



ETHNIC MINORITY NATIONAL RESILIENCE NETWORK

Ethnic Minority Resilience Network Mental Health and Domestic Abuse Subgroup Meeting 11th August 2020

Attendance:

Fiona Crombie Freedom from Torture (Chair and minutes)
Ahlam Souidi - Freedom from Torture
Tanvir Parnez - BEMIS
Pheonix Archer - Progress in Dialogue
Kimi Jolly - E and SE Asian Society
Sarah - E and SE Asian Society
Asma Abdalla - Empowering Women
Margaret Lance - Waverly Care/Women in Action
Christine MacGillvary Adatti - Sacro

Apologies:

Ephraim Borowski - Scottish Council of the Jewish Community
Zenib Ali Aditi - Sacro Edinburgh
Emma Cashmore Gordon - Aberlour Perinatal Befriending
Emma/Davie - Progress and Dialogue
Rami Osta - BEMIS

The first item discussed was the rise in E and SE Asian hate crime relating to Coronavirus directed to people who look like they may come from China, was raised by the E and SE Asian Society. This is having an impact on mental health causing fear, isolation and anxiety within the community and stopping people going out as well as causing PTSD including (flashbacks). Further fears relating to children returning to School who will be at risk was also raised. A full discussion was had in relation to reporting hate crime and the 3rd party reporting procedures were discussed; the E and SE Asian Society will look further into these. They will continue to support individuals and advocate on behalf of those affected. Other organisations who had experience of supporting 3rd party reporting were supportive and encouraging.

The impact of the Coronavirus on the mental health of the country and the challenges for those from minority ethnic groups was highlighted again in relation to service accessibility. The challenges of early intervention in a number of communities is difficult as MH is not recognised and barriers such as no proper concepts around what MH is, and issues relating to shame and stigma remain.

This raised the issue of culturally competent MH Services and what these look like? Recognition that many statutory services have struggled to engage with and support minority groups and the further cut backs of specialist services have caused the use of more generic services and of the voluntary sector to deliver MH services to these groups. We recognised the support needs of those from different cultures vary, and staff need to be appropriately trained to respond to ensure that treatment and support is provided in a culturally sensitive way. Two main areas of need were identified that intervention support and therapy needs to be offered in languages other than English. There is not wide spread use of interpreters and support in their own language from bilingual staff would also be of benefit. The second area is that staff need to have training in cultural approaches that are clinically competent and appropriate for the service users need.

Therapy particularly remains very western centric in its models of intervention. We considered the broad spectrum of therapeutic approaches available and that to best serve the diverse groups within

the population a range of interventions including complimentary therapy need to be offered. From peer supports to professional counselling and psychotherapy supports. These also need to be offered from a range of organisations to be able to respond best to the aftermath of the pandemic and the needs emerging within community.

Breaking down cultural barriers- recognition was also made that communities also have a role to play in working to increase the awareness of MH and challenge the stigma and belief that are sometimes held that prevent those in need accessing the support they require.

We recognised the role of trauma in some of the new Scot population particularly as Asylum Seekers, refugees and displaced people often have experiences of witnessing war, famine, natural disasters and other traumatic experiences contributing the reason they are here. We also considered the impact of harrowing journeys to the UK as well as their experiences of Racism, discrimination and hate crime once in the UK.

These experiences impact on MH health at all levels. We need to promote better access to mental health supports and to make sure all services are as inclusive as we seek to be a trauma informed and responsive country.

Diversity in the staff delivering services is beneficial - how do we make MH an attractive area to work? How do we support diversity in the work force? Can we develop an evidence base? What's going on? What works and for whom? Is additional training required to support this process? Can funding be sought to support those with lived experience to become qualified counsellors and therapist as well as providing other types of mental health supports? How do we support the process individually and together? We felt that we needed to raise the profile of this within the government and that we should write on behalf of the group to the MH subcommittee.

Action- FC to draft a letter based on the minutes of the two meetings highlighting the need to consider the issues identified and seeking support to progress this.

Fiona Crombie