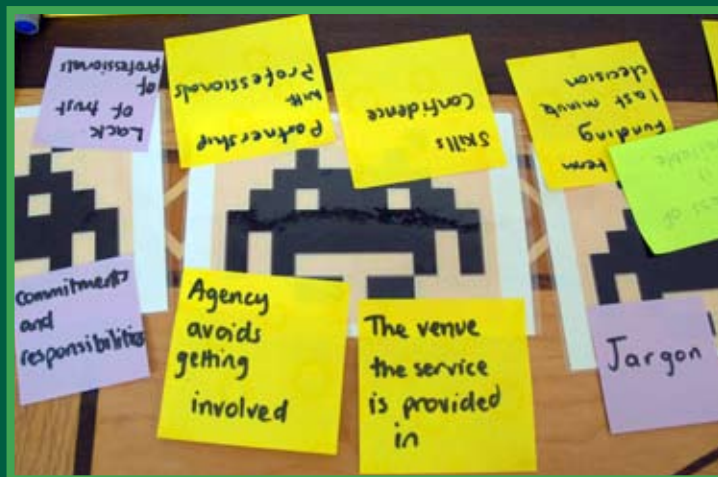


The National Community Development Network



Beautiful Minds Conference Report

March 2008



Improving support for a stronger third sector

Wakefield District **NHS**
Primary Care Trust



Supporting Communities
Creating Change

Report published March 2008, edited by Dr. Val Harris

You are welcome to use extracts from this report provided that you show clearly where they have been taken from.

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Beautiful Minds Conference

Thursday 28th February 2008
The Orangery, Wakefield

Programme

- 10:00 Registration and refreshments
- 10:30 Introduction to the day
Rashna Hackett, Race Equality lead for Yorkshire and Humber North East region
- 10:40 Local Perspective
Ruksana Sardar-Akram, Health Improvement Practitioner Specialist (BME Groups) Wakefield District PCT
- 11:00 Touchstone Project
Show case of the Community Development project in Leeds (Jon Beech)
- 11:20 Tea and coffee
- 11:35 Workshop One – Space invaders, the monsters!
An interactive workshop looking at the barriers people from the BME community face when accessing mental health services
- 12:35 Lunch
- 1:30 Workshop Two – space invaders, the bullets and shields!
Looks at the role community development has in ‘zapping’ the space invaders (barriers). Good practice and solutions can be shared, and we will look at the ‘shields’ that ensure the long term sustainability
- 2:30 Tea and coffee
- 2:45 Evaluation and vision for the future
Rashna Hackett
- 3:00 Close

Introduction to the day

The conference was opened by Rashna Hackett, the Race Equality lead for Yorkshire and Humber North East Region. Rashna gave a background into Delivering Race Equality and how the Community Development Work post came about. She also talked about the importance of community development in Delivering Race Equality.

Local Perspective

Ruksana Sarder-Akram - Health Improvement Practitioner Specialist (BME Groups) gave an overview of the BME work being undertaken in the Wakefield District

Ethnic Minority population in West Yorkshire

Area	Population	Ethnicity
Bradford	467665	30%
Calderdale	192405	7%
Kirklees	388567	15%
Leeds	715402	11%
Wakefield	315172	3%

Ethnicity & Religion in Wakefield 2001 Census

Christian	246510
Buddhist	302
Hindu	617
Jewish	111
Muslim	3589
Sikh	266
Other	560
No religion	37008
Religion not stated	26209

Delivering mental health services for a Diverse society (BMJ 2004, Vol 329) shows that:

- The presentation, management and outcome of mental disorders differ between ethnic groups
- The most consistent findings are that African-Caribbean's with mental health problems are disproportionately found in forensic, psychiatric, and prison populations and among compulsory detained patients
- They are more likely to receive antipsychotic medication and less likely to be offered psychotherapy.

- Rates of suicide are also higher among some South Asian women and young people of Caribbean origin



Targeting mental health in Wakefield - A BME Local Perspective

So what are we doing locally within Wakefield?

1. Community Development

- Women's Groups
- Promoting Positive Health
- Health Fairs & Consultation

2 Mental Health Transcultural Group

- Purpose - Promoting equality and diversity in mental health services for BME communities in the Wakefield District
- Aim - To explore the issues relating to diversity in mental health.
- The group is open to anyone interested in shaping and informing service provision. Service users, Carer's and service providers are welcome to attend
- Membership of group:
 - Patient & Public Involvement Forum
 - Strategic Housing
 - PALS
 - CMHT/CPN
 - Carer's Service
 - Social Services & Health
 - Community Development Workers
 - Social Care Direct
 - Learning Disabilities
 - Cloverleaf Advocacy Project
 - Back in Touch project
 - Psychotherapists
 - Councillors
 - Equality & Diversity Service
- Research & Discussion
- NSF Mental Health
- Rocky Bennett Inquiry
- DRE CDW Project
- Partnership & Collaborative Working

- Accountable to the Mental Health Partnership Board
- BME Leadership Award/Health Foundation
- External Speakers
- Mental Health Conference
- Networking
- Case studies

Examples of Key issues

- Asylum Seekers & Refugees
- CAMHS Services
- Substance Misuse
- Cultural Awareness
- Increase in suicides in Asian Women
- Spirituality and religion in mental health
- BME Toolkit for GP's
- Research
- Ethnic monitoring

3. Mental Health Conference – working to improve mental health services for the South Asian Community - a free conference to help inform the way mental health services should be delivered to the South Asian Community

Aim of Conference

- Bringing together people from the South Asian community with key people responsible for commissioning mental health services.
- Highlighting key areas with respect to South Asian communities, and considering ways in which these issues can be included into service planning.
- Consulting with people to gain views on how

to improve service provision for South Asian communities.

Recommendations – Action Plan

- Community development workers
- Cultural awareness training
- Spiritual & religious perspectives
- Race Equality Policies
- Health Trainer involvement
- Regional Network
- Substance misuse
- Mental Health Transcultural Group – key thematic groups
- Mental Health Partnership Board agreed action plan
- Supported by Transcultural Group and DRE CDW Project Team
- Supported at strategic level via BME Leadership Health Foundation Award

4. BME Shared Leadership Health Foundation Award

- Strategic Core Group (including Mental Health Transcultural Group and Partnership Board)
- Access to Consultant over 40 days for 2 years
- £30,000 funding to support project
- Tackling inequalities in BME Mental Health through leadership and organisational team



Touchstone Project

Jon Beech gave a presentation about the BME community development project he has been managing in Leeds for the past 18 months. This gave a really useful insight into how the CDW work in practice. Stephanie Lewis, a CDW, then spoke about a specific music project she had undertaken with BME community members, highlighting information from the DRE. The music was then showcased for participants to hear during the break.

Changing Minds with Hip Hop – “Sectioned” a Saga/Rap Conscious Production with Touchstone Community Development

Who are we?

- Local people from BME backgrounds
- We don't claim to be “experts” in Mental Health or Community Development
- Passionate, creative people, who are willing to get stuck in

How we explain what we do:

- We keep it simple – avoid jargon
- We keep it focused – everything we do is directly related back to priorities of DRE
- We keep it collaborative – priorities are set by community themselves.

Community engagement isn't Rocket Science:

- Listen & learn from what people say
- Focus on what people can do, and get on with it
- Reflect together on how to do it better next time
- We make sure we do better next time

Where the project came from – the Department of Health Delivering race equality in mental health... and our immediate thoughts...

- No more conferences
- No more leaflets
- No more consultations

Where we found inspiration:

- Look local
- Start a conversation
- Encourage & support
- Trust and value their experiences & creativity
- Don't interfere too much

The challenges we faced:

- Before
- During
- After

What happened next

(sings) who has the right to say that a man is a bad man (uptake of chorus)

yeah I like it

the chorus is the best part

Its real it sounds good

some of the lyrics you can't get, you'd have to listen to its again.. but you would, its good

its pretty cool

I don't think they could have done it any better

I think it sounds like its been written by people like us like its from one of our own

www.myspace.com/bmecdw

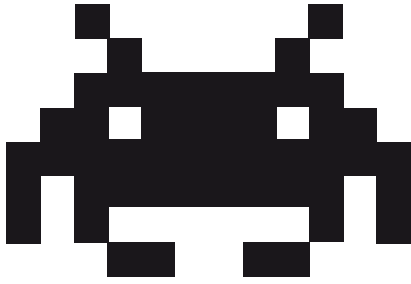
Travellers and Gypsies

Heather Kopp – Health Improvement Practitioner Specialist (Travellers and Gypsies) spoke about a DVD she helped to make which details gypsy and traveller life on a site in Wakefield. The DVD aims to raise awareness and break down barriers and discrimination. The DVD on travellers and Gypsies was called 'Site Life - Life on Wakefield Travellers Site'. Heather gave a background into how and why the film was produced, because children and young people did not have much to do and they decided to make a DVD about gypsy and traveller life to help break down barriers and discrimination. They worked in partnership with Heather (PCT) and got funding from the council to produce the DVD. "Site Life is a film made with residents at the heath Common Travellers site in Wakefield between 2006 - 2007. The film gives an insight into both daily life on the site and the heritage of Gypsies and travellers". The DVD was shown during lunch and copies are available for sale.



Workshops

Sarah Phillips introduced the workshops and their work is summarised below.



The Barriers

The barriers people from the BME community face when accessing mental health services

- The comments from the different workshops have been grouped together as many of the same topics were recorded in all of the workshops.
- The services are not culturally sensitive and do not take into account issues of spirituality, religion, the situation of women and the very different needs of different communities. There was an ignorance of the differences between communities and particularly around the needs of refugees, asylum seekers and migrants.
- The kinds of services on offer were not always what was wanted – there is a lack of counselling and therapies as alternatives to medicine. The services did not cater for the different age groups. There was a lack of acknowledgement of the needs.
- The location and kind of venues used and the times that services were available made it hard to access the services. Staff did not have the time to offer a quality service, some did not follow their remit and others had no commitment.
- The relationship with professional workers was often characterised by a lack of trust. They were perceived as lacking the skills, awareness and sensitivity to work effectively with the range of BME communities. The relationships were affected by racism, prejudice and stereotyping. The workforce was not representative of the many different communities within the district.
- There seems to be a lack of leadership and a lack of an agreed vision about what is to be achieved. There are constraints created

by government legislation and the way Local Authorities work to performance management.

- Communication between professional workers and the members of BME communities trying to access services were not effective. It was affected by the use of jargon, different languages, levels of literacy and difference in perceptions and understanding.
- Partnership working was affected by the lack of representation by BME communities on decision-making bodies. Meetings were held on providers' territory and they were formal sessions which were not easily understood. Communities are suffering from consultation fatigue, and community representatives feel that they are not achieving anything and so are less willing to give their time. The structures for effective participation do not exist and there are few resources to support effective participation. There is a culture of tokenism and box ticking. There is a lack of understanding about the new strategies such as DRE.
- The funding that is available for BME specific services is short term and there is no sustainability.
- The stigma associated with mental ill health means that communities do not want to intervene in what is seen as a private matter, that individuals do not want their families and friends to know because it is seen as 'failure'. There is a fear of being labelled and of the isolation that comes from this labelling. The traditional culture and religions within some communities can prevent people from seeking services. The lack of confidentiality and community leaders and workers from the same community can create barriers to seeking support.
- There are few role models for BME communities and a lack of local champions, which compounds the internalised oppression that many people carry.
- It is hard to get people involved to try and make changes and to constantly be challenging the taboos.
- There is a lack of knowledge about what services are available, and a general lack of confidence and self esteem which prevents people asking.

- There are external factors that need to be recognised, having larger families than they can cope with, overcrowded housing, lack of access to employment and education.



Solutions

Solutions proposed – a guide to good practice

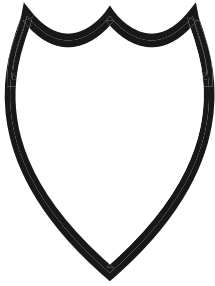
- Professional staff should be challenging inequalities as part of their work
- Equality and Diversity issues should be embedded in all training and in continuous professional development of professional staff
- There should be opportunities created to share and learn from practice and from research and the developing evidence base of good quality practice. Professionals need to be able to keep up to date with changes in legislation, demography etc.
- Joint meetings between community groups, users of services, decision-makers and professional staff should be encouraged and supported
- Commissioners should be from diverse backgrounds
- Multi-agency events should be held to celebrate and raise awareness of different cultures
- A web site could showcase what is being done around equalities and community development and to show the impact of these activities. Need to develop ways to measure the effectiveness of a community development approach.
- Networking should be encouraged and supported between all stakeholders and between members in the community
- Early interventions are needed along with a holistic and family based approach
- Services need to become more accessible- with interpreters, therapists, friendly venues which do not stigmatise, better signposting and information provided about alternatives. They

need to make people feel welcome and valued. They need to reflect the different needs of certain age groups

- Partnership working with community groups and with religious leaders to ensure that the services offer choices that reflect cultural and religious requirements. Listening to each other to learn the problems from the past is one way to develop in the future. There is a need to build up trust with the community
- The educational needs of children and families need recognising and meeting
- The WRAP Wellness Recovery Action Plan approach can help train up community members to help others in their community



Shields



The shields that are needed to make sure that services improve

- Resources for services and community groups
- The mainstreaming of a community development approach
- A long term planned approach
- Building equality and diversity monitoring into work place practice
- Managers monitoring the staff cultural awareness and understanding of DRE
- Building the confidence of people to be assertive and to contribute effectively
- Encouraging independent groups
- A continual process of awareness raising
- Ensuring the contribution from community groups and members



Concluding Comments

This conference has helped to make new links and develop existing ones between community development workers across the southern part of the Yorkshire and Humber region. It has provided an opportunity for the newly appointed community development workers for BME Mental Health to see and hear about examples of good practice and to network with each other and to make contacts that will help them in their future work.

We have been proud to have taken the initiative in putting this conference on in Wakefield as part of our role as a regional lead for the Diversity and Racial Equality agenda. It has been a real opportunity to show how important it is to take a community development approach to DRE work.

The next steps will be to develop an action plan based on the activities suggested on the 'shields'. So, as an example, we want to ensure that the skills and ability to 'challenge around equality and diversity' are put into everyone's job description, and that this is monitored and developed through supervision and the performance management of people, so they develop the skills to do this effectively. Another area to focus on would be to gain recognition of the gaps in services provision across the region for BME communities and to see how this can be addressed. The lack of resources for community groups is another area that needs tackling urgently.

We would like to say a huge thanks to everyone who helped organise this conference and to all of you who came along and made it such a positive experience. It was good to hear all the examples of good community development work practice in tackling and trying to support and resolve issues around mental health services for BME community members.

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