

Health Inequalities:

*accessing health
services in
Gloucestershire with
particular focus on
BAME communities*



October 2020

Contents


Executive Summary	3
Methodology	4
Introduction	4
Demographic Data	5
Response Rate	5
Accessing Health Services	7
Communication and Information	9
Discrimination	14
Mental Health Services	18
Wider Determinants of Health	21
Strategy Development	23
Further Contact	23
Appendices	24

Executive Summary

This survey and report was created to further the conversation around health inequalities faced by BAME communities. Ideally both organisations involved would have taken a relational approach in the research, however COVID-19 created a challenging environment to do so. We therefore undertook this approach to be the beginning of a conversation.

The research provides richness in the qualitative information received. The quantitative data, whilst not statistically significant, showed themes which are often felt across the population regardless of ethnicity. We present the findings of this report to be used alongside other conversations and research about health inequalities. We hope that this report will provide some avenues for further research or to corroborate other sources.

This report is structured according to the main themes that have emerged and is peppered throughout with comments by respondents. The comments are representative of the sample received. For those interested in the quantitative detail we have provided links to the raw data and to the full set of qualitative responses.



Apart from the information presented in the following pages, a real value to the survey has been making contact with a wide range of organisations and people working with BAME communities. We conducted extensive research as to who is actively involved in communities which has furthered our understanding of key influencers. Furthermore we have an engaged group who have agreed to be part of further discussions.

Throughout the report we use the term BAME. We recognise the difficulty with this acronym and have only used it in the absence of another more sensitive term.

This report covers a wide range of topics relating to mental and physical health. Some aspects make for challenging reading and it highlights some ongoing struggles for individuals accessing health services.

Experiences of Discrimination

72% of individuals felt that they had experienced discrimination in some form.

“We were treated very badly a couple of years back by a nurse administration (sic) she used the words ‘we have to accept even people like you from your community’. It made me feel like being abused at school again.”

Someone who is White Gypsy Traveller

Ongoing Stigma Connected to Mental Health

Only
38%

of individuals were keen to talk to their **close family** about mental ill health

Alarming only
8.6%

of individuals were keen to talk to their **colleagues** about mental ill health

“No space to talk about mental health in the family”

Someone who preferred not to share their ethnic background

“Stigma lack of knowledge understanding prejudice judgements bullying gossip loss of respect from others or being seen as capable replaced by ‘illness’”

Someone who is White British

Individualised Service Delivery

Throughout the narrative of the survey one theme stood out from all others; the need for **Individualised Person Centred Care**. Individuals felt that their experiences did not demonstrate this approach in practice.

“Not really. People do stuff to me. They sometimes say “we’re going to do this, how do you want us to do it?”, but they should be asking “do you want us to do this? What could we do instead?”

Someone who is White British

Introduction

Kingfisher Treasure Seekers and **Inclusion Gloucestershire** to understand more fully the views of those using health services about their experiences.

We were particularly interested in understanding the **experiences of those from the diverse communities** within Gloucestershire as often these individuals fare poorly in terms of general health when compared to the rest of the population.

The overarching outcome we hoped to achieve was to have obtained information from people within BAME communities in Gloucestershire regarding the **barriers** that exist for them to access mainstream health services (physical and mental health services) and to have obtained **ideas and suggestions** to overcome these.

Methodology

A small (4 people) short term project team was brought together from both organisations in April 2020 and this group involved an individual with **lived experience of mental ill health** and **family members of people with lived experience of mental ill health**.

The project team **co-produced a survey** to seek views.

The draft survey was tested by a number of people with lived experience and a number of professionals and feedback influenced the final survey.

The survey was available in a variety of formats including **electronic survey and paper versions and an easy read version** (see “Appendices” on page 25)

The electronic survey had the capacity to be translated into **26 additional languages**. The survey was available for completion for approximately **5 weeks** during August and September 2020.

Information about the survey was shared through a variety of methods including:

- Direct emails and post to **29 specialist BAME organisations**
- Direct emails to **partner organisations**, particularly working in the field of mental health.
- Inclusion in **cross sector county wide forums** like the Partnership Boards Bulletin
- Direct emails to **commissioners**
- **Social media posts** through Kingfisher Treasure Seekers, Inclusion Gloucestershire, MHELO (Mental Health Experience Led Opportunities) and Know Your Patch networks

The research was carried out to support the GlosTalks campaign, a partnership initiative supported by the County’s Tackling Mental Health Stigma group and Gloucestershire County Council. However the research and this report were produced independently.

Due to Covid 19, the options of engaging with people face to face or through focus groups was not easily available and was not used on this occasion.

Response Rate

62 responses were received to the survey

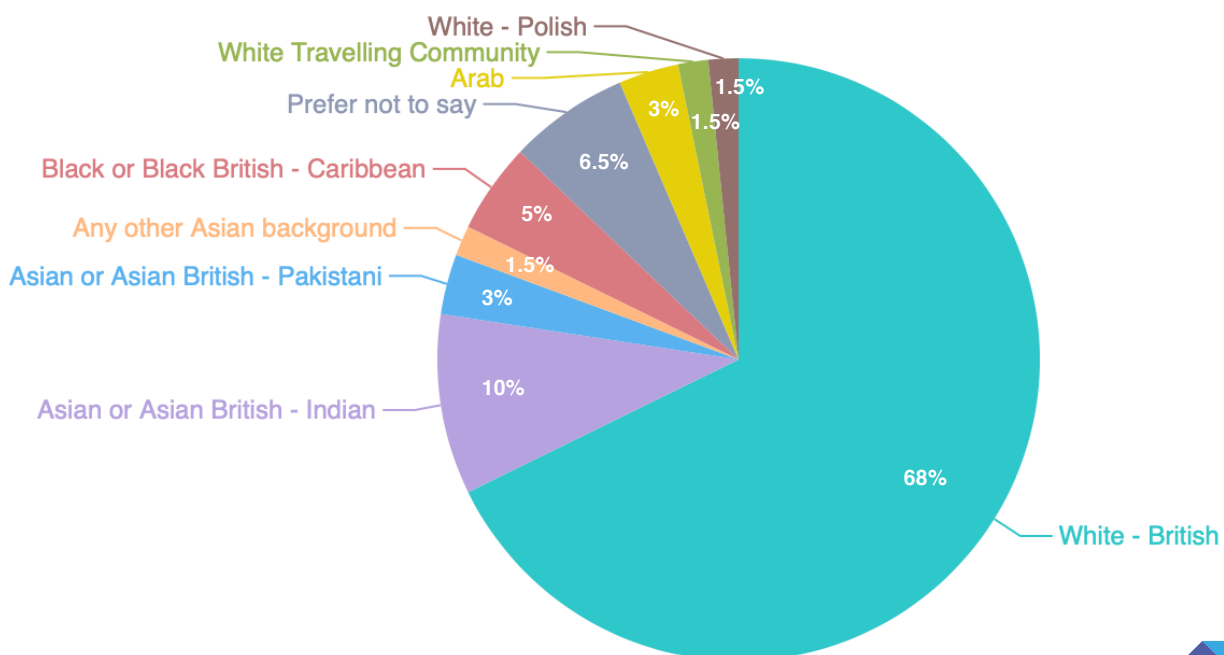
All responses were received through the **electronic survey**

Paper copies had been requested by some people but were not returned

No easy read surveys were requested or completed, therefore a copy of this report has not been produced as yet.

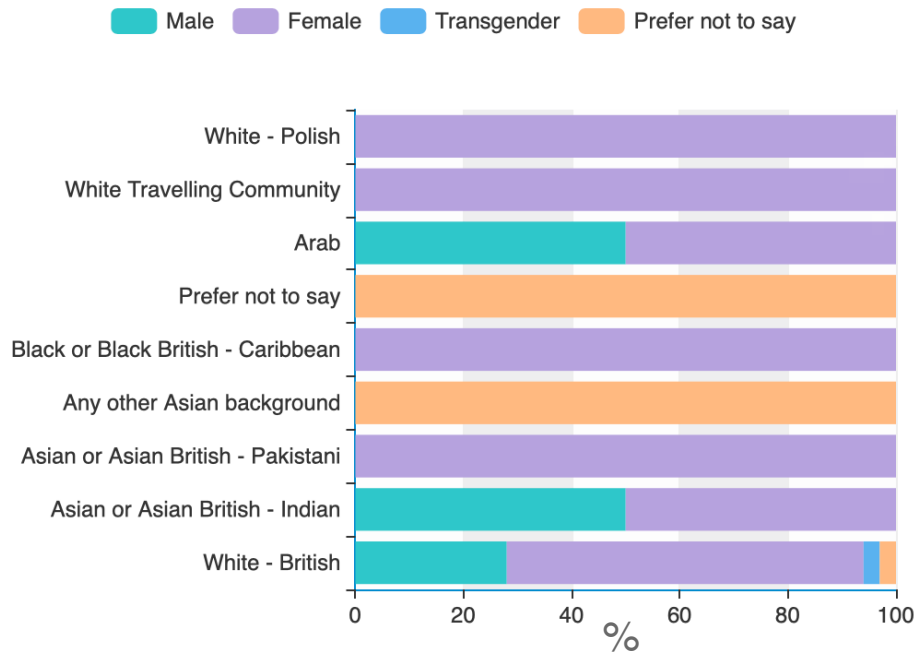
Demographic Data

Ethnicity



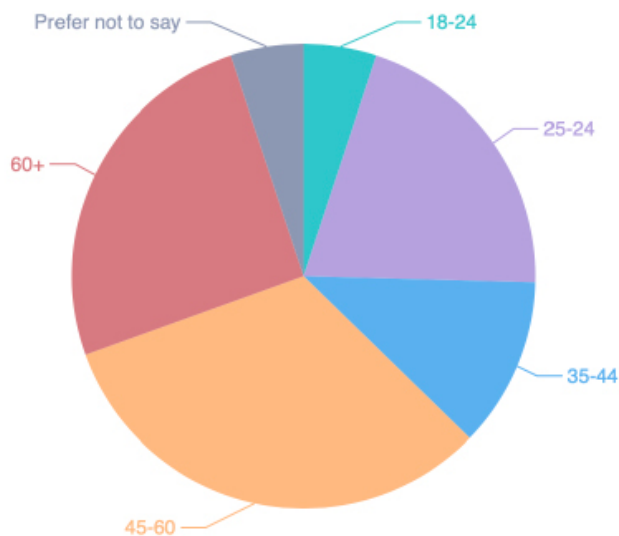
Gender

The majority of respondents were female and this was the case in all ethnic groups except those from Asian Indian and Arabian backgrounds.

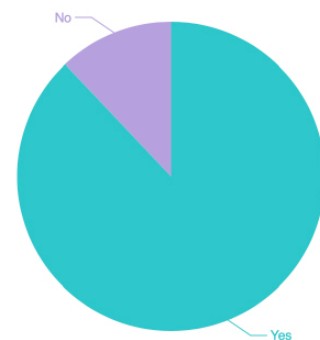


Age

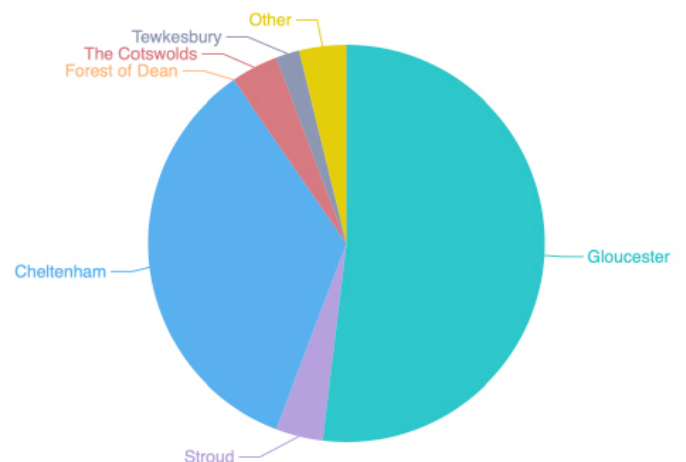
The majority of respondents were over 45 although younger respondents were in the majority from those from White Polish, Arabian or Asian Pakistani backgrounds.



English as a first language



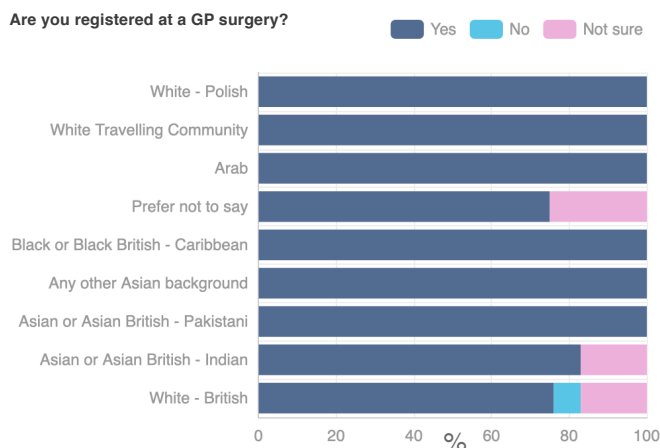
Location



Knowing where to access health services

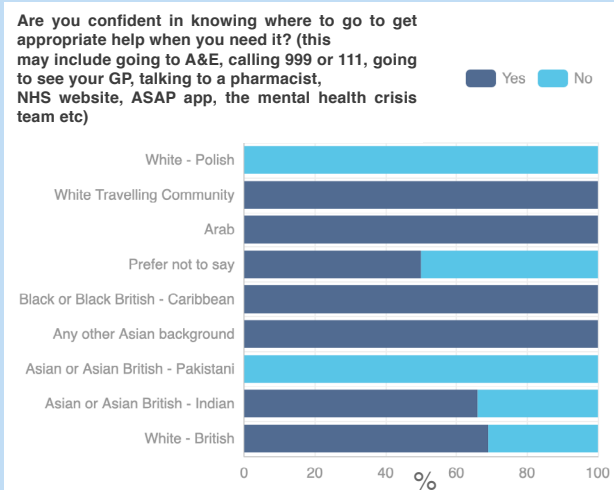
All but 3 of the respondents were registered with a GP and a significant number of people (50) stated that they were confident in knowing where to access health care.

There was a higher percentage of people who were confident about accessing health care services amongst the non-white British respondents than the white British



Ease of access to health appointments

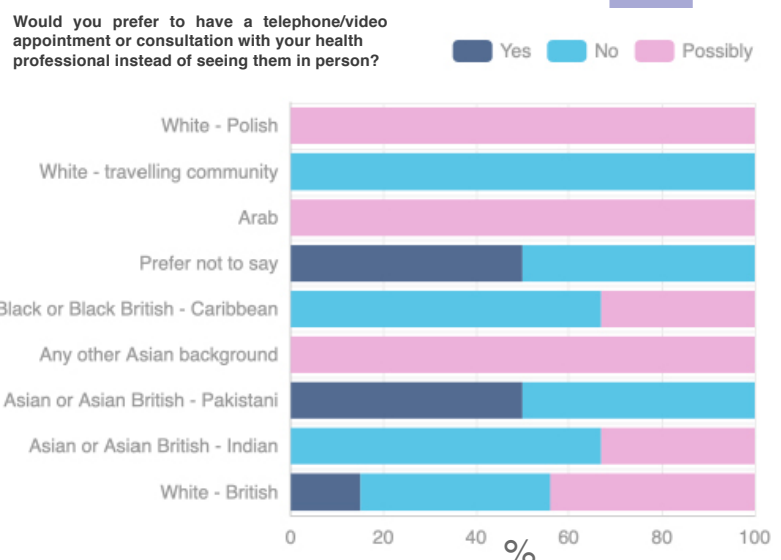
A significant number of respondents (42 – 68%) find it easy to access their health appointment but 20 people (32%) do not and this appears to affect those from Pakistani, white Polish and unspecified ethnicities in greater percentages.



Telephone or Video Appointments

Only a small number of people (9 of 62 respondents - 15%) stated they would prefer to have telephone or video appointments with health professionals rather than seeing them in person although 25 people (41%) would consider this. The percentage of people from BAME communities who did not want telephone or video appointments was higher than for those who identify as White British.

There were fairly mixed additional comments in relation to telephone and video appointments



“I know where to go but I’m not confident about how I will be treated when I get there.”

Someone who is White British

Appointment times and public transport

Some of the commentary in relation to access to health care did show some concerning experiences/perceptions. There was repeated commentary about people’s reliance on public transport and the difficulty to access health appointments due to this. This included that for some people, their condition meant they were unable to easily access public transport, timings of appointments were not compatible with use of public transport and the distance involved was problematic.

“I would ask at dr surgery or pharmacy if not sure. In my Dr’s there’s a booklet/loose leaf file you can look thru’ for address/info. Well, there was prior to lockdown, not been in since. at present time, I w[oul]d phone my dr/fill in form if not sure. The dr has been helpful so far”

Someone who is White British

Community transport for those unable to use public transport

“Anxiety can’t travel on buses but too poor for a car”

Someone who is Asian or Asian British - Indian

Increase access for dental appointments

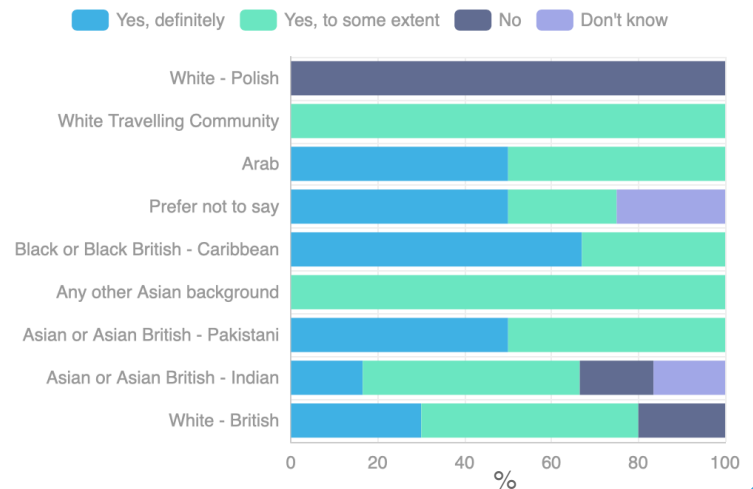
“Dentist - during Covid not possible and even since ease of lockdown still very difficult to get appointment. Been advised by Dentist surgery it’s due to lack of PPE”

Someone who is Asian or Asian British - Indian)

Ease of Communication

A significant majority of respondents found it easy to communicate with health professionals at appointments, with only 11 people (18%) stating that they didn't and 2 (3%) who weren't sure. Of the 11 people who did not find it easy to communicate with health professionals, 9 of them identified as White British and this was a greater percentage than for all other ethnicities other than White Polish

Do you find it easy to communicate with health professionals at appointments?



“As someone with ADHD I am not always clear with communication. I often feel rushed and conversation is often steered to a very medical way of speaking which makes me feel dehumanised.

Someone who preferred not to disclose ethnic background

“Some just don't listen to your concerns”

Someone who is Asian or Asian British - Indian

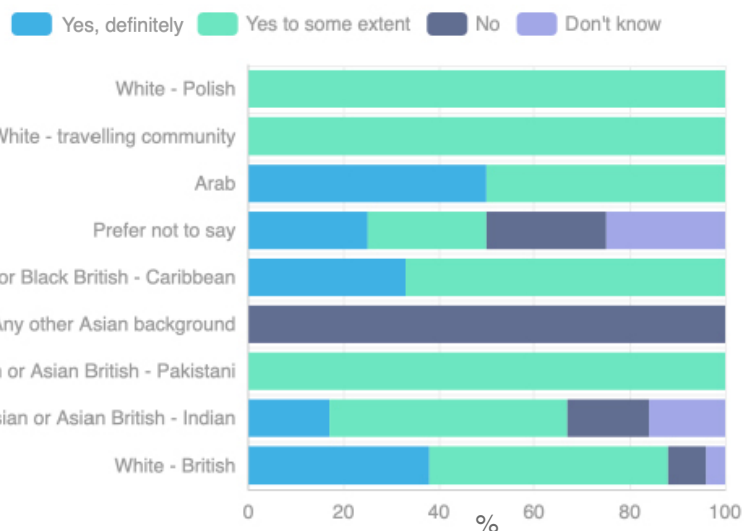
Information on Medication

A significant majority of respondents (52 – 84%) stated that they were able to get information on medication and side effects in an accessible and easy way although for those who did not feel this or weren't sure, there were a greater percentage from a non-white British background.

“Even simple things like when to take the tablets ie after food or side effects. It's just left to the patient.”

Someone who is Asian

Are you able to get information about medications you may be taking (including the side effects) in an accessible and easy way?



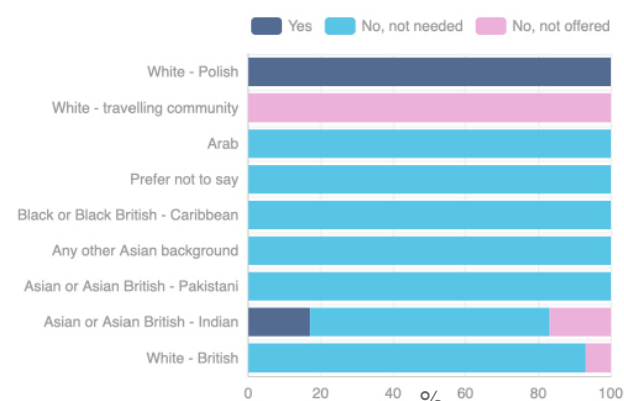
“Not translated”

Someone who is Asian or Asian British - Indian

Interpretation

5 people (8%) of the total respondents (62) indicated that they had not been offered the option of an interpreter when they might have needed one.

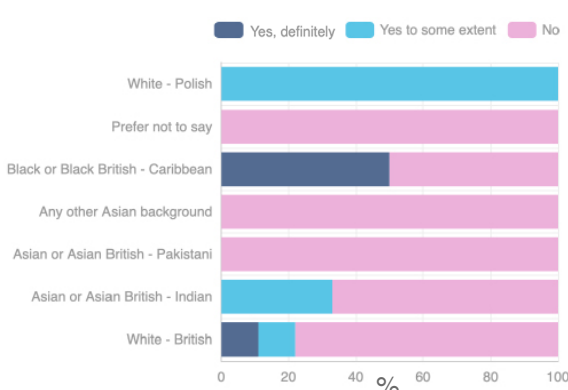
Have you had the option of a language or BSL interpreter to accompany you on appointments?



Only 2 people (9.5%) of those who answered, knew how their interpreter was paid for.

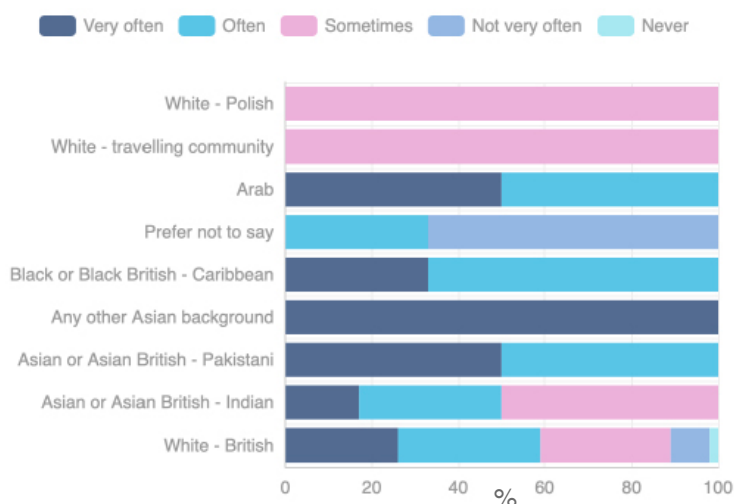
For those who had used one (19 people), their experience was largely not effective with 14 of the 19 (74%) indicating this and only 5 people stating that the interpreter service had been wholly or partially effective. The poor experience of those from non-white British backgrounds was particularly evident.

If you have used an interpreter, have they been effective when accompanying you on appointments?



Treatment by Healthcare Staff

How often do you feel you get treated with respect and dignity as an individual by healthcare staff?



All but one person answered the question about being treated with respect and dignity as an individual by healthcare staff and 37 people (60%) felt that they were treated in this way on a very often or often basis. 18 people (29%) felt that they were sometimes treated in this way with 7 people (11%) stating they were not very often or never treated with respect and dignity. Of these 7 people, 5 were White British and 2 preferred not to share their ethnicity.

There were repeated comments about “unfriendly” and “rude” reception staff and specific criticism of health care workers in general hospitals with a named department. A sample of comments are shared below.

“Reception staff can have off-putting attitudes and appear unfriendly. Clinical staff are ALWAYS pleasant and respectful”

Someone who is White British

“There is a superiority complex at work rather than a partnership of equals at times.”

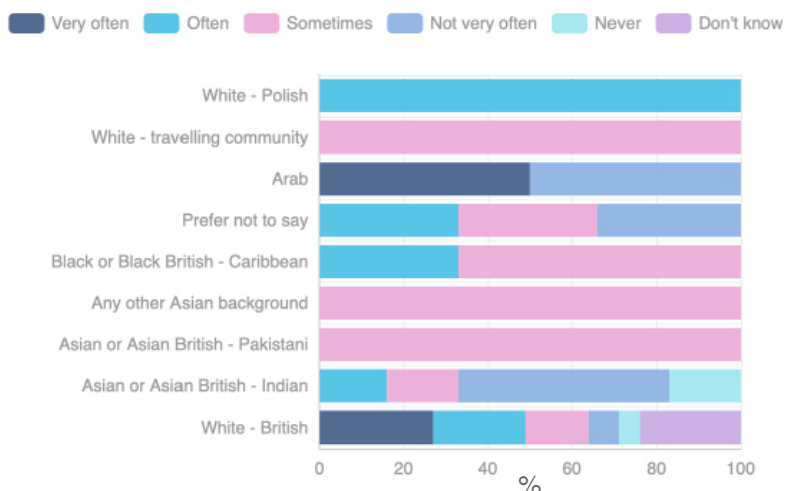
Someone who is White British

“I don’t think there is now the same professionalism as there was before, with covid things have changed so much and it feels that you are on your own. Before covid things were really good, but now it seems like a long slog to get the respect and dignity from the professionals”

Someone who is Asian or Asian British - Indian

Training of Healthcare Staff

Do you feel that healthcare staff are appropriately trained to consider your cultural needs?



In relation to whether respondents felt that healthcare staff were appropriately trained to consider the individual’s cultural needs, 10 of 58 respondents (17%) did not know. 11 people (19%) felt that healthcare staff were never or not very often trained to meet an individual’s cultural needs and 12 people (21%) stated this was sometimes the case. 25 people (43%) stated that healthcare staff were very often or often trained to meet cultural needs

“They see brown and assume I’m Muslim”

Someone who is Asian or Asian British - Indian

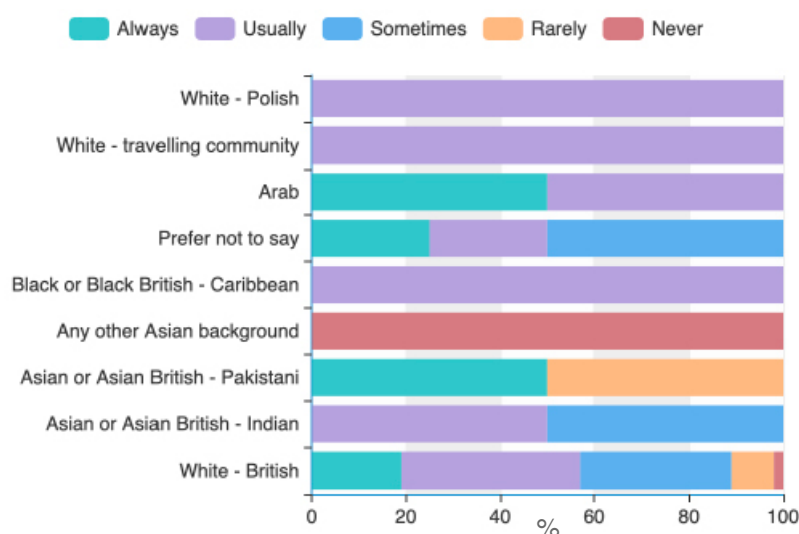
“Being from gypsy traveller community we are the most racially treated people in the world”

Someone who is White Gypsy Traveller

Diagnosis and Treatment

In relation to receiving clear explanations of diagnoses and treatment plans, 11 respondents (18%) stated that this was always the case with 26 people (42%) stating it was usually so. 19 (30%) respondents felt they were sometimes given clear explanations and 5 people (8%) stating this rarely happened. 2 (3%) people stated that they were never given clear explanations.

When diagnosed with an illness or ailment do health staff explain so you can understand clearly the condition and how it will be treated?



“Once a referral has been made and accepted you’re on a pathway and there’s not much chance to talk to them about what you want or need, you just follow the path and are spit out the end when they’ve provided the treatment / surgery / device.”

Someone who is White British

“I don’t like to ask questions for fear of taking up more than the allocated 10mins for appt.”

Someone who is White British

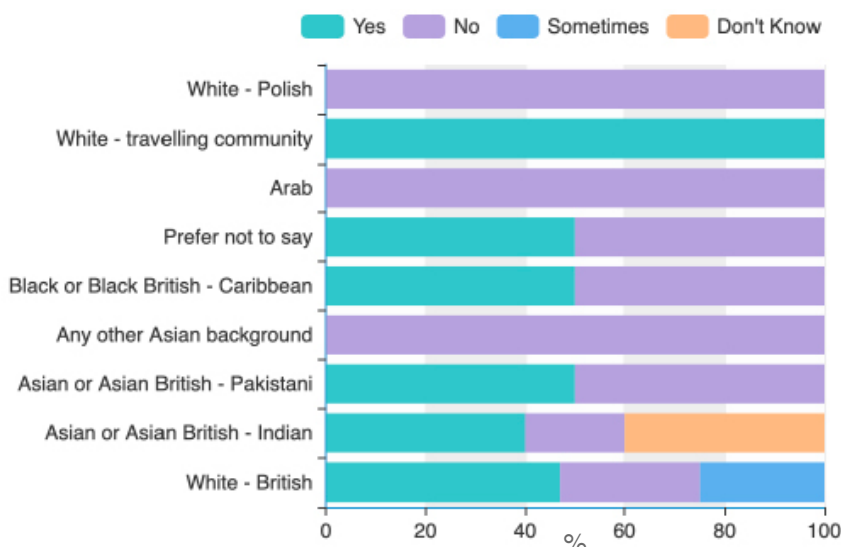
“No. Often they don’t even explain what my diagnosis is so not likely to discuss treatment options”

Someone who is Asian or British Asian

In terms of how involved individuals felt in decision making there was no clear distinction according to ethnicity, however White British individuals were more likely to respond ‘Sometimes’ rather than No.

Involvement in Decision Making

Do you feel that you have been involved in making decisions about your health care needs and wishes?



Recommendations

Improved translation and communication surrounding medications and side effects

Further research surrounding the effectiveness of translators at medical appointments

“The interpreter doesn’t speak my language or my dialect.”

Someone who is Asian

Nowadays you don’t see the same health professional so it’s just luck. Some are very astute and are completely aware of my religious needs. Others have no idea. And by next appt it’s someone else so it’s like reinventing the wheel each visit.’

Someone who is Asian

Further strengthening of cultural awareness and effective communication for healthcare professionals including reception staff

Ensure Patient Choice is at the heart of every appointment at every level

“I have been appalled by my ‘route into services’ (to use the ‘service provider’s’ phrase, not mine) - had I been consulted about the options that were available instead of being put on a waiting list for a service which would never accept me, I’m sure I would have actually received help sooner, rather than having to wait two years.”

Someone who is White British

“Not really. People do stuff to me. They sometimes say “we’re going to do this, how do you want us to do it?”, but they should be asking “do you want us to do this? What could we do instead?”

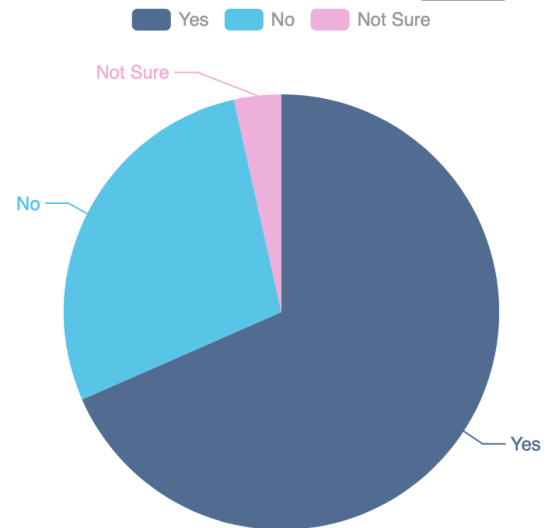
Someone who is White British

Experience of Discrimination

57 people replied to the question about whether they had ever felt they had been discriminated against when seeking or receiving healthcare. People were able to indicate on what grounds they felt they were discriminated against and were able to tick more than one category if they felt this was appropriate.

39 people (72%) stated they had been discriminated against and 2 people (3.5%) were unsure if they had experienced discrimination.

When considering the specific responses from people from different backgrounds it is worth noting that 50% of people who identified as Asian Indian experienced discrimination on the grounds of ethnicity and religion compared to zero people from who identified as White British.



	Age	Physical disabilities	Learning disabilities	Mental ill health	Ethnicity	Gender	Income/ social status	Religion	Sexual orientation	Autism	Sensory disorders (eg visual or hearing loss)	Other	Unsure	Never
White - British	30.77%	28.21%	12.82%	33.33%	0.00%	17.95%	7.69%	0.00%	5.13%	12.82%	7.69%	5.13%	0.00%	33.33%
Asian or Asian British - Indian	33.33%	16.67%	0.00%	16.67%	50.00%	16.67%	16.67%	50.00%	0.00%	16.67%	16.67%	16.67%	0.00%	0.00%
Asian or Asian British - Pakistani	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.00%	0.00%
Any other Asian background	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Black or Black British - Caribbean	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Prefer not to say	25.00%	0.00%	25.00%	25.00%	25.00%	0.00%	0.00%	0.00%	25.00%	0.00%	0.00%	25.00%	25.00%	0.00%
Arab	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
White - travelling community	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
White - Polish	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Have you ever felt discriminated against when seeking or receiving healthcare on any of the following grounds or characteristics?

* Due to sometimes small numbers of respondents in each ethnic group the results may apply to only one or two individuals.

Types of Discrimination

Respondents were asked to identify the type of discrimination they experienced, and 38 people responded to this.

The ways in which people felt they had been discriminated, across all backgrounds were as follows:

	Attitude	Physical access	Communication	Treatment options denied	Inaccessible information	Culturally insensitive appointments (times, location, personnel)	Culturally insensitive interventions/ medical personnel	Other
White - British	76.92%	19.23%	30.77%	38.46%	23.08%	7.69%	15.38%	7.69%
Asian or Asian British - Indian	66.67%	16.67%	33.33%	33.33%	16.67%	33.33%	33.33%	16.67%
Asian or Asian British - Pakistani	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Any other Asian background	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Black or Black British - Caribbean	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Prefer not to say	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	50.00%
Arab	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	0.00%
White - travelling community	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
White - Polish	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

If you have faced discrimination, what type of discrimination did you experience?

* Due to sometimes small numbers of respondents in each ethnic group the results may apply to only one or two individuals.

“Feel I’m not clever enough to know what’s ailing me.”

Someone who is Black or Black British - Caribbean

““You have to be from our community to understand how bad it is”

Someone who is White Gypsy Traveller

Recommendations from Respondents

17

Respondents were asked what measures could be taken to prevent similar occurrences of discrimination happening in the future and 30 people offered suggestions including:

Improved Attitudes

“A more person centred approach, not target based”

Someone who is White British

“I don’t think you can ever sort it out that’s why most of us don’t ask for help if I had to crawl I would rather than ask”

Someone who is White Gypsy Traveller

Reasonable Adjustments

“Necessary adjustments should be a reality not a theory”

Someone who is White British

“Help to hold me up when needed to be in a standing position. And if my mobility scooter cannot fit into a consulting room for a wheelchair and someone to push me to be available”

Someone who is White British

Improved Training and Information

“Better staff information, better training, less shouting, stop them patronising me”

Someone who is White British

“It all comes down to TRAINING. It should be made clear that all patients should be treated with kindness and respect, regardless of gender or difference.”

Someone who is White British

Greater sensitivity to mental health and acknowledgment of peoples' potentially low self-worth and also diagnostic over shadowing (seeing mental health and not investigating physical health issues)

“Sometimes Doctors jump to conclusions that it’s about my mental health instead of looking at other options which makes me not want to visit my GP”

Someone who is White British

“Training to understand that sometimes it is difficult for people with bipolar to think they are worth help and need extra support”

Someone who is White British

Improved communication

“Don’t assume - ASK!”

Someone who is White British

“To listen to me and take what I am saying seriously instead of laughing at me”

Someone who is White British

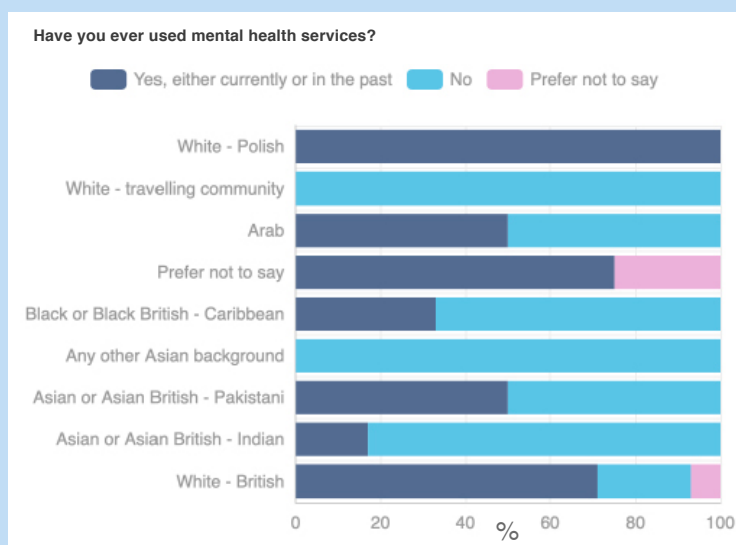
Individualised Person Centred Care

Whilst there were a range of scenarios presented in the survey, there was a strong common theme throughout - the need for individualised person centred care.

Mental Health Services

Use of Mental Health Services

61 people responded to the question asking whether they had ever used mental health services and 37 people (60%) were currently using mental health services or had in the past. 20 people had not used mental health services and 4 people preferred not to say.



Service	Response Rate
GP	76.92%
A&E	11.54%
Crisis Team	34.62%
Recovery College	3.85%
Support at The Cavern	7.69%
The Samaritans	19.23%
The Independence Trust	11.54%
Self-harm helpline	0.00%
Alexandra Wellbeing House	3.85%
Let's Talk	69.23%
MHELO	11.54%
Inclusion Gloucestershire Hubs	7.69%
Other (Please specify)	46.15%

Other services were mentioned in comments including:

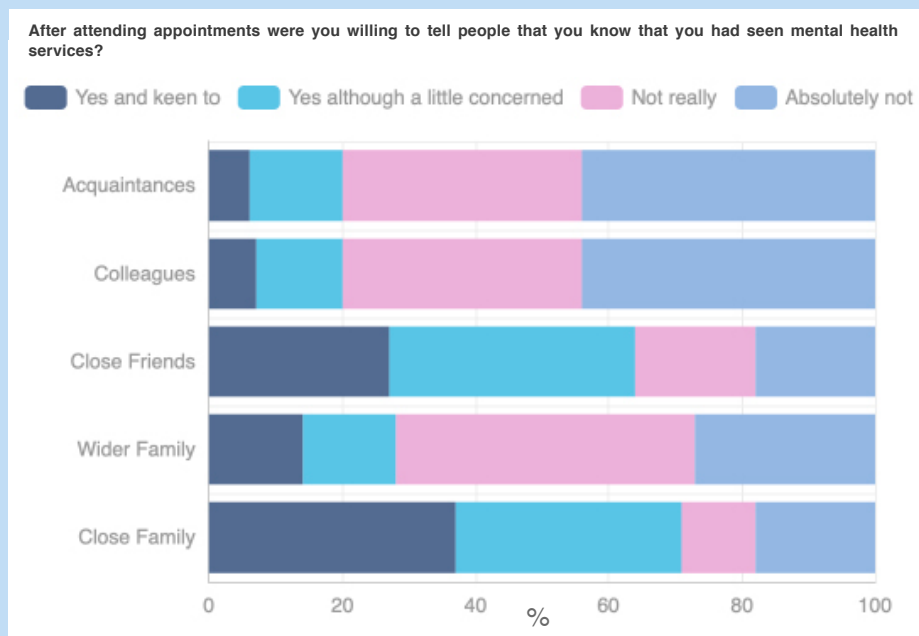
- Private life coaching
- Pain support
- Listening Post
- Compassionate Resilience Course (Black or Black British - Caribbean)
- Private counsellor
- Inpatient private & public sectors
- Psychotherapist's (private and public)
- Support workers
- Private RGN & RMN home nurses
- CAMHS and Recovery Team
- Pullman house (Asian or Asian British - Pakistani)
- CYPS
- Talking service /counselling

Attitudes of wider networks

We were keen to explore the attitudes of individuals and their networks towards mental health and asked respondents if they were likely to share the fact that they had used mental health services with their close family, wider family, friends, colleagues and acquaintances. 36 people answered these questions, with 28 (78%) of them of them being White British and 3 (11%) preferring not to state their ethnicity. The remaining respondents were 1 person each from Asian Indian, Asian Pakistani, Black Caribbean, Arabian and White Polish. The samples were too small to draw any comparative data based on ethnicity so we looked at the data as a whole group.

It is apparent that the attitude of others is still an area of challenge for those experiencing mental ill health and their willingness to share their condition with extended family members, colleagues and acquaintances.

It would appear also that relatively significant numbers of people felt that they would absolutely not be able to discuss their mental health needs with any group (between 17 and 28% for family and friends and 44% for colleagues and acquaintances).



“My family and close friends know about my ill health so it reassures them that I am getting support from professionals. I worry about draining my close friends so don’t always discuss with them. I have had time off work due to my mental health so I’m determined not to cause worry to work that I may need time off again”

Someone who is White British

“There is still a lot of stigma around mental health and accessing services”

Someone who is White British

“Stigma lack of knowledge understanding prejudice judgements bullying gossip loss of respect from others or being seen as capable replaced by ‘illness’

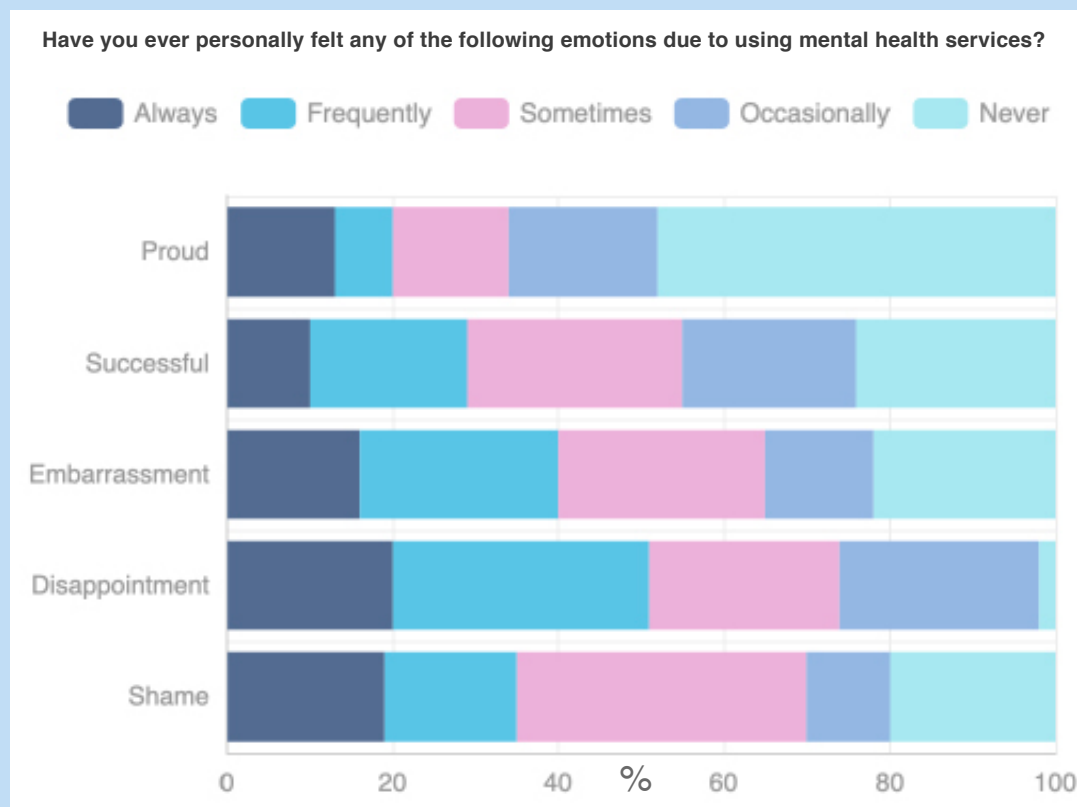
Someone who is White British

“They don’t understand so why bother telling them”

Someone who is White British

Emotions Felt about using Mental Health Services

21



Other Impacts

***“Exasperated with myself
‘why are you not better yet?’”***

Someone who is White British

***“Alone, abandoned, hurt,
judged, stigmatised, less
than, devalued, mistreated,
abused, ridiculed,
depressed, anxiety, anger -
the list is endless if talking
of public sector***

Someone who is White British

“Disgust”

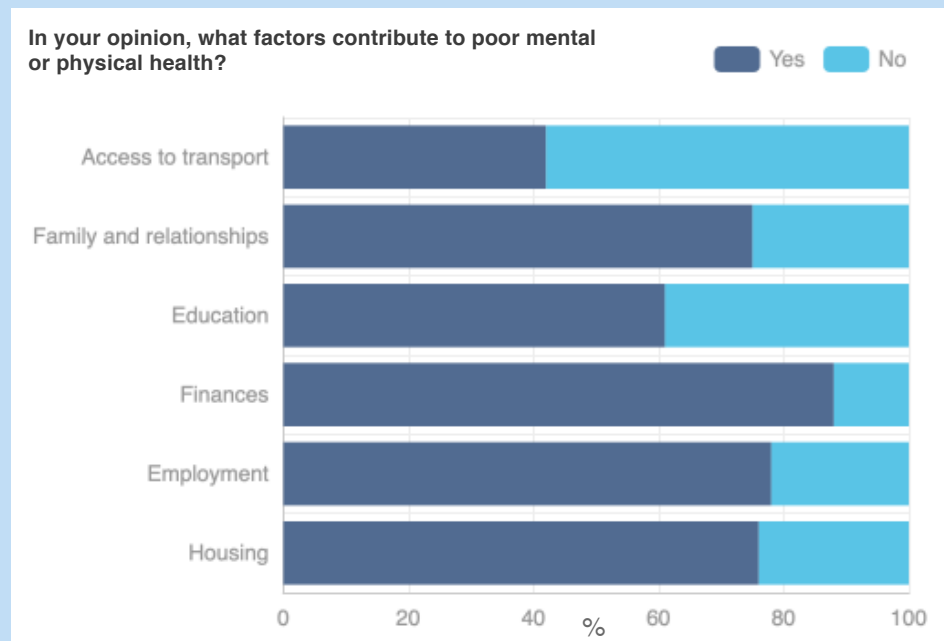
*Someone who is Asian or British Asian -
Indian*

***The shame was in relation to my experiences.
Disappointment was in relation to a bad therapist,
once changed the therapist was great! Mental
health services need a complete overhaul in
general for everyone, not just for minorities!***

Someone who is Asian or British Asian - Pakistani

All respondents were asked to explain which factors they felt contributed to poor physical or mental health and financial circumstances, housing, employment and family relationships were major contributors. The various factors fairly evenly split across all ethnicities.

Education and transport were less indicated (although transport was mentioned as a factor in ease of access to health services)



Other Impacts

“Police and authorities”

Someone who is Arab

“Social Media”

Someone who is White British

“Class!”

*Someone who is Asian or Asian
British - Pakistani*

**“Generally any problems met
with in daily life. Anything can
affect us, even small things”**

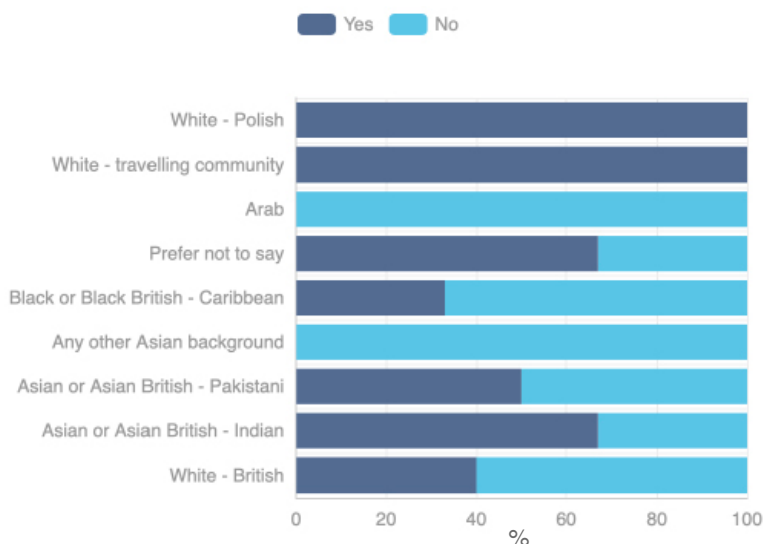
Someone who is White British

“Impact of COVID-19”

Someone who is White British

Preventative Services

Of 61 people who answered this question, 27 people (44%) had been offered access to preventative services to prevent health deterioration (e.g. weight loss classes, gym membership, walking clubs, social opportunities etc)



Suggestions from Respondents

Whilst there were a variety of individual responses, there were some themes including:

- Wider treatment choice and patient choice being heard
- Support with wider issues that lead to poor mental health; housing, finances, nutrition, exercise
- Longer duration for counselling
- Greater connections between services
- More face to face support

Other suggestions included:

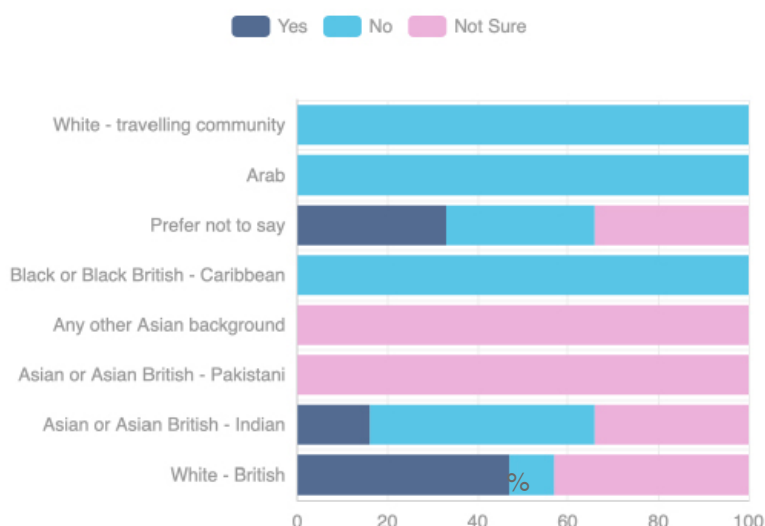
- Increased length of prescriptions - to cover 2-3 months' supply
- Longer duration for mental health support - not limited to 10 sessions of counselling/longer appointment duration
- More coaching
- More funding for services
- Less focus on depression and anxiety scales as causes to focus on mental ill health
- Reasonable adjustments at work
- Greater consideration of side effects before prescribing medication
- Greater challenge on inappropriate behaviour
- Equal access for all
- Greater connections between services

Other Recommendations

People stated they would be unwilling to talk about mental health with their colleagues and employment issues have been mentioned throughout the survey. There seems to be a need for more targeted employment support for those struggling with mental ill health.

People were asked if they felt the needs of their cultural group are considered by health and social care when developing strategies and 50 people responded to this question with 20 people (36%) stating their cultural needs were considered. 14 people (26%) did not feel this was the case and there was higher percentage representation in this response for those from Asian Indian, Black Caribbean, Arabian, White- travelling community and Prefer not to say

Thinking about all of your health care experiences, what suggestions do you have that might improve things for you?



“I think they are trying to but it still seems that they have not got it right.”

Someone who is Asian or Asian British - Indian

“I don’t feel it is my place to answer this question as I have unique cultural needs”
“I have been asked to fill surveys like this before. Nothing changes. It’s just tick box for NHS to say they have ‘asked the blacks and asians’ Nothing changes.”

Someone who is Asian or Asian British - Indian

“Does GCC have Equalities strategies team/input and are they briefed into strategy development and commissioning of services to ensure that all communities needs have been considered?”

Someone who is Asian or Asian British - Indian

Further Contact

18 people were willing to contribute to further surveys or focus groups and left their contact details

Appendices

Survey Questions

Easy Read Survey Questions

Raw Report Data - Multiple Choice Questions

Raw Report Data - Narrative

For more information or paper copies of the appendices contact:
kirsty.dalley@kftseekers.org.uk