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## Ethnic minorities and mental health services: developing a more sustainable approach

**Ovais F. Badat**

Over the past 20 years, it has been encouraging to see the interest in minority groups' mental health. When efforts to investigate or understand certain groups are met with resistance, observers are often tempted to be apologist in stance: the particular group may not have a culture of discussing mental health issues, or it is proffered that the stigma of mental health problems within the group is too great to allow transparent investigation and approach.

In my particular community (a mixture of Indian and West Pakistani economic and political migrants), we are a little amused at the proliferation of so-called services purporting to want to come to our aid. It would seem that every surgery, every government website, and every White worker is nervously brandishing as many ethnic cues as possible, all assertively trained-up on 'ethnic awareness'.

Every ethnic community also has its busybodies: there are people from within who regularly proclaim themselves as being guides or conduits to understanding 'our people'. They spend their time running around from one ethnically diverse, politically sympathetic meeting to another, often just keeping themselves in a position of purpose. We know who they are in our community, and they often do not get much respect from us because they are the opinionated ones who are better dealt with by simply humouring them.

There are several problems with too much adjustment being made by the host country. First, one cannot argue with the fact that an old White man, who may have fought for this country, is upset because he cannot get around or go out whereas his immigrant neighbour, a man of colour who is regularly offered free recreational bus and has a translator on hand to help him along. Although this man is getting the better service, it would seem that his White counterpart, and the wider White community, may be justifiably aggrieved at this over-swinging of the pendulum.

Second, minority communities can become entrenched, and perhaps a little disabled, in a culture of expectation and entitlement. In alternative times, they may have generated their own means of self-sufficiency and moral policing, much like the vibrant immigrant groups in America.

Third, there is the danger in the denting of the communities pride because of all the well-intentioned but overbearing well-wishing. Put succinctly and brutally, we have a proud, functional, complete culture; we acknowledge and try to accomplish the need to become part of British life, if only the British would allow us the breathing space to do so.

Finally, within every community there are the unfortunate elements who will exploit the cultural card. The media rightly bay for blood on news that a Muslim man gets let off a speeding ticket in court because he claims he was late for prayers at the mosque. He knows he is wrong; he should not have sped. But he has played the race/culture card; he has escaped justice under a smokescreen of British apologism. He failed to take responsibility, but he did lean on an open door.

The world of correspondence and counter-correspondence is sharp; I have absolutely no wish to set back all the good work done by those working in the field of minorities' general or mental health. Since this is a strong opinion piece, however, I ventured to state that there is a certain fatigue generated among us as ethnic minorities about the tawdry policies and lazy theories concerning how we manage or more frequently mismanage our mental health.

What to do? Effective integration demands the need for a compensated integration by the immigrant groups arriving to live in the UK; it would be remiss and destructive of them not to do so. Ethnic minority communities could be educated about how health professionals work rather than the other way round; people could be encouraged to expedite their understanding of the western models and management of illness. This is one way in which future generations can feel the benevolent but assertive pull of their host country. In turn, they can also feel more empowered to communicate with Western healthcare professionals in a way that they know they will be understood.

We are British, and by silent majority, integrating in a slow, but steady way. In the translated and blunt words of my grandmother, who arrived here by steamer in 1967 and who, by virtue of not needing to, still cannot speak a word of English: 'It is amazing that they help us so closely. We came to their country, and we are the guests; we must be proud but also give something back'.

*Declaration of interest:*
O.F.B. born in UK, 1975. Parents and family of mixed Indian and Pakistani origin, immigrated to UK 1967.

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