



ETHNIC MINORITY NATIONAL RESILIENCE NETWORK

Ethnic Minority Resilience Network

Mental Health and Domestic Abuse Subgroup Meeting Thursday 16th July 2020

Attendance

Ephraim Borowski - Scottish Council of the Jewish Community
Asma Abdalla - Empowering Women
Zenib Ali Aditi - Sacro Edinburgh
Emma Cashmore Gordon - Aberlour Perinatal Befriending
Emma/Davie - Progress and Dialogue
Margaret Waverly Care/Women in Action
Ahlam Souidi - Freedom from Torture
Rami Osta - BEMIS
Tanvir Parnez - BEMIS
Fiona Crombie - Freedom from Torture- Chair

Introductions

Fiona opened the meeting with a welcome and introductions from all in attendance.

Initial discussion on purpose EMRN and BEMIS influencing work across Scotland, specifically in relation to Coronavirus and the Scottish Government/NHS response in relation to Mental Health and Domestic Abuse within the Ethnic Minority population. Recognising the BME population is reported to be disproportionately affected.

Rami clarified that within Scotland the statistics were limited in the recording of racial groups over ethnicity and that ethnicity was a more important factor in understanding the range of factors affecting the statistics **especially in relation to health issues and mental health.**

The need to have a human rights based approach in acknowledging the needs for equal access to specialist services to meet the needs of Scotland's diverse communities.

Initial reflections on Mental Health and Domestic Abuse

Service within both areas have seen rates of individuals affected dramatically rise and forecast are for those requiring support to increase as we move out of lock down.

Services have had to adapt to meet a wider range of identified support and provide more flexible supports needs than pre Covid 19. **However, mental health issues would require responsive attention as effective cultural sensitive provision are still lagging behind.**

Factors identified were:

Isolation	Anxiety	Stress	Uncertainty
Poverty	NRPF	Mental illness	Denial
Stigma	Trauma	Torture	

Specific needs e.g. Pregnancy **and new mums**, bereavement, asylum seekers, **women and youth.**

Multicultural needs and sensitivity support services (including access to interpreters/own language support and multicultural understanding). However, **it is acknowledged that interpretation continue to be an issue within, for example, the counselling provision, due to cultural and practical issues and challenges.**

Accessibility of some services: Partially operating services, how are they operating? How to access them? Prioritisation, **NHS** waiting lists, priorities etc.

Within the clinical psychology settings, the use of video calls creating barriers to assessment in understanding behaviour and observing body language.

The counselling settings have been responsive within the current challenges, but a main challenge has been access to digital means for some individuals / families.

Inequality in provision of services across Scotland was recognised and barriers identified included population density in central belt and geography - affects accessibility to services - creates unequal access. Acknowledgement that there is some good practice initiatives in rural areas as well.

Mental Health Support

Acknowledgment that there is a spectrum of need from pre-existing MH issues to new/emerging needs from those adversely impacted by Covid 19 lock down, and its impact on their mental health and situation. This was linked with the factors already discussed, particularly, isolation, language barriers, fear, anxiety, and poverty.

Recognition that all services should be using a person centred/needs led approach, have culturally sensitive **with culturally competent support professionals**, and informed staff and language support.

The need for a range of services to meet the diverse needs of those impacted, from universal services (GP's, Mental Health Teams and **culturally and religious competent counsellors**) to specialist culturally sensitive support services and across the range from early intervention support and counselling aimed a prevention/halting escalating **distress, isolation, anxiety, bereavement**, etc. to psychologically focused \ targeted interventions linked to isolation, bereavement, anxiety, Domestic Abuse, Trauma informed to severe and enduring mental health issues.

The releasing of the strict requirements to stay at home and the support needs to help those vulnerable in understanding how to do this in a way which promotes safety physically and emotionally. Acknowledging some will need help to combat fear and anxiety and other more support for issues like OCD. Understanding government instructions guidance and new rules including wearing face masks as well as interpreting the meaning on an individual basis is a challenge. Sign posting at all levels to specialist/expert services. Appreciation no service can do everything.

How do we identify and support vulnerable groups?

Develop increased understanding of the needs of ethnic minority groups e.g. MH needs of gypsy traveller community who are considered racially white but as an ethnic minority have specific needs.

Build on existing intelligence to identify service gaps.

Identify trusted organisations operating in a person centred, culturally sensitive way.

Information sharing to aid signposting between support organisations.

BEMIS has details/intelligence of resources and oversight of various resources; networks working with specific groups and can support developments and funding issues? (Monitoring?)

Who do we need to be working with?

People who know the issues ethnic minorities are facing. We can't generalise. Awareness of the issues may be the same but the way to deal with them may be different.

Impact across the life cycle: consideration of how we meet the needs of children and young people's mental health, adults and older people.

Domestic abuse identification and awareness - how do we get access to hard to reach groups? Get information to the right people about universal services and specialist culturally sensitive support services. Awareness raising for communities to see narrow minded beliefs or practices and acknowledgement these may be religious or cultural.

Making Progress?

Share resources and expertise.

Work collaboratively

Highlight the requirement to funders of prioritising the needs of diverse communities in relation to Mental Health.

We as a group are well placed to identify the issues and look at the recommendations on how we can work together to progress these at a variety of levels - from within our own organisations and those we work with, to advising local and national government and NHS service - as to what the issues are for the various diverse groups we represent, and ensure that these needs are considered in relation to how we transition forward and address the Mental Health and other needs of those experiencing domestic abuse in Scotland as we move on from Covid 19.

Closing

Fiona thanked everyone for their involvement and sharing their thoughts. A further meeting of the group was set up for Tuesday 11/08 at 15:00.