

Aftercare of black ethnic minority people discharged from psychiatric hospitals

Black ethnic minority people discharged from psychiatric hospitals and their carers are inadequately catered for by aftercare services; their housing needs though pressing are also often hidden, according to a new study. The survey of 101 discharged people, conducted by a team from the School of Sociology and Social Policy of Leeds University, found many poorly prepared for return to the community, with widespread experience of poverty, unemployment, racial harassment and social isolation.

f Even though the majority of the sample had previously spent time in psychiatric hospital, knowledge of services available on discharge was very low. Three-quarters of respondents felt that preparation for discharge was inadequate.

f Take-up of services in the community was correspondingly low. Use of and benefit from existing services was frustrated by perceptions of the service as being 'white', language and cultural barriers, lack of information, problems of access to facilities and lack of integration with aftercare provision.

f Although relatively few respondents were actually homeless on discharge, a quarter were seriously dissatisfied with their housing: poor structural condition, racial harassment and overcrowding were particular problems. The 15% living in hostels or similar accommodation felt there was little attempt to tackle problems of racism or issues of cultural difference.

f Carers interviewed felt unsupported by both the statutory and voluntary sectors. Few had been given advice or information from health service staff about the condition of the individual cared for. Most felt heavily burdened by a role they often found lonely and demanding.

f Only 9% of discharged people were in some form of employment and over half of carers also reported having money problems. 42% of carers were supporting the discharged person financially.

f There was widespread feeling that - despite government guidelines to the contrary - mechanisms for consulting community-based organisations, black ethnic minority users of services and their carers were ineffective or absent altogether.

Background

This study did not set out to examine patterns of racial discrimination and racial inequality existing within the mental health field, but rather to examine inadequacies in aftercare and support for black ethnic minority people and their carers. The study comprised interviews with black ethnic minority people discharged from psychiatric hospitals, carers and a number of key informants in the statutory and voluntary sectors.

Given claims about over-representation of African-Caribbeans in psychiatric hospitals, it was of interest that 50% of those interviewed in Leeds and 18% in Bradford were African-Caribbean, although their proportions in the local black ethnic minority populations were respectively only 27% and 7%.

Inadequate preparation for discharge

Respondents frequently considered general information on aftercare provided by hospital staff inadequate. Three-quarters of users described the activities and skills training on the wards as unhelpful, a perception which was reflected in a low rate of participation. As few as 16% reported that their housing needs had been discussed prior to discharge, although 42% said they thought they should have been.

Low take-up and knowledge of community services

Although 84% of those in Bradford and 70% in Leeds had been in psychiatric hospitals before, the sample as a whole was characterised by lack of knowledge of aftercare services or of 'who does what'. Over 80% had not seen a social worker or a Community Psychiatric Nurse prior to their most recent admission and, even after discharge, more than 70% reported that they had no contact with either.

Obstacles to the use of services

Kabeer, who has had four admissions to hospital, has found his stays there particularly stressful due to language problems. A doctor was only occasionally available to speak to him in his mother-tongue; as a result there were frequent difficulties of communication with nursing staff: *"if you are in hospital it means you need attention from staff and proper treatment, but no English - no service"*. A request for Halal food was not met and he was not involved in ward activities. He needed a psychiatric social worker after discharge, but there were few with relevant language skills.

Many respondents considered services and advice to be inappropriate to their needs, not least in failing to address their circumstances as black ethnic minority people. For example, none of the staff at the two day-centres run by Social Services in Bradford for people discharged to their homes, was from an ethnic minority background and only 4% of clients were African-Caribbean or Asian, as against a representation of 15.6% of these groups within Bradford's population as a whole.

Problems of communication due to language barriers or cultural misunderstanding figured prominently in people's experience both in hospital and within the community. Asian respondents in particular cited problems with language difficulties. Over a quarter of the entire sample described their English as 'poor', a further 36% described it as 'fair'.

There was a higher level of satisfaction with the outpatients clinics of a local hospital in Bradford which had a 'Transcultural Unit', set up specifically to provide a service sensitive to cultural and linguistic needs for psychiatric patients. Even here, however, respondents felt that services did not fully match their needs, for example, the focus of services was on Pakistanis with no comparable services for Bangladeshis and Afro-Caribbeans.

Access to services was also frustrated by distance. While the Transcultural Unit provided some benefits to users from Bradford's Asian-Pakistani population, the trade-off was often a need to travel a considerable distance to attend its clinics and thereby incur higher travel costs compared to those who were referred to community mental health resource centres. In Leeds, community-based provision showed little recognition of the concentration of the black ethnic minority population in the eastern part of the city.

Housing

Many of the sample lived with their families, often - particularly in the case of Asians - in owner-occupied dwellings. The great majority of those interviewed returned to their previous accommodation on discharge. However, a quarter of respondents considered their accommodation to be inadequate and wanted to move elsewhere. The most frequently mentioned problems were major structural defects, overcrowding and difficulty in paying rent or mortgage. But racial harassment was also an important factor in the desire to move. In one case the respondent, his parents, children and even visitors had been attacked by white youths; a pregnant visitor was kicked and the mother was assaulted outside her front door. The children were afraid to go out without an adult. The Housing

Department had been contacted some 10 months earlier, but no significant action had been taken.

Peter's case highlights the experience of a group of young, single African-Caribbeans who were either homeless or living in inadequate and insecure accommodation. Peter became homeless while in hospital, when the friend with whom he was previously staying was forced to give up their flat. He was referred to a large hostel for the homeless, but he was reluctant to go there because of its reputation for racially motivated incidents. By the time of his discharge he had become friendly with a fellow patient who offered to let him stay at her flat. Several months later his health deteriorated and he returned to hospital. Hospital staff contacted the Housing Department and a Council flat was available by the time of his second discharge. It was damp, leaking and had insufficient heating. In spite of this it has become a refuge for several of his friends who are experiencing similar problems of homelessness and mental illness.

Some respondents felt constrained by having to return to the family home upon discharge and wanted to establish a more independent base for themselves. But, as with rectifying problems of poor quality housing, a move to gain independence was often frustrated by the cost - in time, higher rent or stress caused by breaking with established social contacts and surroundings.

A significant minority encountered severe housing problems. Among them were four young, single African-Caribbeans who had been in insecure private accommodation before admission, lost their homes while in hospital and subsequently became homeless after discharge.

12% of Asians and 19% of African-Caribbeans interviewed were living in residential homes, hostels, other forms of supported housing or prison. Many respondents living in such accommodation felt that there was little attempt to tackle problems of racism or to respond adequately to issues of cultural difference.

Lack of support for carers

Since becoming a 'carer', almost two-thirds of those interviewed reported substantial changes in their lives. Many talked of feeling isolated and worn down by the physical, emotional and practical, especially financial, help that they were expected to provide. More than a third described their own health as poor.

Few had had any advice on the illness of the one

cared for from the health service staff. They were often unsure about what to do or to whom to turn, other than their GP, should signs of mental health problems recur. Few had any knowledge of relevant support organisations within the community and fewer still had had any contact with them, in part because of a widespread perception of voluntary sector organisations as being 'white' and therefore unsupportive.

Financial problems

Poverty was a key feature of the lives of both respondents and carers. Only 9% of respondents were in employment, mostly in part-time, low-paid work. Where the individual who had been hospitalised was potentially the primary earner in a household, this often meant that the household as a whole experienced considerable financial distress. As many as 42% of carers reported supporting the user financially. Over half had money difficulties of their own and many experienced difficulties in securing full benefit entitlement.

Lack of consultation

According to the Government's White Paper, 'Caring for people', "good community care will take account of the circumstances of minority communities and will be planned in consultation with them". Yet no users or carers encountered in the study considered that their views had ever been taken into account and there was widespread feeling among representatives of community organisations that mechanisms for consulting about the needs of black ethnic minority psychiatric patients or their carers are inadequate.

About the study

The main sample of 101 black ethnic minority men and women discharged from psychiatric hospitals in Leeds and Bradford between 1 September 1990 and 31 August 1991 was interviewed twice. This sample exhibited a strikingly similar profile to the total of 202 black ethnic minority people discharged over the study period in terms of age, sex, marital status and ethnic group. Interviews were also conducted with 62 people identified by the main sample as their carers. In the case of ten individuals, additional interviews were held with family, carers and professionals in health and social services in order to compile detailed case studies. Discussions were also held with key informants in statutory and community-based organisations across the entire study period for the purpose of identifying concerns about black ethnic minority people and mental health.

The level of co-operation forthcoming from users, carers and members of community organisations can be largely attributed to the role played in the project by black ethnic minority research staff, Rayann Rawlins and Erica Wheeler (research fellows) and Mushtaq Ahmed (project assistant). Their assistance in the development of black voluntary mental health projects in Leeds and Bradford was a significant reflection of the action-research perspective which underlied the project.

Further information

Further information and a full report of the study, *The Nature of Care in a Multi-Racial Community: Summary report of an investigation of the support for black ethnic minority persons after discharge from psychiatric hospitals in Bradford and Leeds*, Carolyn Baylies, Ian Law and Geof Mercer, editors, *Social Policy and Sociology Research Working Paper 8*, can be obtained from the School of Sociology and Social Policy, University of Leeds (price £4.50). A separate report on that part of the study conducted in Bradford, written by Erica Wheeler, is also in preparation.

Related Findings

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