

From 'whole systems change' to no change

Considerable sums of money were earmarked by the government under the Delivering Race Equality initiative. Three years on, hopes for change are fading, warns Suman Fernando

Black and minority ethnic (BME) communities have been demanding a fairer mental health system for many years. Hopes for change were raised in 2003 when *Inside outside* was published. Then the final version of *Delivering race equality* (DRE)¹ came out and we detected light at the end of a tunnel. Three years on, that light is flickering and soon to be extinguished unless something is done urgently by those in charge of DRE.

Although DRE had its shortcomings, it was welcomed by BME communities because we felt that at least the government had committed considerable resources to implementing change in statutory mental health services. DRE talked of bringing about 'whole systems change', suggesting that systemic problems, such as institutional racism and the inherent ethnocentric nature of psychiatry itself, would be addressed. Focused implementation sites (FISs) were to set a model for change in the statutory sector. Admittedly, resources allocated to DRE were not ring-fenced. But the Health Care Commission (CHC) and the Commission for Racial Equality (CRE) were named as the bodies to ensure that change would occur.

So what has happened? First, the 'frontline troops' (as the Minister put it) for change, namely the community development workers (CDWs), have not materialised to any great extent. Although 500 were intended to be in place by December 2006, fewer than 160 are in evidence, even on paper. But worse still, many of those designated as CDWs appear uncertain of their role. At best, there is little hope that they will be any more effective in bringing about

changes in the statutory sector than the development workers of the 1980s and 1990s.

So if the frontline is ineffectual or missing, what of the rest of the DRE plan? Several community engagement projects are up and running, but the likelihood that they will become models of good practice that can be copied in the statutory sector is very low. The projects themselves were set up as short-term research programmes, so their sustainability as service-delivery projects (once their one-year funding is over) is inevitably limited.

'Race equality' and 'cultural capability' training is likely to be available in late 2007. However, there are already signals from the Department of Health that training will not be funded adequately; for example, by making sure that the trainers themselves are properly trained and making it mandatory for all key professionals, including psychiatrists, to be trained. In any case, we know from past experience that training alone cannot bring about the 'whole systems change' that was promised.

The FISs were intended to develop co-ordinated systems of change and generate information on practical steps for rolling out DRE across the country. The impression is that they have not got very far – or perhaps they do not know how to go about this. In any case, is it reasonable to expect cash-strapped service providers to take on what they may well regard as 'new' services unless induced to do so by sizeable extra resources – not just the one-off £50,000 available for each FIS?

Considerable sums of money were earmarked under DRE. It is now nearly three years since work began. DRE has a high-profile 'governance' structure: a BME Mental Health Board, a BME National Steering Group and so on. The public should now be told exactly what has been achieved that will benefit service users. We should be informed how the money is being spent: how much for service development, what is allocated for training and what resources have gone to universities and for what purpose. With DRE chief Kamlesh Patel's resignation announced last month, should we not be cutting our losses and perhaps redirecting whatever resources are left to some other purpose, such as strengthening the BME voluntary sector?

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1. *Delivering race equality in mental health care: An action plan for reform inside and outside services*, Department of Health, 2005.