

CULTURAL SENSITIVITY AUDIT TOOL
FOR MENTAL HEALTH SERVICES

Case Study

Case study showing how the tool was used in an audit of the cultural sensitivity of the hospital-based psychiatric services of City & Hackney Community Services NHS Trust (abridged version of final report).



The Sainsbury Centre
for Mental Health



Introduction

City & Hackney Community Services NHS Trust provides the hospital-based mental health services to a deprived inner city area with an ethnically diverse population. Local voluntary agencies, service user groups and Trust staff expressed concern that the current acute psychiatric services were not adequately meeting the needs of service users from minority ethnic groups. Particular concerns were raised about staff not receiving adequate training in working with service users from diverse cultural backgrounds or equal opportunity issues.

The London Borough of Hackney is a deprived inner city area with a Jarman score of 43.¹ Of Hackney's population, 34% belong to minority ethnic communities. The largest minority ethnic community is African Caribbean, as well as other sizeable communities of African, Kurdish, Turkish, Jewish Orthodox and Chinese people.

Previous research has shown that minority ethnic groups' use of mental health services differs from that of the white UK population, in their point of entry to the psychiatric system, their diagnoses and the services they receive. Initial estimates made by the Trust suggested that 50% of users on the acute wards were from minority ethnic groups. This figure increased to 85% for the locked wards.

Aims and objectives

- To establish the needs of people from minority ethnic groups using the mental health wards in City & Hackney Community Services NHS Trust.
- Assess how well these needs are being met.
- Produce recommendations on how services can become more culturally sensitive.
- To interview all inpatients from minority ethnic groups in the Trust at a specified point in time.
- Interview a sample of inpatient staff working in the Trust.
- Set up a steering group to oversee the project and develop mechanisms for considering and, where agreed, implementing recommendations from the audit.
- Identify aspects of inpatient care provided by the Trust, which are and are not meeting the needs of service users from minority ethnic groups.
- Produce recommendations to enable the service to become more culturally sensitive.
- Establish a steering group with the power to implement the report's recommendations.

¹ Jarman is a scale of deprivation, 68 is the most deprived score while a score of -47 describes the most affluent area of the country.

Method

Interviews were attempted with all service users from minority ethnic groups who were inpatients with City & Hackney Community Services NHS Trust at the time of the study. The cultural sensitivity audit tool was used for interviewing service users. The tool comprises two questionnaires, one to interview service users and one to interview staff.

Minority ethnic groups were defined as African, African Caribbean, Black Other, Chinese, Bangladeshi, Indian, Pakistani, Asian Other and White Other (including Jewish) ethnic groups. The only two ethnic groups to be excluded from the study were White UK and White Irish.² The project's steering group decided on this definition of the sample group for the study.

The Trust provides inpatient services to approximately 105 service users at any one time. Initial estimates predicted that 60 of these service users would come from minority ethnic groups.

At the time of the study, 141 people were inpatients, including those on leave from the wards. Eighty-five (60%) were from minority ethnic groups; 63% of users on the open wards and 46% of users on the locked wards were from minority ethnic groups. Of a total of 85 possible interviewees 63 (74%) were actually present on the wards and available for interview. Fifty agreed to be interviewed (79% response rate).

Three researchers interviewed the service users. Two were male, one with an African Caribbean ethnic background, the other with an Asian ethnic background. Additionally, a female researcher, who was able to speak fluent Turkish (one of the main local languages), was employed on a consultancy basis. Wherever possible the ethnic group of the service user interviewee and interviewer were matched. Preferences for a same-sex researcher were accommodated.

Twenty-six staff interviews were attempted, four from each locked ward and three from each of the general wards. Of the 21 staff interviewed, 18 were nurses.

Results: The sample groups

Service users

Black African, Black Caribbean and Black Other ethnic groups accounted for 50% of the users interviewed. Two-thirds (*n=33) were male. The largest group were aged 26-35 (n=23, 46%). The vast majority (91%) had a religious affiliation – 59% being Christian.

* (n= no. selected)

² Although White Irish have been excluded from this study, the research team acknowledges that White Irish people suffer from social inequalities and discrimination both as mental health service users and as staff working in services. However, looking at the needs of White Irish people was outside the remit of this study.

Staff

Of the 21 staff interviewed, 38% (n=8) were white,³ 43% (n=9) were either Black Caribbean or Black African Caribbean.

Overall the Trust employs 200 nursing staff, 182 of them on B-E grades and 18 on F&G grades. Table One shows the ethnicity of the F&G grades compared to the ethnicity of B-E grades. For every one White UK nurse in a higher nursing grade (F&G) there were four white nurses at lower grades, whilst for every one black nurse in a higher grade, there were 12 at lower grades.

TABLE ONE: Nursing grades and ethnicity

| Nursing grade | Ethnic group n (%) | | | | | | Row totals n (%) |
|---------------------------------|--------------------|-------------|----------|----------|----------|------------|------------------|
| | White UK | White Other | Black | Asian | Other | Undeclared | |
| F&G | 7 (38%) | 1 (5%) | 3 (16%) | 0 (0%) | 4 (22%) | 3 (16%) | 18 (100%) |
| B-E | 25 (14%) | 51 (28%) | 36 (20%) | 24 (13%) | 30 (16%) | 16 (9%) | 182 (100%) |
| Proportion of B-E to F&G grades | 4:1 | 51:1 | 12:1 | 24:0 | 8:1 | 5:1 | |

Of the eight ward managers for the wards where the audit took place, five were White UK, one White Irish and two from 'visible' minority ethnic groups. Of the three locality team managers in post, two were White UK and one from a 'Black' minority ethnic group.

Users' views of the psychiatric services they received – findings from the open-ended questions

The three main themes from the 50 user interviews related to the importance of feeling 'understood'; catering for users' spiritual and religious needs; and access to complementary therapies.

Staff understanding of the experiences of people from minority ethnic groups

Thirty four per cent (n=15) thought their treatment and diagnosis would have been different if they had been in contact with staff who understood their experiences as a person belonging to a minority ethnic group. One user said "I might have recovered rapidly and been able to maintain good health and get in touch with my spiritual side". However 44% (n=21) said they did not think their treatment and diagnosis would have been different: "it doesn't matter once they're a nurse...they all back each other up".

³ The white group includes White UK, White Irish & White Other

Spiritual and religious needs

Nine service users said spiritual and religious issues were important to them. Of these, five couldn't talk to staff about it for fear their beliefs would be dismissed or perceived as a psychiatric symptom. One person said, *"If you do that kind of thing here they think you are more unwell"*. Four service users said there was nowhere appropriate for them to pray.

Chance to use complementary therapies

Service users wanted to use complementary therapies, such as acupuncture. One would have liked 'spiritual healing'.

The best thing about hospital services

The three best things about hospital services were described as being able to talk to someone and some staff attitudes, being in a calming environment and hospital food. One user said *"Nurses listen and try to help you"*. Others valued the peace and quiet hospital provided: *"They give me privacy. I can spend time in my room without any disturbances"*.

Worst thing about services

Conversely, staff attitudes also constituted the worst thing about services most commonly cited by users: *"They have too much power...If you're cheeky or do something wrong they can stop your half-hour break, which is the only time I can leave the ward and walk the grounds"*. Another user said *"When I wanted to sleep in my room they forced me to wake up and tried to drag me out"*. Users who expressed these views were broadly representative of the whole sample group interviewed, in terms of ethnicity, gender and age.

Five users saw the worst thing about hospital as the restriction of being on a locked ward and/or under Mental Health Act Section. One person said, *"For me hospital is like jail. I can only look out the window to see what it is like outside"*. Four users saw medication as the worst thing. Three said they were only told about their medication's side effects when they asked explicitly.

TABLE TWO: Best and worst things about being in hospital

| The best things | The worst things |
|--|---|
| The food provided | The attitudes of staff |
| Being in an environment in which users could calm down, so they could face the outside world when they were discharged | Medication |
| Being able to talk to someone/the attitudes of staff | Being forced to stay in hospital against their will |

Services that users would have liked

Most commonly, users would have liked to be able to talk to someone: informal conversation, counselling or simply better general communication about what was happening to them. This was not happening. One person said *“I’ve been here a week and there hasn’t been anybody to talk to me, monitor my progress, not just give you medication. There should be better communication and it should be targeted”*. Another said *“not so much counselling but someone to talk to, it doesn’t matter who... could be a social worker (from the user’s own ethnic group) for example”*. A third person said, *“I wish I could know what plans they have for me”*.

Activity based social gatherings were also wanted, including being able to take part in sports or creative activities.

Interpreters

Two service users said they had used family members to act as interpreters between themselves and mental health staff. One person said, *“My teenage children acted as interpreters but I think that they were embarrassed and they didn’t tell everything that I said”*.

Users’ views: findings from closed questions

The most common method of accessing the hospital-based services (for this sample) was through a family member.

The number of users admitted through A&E and community mental health services (28%) was far lower than the national figures, whilst the number of people accessing services through self-referral, friends and family and GPs was higher.

Two users were offered a keyworker of the same ethnic group but the service was only able to provide one of them with the keyworker they had requested. All five of those offered the choice of having a keyworker of the same gender were provided with the keyworker they requested.

Just over half the users said they thought staff understood their cultural needs either very or fairly well, while 41% (n=17) felt that these needs were either not very well or not at all well understood.

Seventy-seven per cent said they would probably or definitely recommend the service to a friend. Sixty per cent of the users received no verbal or written information about services when they were first admitted.

Staff's views on the cultural appropriateness of their services: findings from open-ended questions

The following results are from the 21 interviews carried out with staff.

Food

Staff were not happy with the quality of food provided to service users. The provision of specialist food was seen as one of the few areas where some minority ethnic users fared better than White UK users, since food was routinely of poor quality, in small portions, and lacked variety and flavour. Pre-packed Kosher and Halal meals were of a superior quality, so that users who were not Jewish or Muslim sometimes asked for Halal and Kosher meals.

Asian food, but not African and African Caribbean food, was available. This is despite the fact that African, African Caribbean and other black ethnic groups are the largest minority ethnic community in Hackney, amounting to 22% of the borough's population. One member of staff said: *"The food aspect is important as we have a large number of patients who are African/Caribbean. The specialist food we provide is based on religious not cultural issues"*.

Crèche facilities

Staff said that none of the wards had access to appropriate facilities where service users could be visited by their children. A number of staff were concerned for the safety of children who came onto the wards.

Children were discouraged from coming to the locked wards. Patients could see their children on the adjacent acute wards if a room was free. Staff stated that this deterred family and friends from bringing children to visit their relatives.

Choice of keyworker

Staff did not routinely give service users choice about the ethnicity or gender of their keyworker but would do their best to accommodate users' expressed wishes. However, it was acknowledged that the ethnic background and the gender of ward staff would restrict this choice. One member of staff noted: *"Usually if people are new to the system they don't ask for anything and just accept everything that is given to them. If they have been in the system for a long time then they are more assertive and they ask to change their keyworker if they don't get on with them"*.

Examples of discriminatory behaviour to users

Six out of the 21 (28%) staff interviewed cited instances where the hospital system or staff behaved in a discriminatory way to service users. Staff from both minority ethnic and white ethnic groups made the following comments. One member of staff said, *"There are a high number of black people on the ward sometimes. A lot of the time the police bring them in on a section 136 because it saves them paper work, they just dump them [the user] here if the person has a mental health record. A person may just go out for a drink then end up in hospital"*.

A black staff member made these comments regarding white colleagues *“staff would call for back up, give medication straight away because they felt that these clients will be aggressive or violent. Request more staff from other teams. That’s the typical response to black patients brought in handcuffed. They don’t take the same precautions when white patients are brought in on section. This has been my own experience during training and post-qualification”*. Another member of staff said *“They’re quick to section black males; psychiatrists, mainly white, quickly prescribe medication. People are labelled, it becomes a vicious circle”*.

One member of staff said that the situation on their ward had improved since they had first started working there. This person considered their own level of knowledge of cultural issues to be high, but other staff’s knowledge levels were low, and used to be lower. *“There used to be mainly an all white staff group looking after mainly black guys. This resulted in a lot of fights as the staff did not understand the patients, but things have improved now and quietened down”*.

Stereotyping

Three members of staff stated that stereotyping of users from minority ethnic communities was part of the problem. One person said, *“Stereotyping, misdiagnosis, cultural differences. The doctors assessing patients have a lack of insight into cultural differences.”* Another person stated *“In the White UK community it is seen as the norm to have eye contact with the person you are speaking to. In African groups it is appropriate for a young person to look down when talking to an older person”*. A third staff member asserted *“Many instances where people seen to be disruptive when merely being expressive, what might seem to be very disruptive behaviour could be a response to people being dropped into hospital”*.

Perceived Trust attitudes towards minority ethnic groups

Three of the 12 staff who were from minority ethnic communities held negative views of how the Trust dealt with its staff from minority ethnic groups. One staff member stated that *“the staff group was representative of local population at junior nursing levels but not at the higher levels, and the ones that were in senior positions had to watch their back because other people would try to bring them down”*. Another stated that *“We have a lot of black patients, it took the MHA commissioners to make them realise that they needed black nurses. There are a lot of black nurses who’ve worked here for years, well educated, well qualified but when a post is vacant they bring a white nurse”*.

Staff’s views: findings from closed questions

Over 70% of the staff interviewed stated that they thought some ethnic groups were over-represented in their use of the hospital-based services in Hackney, compared to Hackney’s general population. Nearly half of the staff interviewed did not know if some ethnic groups are under-represented in their use of the hospital-based services in Hackney.

In the last year, 57% of the staff interviewed had used an interpreter at least once, whilst 34% of staff had used an interpreter more than six times.

Over half of the staff interviewed reported that they either had no training or a low level of training regarding minority ethnic groups and cultural issues. Fifty per cent of those who received training said it was moderately or very useful.

Forty-five per cent of staff thought there were specific services available locally for people from minority ethnic groups. It is notable that 15% of staff said there were no specific services although this is factually incorrect.

Summary of key findings

- Fifty service users and 21 staff were interviewed regarding the cultural sensitivity of the hospital-based services provided by City & Hackney Community Services NHS Trust.
- Thirty-four per cent (n=15) of the users interviewed said they thought their treatment and diagnosis would have been different if they had been in contact with staff who understood their experiences as a person belonging to a minority ethnic group.
- Forty-one per cent (n=17) of users felt that staff understood their cultural needs either not very well or not at all well.
- Just under 20% (n=9) of users interviewed said that spiritual and religious issues were important to them. Half (n=5) felt that they were unable to talk to staff about their religious and spiritual needs. Service users highlighted the need for a room to be provided for exclusive use as a prayer room.
- Service users highlighted the importance of being able to access complementary medicine whilst they stayed on the inpatient wards.
- For service users, the best things about the hospital services were being in a calm environment in which they could get themselves together to face the outside world after discharge; staff attitudes and being able to talk to someone; and hospital food.
- Over 70% of service users said they would recommend the Hackney hospital-based services to a friend.
- Service users most frequently cited 'talking to someone' as a service they would most like to receive but were not currently receiving.
- Service users most frequently said that the worst thing about the services was the attitude of staff.
- Some service users were not told about medication side effects, and some felt that the medication they received was the worst thing about being in hospital. Others regarded the worst thing as compulsory detention on locked wards and/or under MHA section.
- Sixty per cent of users were given no information about the mental health services that they were going to use, when they were first admitted to hospital in Hackney.

- The level of hygiene varied, with users commenting on the poor state of hygiene on certain wards.
- Only two of the users interviewed were given the choice of a keyworker of the same ethnic group, with only one actually provided with the requested keyworker. Five users were offered a keyworker of the same gender and all these requests were met.
- The most common route into hospital for these users was through non-statutory sources such as family and friends, and self-referrals. Less than half the national average came through A&E. However an area of concern was the low number of referrals coming through the community services.
- There was almost unanimous agreement amongst staff that the Trust should provide a well-resourced crèche facility for users, including those on locked wards.
- The Trust had made a genuine effort to provide single sex areas, comprising of some bedrooms, toilets and bathrooms for women. Also the provision of one of the few mother and baby units in London on a single sex ward should be commended.⁴
- Staff believed that the food provided to service users was of very poor quality in terms of nutritional value, range and flavour. The service particularly let down African and African Caribbean service users as there was no food provided specifically for this group at all, despite their being the largest local minority ethnic communities. The only group of users who were served well by the hospital in terms of food were those who ate pre-packed Halal and Kosher food.⁵
- Staff stated that service users were not routinely asked if they had a preference regarding ethnicity and gender of their keyworker.
- Six out of the 21 (28%) staff interviewed cited instances where the hospital system or staff behaved in a discriminatory way to service users.
- Three of the 12 (30%) staff interviewed from minority ethnic groups, suggested that staff experienced institutionalised racism.
- Looking at the ethnic mix of the staff, the White UK ethnic group had the highest proportion of nurses in senior nursing grades compared to nurses in junior nursing grades.
- More than half of the staff had used an interpreter at least once in the last year, a third had done so more than six times in the last year. Yet only one person had received training in the use of interpreters. Most staff said they did not use family members as interpreters.
- Over half of the staff interviewed said they had little or no training regarding ethnic groups and cultural issues.

⁴ Minority ethnic groups generally have higher birth rates than White UK communities, so any service that meets the needs of mothers and children will be particularly advantageous to minority ethnic communities.

⁵ The Halal and Kosher food provided for service users is provided by an outside contractor and not the usual hospital catering services.

Conclusions and recommendations

City & Hackney Community Services NHS Trust provides inpatient mental health care which addresses the needs of many black and minority ethnic service users. However, a significant number of users' needs are not being met and services could also be improved for the many users who are otherwise reasonably happy with the service. The key factor for users, as with users from all ethnic groups, was the quality of the relationship they developed with ward staff. However, the significance of staff attitudes to users from minority ethnic groups is magnified when staff appear to hold views and beliefs which are discriminatory. Some staff also lack an understanding of the beliefs and cultural norms of people from diverse ethnic communities.

The Trust needs to look at ways in which it can facilitate nurses spending more time talking to users and building therapeutic relationships with them. It should also provide a training programme for its ward staff on anti-discrimination issues and improving cultural awareness. There should be particular reference to not over-stating risk in specific ethnic groups, and enabling greater understanding of the difference between cultural norms and genuine mental health problems for particular minority ethnic groups.

The hospital wards should build on existing links and develop new links with black voluntary organisations, particularly those that are able to provide support for users on discharge from hospital. Each ward should have a designated member of staff whose role is to improve and co-ordinate services for users from minority ethnic groups. The designated person must have some seniority and authority. Care must be taken to avoid tokenism and/or always designating black members of staff to have this role regardless of their knowledge and expertise. Ward managers should feed back the progress on ward developments to a regular forum. This would facilitate the sharing of innovative ideas between the wards and help to monitor progress.

Hospital-wide groups could be used to support minority ethnic users, especially where there are too few people from minority ethnic communities on individual wards to have ward-based groups. A collaborative project between nursing staff and a black voluntary organisation may be a useful way of supporting this idea and enable Trust and black voluntary sector staff to learn from each other. This would avoid the development of more culturally appropriate services being left to specialist black organisations, which could result in the activity being marginalised and seen as the sole remit of organisations external to the Trust.

Greater efforts should be made to inform users of the services and treatment that are available to them, with particular reference to medication side effects, access to complementary therapies, and services provided by the black voluntary sector.

Users from minority ethnic groups should be given the choice of a keyworker from the same ethnic group and the same gender where possible. Of course, users may have no preference or may not want to be keyworked by staff from the same ethnic group as themselves. However, offering a choice simultaneously empowers users whilst also making the service more sensitive to individual needs. Also, working with minority ethnic groups must not be seen as the preserve of workers from minority ethnic communities. All members of staff should be trained and able to deal appropriately and sensitively with the needs of all clients and not just the majority culture.

The current practice of service users having to pray in interview rooms, if and when available, is not satisfactory. An appropriate room should be designated within the hospital, exclusively for the use of prayer and other religious activities and in full partnership with all local religious communities who wish to contribute.

The Trust needs to prioritise the provision of quality meals to its users. Quality food is important for improving physical and mental health, especially where users have no choice over the food provided. African and African Caribbean groups are the largest minority ethnic groups in Hackney but the Trust provides no specific food for them whilst in hospital. African/African Caribbean food should be provided as standard options as soon as possible.

The majority of minority ethnic groups have younger age structures than the white UK population. Therefore, services which do not properly cater for children and families will have a disproportionately negative effect on minority ethnic groups. The Trust should provide a properly resourced 'children and families' room for access by users on open and locked wards.

The Trust should review the effectiveness of its equal opportunities policy with particular reference to the recruitment and promotion of nurses from minority ethnic groups to more senior grades. One way forward could be the development of mentoring schemes for nurses from minority ethnic groups (working example provided). For example, a mentor supports the individual to review strengths and weakness and develop their skills further in order to increase chances of promotion.

Over a third of staff had used an interpreter more than six times in the last year to speak to users, but only one member of staff interviewed had received any training in the use of interpreters. Training needs to be provided to maximise the benefits gained through using interpreters who are a valuable resource.

The low number of referrals to acute inpatient care from community services is cause for concern. In Hackney only 26% of users from minority ethnic groups accessed hospital through primary and secondary care, while 41% of users came through non-statutory sources such as self-referral and family members. The Trust should assess how the locality mental health teams can keep in contact more effectively with users when they are in crisis. The development of assertive outreach teams could be one possible solution.

TABLE THREE: Proposed Action Plan

| Action Plan Table for City & Hackney Community Services NHS Trust | | | | | |
|--|---|----------------|-----------|----------------|-----------------------------------|
| No. | Recommendations | Trust response | Action by | Date of action | Date when action will be reviewed |
| | Develop mechanisms to facilitate nurses spending more time on the wards, talking to users and building up therapeutic relationships with them. | | | | |
| | Provide a training programme for all ward staff regarding anti-discrimination, improving cultural awareness and the use of interpreters. | | | | |
| | The hospital wards should further develop existing links and build up new links with black voluntary organisations. | | | | |
| | The black voluntary sector should be involved in the discharge planning process where possible. | | | | |
| | Each ward should have a designated member of staff whose role is to improve and co-ordinate services for users from minority ethnic groups. This staff member should have protected time to carry out these service developments. | | | | |
| | Run hospital-wide groups for minority ethnic groups. | | | | |
| | To aid the development of services on each ward, ward managers should feed back the progress their wards have made at developing their service to ward manager meetings, or another appropriate forum. | | | | |
| | Greater efforts should be made to inform users, of the services and treatment that are available to them, with particular reference to the side effects of the medication they may be receiving and access to complementary medicine. | | | | |
| | Efforts should be made to inform users of the services provided by the black voluntary sector. | | | | |
| | Users from minority ethnic groups should be given the choice of having a keyworker from the same ethnic group and the same gender where possible. | | | | |
| | Efforts should be made to designate an appropriate room within the Homerton Hospital, which is exclusively for the use of prayer, and other religious activities. | | | | |

TABLE THREE: Proposed Action Plan (continued)

| Action Plan Table for City & Hackney Community Services NHS Trust | | | | | |
|--|--|----------------|-----------|----------------|-----------------------------------|
| No. | Recommendations | Trust response | Action by | Date of action | Date when action will be reviewed |
| | The provision of quality meals to users on hospital wards should be made a priority, whilst African and African Caribbean food should also be provided. | | | | |
| | A properly resourced children and families room should be provided, which can be accessed by any user who has children visiting them, including users on the locked wards. | | | | |
| | The effectiveness of equal opportunities policy should be considered with particular reference to the number of nurses from minority ethnic groups being promoted and recruited to the more senior nursing grades. | | | | |
| | Assess how the locality mental health teams can keep in contact more effectively with users when they are in crisis, the development of assertive outreach teams could be one possible solution. | | | | |



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