



Stronger Together

Report of a training course for faith and community leaders on psychological health, talking therapies and crisis prevention in Redbridge

May 2013



Introduction

During the month of November 2012, leaders from the six largest faith communities of Redbridge 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 Nisema Patel (RedbridgeCVS’s Psychological Health Community Development Worker). The eight day taught module was delivered by Daybreak Counselling Service and North East London NHS Foundation Trust. The training was offered to 14 participants from the six most prevalent faiths of Redbridge: Buddhist, Christian, Hindu, Jewish, Muslim and Sikh.

The overall aim of the project was to increase the psychological wellbeing of Black, Asian and Minority Ethnic (BAME) communities in Redbridge by educating faith and community leaders on psychological health matters, as they are often the first point of contact for people experiencing psychological distress - particularly for people from BAME communities (Barriers to Seeking Help, RedbridgeCVS 2008).

As well as giving basic information about NHS models of mental illness and local care pathways 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.

Cover photo: Representatives of the six major faiths of Redbridge, with NELFT’s Paul Chesnaye, Gavin Mess and Paa Otchere and RedbridgeCVS’ Nisema Patel



CBT by Daybreak (Alan Mitchell and Glen Pennington)





Context

The London Borough of Redbridge is a highly (and increasingly) ethnically diverse area whose mental health services, like most of those in the region, show an over-representation of Black Caribbean, Black African and Other Black people, and an under-representation of Asian people, relative to the local population (Barriers, RedbridgeCVS 2008). Both statistics point to disparities in understanding of mental health problems and knowledge of the services available in these key ethnic minority groups. There is also widespread fear of seeking help and of mental health services generally among ethnic minority communities.

According to the Department of Health (2011), 'poor mental health is common in areas of deprivation.' One of the main factors that may lead to mental ill health is deprivation in childhood or adult life. In England a peak in poor mental health amongst middle-aged people is found only within low-income households (Evidence-Based Mental Health, 2012). Redbridge houses some of the most deprived families in London, mainly in the south and east of the borough, with high rates of poverty and deprivation, low life-expectancy and overcrowding (London Borough of Redbridge, 2011).

These areas within Redbridge are ranked in the top 0.2% in London, where 67.7% of children live in poverty. Furthermore, in the south and east of the borough there are communities where 77% to 94% of families are living on low income or out of work benefits (London Borough of Redbridge, 2011). Between 2003 and 2008 families on workless benefits decreased in London and England; however in Redbridge there was an increase over this period. (London Borough of Redbridge, 2011).

It has been found nationally that over a third of all ethnic minority households live in poverty, and that the highest rates of child poverty is amongst children from Pakistani and Bangladeshi origin (London Borough of Redbridge, 2011). Figures in Redbridge for the Pakistani and Bangladeshi population are in line with these national figures, with large numbers of Somali families also falling into this category (School Census, January 2011).

Poor mental health is more common in areas of deprivation, and it may lead to higher risk behaviours such as smoking and drug use that may further lead to physical ill health, this, together with an unfair access to quality NHS services, can lead to long-term ill health and early death (Department of Health, 2011).

Target Recruitment

The 2011 census gave the population of Redbridge as 279,000, of which 100,290 (35.9%) were White (this includes English, Welsh, Scottish and Irish) and 160,400 were reported as non-White (57.5%).

The rise in diversity also reflects an increase in religious diversity. For example, in January 2006 Christianity (27.8%) was found to be the largest religion in Redbridge followed by Islam (24.4%), with 79 languages spoken (School Census, January 2006). However, in January 2011 Islam (32.7%) was found to be the largest religion in Redbridge, followed by Christianity (21.1%), with 126 languages spoken (School Census, January 2011).

There are ongoing concerns around the psychological wellbeing of BAME communities that are deprived and yet said to be difficult to engage. Evidence suggests that poor engagement with BAME communities still exists, which results in unequal access and care (Latif, 2010). Many of these communities hold religious and cultural values very firmly and community and religious leaders play vital roles in their everyday lives. This includes often being the first point of contact for many people experiencing psychological distress. Ensuring that such leaders have the tools to engage and support those that may be vulnerable to the onset of long term psychological distress if emotional support is not available when it is most needed can help reduce and mitigate short and long term conditions. The support of informed faith and community leaders may also prevent mental health crisis situations from occurring and their influence in encouraging people to take up appropriate services at an early stage can be hugely cost-saving in terms of health care services, criminal justice services and loss of employment.



Faith and community leaders of the six major faiths with Alan Mitchell and Glen Pennington (Daybreak) awarded with a certificate of completion by RedbridgeCVS (Fr. Krzysztof is missing)





Attendance

The target group were faith and community leaders from the six major faiths of Redbridge identified as: Buddhist, Christian, Muslim, Jewish, Hindu and Sikh. 14 participants were recruited (seven males and seven females) and all went on to complete the course.

The course was run for eight days in the month of November 2012 from 10.00am-3.00pm. The times and dates of the training days were selected to avoid religious festivals or observances.



Muslim and Hindu leader in a practical listening skills session



Jewish leader and Christian leaders in a practical listening skills session

Brief Outline of the Programme

The programme outline was put together by RedbridgeCVS's Psychological Health Community Development Worker and developed and delivered by Daybreak Counselling Service and North East London NHS Foundation Trust. The course consisted of the following:-

Person-centred Counselling Skills and Theory

The skills developed here were to be used alongside the faith and community leaders' existing ways of working. It aimed to give them additional tools to allow participants to support those suffering from psychological distress and their carers. The knowledge acquired enables participants to encourage people they see to access local NHS Psychological Health Services to achieve the best possible outcome for their community members. This part of the programme was delivered by Daybreak Counselling Service.

Awareness of Cognitive Behavioural Therapy (CBT) – Theory and Practice

The concept and understanding of CBT was taught alongside methods of delivery. This part of the programme was delivered by Daybreak Counselling Service.

Mental Health Crisis Service in Redbridge

This part of the course ensured that all participants understand what was meant by a "Mental Health Crisis" and how it could be addressed – including giving information about what participants could do to support an individual and their carers at the point of crisis, including the best ways to seek external help. Participants were taught what the NHS means by a "severe mental health disorder"; how to recognise key symptoms and how to find appropriate help. This included focusing on the role of NELFT in supporting people in a mental health crisis and how to access their "Mental Health Direct" telephone service. This part of the programme was delivered by NELFT.



Mental Health Crisis Education session by NELFT's team (Paul, Gavin and Paa)





Evaluation

Participants completed evaluation forms midway and at the end of the course.

- All participants felt that listening skills acquired would be helpful to support individuals in their community under psychological distress.
- Significant numbers of participants wanted the course to continue to allow them to acquire deeper skills and theoretical understanding.
- Participants welcomed the mental health crisis team's information about what mental health crisis was and how NELFT's Mental Health Direct's number would help in getting support quickly and appropriately.



Above: Sikh and Muslim leader in a practical listening skills session



Left: Buddhist and Hindu leader in a practical listening skills session



Below: Hindu and Sikh leader in a practical listening skills session

Some comments from feedback forms:

- 'Metal health team information on crisis was excellent and will allow me to support families in my community...The course as a whole will allow me to support families in my community through learning about counselling skills of empathy, acceptance and genuineness.'

Dharmesh Chandra Mishra

- 'The course has helped me to understand what mental health crisis is and who to contact rather than sit in the A&E. It was a well organised course, with excellent speakers and facilitators. Overall brilliant mental health awareness.'

- 'More than I hoped to achieve – our goals was focused on counselling but got further to CBT and Mental Health crisis!'

Pratap Gosai

- 'I was beginning to understand other cultures and differences'

Barbara Cohen



Sikh and Christian leader being observed in a practical listening skills session

