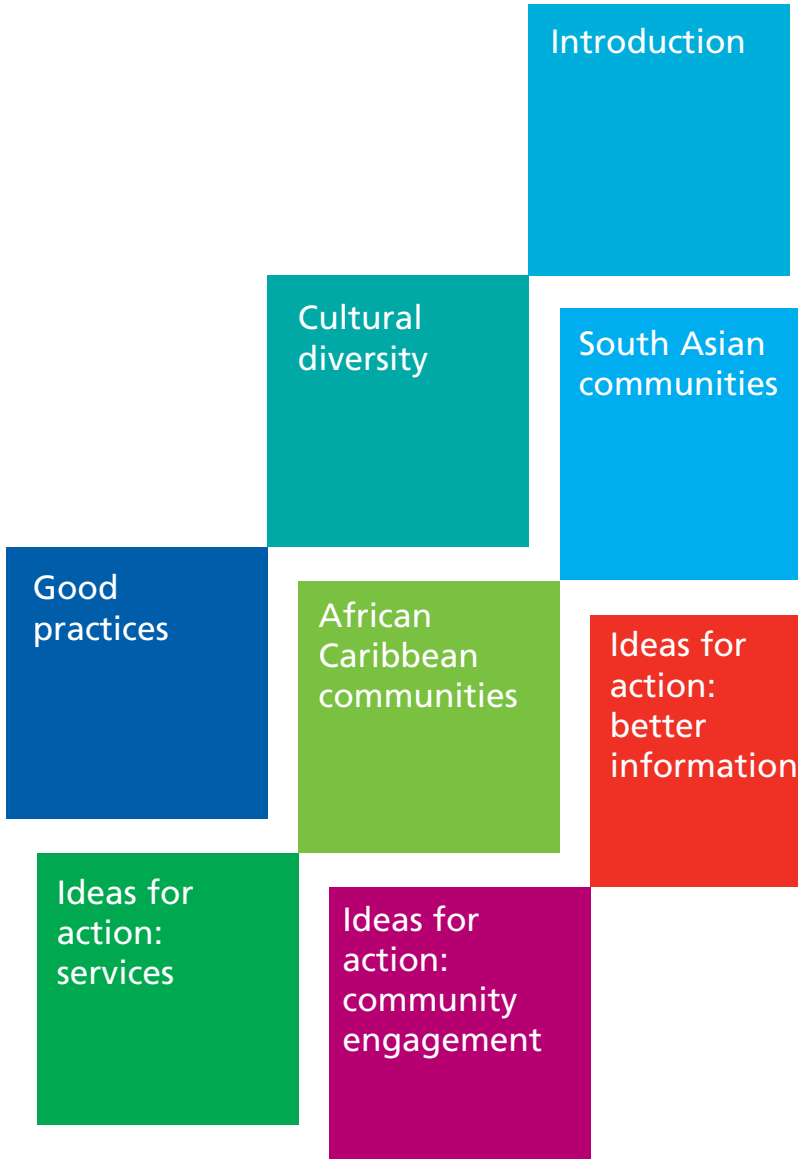
# Positive steps

## Supporting race equality in mental healthcare




**"Every person, whatever their background, should expect to receive the same standard of care from mental health services"**

## DH INFORMATION READER BOX

| | | |
|---|---|---|
| **Policy** | | |
| HR/Workforce<br>Management<br>Planning<br>Clinical | | Estates<br>Performance<br>IM & T<br>Finance<br>Partnership Working |
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| **For Recipient's Use** | | |

# Introduction from Louis Appleby, National Director for Mental Health

Every person, whatever their background, should expect to receive the same standard of care from mental health services. However, evidence suggests that this does not always happen and that the treatment experience of patients from different sections of the community can vary.

For example, research confirms that some black and minority ethnic (BME) service users stay in hospital for longer and are more likely to experience detention. Black patients have also reported a worse experience of care in mental hospitals compared with other ethnic groups[1].

The reasons for this situation are complex and not fully understood. What we do know is that the treatment received by service users should be tailored to their individual needs and not be affected by other factors. Delivering Race Equality (DRE) in Mental Health Care is the Government's plan for ensuring that every person receives the same standard of care from mental health services.

"What we do know is that the treatment received by service users should be tailored to their individual needs and not be affected by other factors"

DRE is based on three connected building blocks:

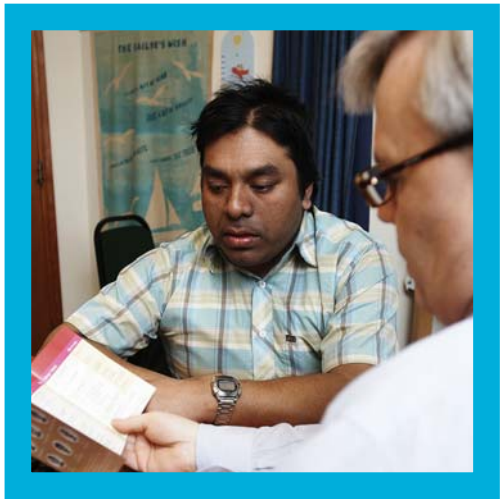
– **More appropriate and responsive services**
Achieved through actions to develop organisations and the workforce

– **Community engagement**
Delivered through healthier communities and action to engage communities in planning services

– **Better information**
Improved monitoring of ethnicity, better dissemination of information and good practice and improved knowledge about good services

The Positive Steps initiative, of which this guide is an important part, is designed to share information about DRE in a simple and practical way. Good practice in building community relations already exists throughout the mental healthcare system. Positive Steps will give practitioners access to the many good ideas that are already making a difference to services across the country. Compiled with the help of health care staff and service users, this guide contains hints and tips for simple things that can be done to improve treatment for all patients. I hope you find it useful.

**Louis Appleby**
**National Director for Mental Health**



## The view from the ground

There are Race Equality Leads working in communities around the country – throughout this guide we reflect some of their thoughts about the issues.

"Be prepared to develop friendships with everyone. Be politically astute and politically balanced. Don't get caught up in race politics."

"If your own ethnicity differs from that of a client or community member, never feel you have to apologise for that difference. Never feel you have to justify who you are. Saying things like, 'I'm not a racist, some of my best friends are black,' will only undermine your position."

"A white mental health staff worker is no less equipped to provide a culturally responsive service for BME clients than a Black or Asian staff worker. Competency and commitment will cross all ethnic boundaries."

"Be prepared to stop, reflect, and even start again if necessary… Keep the bigger picture in mind. A few setbacks and defeats don't mean you won't succeed in the long term."

**Major Population Groups in the UK**

| Ethnic group | Number (to nearest 1,000) | Total % of UK population |
|---|---|---|
| Total population: | 58,790,000 | 100 |
| White | 54,150,000 | 92.1 |
| All minorities | 4,640,000 | 7.9 |
| Indian | 1,053,000 | 1.8 |
| Pakistani | 747,000 | 1.3 |
| Black Caribbean | 566,000 | 0.9 |
| Black African | 485,000 | 0.8 |
| Bangladeshi | 283,000 | 0.5 |
| Chinese | 247,000 | 0.4 |
| Other | 240,000 | 0.4 |

(Source: ONS UK Census 2001)

POPULATION SIZE
7.9% from a non-White ethnic group

AGE/SEX DISTRIBUTION
Non-White groups are younger

GEOGRAPHIC DISTRIBUTION
45% of non-White people live in London

INTER-ETHNIC MARRIAGE
2% of marriages are inter-ethnic

HOUSEHOLDS
Asians have largest households

RELIGION
7 in 10 identify as White Christian

IDENTITY
9 in 10 of Mixed group identify as British

EDUCATION
Chinese pupils have best GCSE results

LABOUR MARKET
Non-White unemployment highest

EMPLOYMENT PATTERNS
Pakistanis most likely to be self-employed

HEALTH
Asians have worst self-reported health

CARE
1 in 10 White and Indian people provide unpaid care

SMOKING AND DRINKING
Bangladeshi men have highest smoking rates

VICTIMS OF CRIME
Highest risk for Mixed race people

## BME communities and mental health

### Multi-cultural Britain

Twenty-first century Britain is more diverse than ever before. Our modern society is multi-cultural, multi-lingual and multi-layered. According to the Office for National Statistics (ONS) UK Census, in 2001 nearly 8% of the UK population – over 4.6 million people – came from ethnic minority communities. And these communities are changing all the time.

The BME population is not evenly distributed across the country, with members tending to live in the large urban areas. The different groups share some characteristics but there are often greater differences between the individual ethnic groups than between the minority ethnic population as a whole and the white British majority.

**Disparities in access, experience and outcomes**

"There does not appear to be a single area of mental health care in this country in which black and minority ethnic groups fare as well as, or better than, the majority white community. Both in terms of service experience and the outcome of service interventions, they fare much worse than people from the ethnic majority."
**Inside Outside, Government report 2003**

**Hints and tips: tackling the problem**

There are a number of steps that can be taken to help reduce the problem, for example:

**1. Train staff in race-equality issues and culturally sensitive care**

This should include the provision of information packs for staff (drawn up in conjunction with local BME community representatives) covering issues such as faith, diet, language and personal care needs of different minority ethnic groups.

**2. Improve interpreting services**

Interpreters should, if possible, be trained in mental health issues. In emergencies, untrained interpreters should only communicate a minimum of information until a trained interpreter can be found. Family members and untrained staff shouldn't interpret on clinically important issues.

**3. Accurately record and monitor ethnicity**

Get trained staff to record and monitor ethnicity, covering all BME admissions and referrals, plus personal details, behaviour, cultural customs and practices once in care. Patients should be assured of confidentiality, and should self-assign their ethnicity.

**4. Have an effective policy in place that deals with discrimination by patients, staff and institutions**

The policy must contain clear definitions of subtle, overt and hidden forms of harassment; encourage staff to act on early signs of discrimination (such as racism); establish and publicise the presence of discrimination advisors who offer confidential support.

**5. Involve communities and the independent sector**

Work in partnership with both community groups and the independent sector to plan and deliver appropriate services.

**The view from the ground: forging successful partnerships**

"Partnership work is essential. If you work in isolation, from the outside you will only succeed in dictating to the community. It's far better to work from the inside, hand in hand with local partners."

"Communication is everything. Straight talking and open, honest dialogue will help you win the respect of community members. Let people know what you're seeking to achieve, and how a partnership approach will be mutually beneficial."

"Keep everyone in the loop at all times. Build email networks and send out information regularly. If matters arise that you think need some explanation, explain them to everyone. The more included and 'in the know' people feel, the more engaged and enthusiastic they're likely to be."

"Be prepared to lead, but also to be led. Be prepared to be surprised and to learn from everyone you interact with. Taxi drivers and cleaners always give you the best perspective on how an organisation works."

"Whenever you can, drop in on local organisations and groups. Maintaining a visual presence helps build trust and reassurance."

"If you're desk-bound, make sure you have good monitoring mechanisms in place so you can receive regular updates from the frontline. You need a clear picture of what's going on in the community, on the wards and in in-patient units."

"It's important to respect professional differences. Honesty and appreciation are essential. Admit to what you can't do, and identify those areas where others can help. Share your expertise and learn from one another. Remember, you're on this journey together."

## Good practice in action

### Partnership working – engaging communities

In centres around the country, practitioners are developing innovative approaches to service provision. This guide offers some suggestions for each of DRE's building blocks of good service. The key to success is often the links practitioners forge with their local communities. The best guide to community working on the ground will be your local Community Development Worker (CDW). For more information about how they can help and where they are, contact your local Race Equality Lead (listed at the back of this guide).

**Positive Steps to inclusive services**

1. Entering mental health services can be frightening for any patient. Encouraging a member of the family, community or friend (with expertise in translation if necessary) to be present during the first interview can help to ease a patient into care

2. Services that involve users and carers in their delivery plans often find new and innovative ideas for keeping treatment and recovery on track

3. Engagement and outreach is an important part of reducing people's fear of mental illness and encouraging people to seek help earlier. It can be useful to speak to community groups, faith organisations and health forums to promote wellbeing and prevention messages to all communities

4. Successful services use a patient-centred approach, seeing the person not the condition or culture. One way to address this issue is to see each of your patients as having unique issues, needs and fears

5. It may be appropriate to explore a range of treatment options that are relevant to each patient, including talking therapies such as cognitive behavioural therapies, which can lead to more favourable patient outcomes than medication alone

6. Faith and spirituality can often help patients' recovery, and play an important role in many communities' mental health. It can be useful to understand the basics of different faiths and involve faith leaders in how your services are delivered

7. Certain communities, particularly African Caribbean and other black men, are more likely to be referred to in-patient services or secure units through the criminal justice system. Mental health workers can help educate local criminal justice colleagues in the police, prison and probation services.

8. Contact the race equality lead for your area for individual advice on simple steps you can take locally

9. Use the Positive Steps material to find out more about good practice in services like yours, and go **www.actiondre.org.uk** for updates on help and resources available to you

10. Share your positive experiences through team meetings or via your nearest DRE representative – you may find the solution to a problem a colleague has been wrestling with for weeks!

## Hints and tips: delivering inclusive and effective mental health care for South Asian communities

**1. Arrange twice-yearly meetings with local Asian faith leaders**

Local faith leaders could help promote inter-cultural understanding in pursuit of race equality in mental health. Ask whatever questions you feel are necessary to help you deliver inclusive and effective health care for South Asian people in your area. Share information with your staff on the specific faith, health and communications needs of this community.

**2. Learn about significant religious dates in the faith calendar of your service-user communities**

This will help inform your cultural understanding of those you are seeking to help, and will help ensure your service offerings, groups and initiatives do not clash with key dates for religious observance. There is a list of resources at the back of this guide, including websites which explain the main beliefs of the religions most frequently practiced in Britain and give key dates for religious festivals.

**3. Use specially trained bilingual mental health care interpreters**

This is particularly important in emergencies. Consider any issues that may arise relating to the age, sex and class of your chosen interpreter, or any religious or political differences that may exist between interpreter and patient. And remember: although a patient may speak English, stress or distress can impede language skills.

**View from the ground**

"You need to know your area. You need to know the ethnic make-up and the social fabric of the local community. Find out what makes things tick locally, what the key issues and concerns are. You also need to identify the key players; the people who will make useful strategic partners and help open doors within the community."

## Mental health and the South Asian Community[2]

### Background

The South Asian community is the largest ethnic minority group living in Britain, representing just over 4% of the population (2001 Census). It consists of four main groups of people – Indian (1.8%), Pakistani (1.3%), Bangladeshi (0.5%) and other Asian (0.4%). South Asian culture is very diverse, encompassing hundreds of languages and dialects, many religions, beliefs, people of different classes, histories and countries.

**Key mental health issues for the South Asian community**

– General: racism, stigma, language barriers, cultural beliefs and practices
– Social risk factors: poverty, unemployment, low levels of education (Bangladeshi); loneliness and isolation (women)
– Health: alcohol misuse (men); high rates of self harm (women); low reported rates of depression/affective disorders (Bangladeshi)
– Service issues: lack of knowledge of services (elderly), delay seeking help

**Family: myths and stereotypes**

The traditional stereotype of South Asian families is one of an extended family where individual members offer support and respect to one another. In this setting, it is believed that people do not need the support of external services or institutions, and would rather 'look after their own'. While the extended family structure still exists, some families can experience violence and pressure in marriage and relationships. Anecdotal evidence suggests a high rate of depression among the South Asian community, often linked to marital and family pressures, and issues such as housing, employment, low economic status and racism. Studies show that distressed individuals have few outlets, and feel they can no longer look to their families for help.

**Women**

The rate of deliberate self harm among young Asian women is higher than the national average. It has been suggested that this may be due to 'culture conflict', whereby young women disagree with their parents' or husband's views around subjects such as divorce, religion, widowhood, inter-cultural marriage and family honour.

**Domestic violence**

In a survey[3], the mental health charity Rethink revealed that 55% of South Asian women respondents had suffered some form of domestic abuse. The majority of the women (73%) stated that shame (or 'sharam') prevented them from getting help. The study revealed that common adverse health effects resulting from domestic violence include depression and emotional pain, as well as difficulty sleeping, anxiety and mood swings.

**Faith**

A Mental Health Foundation research project[4] suggested that there was a positive link between better mental health and practices such as attending mosque. The mosque plays a major part in community life, and people may turn to it for informal psychological support, often visiting and consulting religious leaders on health issues. However, mental health problems may often go undetected, as medical practitioners may not be seen as appropriate people to contact.

**Spotlight on: language barriers**

Where English is a second language, accessing mental health services can be very difficult. Language is a key contributing factor to incidences of mis-diagnosis, as well as low referral for psychotherapy and counselling.

There are ways in which people whose first language is not English can make themselves understood and receive appropriate treatment – usually through the use of family members as interpreters. However, this can be inappropriate, especially if children are interpreting for parents.

Service providers have a statutory duty to provide information to patients about available services, consent to treatment, detention, rights of appeal and other legal matters. Such information should be explained, as far as possible, in a way that patients understand. This includes the use of appropriate language and translated materials.

**Hints and tips: delivering inclusive and effective mental health care for African-Caribbean communities**

1. Involve African-Caribbean communities (amongst other communities) in the planning and implementation of services from the outset

   If relevant individuals and organisations are directly involved in the planning and delivery of mental health services, it would help avoid problems relating to language barriers, myths and cultural misinterpretations.

2. Use advocates for first-time patient interviews

   Entering mental health services can be unknown and frightening for all patients. But for patients from African-Caribbean communities, fear of services can be particularly acute. Having an advocate (with expertise in translation where necessary) on hand during the first interview can help to settle and ease a patient into care.

3. Develop culturally effective outreach and cultural engagement programmes

   Many people from African-Caribbean communities are reluctant to present to mental health services, so you may need to get 'out there' and spread the word about your service offering. In this way you can raise awareness about the benefits of early intervention, and help dispel community fears.

4. Recruit service users from African-Caribbean communities to help break the 'circles of fear'

   On the wards, in in-patient units, or out in the community, willing current or former service users who've been through the system could really help your cause. This will be of particular benefit to community outreach work.

## Mental health and the African-Caribbean community

### Background

According to the 2001 Census, the number of people of Black Caribbean descent living in the UK is around 1.0% of the population and people of Black African descent is 0.8%. Those defining themselves as Black Other make up 0.2% of the population. In the main, the African-Caribbean community lives within the inner cities, and over half are British born. They tend to experience poorer health, have reduced life expectancy and have greater problems accessing health services than the majority white population. For mental health, major concerns include disparities and inequalities in terms of rates of mental ill health, service experience and service outcome.

**Key mental health issues for the African Caribbean community**

– General: racism, stigma, language barriers
– Social risk factors: poverty, unemployment (men), exclusion from school, loneliness and isolation, homelessness, contact with the criminal justice system
– Service issues: delay seeking help, high use of physical/drug treatments, low use of psychological/talking treatments, compulsory admission under Mental Health Act, long stays, families/carers have difficulties accessing help

**Spotlight on: fear**

The Sainsbury Centre for Mental Health believes there are 'circles of fear' that prevent black people from engaging with mainstream services. This means that black people may come to services too late, when they are already in crisis.

"If you combine [the] different layers of fear – fear of black people, fear of mental illness and fear of mental health services, you arrive at a pernicious circle of fear. A circle that impacts negatively on the engagement of black people with services and vice versa."
**The Sainsbury Centre for Mental Health**

**Violence and black patients: the myth**

Mental health care staff are often concerned about violence, and it appears that racial bias in perceptions of danger influence patient management. However, in a study comparing black and white patients, black patients were perceived as being more dangerous, despite exhibiting lower levels of aggressive behaviour.[5]

"The skills of the team are tailored to meeting the needs of our service users. We have been able to show how the recruitment of appropriately skilled workers from the local population enables us to reach out to long-neglected sections of the community. As one carer commented about our service, 'They're out in this community. Lots of the older people here don't speak English. But they're reaching them.'"

Family Welfare Association

Equity in services requires co-ordinated change across the whole system of care. DRE sets out action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups.

Delivering Race Equality Action Plan, 2005

Across England, innovative ideas are being put to the test by practitioners, patients, carers and the wider BME community.

## Ideas for action:
delivering appropriate and responsive services

**Case Study**
**Reaching BME carers at home: Tower Hamlets**
The Family Welfare Association's (FWA) Carers Connect project provides practical and emotional support to carers of people with mental health difficulties in the London Borough of Tower Hamlets.

FWA enables carers to:
– gain the knowledge and skills to find appropriate services, benefits and grants
– access education and employment opportunities
– resolve debt and housing issues
– find a little respite for themselves

Tower Hamlets is one of the most deprived boroughs in the UK and is home to large BME communities, particularly Bengali and Somali. The problems of access to mental health services here are exacerbated by the stigma these cultures attach to mental illness.

To provide appropriate carer support in a private and safe environment, FWA has recruited a team of Sylheti, Somali and Arabic-speaking workers from the local community to make home visits. By being aware of religious, cultural and spiritual needs, the team can establish trust and engage with carers in a way that statutory services find difficult.

Carers Connect is making services more appropriate by ensuring BME carers have a say in the local provision of mental health and carers' services. A steering group has been set up enabling representatives from the local authority, the mental health trust and the voluntary sector to meet carers in quarterly meetings. Sharing best practice plays a vital role in improving services for carers and identifying gaps. FWA is producing a training video highlighting the needs of carers, featuring interviews with carers and professionals plus a variety of FWA activities. Once completed, it will be translated into minority languages and distributed widely among professionals and community groups.

**Case Study**
**James Wiltshire Trust befriending scheme: Hampshire**
The James Wiltshire Trust's Community Engagement Project runs a befriending scheme for BME patients in psychiatric in-patient care units in Southampton and Hampshire.

The scheme uses the unusual approach of working directly with inpatient communities, and draws on the skills of service users, ex-service users, carers and mental health care volunteers. These individuals work to relieve the isolation felt by BME inpatients, and then to help them develop local connections and reintegrate with society. These 'befrienders' play a crucial role in helping patients rebuild their lives, pointing them in the direction of part-time work, hobbies or exercise and sport.

The part-time befriending scheme workers are a vital component in the drive to achieve equality in mental health care for black and minority ethnic clients and carers. Through feedback from workers and patients, insights can be gained into how to look after the spiritual needs and motivations of inpatients on the wards.

"Everyone should be able to access support from staff that are aware and sensitive to their cultural and religious needs…in an environment in which they feel able to relax."

## Ideas for action:
delivering better community engagement

Better community engagement in mental health care is taking many forms. Communities are being consulted and engaged in the drive towards equal and non-discriminatory mental health care in a range of ways – from healthcare teams working with Imams in Bradford to supporting the Jewish community in Manchester.

**Case Study**
**Kids Emotional Wellbeing (KEW-5): Plymouth**
KEW-5 is a community Child and Adolescent Mental Health Services (CAMHS) initiative that links with health visitors, Sure Start, the Ethnic Minority Achievement Service (EMAS) and other voluntary sector players in Plymouth. It has cultivated strong links with the BME voluntary sector in the city and is now regularly approached for support in helping vulnerable people, particularly asylum-seeking and refugee families.

Kew-5's work is led by the needs of these groups, and while it offers tailored individual support for families and children experiencing difficulties, it is keen to tap into existing social networks to support them as much as possible.

Faith groups form a strong part of this approach. Having developed a relationship with a local Muslim community group, KEW-5 has 'joined' the women's group and developed a drop-in session on Sunday mornings where the women can discuss parenting issues with KEW-5's educational psychologist. This has led to individual parents requesting support on various issues – particularly related to teenage children.

The Plymouth Islamic Education Trust, PIETY, offers a number of services to Plymouth's Muslim community, including Arabic and Quaranic lessons, spiritual guidance and counselling services. In partnership with PIETY leaders, KEW-5 has produced a range of literature to promote their work to isolated families, and to promote access to local mental health services. KEW-5 has also developed a relationship with the Christian Refugee Community Group, which provides holistic emotional support for around 200 (largely French/Portuguese speaking) West African individuals and families.

**FOCUS – Dementia carers' support group: Manchester**
Focus is run jointly by Manchester Mental Health and Social Care Trust and the Manchester Jewish Federation. It is a group for Jewish Carers of people who have dementia. The sessions provide an opportunity for carers to obtain a greater understanding of dementia and how it affects people and to receive objective advice from professionals regarding such things as medication, progression of the illness and accessing services for themselves and those they care for. In a confidential environment carers share problems and ideas about coping, give and receive emotional support and are able to befriend people in a similar situation.

FOCUS is the only carers' group run by both NHS and Voluntary sector staff which is designed to meet the cultural, spiritual, social and healthcare of a specific ethnic group. Its venue allows access to a kosher dairy kitchen where food is stored and prepared in accordance with the requirements of the Jewish faith. The dates of meetings are organised around the religious Jewish calendar so as to avoid festival and fast days. By meeting the needs of Jewish carers' in this way FOCUS has been able to attract attendance where other groups have not.

FOCUS is regularly advertised in Manchester Jewish Federations' Time For You Carers' Project newsletter and from time to time in the local and national Jewish press. Carers are invited to informally evaluate the sessions and are encouraged by staff to identify topics for future exploration or discussion. The support to carers offered by FOCUS enables them to continue in their caring role for longer and to improve the quality of the care they provide. Additionally this support potentially increases the likelihood of carers returning to or remaining in work as well as re-establishing social links.

**SIX STEPS TO E-QUALITY**
**Setting up a DRE website:**

**Step 1:** identify contributors from BME communities and staff in NHS trusts

**Step 2:** agree content and style of website for users and others in BME communities

**Step 3:** determine staff information needs and operational access requirements

**Step 4:** provide relevant translations of the content of the site

**Step 5:** produce and test prototype; make modifications; obtain approval for the system from all contributors

**Step 6:** system live - launch and promote through local media and road shows

"The most important part of research is the fieldwork where you meet with people one-to-one and take the time to build individual relationships. The sense of community has been the defining part of Oppressed Voices – community members were the researchers."

Rethink Sahayak

Better services depend on better monitoring of ethnicity, better dissemination of information and improved knowledge about effective services.

Delivering Race Equality Action Plan, 2005

## Ideas for action:
delivering better information

Across England, new initiatives are improving the flow of information between service providers and carers and users. Through websites, newsletters, forums and focus-group research, BME carers and users are finding out more about what services are available to them. Providers, meanwhile, are finding out more about what diverse communities need and want from their services.

**Case Study**
**E-quality 4 BME mental health: Dorset and Somerset**
In May 2006, Dorset and Somerset NHS launched a groundbreaking new website in called E-Quality 4 Mental Health (www.e-quality4mh-dorsetandsomerset.nhs.uk). The website was created in partnership with BME community representatives, and provides accessible information about mental health services both for BME users and carers, and for staff in mental health services.

Topics covered on the website include:
– Mental health and illness
– How to promote good mental health
– Available local and national services
– Culture and faith
– Legal rights and mental health law

There's also a jargon buster to help users understand mental health terms. The E-quality4mh project was funded through the Value Added Grant and has been supported by Dorset HealthCare NHS Trust, Dorset Race Equality Council, North Dorset Primary Care Trust, Somerset Partnership NHS and Social Care Trust, Somerset Black Development Agency and the Somerset Race Equality Council. This alliance intends not only to deliver an informative and community 'owned' website, but also to raise levels of engagement and shared confidence on the part of BME communities and staff in mental health services.

**Case study**
**Oppressed Voices – Rethink Sahayak Community Engagement project: Kent**
Rethink Sahayak, a community-based BME service in Kent, found that South Asian women experiencing domestic violence were unable to find responsive services to help them. Domestic violence within South Asian culture involves many factors, including extended-family involvement and concepts of honour and shame. It can give rise to extremely vulnerable situations for those who have uncertain immigration status.

Rethink's Oppressed Voices project spoke to the women and conducted multi-agency research involving (among others) the mental health commissioner, a domestic violence officer, a service user and researchers from the local south Asian community. The research gave voice to the predominantly silent sufferers of domestic violence and identified key problems facing them: 95% of participants felt there was a language barrier in getting help to deal with the depression and emotional pain caused by the violence, while the stigma attached to reporting it prevented them from doing so.

Oppressed Voices has raised awareness about the issue within the South Asian communities. Women saw that they were not alone in their situation – in one focus group of elderly members of the community, many spoke about the daily burden of honour and shame: "Yes in our society, they believe that this is shameful for family, if any sufferer wanted to take this issue outside the home or to the police."

Rethink's work has led local police to look at the way they address domestic violence for young people, devising early intervention work to raise the issue in schools. There are also plans for the local health authority to base a counsellor at Rethink to help non-English speaking women access their GP more easily.

# Local contacts

To get in touch with Community Development Workers, Focused Implementation Sites (FIS) Project Managers or Race Equality Leads, visit www.actiondre.org or contact the local Care Services Improvement Partnership (CSIP) Regional Development Centre.

| CSIP Regional Development Centres and local FIS | Race Equality Leads/ SHA contacts | Other useful contacts |
|---|---|---|
| EASTERN<br>www.eastern.csip.org.uk<br>Tel: 01206 287593<br><br>FIS<br>• Bedfordshire and Hertfordshire | Dean Pinnock<br>Race Equality Lead<br>deanpinnock@aol.com | Anjum Gray<br>Equality and Diversity Manager, Beds and Luton MHSCT<br>anjum.gray@blpt.nhs.uk |
| LONDON<br>www.londondevelopmentcentre.org<br>Tel: 020 7307 2431<br><br>FIS<br>• North West London<br>• North Central London<br>• North East London<br>• South East London | Melba Wilson<br>Director of Race Equality<br>melba.wilson@londondevelopment centre.org<br><br>Denise Bobb<br>Race Equality Lead<br>denise.bobb@londondevelopment centre.org | David Truswell<br>Central and North West London MHT<br>david.truswell@nhs.net<br><br>Olivia Nuamah<br>olivia.nuamah@londondevelopmentcentre.org<br><br>Alpa Kapasi<br>alpa.kapasi@londondevelopmentcentre.org |
| NORTH EAST, YORKSHIRE AND HUMBERSIDE<br>www.neyh.csip.org.uk<br>Tel: 01904 717260<br><br>FIS<br>• Northumberland, Tyne and Wear<br>• Country Durham and Tees Valley<br>• South Yorkshire<br>• Bradford | Selina Ullah<br>Race Equality Lead<br>selina.ullah@nimheneyh.nhs.uk | Deborah Goodchild<br>FIS Project Manager, Country Durham and Tyne and Wear<br>deborah.goodchild@tney.northy.nhs.uk<br><br>Suzanne Thompson<br>FIS Project Manager, Gateshead Voluntary Organisation Council<br>suzannethompson@gvoc.org.uk<br><br>Salma Yasmeen<br>FIS Project Manager, Bradford City Training PCT<br>salma.yasmeen@bradford.nhs.uk<br><br>Sarwar Khan<br>FIS Project Manager, Doncaster and South Humber Healthcare NHS Trust<br>sarwar.khan@dsh.nhs.uk |

| CSIP Regional Development Centres and local FIS | Race Equality Leads/ SHA contacts | Other useful contacts |
|---|---|---|
| NORTH WEST<br>www.northwest.csip.org.uk<br>Tel: 0161 351 4920<br><br>FIS<br>• Greater Manchester | Manjeet Singh<br>Programme Coordinator, CSIP NW<br>manjeet.singh@northwest.csip.org.uk | Manchester PCT<br>claudette.webster@centralpct.manchester.nwest.nhs.uk |
| SOUTH EAST<br>www.southeast.csip.org.uk<br>Tel: 01256 376394<br><br>FIS<br>• Surrey and Sussex | Poppy Jaman<br>Race Equality Lead<br>poppy.jaman@sedc.nhs.uk | |
| SOUTH WEST<br>www.southwest.csip.org.uk<br>Tel: 01278 432002<br><br>FIS<br>• Dorset and Somerset<br>• South West Peninsula<br>• Hampshire and Isle of Wight | Mark Patterson<br>Race Equality Lead<br>mark.patterson@nimhesw.nhs.uk<br><br>Barry Webb<br>Head of Service Improvement,<br>South West SHA<br>barry.webb@dsha.nhs.uk<br><br>Penny Lewis<br>Policy Lead for Leadship and Diversity, South West SHA<br>penny.lewis@swpsha.nhs.uk<br><br>Giovanna Edwards<br>Dorset and Somerset SHA<br>giovanna.edwards@dsha.nhs.uk | Lyn Nightingale<br>Plymouth PCT<br>lyn.nightingale@pcs-tr.swest.nhs.uk<br><br>Beverley Meeson<br>FIS Coordinator, Hampshire and Isle of Wight<br>neverley.meeson@hantspt-sw.nhs.uk<br><br>Rory Bowe<br>Surrey Oaklands NHS Trust<br>rory.bowe@surreyoaklands.nhs.uk |
| EAST MIDLANDS<br>www.eastmidlands.csip.org.uk<br>Tel: 01623 812943<br><br>FIS<br>• Trent<br>• Leicestershire, Northampton and Rutland | Asha Day<br>Race Equality Lead<br>asha.day@eastmidlands.csip.nhs.uk<br><br>Marion Gee<br>East Midlands SHA<br>marion.gee@lnrsha.nhs.uk | |
| WEST MIDLANDS<br>www.westmidlands.csip.org.uk<br>Tel: 0121 678 4854<br><br>FIS<br>• Birmingham and Black Country | Ranjit Senghera<br>Race Equality Lead<br>ranjit.senghera@csip.org.uk<br><br>Loretta Fuller<br>FIS Coordinator, West Mids SHA<br>loretta.fuller@westmidlands.nhs.uk<br><br>Claudette Webster<br>Associate Director Access and Inclusion, Central | |

## Useful websites

African-Caribbean Mental Health Association
Suites 34 and 37, 49 Effra Road, London SW2 1BZ
email: **acmha1@aol.com**
Tel: 020 7737 3603

Bangladeshi Welfare Association
**www.bangladesh-welfare.org.uk/**

Care Services Improvement Partnership
**www.csip.org.uk**
Chinese Mental Health Association
**www.cmha.org.uk**

Commission for Racial Equality
**www.cre.gov.uk**

Confederation of Indian Organisations (UK)
5 Westminster Bridge Road, London SE1 7XW
Tel: 020 7928 9889

Department of Health
**www.dh.gov.uk**

Diverse Minds (Mind's Black and Minority Ethnic unit)
**www.diverseminds.org.uk**

E-quality for mental health (website)
**www.e-quality4mh-dorsetandsomerset.nhs.uk**

Family Welfare Association
**www.fwa.org.uk**
Irish Support and Advice Service
Tel: 020 8741 0466

KEW5 (Early Years Community CAMHS Team)
**www.southwest.csip.org.uk/-kew-5.html**

Manchester Jewish Federation
**www.themjf.co.uk**

Mind (National Association for Mental Health)
(See fact sheets on BME mental health)
**www.mind.org.uk**

Plymouth Centre for Faiths and Cultural Diversity
**www.plymouthcfcd.co.uk/events/regular.html**

Rethink Sahayak project
**www.rethink.org**
Sainsbury Centre for Mental Health
**www.scmh.org.uk**

Vietnamese Mental Health Services
Thomas Calton Centre, Alpha Street, Peckham
London SE15 4NX tel: 020 7639 2288
email: **vietnamesemhs@aol.com**

Voices project (Norwich Mind)
**www.voicesproject.org.uk**

**www.bbc.co.uk/religion.tools/calendar**

## Useful materials

National Service Framework for Mental Health
(Department of Health)
**www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009598&chk=jmAMLk**

Delivering race equality in mental health care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett (Department of Health)
**www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4100773&chk=grJd1N**

Inside Outside: Improving mental health services for black and minority ethnic communities in England (Department of Health)
**www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4084558&chk=aAPu15**

Engaging and Changing: developing effective policies for the care and treatment of Black and minority ethnic detained patients (Department of Health)

Count Me In: Mental health and ethnicity census
(Health Commission)
**www.healthcarecommission.org.uk/nationalfindings/nationalthemedreports/mentalhealth/countmein.cfm**

Breaking the circles of fear: A review of the relationship between mh services and African and Caribbean communities (Sainsbury Centre for Mental Health)
**www.scmh.org.uk/80256FBD004F3555/vWeb/flPCHN6FMJZP/$file/breaking+the+circles_on-screen+version.pdf**

Oppressed Voices: Understanding the effects of Domestic Violence for South Asian Women (Rethink Sahayak Community Engagement Project)
**www.rethink.org/applications/site_search/search.rm?term=oppressed+voices&searchreferer_id=6**

The impact of spirituality on mental health,
(Mental Health Foundation)
**www.mentalhealth.org.uk/publications/**

1 *Count me in: National Mental Health and Ethnicity Census* (2005 Service User Survey) Mental Health Act Commission

2 Material in this section draws on the Mind factsheet: *The mental health of the South Asian community in Britain*, the NIMHE *Engaging and Changing* report and NIMHE's *Celebrating Our Cultures* report

3 *Oppressed Voices*, Rethink

4 *The impact of spirituality on mental health*, Mental Health Foundation

5 Bhui, K (2001) Over representation of black people in secure psychiatric facilities. British Journal of Psychiatry, 178 (6) 575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