



Ethnic minority communities' access to mental health care in Tower Hamlets

healthwatch
Tower Hamlets

Feedback on Ethnic minority communities' access to mental health care in Tower Hamlets

- Very little patient feedback has so far been received from Ethnic minority communities regarding mental health care.
- In total, there are 40 individual comments relating to mental health care and in this report, we present the comments that best describe the issues highlighted around access.
- These were collected between January 2021 and January 2023. Some were collected as part of NEL Covid Insights 2021 survey.
- There were some comments received from the Women's Inclusive Team relating to Somali women's access to mental health services. We were told that:
 - The Somali community have a huge fear of their children being taken away if they admit or access services related to mental health. This often prevents early intervention in access to support.
 - The women mentioned that if they have any mental health issues, they will go to the mosque, to have religious guidance. When asked why, they spoke about trust and the ability to communicate better. They then informed us that some of the issues are probably not conventionally mental health and are often perceived as being 'possessed by bad things'.

Feedback on Access

- Another service user from Mixed – White and Asian background had commented on feeling embarrassed to describe their condition: “[...] when they call you, I’m embarrassed to say all my problems as often you hear other people in background as they are working from home”. **(Female, 50–64)**
- My psychiatrist not understanding me. I’m feeling trapped and suicidal. They don’t seem to be really listening to me and my mental health problem. **Mixed – Any Other Mixed Background, Female, 25–49**
- Make online consultation simple and accessible, and speaking to someone helps mentally when your unwell for advice. **Asian or Asian British – Bangladeshi, Female, 37–49**
- Mental health specialist accessibility should be available throughout opening time and out of hours. They should be seen as urgent or extras even when slots are fully booked. I feel like I need professional help and guidance. **Asian or Asian British – Bangladeshi, Female, 37–49**
- I have not been to my GP for 3 years. They are useless and ridiculous. I’ve been through heavy depression also suffer from alopecia losing hair and I had no help from my GP. They are nothing but a joke. And in times of need they will never help you. **Asian or Asian British – Bangladesh, Male, 25–36**
- Very upset because they don’t pick up the phone and when they do they say no appointment. I’m a depressed person so when I call but no appointments [are available] I get really stressed. **Female Asian or Asian British – Bangladesh, 37–49**
- Getting the care I need is somewhat harder. Demand on the NHS increased and so did the amount of persons suffering from mental health. **Mixed – White and Black Caribbean, Female, 25–45.**

Feedback on Access

- *I find Mental health access somewhat harder. Because of pandemic all face-to-face appointments has been cancelled. So it is really very hard time. For mental health, [I] need to talk with professional. **Asian or Asian British – Bangladeshi, Male, 50–64***
- *My mental health problems started during the pandemic. So it was difficult initially to speak to my GP without having to explain everything to the receptionist. They were helpful because as soon as I told them I am blind and my daughter is partially sighted so I cannot access online services I got a call from my doctor. Physical examinations and tests were not offered because of the pandemic. **Asian or Asian British – Bangladeshi, Female, 25–49***

Previous Research by Healthwatch Tower Hamlets

- 'Experience of health services by ethnic minority communities in North East London March 2020–October 2021'
 - BAME patients had a poorer experience with mental health services compared to people of White ethnicities: 75% of people from Asian ethnicities and 71% of Black ethnicities had a negative experience of mental health services compared to 67% of people from Other White ethnicities and 68% of White British.
 - Report can be accessed here: <http://bit.ly/3wKQ6Ix>.

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Key Findings

Overall, the feedback seems to suggest that people from minority ethnic backgrounds needing mental health care can often struggle to access services, in particular through telephone and online, and would prefer to see someone face to face.

The comments from Women's Inclusive Team would also suggest people from Somali communities do not access mental health services due to stigma around mental health illness. They are also likely to seek help from religious leaders due to trust and the ability to communicate better; however, this may lead to conditions not being recognized as mental health conditions.

Based on the feedback, there seems to be a need to built better trust within ethnic minority communities, and to adapt culturally appropriate communication within health services in order to improve access.