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Mental Health Nurse Academics UK reflection on Black Lives Matter

James Turner, Temi Labinjo, Niki Simbani, Audrey Murumbi

Mental Health Nurse Academics UK (MHNAUK) is a group of mental health nursing academics from across the UK. At our meeting in June 2020, there were 80 participants from 70 universities. The meeting was held virtually amid the pandemic caused by COVID-19 as well as in the context of the death of a black man in police restraint in the US.

George Floyd and Black Lives Matter

The death of George Floyd sparked off unrest across the world and in particular the US. One of the topics of discussion at our last meeting was understandably the #BlackLivesMatter (BLM) initiative and how we sit in relation to this as mental health nurses.

As a group we noted how saddened and shocked we continue to be by the continued endemic racism across the world and how this affects individuals and societies.

In the lifetime of many of the older academics in the group, and indeed some of the younger academics, we have seen considerable development in integration and acceptance of difference; but recent events indicate we have a journey ahead still.

We therefore felt it important that we reflected on the collective voice of mental health nursing academics on this important issue.

The meeting considered that BLM is one of our key priorities for mental health nursing and that a position paper could help maintain our dialogue and subsequent change – especially considering a long-experienced history of anomalous treatment and fatalities in mental health care.

It was noted also that there are some structural complexities that add to the discussion, for example, the campaigns building against hostile environment and migrant health charges.

We notice that some universities were in the process of exploring an online survey of the experiences of Black and minority ethnic (BAME) nurses during COVID-19.

There is a separate but conjoined issue in respect of the number of fatalities from COVID-19 in people from a BAME background.

This in the context of 19.7% of staff in the NHS and clinical commissioning groups in England being from a BAME background (NHS Workforce Race Equality Standard, 2019), and BAME recruitment across the UK has been increasing over time.

One of the authors, following the meeting, had a conversation with one of his BAME students about race and stigma, and she commented: "It's just sad, I don't understand how skin pigmentation should make any difference, we are just all people. It really shouldn't matter at this point."

With this in mind we asked for multiple voices to comment on BLM, mental health nursing, and what we can do to challenge racism collectively.

> "Home undergraduate BAME students are more likely to come from disadvantaged areas"

What the literature says

Stereotypes of ethnic minorities such as racism, culture, and stigma often play a part in the way people from black and ethnic minorities access mental health services and how professionals respond to ethnic minorities (Arday, 2018).

Arday argues that statistical evidence has shown people from ethnic minorities tend to be over-represented in mental health services and often experience poorer outcomes than their white counterparts.

Furthermore, an increase in health inequalities in the ethnic minority community impacts on individuals, and mental health issues can make life unbearable for the people who have them.

At the same time, these problems can have a wider effect on society, especially when they go untreated or treatment is delayed (Mental Health Foundation, 2015).

We as mental health professionals need to recognise that, because we may lack understanding of psychological concepts from variable cultures, and that for some these may be because of intergenerational experiences of oppression (Carey et al 2019), we have a duty to understand in order to positively support individuals in our care.

It may be that we lack confidence in asking questions regarding ethnicity, culture and racism, as noted by Naz et al (2019) in their informative observations on race and culture within cognitive behavioural therapy practice. If this is the case the building body of literature can inform us.

There are several factors that contributes to a gap between BAME and white students, ranging from the student, the higher education institution, to the society as a whole (Mountford-Zimdar et al, 2015).

Studies have shown that ethnic minority students experience less satisfaction and are less supported with their experiences of higher education than white students (Mountford-Zimdar et al, 2015).

In the UK, there is a gap to success in and progression from higher education, and opportunities to obtain equitable outcomes continue to remain restrictive.

For example, home undergraduate BAME students are more likely to come from disadvantaged areas with low socioeconomic status.

International students also experience acculturation challenges and culture shock due to moving to a new culture and environment and challenges of settling down.

It is important to understand the importance of culture to BAME home students, including international students who come from diverse cultural backgrounds.

This can result in barriers in accessing support services by these students from the university (Stevenson, 2019; National Union of Students, 2019).

F Muhammad from Pixabay

Some of these barriers are cultural. For example, in some black communities, male BAME students are told to endure and face their challenges head on, as seeking help is seen as a sign of weakness and phrases such as 'face it like a man' are commonly used.

Other barriers are related to language and speech. A student's accent can act as a barrier as well as lack of shared cultural background. This can make BAME students more reluctant to contact the university for support.

BAME students might also feel intimidated to share their experiences due to a lack of understanding of their cultural backgrounds.

For BAME students seeking support from their university, there might be issues around lack of knowledge of specific cultures or lack of awareness of issues affecting students from different cultures and backgrounds.

One student union (Sheffield Hallam Student Union, 2018) explored students' experiences of accessing and navigating support services and found that BAME students decide not to access support through the university because the counsellor/support officers/mentors did not understand their experiences due to non-consideration of cultural background when offering support and guidance.

What are the universities doing?

Universities, as the highest-level educational institutions, have an obligation to lead by example in championing the cause of uplifting welfare and experiences of BAME students and acknowledging their contribution to the education system.

The degree attainment gap between BAME students and their white counterparts is worrying, albeit this gap is mainly visible upon course completion and not at entry level.

The increase in the number of BAME students in the UK universities since 2017 is welcome and a positive step towards addressing inequalities in the British educational system.

However, a further gap has been created in those exiting university with a first or 2.1 degree classification. The fundamental question is, where is it going wrong for universities?

Poor or inferior attainments negatively impact on accessing jobs and professions that attract graduates with the best results.

Furthermore, the career trajectory for BAME individuals can be gloomy and limiting, so it is no surprise that there is a limited number of BAME people in academia, professorship and management.

While there are multifaceted reasons

for this, institutional racism and systemic inequalities in universities are among these.

It is important to note that the purpose of universities is not only to gain more knowledge for future careers but to create tolerant citizens who embrace differences in society.

Therefore, to improve racial inequalities in education some universities have taken the initial steps to decolonise their curriculum.

However, this can only succeed if the advancement of BAME people is viewed as a moral duty and the right thing to do, as opposed to a compliance issue.

For example, many higher education providers continue to support BAME students in the same way as white students, resulting in misdirection of targeted intervention to these specific students.

Even though some universities have made impressive efforts to acknowledge culture through the recognition of diverse cultural backgrounds and continue to offer tutor, academic, wellbeing and social support, more support still needs to be provided.

One of the ways to provide a more inclusive and diverse support is the introduction of a BAME mentoring scheme.

Cropper (2006) suggests that it is important to receive mentoring from an individual who acknowledges, understands and identifies their background, such as difference in identity and ethnicity.

Stuart et al (2011) also emphasised that “BAME students showed a lack of awareness of, or sense of entitlement for, additional support, struggled to learn the rule of the igher education game and some the risks of study entirely by themselves.”

What is mental health nursing doing?

Racial injustice and prejudice in mental health nursing are predictors for poor engagement and health outcomes. They can fuel mistrust in services and hinder therapeutic relations between nurses and service users.

Previous studies have shown that there is poor engagement from service users from the BAME community compared to those from the white background.

Mental health nurses play an imperative role in meeting the health needs of individuals suffering from mental ill health and encouraging engagement with services. However, this can only be achieved if they embrace the diversity in the community they serve.

Despite the significant number of BAME staff in healthcare and in what is termed the ‘key worker’ category, sadly hostility and discrimination are still prevalent. Structural, institutional and interpersonal racism in mental health nursing environments have a negative impact on BAME mental health nurses’ confidence.

Anecdotal evidence suggests that most BAME mental health nurses have no voice to challenge oppression in the work environment, which is exacerbated by the lack of presence of BAME people at decision-making level.

As already alluded to, the number of deaths in the BAME nursing community through COVID-19 highlights the need for attention.

While it is clear that socioeconomic backgrounds, poor education, deprivation and comorbidities are some compounding factors, the BAME deaths remain a priority issue for mental health nursing.

What can we do?

There is much that can be done:

• Commitment by universities for an inclusive curriculum design delivery to improve attainment gap, as this will empower and improve integration.

• Mental health nursing environments embracing cultural change will improve trust and engagement.

• Involve patients in planning their care, displaying sensitivity in racial diversity.

• Discussion about race and how inequalities can be resolved in both mental nursing and universities.

• Engagement of diverse groups in research.

Thank you for taking the time to read this short opinion piece. We hope that it helps in your continued work. ■

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