

**VOLUNTARY ACTION CAMDEN**  
**COMMUNITY DEVELOPMENT SERVICE (MENTAL HEALTH)**



**SECTION 1: THE NEEDS OF BMER COMMUNITIES**

**Introduction**

The following report is on the needs of Camden's black and minority ethnic communities utilising data sources, outlined below, and information which the Community Development Service has identified during the last 16 months of its operation. The report is divided into 3 sections: Data, Analysis and Recommendations.

**Methodology**

The Community Development Services looked at the needs of Camden's black and minority ethnic communities, as identified in the following documents:

- The Joint Strategic Needs Assessment (JSNA)
- Camden Profile Public Health Intelligence, Mental Health: Depression and Anxiety
- Camden Profile Public Health Intelligence, Mental Health: Serious Mental Illness
- Camden census 2011
- Summary of outreach undertaken by Mental Health Team and Mental Health Champions 2014
- The Community Development Service Camden BMER Mental Health Summit, 2013
- The Community Development Service Camden BMER Mental Health Partnership Summit, 2014
- The Community Development Service Annual report 2013
- The Community Development Service meeting minutes and evaluations 2013

**1. DATA**

**1a. Camden's Population (census 2011)**

- Total 225,000
- 34% BME
- 22% non-British White (Irish, New World and Eastern Europeans)
- 52% adults

**1b. Social deprivation (deprived wards)**

The difference in life expectancy for people living in the richest parts of the borough compared to those in more deprived wards is 13 years for men and 8 years for women.

- 24% of residents live within the 20% most deprived areas of England
- 83% higher prevalence of serious mental illness
- The percentage of people diagnosed with depression is 37% higher in the most deprived quintile (13%) compared to the least (9%).
- People from a low socio economic status, women, Black Minority Ethnic groups and people with long term conditions or disabilities are more likely to suffer from mental illness.
- 50% more likely to have a long term health condition
- Certain vulnerable groups including looked after children, homeless population and offenders are at higher risk of mental illness compared to the general population.

**Top 5 most deprived wards**

1. St. Pancras & Somers Town
2. Kilburn
3. Haverstock

4. Regent's Park
5. King's Cross

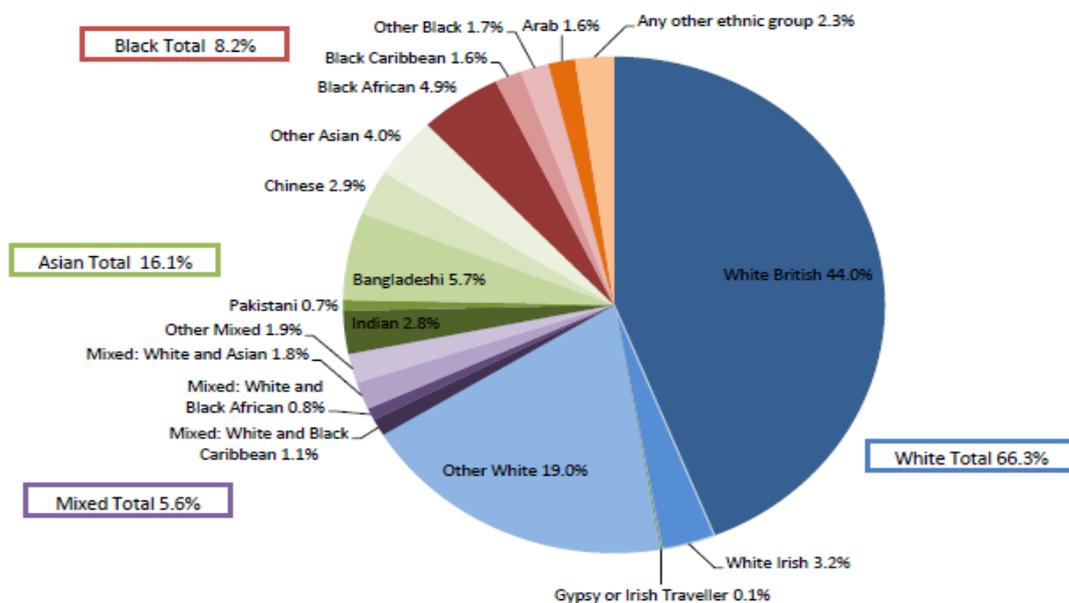
These wards have a higher proportion of:

- Young people
- Black and minority ethnic people
- Christian & Muslim people

**1c. Top 5 ethnic groups other than White British:**

1. 19.0% White Other (includes European, Turkish, American, Australian, White South African etc.)
2. 5.7% Bangladeshi
3. 5.6% All mixed groups
4. 4.9% Black African
5. 4.0% Other Asian (includes Japanese, Korean etc.)

The following is the detailed census ethnicity breakdown



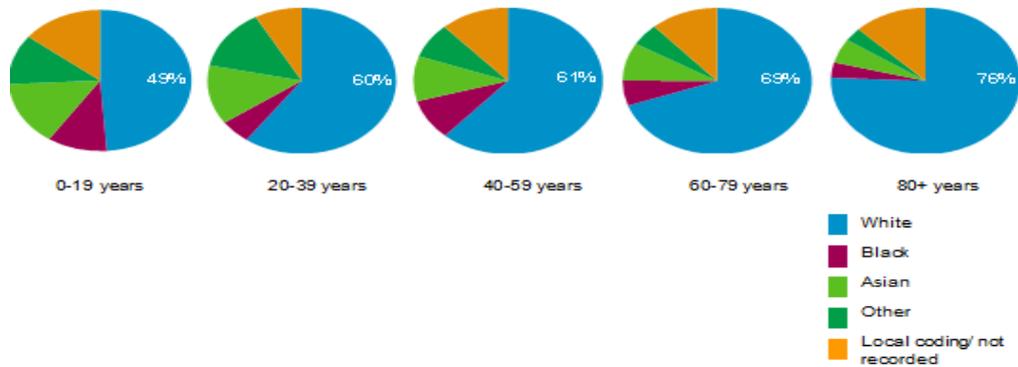
**Camden has as a proportion of its population the:**

- 4th largest Bangladeshi population in London, 6th largest in England and Wales
- 5th largest White Other population in England and Wales (top 10 all in London)
- 4th largest Chinese population in England and Wales (has largest proportion)
- 2nd largest mixed White/Asian population in England and Wales
- 4th largest White Irish population in England and Wales (nine of top 10 in London)

**Camden's largest communities with a distinctive cultural identity:**

- Bangladeshi
- Black African
- Irish
- Chinese
- Indian

## Ethnicity by age group



## 1b. Language (top ten)

1. Bengali
2. Spanish
3. French
4. Arabic
5. Somali
6. Portuguese
7. German
8. Polish

## 1e. Religion

- 34% Christians
- 12% Muslim
- 4.5% Jewish
- 1.4% Hindu
- 1.3% Buddhist
- 0.2% Sikh
- 0.6% other religions
- 20.5% did not answer the voluntary question in the census

## 1f. Mental illness

### Serious mental illness

- Camden has the third highest prevalence of Serious Mental Illness, significantly higher than the London and England average.
- There is widespread under-diagnosis and under-treatment of mental illness across the population.
- Prevalence is highest in men 45-54 years and women 65-74 years.
- Prevalence is highest in Black or Black British communities (4.8% in men and 2.7% in women).
- Rates are lower in Asian or Asian British women, Other/Mixed ethnicity women and Chinese men and women

## 2. ANALYSIS

Whilst different communities have different experiences of health and health care, where they live also affects their health. Data shows the difference in life expectancy for people living in the richest parts of the borough compared to those in more deprived wards is 13 years for men and 8 years for women and that there are higher prevalence of: depression, anxiety, serious mental illness and long term health condition. This prevalence may be even higher as there is widespread under-diagnosis and under-treatment of mental illness. People with serious mental illness have a lower life expectancy by 10 to 20 years.

Camden's population is ethnically diverse, mainly speaking Bengali, Spanish, French, Arabic, Somali, Portuguese, German, and Polish, however, the largest communities with a distinctive cultural identify are: Bangladeshi, Black African, Irish, Chinese, Indian. These communities are located as follows:

- Bangladeshi form the largest minority in 7 wards
- Black African form the largest minority in 6 wards
- Other Asians form the largest minority in 4 wards
- Chinese form the largest minority in 1 ward.

There are differences between ethnic groups in the proportion diagnosed with depression and anxiety, with men and women in White ethnic groups more likely than other groups to have a diagnosis of the conditions. Asian women and men are under-represented in diagnosis and treatment and there are significant variations in diagnosed prevalence between practices in Camden, as well as in referrals to IAPT services.

- Mental Health is often poorly understood and may be viewed quite differently by different cultures and communities – some do not recognise mental health as an issue. This lack of awareness can make it harder for people to recognise their own symptoms.
- Under-diagnosis and under-treatment of mental illness amongst BME groups are due to the fragmentation of services which are deemed as non-responsive to cultural needs and fear of mental health services.
- Language is a barrier to accessing services:
  - Especially in relation to making GP appointments, translation of information
  - Accessing appropriate and timely interpreting.
  - There is no common language or terms, in some communities, ( in some cases non-existence of terms) to express experiences of mental illness: i.e. depression, anxiety. Leading to late diagnosis.

People from a low socio economic status, women, Black Minority Ethnic groups and people with long term conditions or disabilities are more likely to suffer from mental illness with diagnosed depression being higher in women from White and Black or Black British communities; rates are lower in Asian or Asian British and Chinese men and women. However, there is widespread under-diagnosis and under-treatment of mental illness across the population.

The census data identifies the population of Camden as 34% BME and 22% non-British White (Irish, New World and Eastern Europeans). It is interesting that the 22% non-British were not categorised as BME, as the focus of the service is working with BME.

Religion plays a key part in determining people's understanding and response to mental illness. The boroughs primary religions are Christian, Muslim and Jewish. However this is not a compulsory question in the census and 20.5% did not answer this question. Religion has also been identified as one of the barriers to accessing services as communities seek

advice from religious leaders and assume recovery will be gained from religious practices. Also some religious beliefs can uphold negative stigma messages.

- It is important to tackle stigma and educate families, communities and individuals by utilising the experiences of people who are in recovery or have recovered from mental ill health.

In tackling stigma communication/promotion/education is vital and should comprise of:

- Creative activities in promoting mental health awareness
- Outreach to ascertain community needs
- Features/information on mental health and mental health services in local papers
- It's important for people to have a say in services. I.e. pathways to services, mental health care support, access to services.

Underpinning all the above is the need for culturally sensitive services, which take account of people's religion, beliefs, cultural; practices and heritage.

### **3. SUGGESTED RECOMMENDATIONS:**

1. The Service will focus on the most deprived wards in Camden enabling it to address many of the priorities identified within this report. These have a higher proportion of: Young people, Black and minority ethnic people, Christian & Muslim people: Also a higher percentage of people from these wards are diagnosed with depression and serious mental health illnesses.
  1. St. Pancras & Somers Town
  2. Kilburn
  3. Haverstock
  4. Regent's Park
  5. King's Cross.
2. The service will increase awareness of mental health services and how to access them them by targeting
  - a. People from a low socio economic status, women, Black Minority Ethnic groups and people with long term conditions or disabilities as they are more likely to suffer from mental illness.
  - b. Certain vulnerable groups including, homeless population who are at higher risk of mental illness compared to the general population.
3. The service will work with BMER communities and providers to address barriers in access to mental health services by:
  - a. Endeavouring to reduce stigma and making services accessible, focusing on common mental health problems (Depression and Anxiety) as there is widespread under-diagnosis and under-treatment of mental illness across the population and significant variations in diagnosed prevalence between practices in Camden, as well as in referrals to IAPT services.
  - b. Strengthening and widening the local service delivery looking at the most cost effective use of limited resources and encouraging collaboration between the voluntary sector, other providers and commissioners.
4. The Service will increase understanding of mental ill health within BMER communities by:
  - a. Reducing stigma through education and continuing to develop and initiate a mental health awareness programme which are accessible and acceptable to the targeted communities (finding common ground).

- b. Making services accessible by working with providers and commissioners.
- c. Targeting recruitment of Mental Health Champions, from the largest distinct communities in Camden: Bangladeshi, Black African, Irish, Chinese, Indian ideally with one of the following language skills (Bengali, Spanish, French, Arabic, Somali, Portuguese, German, Polish)