

Delivering Race Equality in Mental Health Services in Redbridge

A decade of community development



RedbridgeCVS 

NHS
Redbridge



Contents

- 1 Executive Summary
- 2 Background
- 3 Phase One: Research and Insight
- 4 Phase Two: Engagement and Change
 - 4.1 Outreach
 - 4.2 Innovation and Entertainment
 - 4.3 Training
 - 4.4 Influence
- 5 Future Plans at the time of Decommissioning
- 6 Conclusion





1. Executive Summary

This document gives a brief overview of the ten years' work undertaken by RedbridgeCVS and its Psychological Health Community Development Project in seeking to support local Black, Asian and Minority Ethnic communities to stay psychologically healthy and to access and help improve local mental health services. The work was funded throughout by Redbridge's NHS, firstly by the Primary Care Trust, and subsequently by its successor body, Redbridge Clinical Commissioning Group.

The work involved an innovative mixture of research, outreach visits, training and influencing. We believe that Redbridge's Black, Asian and Minority Ethnic (BAME) communities are now more aware of common mental health conditions and the related NHS mental health services – and that these services are more responsive to their particular needs – as a result of this work.

After a decade in which Redbridge has gone from the 9th most diverse local authority area in the country to the 4th, a huge amount of work has been done to help local people from BAME backgrounds to understand and feel confident in accessing local mental health services. This report outlines some of this work in the hope that the lessons learned will not be lost now that this work is no longer being commissioned in Redbridge.

RedbridgeCVS would like to thank all the individuals who have given their time and input to our work:

- the mental health service users and community members who shared their experiences and ideas with us
- the actors and film-makers who helped promote positive messages of change
- the faith and community group leaders who attended our training courses and welcomed us into their communities to talk openly about these sometimes difficult subjects
- the commissioners and colleagues in the NHS and other public sector agencies who have supported and helped this work
- those delivering front line mental health services who have sought to adapt their practice to meet the needs of our highly diverse community

We would also like to thank the three inspirational women who have carried the unwieldy job title of **BAME Psychological Health Community Development Worker** as the work has developed and evolved: Roxanne Keynejad, Nisema Patel and Sabina Jaulim.

2. Background

In the cold February of 2007, RedbridgeCVS was contacted by the North East London Foundation Trust (NELFT) who wanted to discuss the prospect of our hosting a mental health “Community Development Worker” post which the local NHS Primary Care Trust was seeking to commission in order to improve engagement between mental health services and local BAME communities: “You are the people with the expertise in the voluntary sector and it would seem to make good sense that the post is based with your service. What do you think?”



Nisema Patel at the Asian Women of Achievement Awards 2010, London Hilton, Park Lane

people with Asian heritage. After initial discussions, RedbridgeCVS worked with NELFT and the Redbridge Primary Care Trust (PCT) to recruit and employ a “BAME Psychological Health Community Development Worker”.

The post was to be funded via central government’s *Delivering Race Equality* scheme, which sought to ensure that people from different ethnicities and cultures were able to access mental health services equally, according to need. The scheme sought to ensure that Community Development Workers were employed across the country, as a direct response to the findings of Sir John Blofeld’s inquiry into the death of David “Rocky” Bennett which found that there was “evidence of institutional racism” in Mr Bennett’s treatment by mental health services. At the time, Redbridge’s mental health services, like most of those in the region, showed an over-representation of Black Caribbean, Black African and Other Black people, and an under-representation of

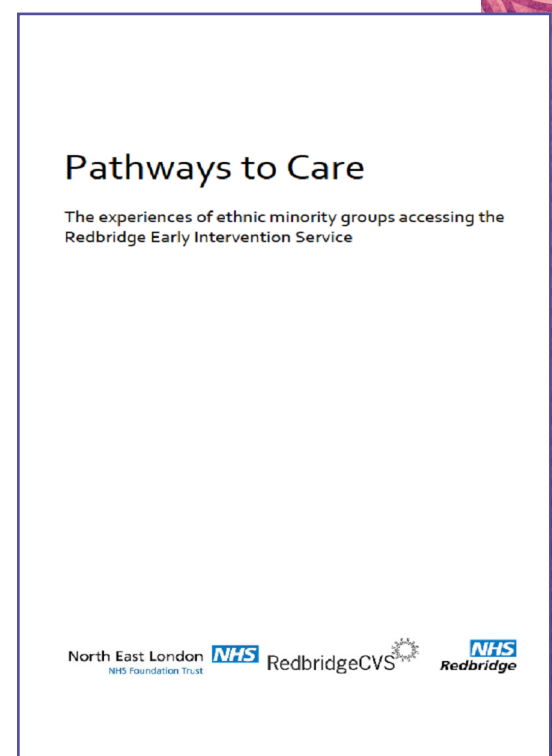
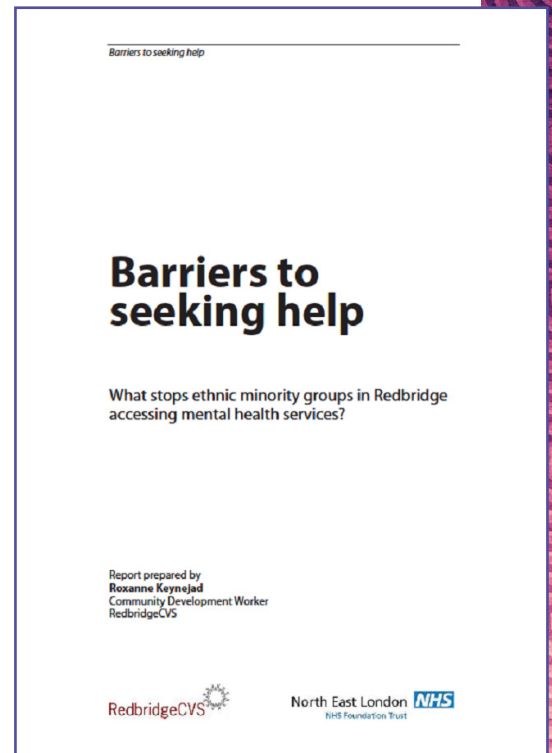
3. Phase One: Research and Insight

The initial post-holder, Roxanne Keynejad, started work in October 2007 and was based part-time with RedbridgeCVS in central Ilford and the rest of the week within NELFT's Early Intervention in Psychosis Team at Goodmayes Hospital. The first tasks for the project were to research the barriers that prevented people from different BAME backgrounds accessing services appropriately when experiencing mental health issues, and to research the routes that current clients of the Early Intervention in Psychosis Team (EIPT) had taken to make contact with the service.

Barriers to seeking help: What stops ethnic minority groups in Redbridge accessing mental health services?

was completed a year later – and showed a complex picture of the widely differing views amongst local communities as to what constituted mental illness and mental wellbeing. Ethnic minority groups' causal explanatory models of mental health problems jarred conspicuously with the Eurocentric bio-medical model adopted by NHS services. Biological causes were rarely mentioned in interviews with local people. Social problems, family difficulties, isolation, life in a different culture or a new country, stress generally, substance misuse, psychological problems, spirals – and indeed psychiatric medication itself – were cited as more likely explanations. Stigma and the negative portrayals of people with mental health conditions (in popular culture and newspapers specifically) added to the reluctance of many people from local BAME communities to seek NHS help with psychological illnesses or distress. The report included a number of recommendations, including:

- the need for long-term programmes of both formal and informal community mental health education with a focus on myth-busting and raising the profile and accessibility of primary care, reaching out to individuals as well as key figures such as faith leaders, and
- the development of communication channels between the statutory and voluntary sectors to enable better signposting and referral as well as partnership working and greater involvement of the community sector in the planning and design of services. This should include meaningful working relationships between the highest management in mental health services and community and faith leaders.





Pathways to Care: The experiences of ethnic minority groups accessing the Redbridge Early Intervention Service was published in July 2009 and highlighted the different durations of untreated psychosis for different communities in Redbridge. Bangladeshi and Pakistani clients took significantly longer to start receiving treatment after their first experience of psychosis than other groups. The specific routes into the Early Intervention in Psychosis Team were also significantly different for different communities, with people from Pakistani origin being referred most often via visits to A&E, whereas Black Caribbean clients were referred by the police the most. Recommendations included:

- Raising awareness of the GP as the first port of call for mental ill-health, and
- Mental health awareness training to be delivered to faith and minority community leaders.

After completing the *Pathways* and *Barriers* reports, Roxanne left Redbridge CVS to pursue a career in medicine. Redbridge PCT did, however, continue to fund the work, and we moved into a new phase of beginning to deliver on some of the recommendations outlined in the initial research phase.

4. Phase Two: Engagement and Change

4.1 Outreach

Nisema Patel held the post at RedbridgeCVS from 2008 until 2014, after which time the role was delivered by Sabina Jaulim. Nisema and Sabina used their knowledge of some of the languages and cultural practices of local Asian communities to develop strong and trusting relationships with many voluntary, community and faith-based groups that work with RedbridgeCVS and used these to engage with many hundreds of local people – who in turn have shared the information they have learned with many thousands of people in the local community.

Nisema and Sabina prepared a range of presentations, talks, quizzes, films and interactive sessions which they took to many local voluntary, community and faith-based groups in Redbridge to cover topics including depression, anxiety, mental health crisis, psychosis and dementia. They sought to share relevant information with groups without undermining these groups' own beliefs and understandings of these conditions in order to:

- engage with local members of minority communities in Redbridge who are known to face inequalities with regards to mental health services;
- engage with local people to reduce the fear and stigma surrounding mental illness;
- engage with local people to encourage them to see ways forward for those suffering from mental distress, through empathy and early intervention;
- explore local pathways for people seeking professional help and guidance for mental health issues;
- show that local mental health professionals are accepting of cultural and religious understanding and treatments; and
- provide a range of relevant information in different community languages



Sabina Jaulim working in the community

An example of a session delivered to discuss anxiety

Brief Outline of the Programme

A typical outreach session is delivered as follows:

1. Introduction to the presenter and the project
2. Brief explanation of anxiety, including key signs and symptoms (using PowerPoint slides)
3. Showing a brief (approx. 4 minute) DVD explaining General Anxiety Disorder 3 in English (with simultaneous translation provided by a presenter or volunteer from the host organisation. This film was translated in this way into Punjabi, Urdu and Hindi.)
4. Short discussion to ensure everyone has understood and for questions to be raised
5. More PowerPoint slides were then used to give further information on anxiety, including regarding different forms of Anxiety, and where people can seek help
6. Showing a film on how brain structure is affected by and affects anxiety 4 (with simultaneous translation provided by a presenter or volunteer from the host organisation. This film was translated in this way into Punjabi, Urdu and Hindi.)
7. Short discussion to ensure everyone has understood and for questions to be raised. (On two occasions this session led to questions and discussions about self-harm and suicidal thoughts.)
8. Further slides were presented and discussed which include information about prevention and healthy lifestyles (including diet and exercise)
9. Finally local pathways to support and care were explained and discussed, before an open question and answer session

At the end of the session the following pamphlets were circulated:

- Are you Anxiety Aware? (Mental Health Foundation)
- Anxiety, A Self-Help Guide (Northumberland, Tyne and Wear NHS Foundation Trust)
- IAPT (Improving Access to Psychological Therapies)
- The Silver Line (helpline for older people)

These were all in English, but a series of leaflets in Punjabi, Gujarati, Urdu and Hindi were also sourced and distributed, as required.

4.2 Innovation and entertainment

In the summer of 2009, Nisema Patel organised *Healthy Living, Healthy Minds* – a film-based engagement event, during which almost 600 people attended Cineworld Ilford over the course of the 3 day event, to see films, hear speakers and have open discussions on a range of sensitive issues surrounding mental illness. Using an Indian film, *Girni*, which told the story of a young boy experiencing acute psychological distress as a result of his difficult life circumstances, and *Open Secrets*, a locally made film about a young man opening up to his extended family about his experiences of mental illness and his positive experience of using NHS mental health services, the event was able to generate huge empathy in the audiences, and each day saw an outpouring of positive feelings towards people who had suffered from mental ill-health – thereby helping reduce the stigma surrounding these difficult issues. *Open Secrets* starred well-known actor Saeed Jaffrey, and we were delighted to welcome from the film's writer and director Azeem Khan (and his family) to tell us about the experiences which had led him to making this film.



Cineworld Ilford, audience at “Healthy Living, Healthy Minds”, 2009

In November 2016 we were once again back at Cineworld, this time to host the award-winning play *Dementia's Journey*, which was developed and performed by the EKTA Project. This poignant and uplifting story of one family's struggle to overcome the stigma, shame and misunderstanding surrounding dementia helped those present to develop greater awareness of dementia – and greater understanding of the various local pathways available to the people suffering dementia and their carers when seeking professional support.



The cast and Director of “Dementia's Journey” at Cineworld Ilford, 2016

4.3 Training

In addition to the regular and ongoing programme of outreach visits, a series of training programmes were developed for local community and faith group leaders, as these were identified as often being the first place that people from BAME communities in Redbridge would go for advice and support when they, or a family member or friend, were experiencing mental illness. We ran a number of tailored training courses during the life of the project, ranging from an eight day course to a single-day session.



The Mayor of Redbridge and participants at the end of course celebration, 2010

In 2010 we ran *Psychological Health: A Foundation Training Course for Faith and Community Leaders*, an intense training course which was completed by seventy seven faith and community leaders representing the five largest faiths in Redbridge (Christianity, Hinduism, Islam, Judaism and Sikhism), each of whom attended a full day a week, for six weeks during the summer of 2010. The course was co-ordinated by RedbridgeCVS working in partnership with NHS Redbridge, North East London NHS Foundation Trust (NELFT) and Redbridge Faith Forum, and funded by NHS Redbridge, which secured £50,000 from the Department of Health's *Investing in Emotional Resilience and Wellbeing Fund*. RedbridgeCVS worked with the Redbridge Faith Forum

who had secured £7,000 funding from London Catalyst for work with similar objectives and an agreement was made to pool the funding and work in partnership to increase the scope of the work undertaken. Trainers were recruited from all sectors, including the majority who were provided at no cost by NELFT.

In 2012, fourteen leaders from the six largest faith communities of Redbridge (Christianity, Hinduism, Islam, Judaism, Sikhism and Buddhism) participated in an eight day training course entitled *Psychological Health: a training course for faith and community leaders in talking therapy and crisis prevention*.

The project was commissioned by NHS

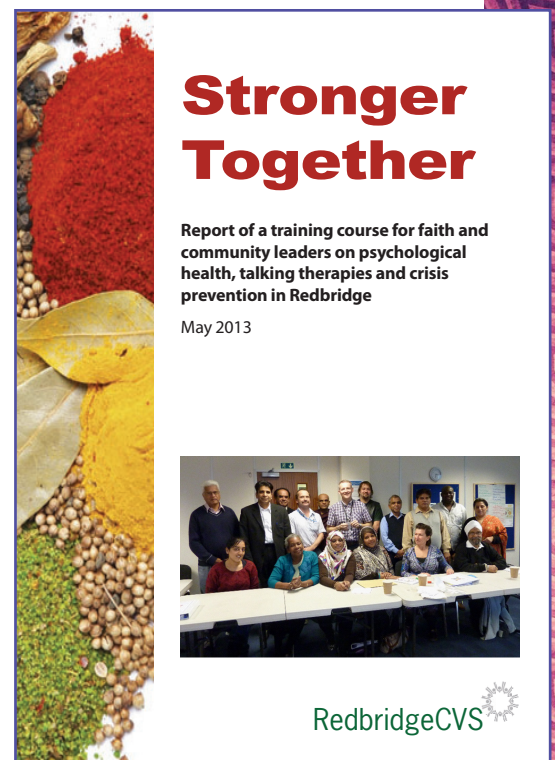
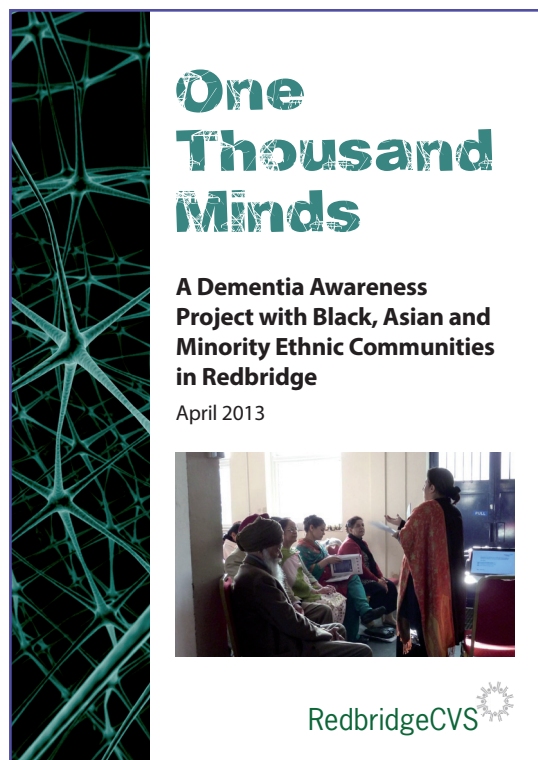
North East London and City, and designed and co-ordinated by our Community Development Worker Nisema Patel. The eight day taught module was delivered by Daybreak Counselling Service and North East London NHS Foundation Trust. As well as giving basic information about NHS models of mental illness and local care pathways



JAMI Mental Health First Aid Lite 2016

to services, the programme focused on the importance of communication techniques and the potential role of talking therapies in the prevention of psychological ill-health crises.

A further training course for faith and community leaders was delivered by JAMI, working in partnership with RedbridgeCVS' Sabina Jaulim in 2016. This [*Mental Health First Aid Lite*](#) was designed as a refresher for those who had attended previous training courses, as well as offering an introduction to the topics for those who had not previously attended the more intensive courses.



Reports on the work of the project

4.4 Influence

During the life of the project we continued to gather the views, ideas and experiences of local BAME communities regarding NHS mental health services. We learned, for example, that many BAME people did not feel confident in talking to their GPs about mental health issues – as their GPs often also served their friends and family members in the community and they feared being stigmatised as having a mental health condition if the GP did not maintain complete confidentiality. This was preventing people from seeking help so we encouraged the new talking therapy (IAPT) team to agree to take referrals directly from patients, instead of their having to go via GPs. We also worked with the Goodmayes Hospital chaplaincy in efforts to ensure that patients' spiritual needs were met – and that people in the community knew that their faith and religious beliefs and practices would be recognised as part of legitimate responses to psychological crises.

In 2011, NHS Outer North East London commissioned RedbridgeCVS to produce a report to inform equity planning and the monitoring of National Institute for Clinical Excellence (NICE)-recommended talking therapies. In January 2012, Nisema Patel produced *Building a Case for Equality: An evaluation of access to talking therapies for the Black, Asian & Minority Ethnic communities of Redbridge*.

The report was commissioned to help evaluate whether or not a fair and inclusive talking therapy service was being offered to the BAME communities of Redbridge. The report considered the views of 500 BAME individuals in Redbridge

regarding talking therapy, and highlighted suggested changes that could encourage our diverse communities to feel confident in using the service. The report found that BAME residents of Redbridge lacked sufficient information and education about talking therapies. It was also found that using an interpreter within a talking therapy session was not favoured by BAME residents and the case studies suggested that this was acting as a hindrance to positive therapeutic outcomes, in line with broader scientific research. Overall the research suggested that BAME individuals at their most vulnerable were receiving a health service that may be far from beneficial and highlighted the need for an urgent redesign. The report was subsequently used when NHS Redbridge recommissioned its talking therapy services under the Improving Access to Talking Therapy (IAPT) work.

Building a Case for Equality: Evaluation of access to talking therapies for the Black, Asian & Minority Ethnic communities of Redbridge



January 2012

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Outer North East London

5. Future Plans at the Time of Decommissioning

At the time the project was decommissioned, we were in talks with the local IAPT service and some local BAME voluntary organisations about developing a pilot programme of delivering IAPT (talking therapy) sessions in community settings to see if this would encourage more people who needed it to take up IAPT services.

The Community Development Worker had also set up a series of Focus Groups with individuals from the community groups that she had visited that she, the group leaders, and the individuals themselves, all thought might benefit from NHS support via talking therapy. We are very disappointed not to be able to continue this work but believe that we have made great inroads into ensuring that Redbridge's highly diverse communities have a greatly increased understanding of psychological health and wellbeing and an NHS mental health service that understands their needs and is accessible by all.



6. Conclusion

RedbridgeCVS' Psychological Health project successfully built on RedbridgeCVS' excellent relationships with local BAME community and faith groups to help cascade information to local people who may have previously had little or no shared understanding with the NHS regarding mental ill-health and the available support services. The project started by researching the differing levels of understanding

and awareness of NHS mental health services and NHS models of mental health and wellbeing and developed a range of responses, from training faith and community leaders – who we learned are often the first point of contact for BAME community members experiencing psychological illness or distress – to providing information in engaging and accessible ways directly to many thousands of individuals who will in turn have shared the knowledge and insights that they will have gained from working with our Psychological Health Community Development Workers. During the life of the project we sought to improve the mental health services offered locally, including through regularly feeding back the experiences and perceptions of local



Community Development Worker Sabina Jaulim (on right of picture) giving a presentation on talking therapy in 2017

BAME communities about services the commissioners and deliverers of these services. We spent the majority of the time on the project with our Community Development Workers in the community giving talks on a range of common mental health conditions including dementia, anxiety and depression – changing the topics in response to requests from the community and our commissioners.

The work was formally recognised in 2013 when it was shortlisted for the national Compact “Advancing Equality Award” for the partnership work on dementia with LBR’s Living Well Centre, and the work of the second Community Development Worker, Nisema Patel, was celebrated at the Asian Women of Achievement Awards in 2010, London Hilton, Park Lane.

We are very grateful to all the individuals, community groups, faith leaders and public sector partners who have helped us to deliver this important work – as well as to the three Community Development Workers that held the post during this work and to the NHS commissioners and service delivery colleagues who have supported and championed the work.



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