared by **PRIAE** (Policy Research Institute on Ageing and Ethnicity) staff: Ian Smith, Project Assistant; Sunjeeda Hanif, Project Manager; Clinton Cameron, Operations Director

Contact details:

ian.smith@priae.org / sunjeeda.hanif@priae.org

PRIAE-Leeds

31-32 Park Row

Leeds

LS1 5JD

Tel: +44 (0)113 285 5990

Fax: +44(0)113 285 5999

www.priae.org