



Rethink Community Development Service Race & Ethnicity in Mental Health Action Group Report

October 2010

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Rethink Community Development Worker Service Race & Ethnicity in Mental Health Action Group (REMAG)

Community Development Workers in East Kent

Community Development Workers are situated across Kent and Medway to raise mental health awareness, reduce stigma and promote wellbeing within BME communities. The term 'black and minority ethnic' (BME) is used to refer to all people of minority ethnic status in England. It does not only refer to skin colour but to people of all groups who may experience discrimination and disadvantage, such as those of Irish origin, those of Mediterranean origin and East European migrants.¹

Community Development Workers (CDWs) are placed in strategic roles designed to influence service development and advise on BME issues across Kent and Medway. Placements across East Kent since 2008 include; A&E Liaison, Elmley Prison, East Kent Early Intervention in Psychosis, Gypsy and Traveller Communities, Inpatient Services and Health Promotion. CDWs have conducted 'Needs Analysis' and discovered many more carried out by various organisations, however little or no action has been taken. This report focuses on the work carried out by the CDW service in East Kent during 2010 through assertive community engagement.

Background

This report is further evidence of the work carried out nationally and regionally with regard to BME groups, mental health and wellbeing. Below are examples of needs analysis' that have taken place:

"Whilst the population has below average numbers of people from black and minority ethnic groups there are a number of groups with significant additional health needs including prisoners, looked after children, asylum seekers and traveler communities." And Objective 5: "Respond effectively to the diversity and changing demographics of our population."²

"Recent patterns of inward migration have stretched beyond the urban centres into more rural areas of England, where the absolute numbers maybe smaller but the risk of social exclusion and social isolation from services is greater".³

"Refugees and Asylum seekers often face discrimination and a double disadvantage of both health inequality and difficulty of access to services generally and primary care in particular"⁴ "For migrants,

¹ Delivering Race Equality DoH 2005

² Eastern and Coastal Kent NHS PCT 2008 PCT STRATEGY 2008-2013:1-2

³ New Horizons: A shared vision for Mental Health 2010:70

barriers to accessing health care represent a complex picture. Newly arriving migrants may face special health risks and frequently do not receive the care they need.”⁵

“In the UK 1 in 4 people will experience some kind of mental health problem in the course of a year”⁶ However for the Roma and other refugee communities this percentage is significantly higher because of difficult past and present living circumstances and because of the difficulties of transition. For example indicative statistics from a mental health study of the Polish Roma in the London Borough of Newham found that approximately 60% of all those seeking health assistance also requested support for mental health needs.”⁷

MAC Associates (Leicester) Limited were commissioned to undertake a Black and Minority Ethnic Needs Assessment on behalf of Canterbury City Council. The findings showed that “one of the key issues that affect a significant number of respondents is loneliness and isolation (27% total responses) anxiety (11.5% of total responses) and depression (11.8% of total responses). Collectively these issues represent 27% of the total number (238) in the needs assessment.

The report found that respondents wouldn’t seek help and support about the anxiety they were suffering because:

- “ They didn’t feel it was a health issue
- They only suffer from this problem for a limited time
- They don’t know where to seek help from or what is available
- They have concerns about confidentiality and feel certain services should be anonymous.
- They would need time off work to seek help”⁸

These reports clearly state that there is a need for mental health and emotional wellbeing support within specific communities and that there are difficulties with equity and access to care.

⁴ Inclusion Health 2010:10 Folkestone Minority Support Group “No worries now?” An introductory study on the Mental Health of the Roma Community, in and around Folkestone. 2010:7

⁵ DoH South East August Improving Access to health support for migrants, refugees and asylum seekers in the South East. 2009. Folkestone Minority Support Group “No worries now?” An introductory study on the Mental Health of the Roma Community, in and around Folkestone

⁶ Mental Health Foundation:2010

⁷ Folkestone Minority Support Group “No worries now?” An introductory study on the Mental Health of the Roma Community, in and around Folkestone. 2010:28

⁸ MAC Associates BME Needs Assessment Canterbury: 2010

Rethink CDW Findings

Research was carried out by an East Kent CDW in the Canterbury, Thanet and Folkestone area. The research focuses on the most “visible” or “engaged” groups in these areas. It is important to note that these groups are the most actively involved, namely through the support of community grassroots organisations set up to provide support and advice. However, it should be remembered that this does not tell the whole story for all BME groups in East Kent and further work must be undertaken in order to listen to the voices of the seldom heard within a seldom heard group.

The findings are not intended to summarise a whole communities’ experience. However it was thought important to differentiate need and perception accordingly. For each finding a code will be found signifying a particular community.

ASR= Asylum seekers and refugees.

CSR=Czech/Slovak/Roma.

Factors Contributing to Poor Mental Health

- Asylum claims (ASR)
- Housing difficulties (ASR/CSR)
- Poverty (ASR/CSR)
- Poor English language skills (ASR/CSR)
- Domestic Violence (CSR)
- Alcohol and drug abuse. (CSR)

Understanding of Mental Health

- Stigma (ASR/CSR)
- Exclusion from the community (CSR)
- Presents in Somatisation⁹ (ASR/CSR)
- Low level mental distress not seen as a mental health issue (depression, anxiety, stress, postnatal depression etc) (CSR/ASR)
- Beginning to understand the word “depression” (CSR)

Access to services

- Not registered with a GP (CSR)
- Accessing A&E frequently (CSR)

⁹ Somatisation can be defined as the physical manifestation of mental distress.

- GPs are often not culturally competent (ASR/CSR)
- Receptionist staff not culturally competent (ASR/CSR)
- Cultural expressions of distress confused with psychosis (ASR)
- Individuals responded well to robust ethnicity recording (CSR)
- Interpretation services not accessed or available. Carried out by friends and family. (CSR/ASR)
- Talking therapies often are not appropriate (ASR)
- Bureaucracy, paperwork and literacy problems present barriers. (ASR/CSR)
- Mistrust of services. (ASR/CSR)

Reaching out to communities

- Word of mouth and internet viewed as best options to reach out (CSR)
- No groups in the area set up for specific ethnicities. (CSR/ASR)
- Short term funding outcomes do not provide a sustained approach to Community Development Work. (CSR/ASR)
- Recognition needs to be made that groups are no longer “transient” by statutory and voluntary providers.(CSR)

Summary of CDW Findings

Through this research the Community Development Worker team has gained a reasonable insight into the needs of specific communities in the East Kent area and common themes relating to external influences and situations which contribute to poor mental health, language difficulties both in communicating mental health issues and around the terminology of mental health and the cultural competency of staff, receptionists, GPs and therapeutic teams. These commonalities, it was found can lead to communities becoming disengaged from services.

The report does not attempt to summarise or generalise an individual’s experience within an ethnic group. It is innovative and therefore cannot be expected to provide a blueprint for delivering future services. It is however a starting point from which we can move forward in creating equity in mental health services and indeed services which contribute to good mental health and wellbeing.

What Led to REMAG

With several documents finding similar themes and producing many recommendations, which overlap, the Rethink CDW service wanted to be a catalyst for action. By bringing together individuals from across the voluntary and statutory sector we wanted to discuss, debate and put forward ways we could work together to bring about real change.

In the current economical climate we must work innovatively and creatively with our resources, by coming together we can achieve steps towards bridging inequalities and not lose the momentum of all the great work that has happened across East Kent.

The creation of REMAG is to promote better processes of engagement and increase inclusivity in services provided throughout East Kent. It is envisioned that members of REMAG will be active in their

membership and participation in creating sustainable change ensuring services increase access and equity for BME groups in the East Kent area.

Appendix 1

Current Work Being Undertaken in East Kent with BME Groups

This information has been gathered by the CDW service and represents work it is aware of in the East Kent area.

Statutory Organisations

- Eastern and Coastal PCT are in the process of creating a Citizen Engagement Network across Kent in order to prevent duplication of work being carried around regarding needs analysis.
- Eastern and Coastal PCT are creating a database of individuals who have links to specific groups and communities to combat consultation fatigue.
- The LINK in partnership with Kent and Medway Partnership Trust has produced an Equality and Diversity Consultation Report.
- Migrant Helpline and Thanet District Council have employed two Bi-Lingual Workers to work with Czech, Slovak, Roma and Polish groups in the Thanet District to help partners communicate more effectively with Czech/Roma/Slovak and Polish residents. This should help this community develop a better understanding of the cultural and lifestyle norms that apply in the neighbourhoods where they have settled, which should then impact upon reducing the level of public sector time and funding currently required to tackle issues and problems identified with this community. Funding for this project ends in March 2011.
- The Migrant Gateway and Outreach Services Project seeks to assist recent migrants by developing mobile outreach to rural and other hard-to-reach groups, by enhancing in-house Gateway services and community-based health advice and youth activities, and by cross-sector training of service providers. It is led by Thanet District Council on behalf of Kent Children's Trust Local Children's Services, Migrant Helpline, and Kent County Council. The project operates in Ashford, Dover, Gravesham and Thanet districts. It runs from January 2010 until spring 2011.
- Canterbury City Council commissioned a BME needs assessment to be carried out in the area. The launch of which will take place on 2nd August 10 at the Chaucer Technology School and celebrated with a multi cultural festival.
- The Health Trainer Service can help support individuals to find ways of leading a more healthy and happy life. The local Health Trainer will work to identify what's stopping an individual from making the changes they want to make and help them to look at the benefits of making changes. A Health Trainer will provide information about services available in specific areas and give practical support and encouragement. Health Trainers can meet with individuals for up to 6 sessions and the service is free and confidential.

Health Trainers are recruited from the local community; they represent those communities and have an understanding of local issues. The Health Trainer teams are ethnically diverse with

representatives from the Asian, Gypsy, African and Eastern European sectors of the community; within the teams across Eastern and Coastal Kent, Health Trainers can speak Swahili, Mandarin, Cantonese, Urdu, Punjabi, French, Spanish, Russian and Hindi.

- Two members of the Swale Gypsy and Traveller Support Group have taken up roles within the PCT as Health Trainers, with a further six trained as Health Trainer Champions (who have undertaken the Mental Health First Aid course amongst a range of other training including a workshop with the CDW Service) to work within their communities. Also a quarterly forum has been set up between the Swale Support Group and Eastern & Coastal PCT; held at the Sylvia Dunn Centre, as a way to improve engagement, provide more appropriate services to the local Gypsy and Traveller Community and to raise awareness of the services on offer locally.

Community and Voluntary Groups

- FMSG (Folkestone Minority Support Group) works with asylum seekers, refugees, and migrants. They aim to offer practical support and help to those most in need and to signpost people to appropriate services. FMSG also works with the people of Folkestone, aiding integration, understanding and communication. Children and young people are the central focus of FMSG's work but they also work with adults and family groups. The group has recently published a report entitled "No worries now. An introductory study into the mental health needs of the Roma people in and around Folkestone".¹⁰
- Kent Refugee Action Network provides pastoral, educational and befriending support to asylum seekers and refugees in the East Kent area.
- Kent Community Organisation provides a wide range of activities and support to minority (Czech/ Slovak/Roma) and white British groups in the Thanet area.
- Diversity House seeks to address social inequalities that prevent minority communities from adequately accessing community services through the provision of support, advice and well-researched information.
- Home-Start Sittingbourne and Sheppey have secured funding to increase their understanding of how to engage with people from ethnic minority backgrounds in the Swale area. During phase 1 they are talking to as many professionals and families in order to map services already existing in the area and find out what families would like and how best Home-Start can provide support for them. In phase 2 they hope to pilot work in Sittingbourne and Sheppey with families from ethnic minority backgrounds.
- Migrant Helpline provides a variety of services to distressed foreign nationals across the UK, offering projects dealing with the following client groups:
 - Support to new asylum claimants in London
 - Advice services to asylum claimants and refugees in Kent, Sussex and London
 - Advice services to EU nationals in Kent
 - Integration services for EU nationals in Kent
 - Advice services for foreign national prisoners in Kent
 - Support for the victims of human trafficking throughout England, Wales, Scotland and Northern Ireland¹¹

¹⁰ Taken from FMSG website

¹¹ Taken from Migrant Helpline's website.

- Dover Detainee Visitor Group provides support and assistance to Immigration detainees held at Dover Immigration Removal Centre and after release.
- AICA (Ashford International Chinese Association) provides informal support to members of the Chinese community in East Kent.

Appendix 2

Ethnicity Data – East Kent

The most recent published data on ethnicity in the UK is from the Population Estimates published by the Office for National Statistics (ONS) in April 2009. With official statistics, measurement often comes down to one word – AND. The ONS projections use the definition of the BME population as “all ethnic groups excluding White British, White Irish and White Other”. The White Other category is the largest ethnic minority group in East Kent, which can include groups such as Romany Gypsies, Irish Travellers and Eastern Europeans, all of which have significant numbers in East Kent. This distinction between Black Minority Ethnic and Black **and** Minority Ethnic has often, understandably, lead to confusion. This lack of clarity has meant that it is often the case that service providers believe the BME population in their area is much lower than it is, and cultural awareness amongst service providers can come down only to an issue of skin colour and/or language. Table 1 below shows a comparison between the ONS BME figures and the actual figures for the Black AND Minority Ethnic population for the 6 districts in East Kent. Table 2 shows the average percentage estimates for each ethnic category across the whole of Kent and Medway.

Table 1

Percentage BME Population Figures for East Kent – Taken from the 2007 ONS Estimates		
	ONS Black Minority Ethnic	Black and Minority Ethnic
Ashford	5.4	8.9
Canterbury	7.8	13
Dover	3.6	6.7
Shepway	5.7	9.1
Swale	4.3	7.8
Thanet	5.1	8.8

Table 2

Average Percentage Estimates for Each Ethnic Category by Area (Kent & Medway) – Taken from the 2007 ONS Estimates			
Ethnic Category	East Kent	West Kent	Medway
White British	90.95	88.6	89.3
White Irish	0.8	0.9	0.9
Other White	2.7	3.2	2
White/Black Caribbean	0.4	0.4	0.5
White/Black African	0.2	0.2	0.2
White/Asian	0.4	0.5	0.5
Other Mix	0.3	0.4	0.3
Indian	0.8	2.2*	2.3
Pakistani	0.3	0.4	0.6
Bangladeshi	0.3	0.3	0.4
Other Asian Background	0.7	0.5	0.5
Black Caribbean	0.4	0.5	0.6
Black African	0.8	1	0.8
Other Black	0.1	0.1	0.2
Chinese	0.5	0.6	0.7
Other Ethnic Group	0.5	0.5	0.4
Overall % BME			
ONS (Black Minority Ethnic estimates)	5.5	7.4	7.8
Actual (Black AND Minority Ethnic estimates)	9	11.4	10.7
Overall % BME Across Kent & Medway			

KCC Area – ONS	6.3
KCC Area - Actual	10.1
Kent – ONS	6.5
Kent - Actual	10.2

* Hides 7.1 % in Gravesham

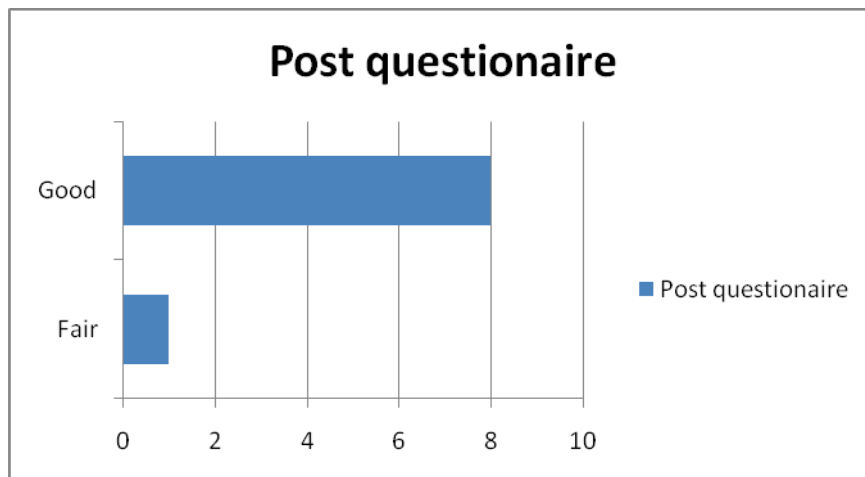
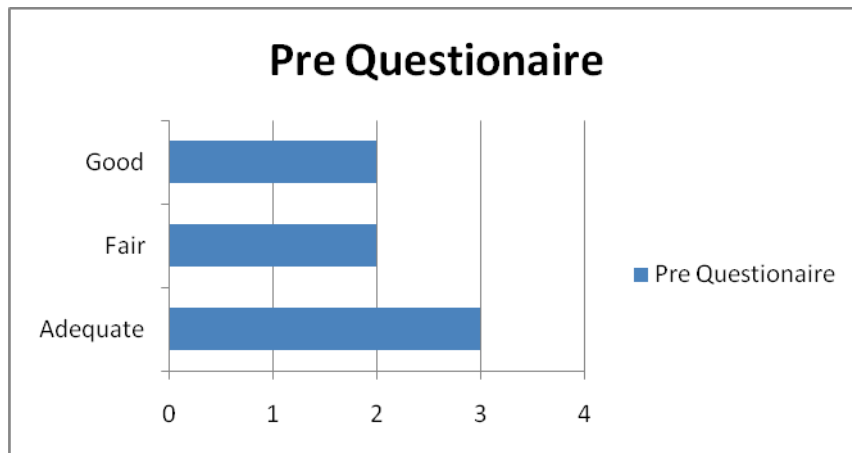
Appendix 3

Results of Cultural Capability Workshop: A Pilot for Voluntary Sector and Local Authority Staff

There were nine participants present at the pilot Cultural Capability Workshop representing Rethink, MCCCH and Canterbury City Council. The results shown below are designed to compare each question asked with a pre and post workshop questionnaire which was circulated to participants beforehand and immediately after the training. All questions gave the choice of answers: Poor, Adequate, Fair, Good or Excellent. We received seven pre questionnaires and nine post questionnaires

Question 1

I have a good understanding of Race and how it relates to Mental Health.

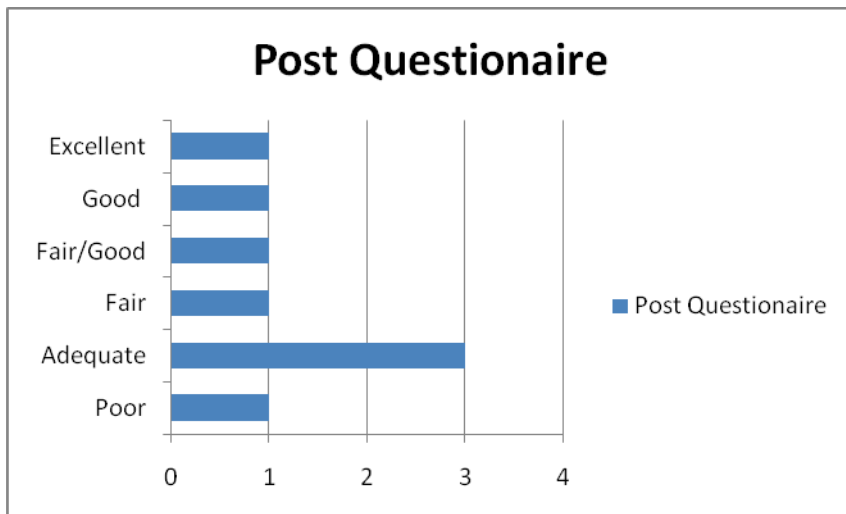
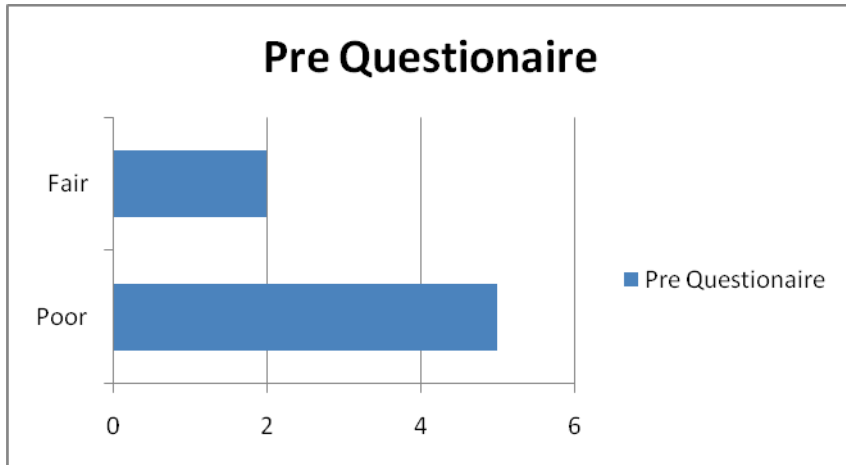


If we look at the pre questionnaire results, the majority of participants felt they had an adequate understanding of Race and how it relates to Mental Health. In the post questionnaire it is clear that this

understanding had increased with the majority stating they now had a good understanding of Race and Mental health. In addition to this no participant felt they had an adequate understanding of Race and Mental Health in the post questionnaire.

Question 2

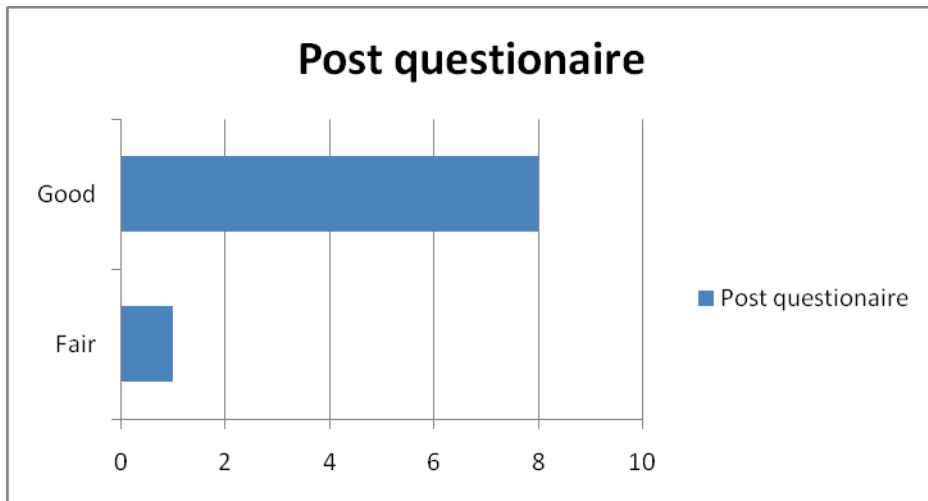
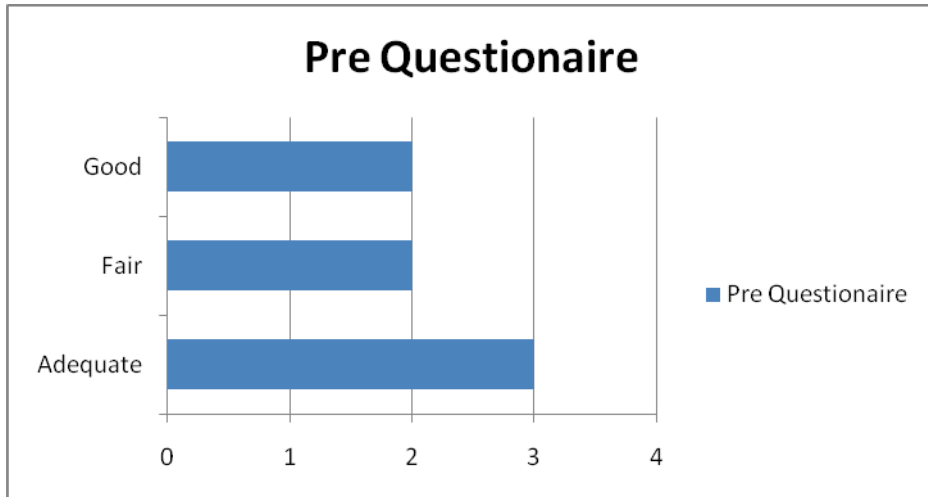
I have a good knowledge of BME communities locally and how to engage communities in services.



In the pre questionnaire the majority of participants stated they had poor knowledge of BME communities locally and how to engage communities in services. This had increased to three answering adequate, four answering fair-excellent and one answering poor. The mixed results in the post questionnaire demonstrate that this question is a complex one however, we can see that the numbers of those answering poor had decreased substantially.

Question 3

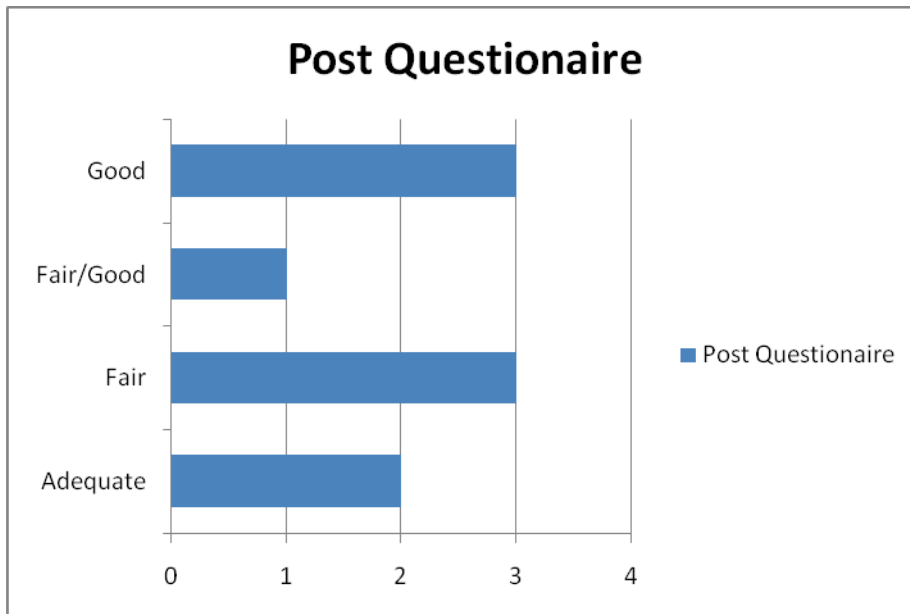
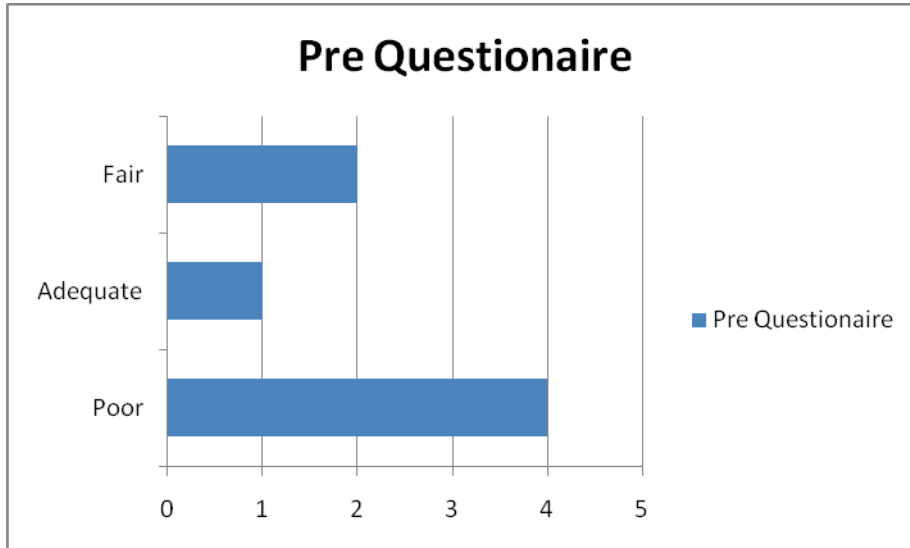
I am aware of my own assumptions and judgements and how they might affect service delivery.



This question demonstrated a definite rise in numbers of those stating they had a good awareness of their own assumptions and judgements and how they might affect service delivery from two people to eight people. No participant answered they had adequate awareness in the post questionnaire.

Question 4

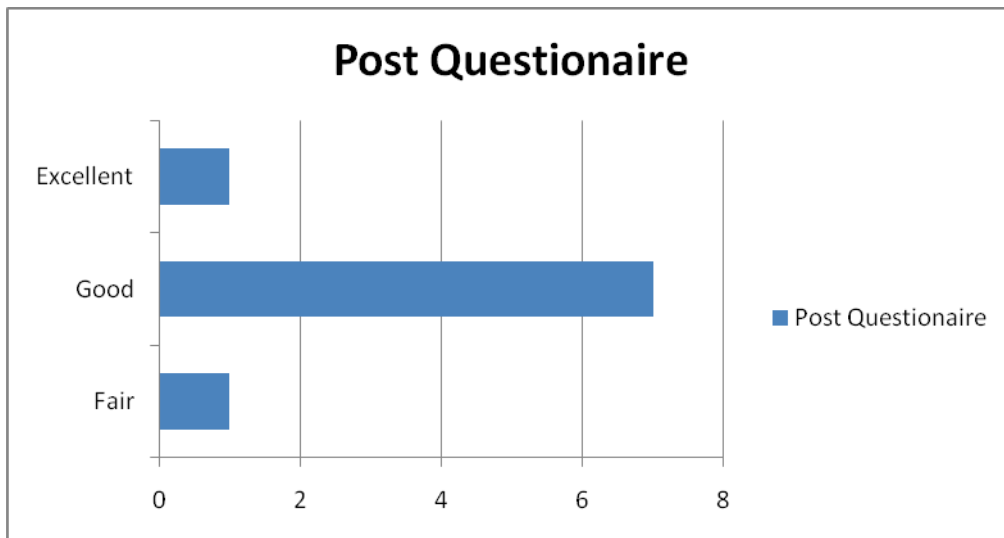
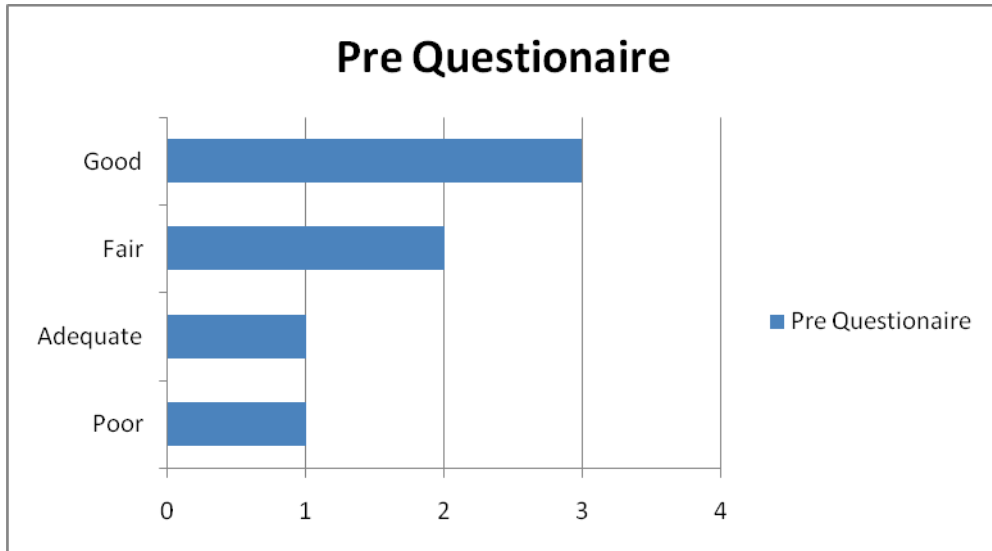
I have a good knowledge of how to work with BME service users, carers and families in an empowering way.



The results show that in the pre questionnaire the majority of participants answered that they had poor knowledge of how to work with BME service users, carers and families in an empowering way. The post questionnaire demonstrates an increase in knowledge with seven answering that they felt they had a fair-good knowledge.

Question 5

I have a good knowledge of the themes of dicrimination and equality.



This question showed that had been a definate increase with no participant answering adequate or poor in the post questionnaire in comparison to two in the pre questionnaire. There was a real increase in the numbers answering good with three in the first questionnaire rising to seven in the post questionnaire.

Themes

Overall it is clear that participants' knowledge and understanding of BME groups, Race, Mental Health and local communities had successfully increased as a result of the pilot Cultural Capability Training. Participants also stated that they would work closely with Community Development Workers in order to better engage with communities and develop service provision to promote inclusivity. Participants

enjoyed and found useful the thought provoking elements of the day which encouraged individual reflection of values and beliefs and how these are embedded within the systems of services. Most participants had wanted to know how they could engage with BME communities in the local area. Throughout the day however this was constructively challenged by the trainers who sought to ensure the training and any engagement would be meaningful and was more than a tick box exercise.

Feedback from the course

How do you feel the course could be improved?

"Less audio"

"I would not change anything given it's stated objectives"

"Could give out a course structure at the beginning of the day? Would have liked more discussion around the "appropriate and non appropriate exercise" maybe getting into groups to compare results."

"No negative comments at all"

"More handouts on work issues discussed"

"To be tailored to a particular service slightly more-although this one was-just not the service I am in."

"It was absolutley fine as it is".

Any other comments relating to the content of this course

" I think it should be rolled out to every service"

"It was delivered well, had a good level of information and was very enjoyable, (felt like a safe environment in which to learn".)

"Very good"

"Absoloutley brilliant. Excellent balance between power point presentation and activities. Well done"

"Really useful-took in lots of information that will be beneficial in promoting services in equality and diversity".

"Group work/discussions particulary useful and felt most thought provoking/educational element of the day."

"Excellent and enjoyable."

Next steps

- The workshop will be developed into a costed course. (Initial costings at £50 per person with lunch included - concessions can be made for group bookings or more than one person from an organisation attending).
- It will be promoted, initially, within the East Kent area to voluntary and community organisations and statutory services across a wide range of services.
- To ensure each participant gets the most out of the day there will be a maximum of 20-25 people on each training course.
- Workshops can be tailored towards the specific needs of organisations with the increase of cultural capability of staff at the heart of the agenda.