NATIONAL STATEMENT OF INTENT

PLEDGE TO REDUCE ETHNIC INEQUALITIES IN MENTAL HEALTH SYSTEMS

Black, Asian and minority ethnic (BAME) communities are facing disproportionate risks in mental health services that require urgent action, intent, shared vision and collaboration.

The context is stark. Ethnic inequalities in mental health care are longstanding and exceptionally large, disadvantaging BAME people in access, care, treatment and outcomes.

BAME people have a higher risk of experiencing ‘symptoms’ of psychoses, an even higher risk for a diagnosis of a psychotic condition, are more likely to experience adverse pathways to and through care, are subject to coercion and restrictive care, compulsory admissions and treatments, and poorer outcomes and follow-up.

Undeniably, the cost of coercive care is great, financially, but also in terms of trust and confidence in mental health and social care systems.

The Black Lives Matter movement, and the worldwide protests in response to the killing of George Floyd, have resulted in renewed calls to address institutional racism. This makes it even more urgent to achieve a fair and equitable mental health system. This is why it is now time for action.

We believe it is unacceptable that despite 30 years of research, inquiries and reviews into this issue, a staggering 80% of recommendations made to address this problem have not been implemented fully.

It is unacceptable that despite longstanding and pervasive ethnic inequalities, there are no plans for meaningful and sustainable change.

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This ‘Statement of Intent’ is an opportunity to pursue systems change as part of a constructive, bold, transparent and collective voice.

As senior leaders of mental health services and commissioners of mental health care, we will:

1. Initiate fundamental service level changes to reduce ethnic inequalities in access, experience and outcomes.

2. Measure, monitor and report the nature and extent of ethnic inequalities and progress made.

3. Work in partnership with local BAME communities, service users and relevant community agencies.

4. Provide national leadership on this critical issue.

5. Ensure inclusive and sustainable change in our localities and communities.

6. Support timely and progressive research and policy development.

7. Contribute to a biannual progress update as part of this Statement of Intent.

Some of this work is already underway in different parts of the country. For example, South West London and St George’s Mental Health NHS Trust, in collaboration with Wandsworth Community Empowerment Network, is implementing an Ethnicity and Mental Health Improvement Project, in a co-produced partnership with local stakeholders, including a range of diverse and multicultural community and faith networks.

Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds and York Partnership NHS Foundation Trust and a local stakeholder group of NGOs, BAME voluntary and community organisations and activists, are collaborating with Synergi’s Creative Spaces model, to tackle ethnic inequalities in the risk and consequences of severe mental illnesses among the city’s BAME population.

Greater Manchester Health & Social Care Partnership (made up of all NHS organisations and councils, emergency services, the voluntary sector, Healthwatch and others, including the Mayor of Greater Manchester) has been working to reduce the ethnic inequalities gap.

As part of their Covid-19 response, the Partnership has collaborated with local BAME organisations and provided significant funding for critical mental health services for ethnic minority communities in the county.

We note that making the necessary changes will be complex and will take time. However, the scale of the task should not deter us from making a start in true partnership with communities across the health care systems.

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SIGNATORIES

Tim Ryley  
Chief Executive  
NHS Leeds Clinical Commissioning Group

Dr Sara Munro  
Chief Executive, Leeds and York Partnership NHS Foundation Trust, and CEO Lead for the West Yorkshire and Harrogate Health and Care Partnership: Mental Health, Learning Disabilities and Autism Collaborative

Cllr Rebecca Charlwood  
Chair  
Leeds Health and Wellbeing Board  
Leeds City Council

Victoria Eaton  
Director of Public Health  
Leeds City Council

Tom Riordan  
CEO  
Leeds City Council

Jim Barwick  
CEO  
Leeds GP Confederation

Dr Hilary Grant  
Medical Director  
Birmingham and Solihull Mental Health NHS Foundation Trust

Roisin Fallon-Williams  
CEO  
Birmingham and Solihull Mental Health NHS Foundation Trust

Dr Navina Evans  
CEO  
East London NHS Foundation Trust

Dan Barrett  
Director  
Thrive LDN

Sarah Blow  
Accountable Officer  
South West London Clinical Commissioning Group

Vanessa Ford  
Acting Chief Executive  
South West London and St George’s Mental Health NHS Trust

David Bradley  
CEO  
South London and Maudsley NHS Foundation Trust

Sir Richard Leese  
Chair  
Greater Manchester Health & Social Care Partnership

Evelyn Asante-Mensah  
Chair  
Pennine Care NHS Foundation Trust

Clare Parker  
Executive Director of Nursing  
Healthcare Professionals and Quality Governance  
Pennine Care NHS Foundation Trust

Dr Nihal Fernando  
Medical Director  
Pennine Care NHS Foundation Trust

Claire Molloy  
Chief Executive  
Pennine Care NHS Foundation Trust

Dr Tom Tasker  
Chair  
Salford Clinical Commissioning Group

Dr Sandeep Ranote  
Medical Director  
North West Boroughs Healthcare NHS Foundation Trust

Helen Bellairs  
Chairman  
North West Boroughs Healthcare NHS Foundation Trust

Simon Barber  
CEO  
North West Boroughs Healthcare NHS Foundation Trust

Joaanne Hiley  
Executive Director of Nursing and Quality  
North West Boroughs Healthcare NHS Foundation Trust

Joaanne McDonnell  
Executive Director of Nursing and Governance  
North West Boroughs Healthcare NHS Foundation Trust

Neil Thwaite  
CEO  
Greater Manchester Mental Health NHS Foundation Trust

Dr Alice Seabourne  
Medical Director  
Greater Manchester Mental Health NHS Foundation Trust

Gill Green  
Director of Nursing and Governance  
Greater Manchester Mental Health NHS Foundation Trust

Andrew Maloney  
Director of Human Resources and Deputy Chief Executive  
Greater Manchester Mental Health NHS Foundation Trust

Rupert Nichols  
Chairman  
Greater Manchester Mental Health NHS Foundation Trust

Warren Heppolette  
Executive Lead  
Strategy and System Development  
Greater Manchester Health & Social Care Partnership