

DELIVERING RACE EQUALITY

**Focused
Implementation
Site Project**

2005-2008

EXECUTIVE SUMMARY

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Executive Summary

1. Introduction

From December 2005 to December 2008 the Central and North West London NHS Foundation Trust (formerly the Central and North West London Mental Health NHS Trust) acted as one of the 17 Focused Implementation Sites created at the initial stages of the Department of Health's 5 year Delivering Race Equality Action Plan. The initiative was co-ordinated by a full-time secondee to the post of Focused Implementation Site Project Manager and focused on the delivery of a set of stand-alone projects feeding into local service developments or corporate initiatives. These were aligned with 5 out of the 12 characteristics identified in the Delivering Race Equality Action Plan as essential to delivery of a reformed service that is appropriate and responsive to the needs of BME service users and carers.

The characteristics that the CNWL FIS Project focused on were:

- i. A reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units &
- ii. A reduction in the disproportionate rates of compulsory detention of BME users in inpatient units
- iii. A reduction in the proportion of prisoners from BME communities
- iv. A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services
- v. A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities

The CNWL FIS Project was the one of the few national FIS sites to be based solely within a mental health Trust and the CNWL FIS site covers some of the most ethnically diverse boroughs in the UK. The CNWL FIS Project has developed some innovative and well-received initiatives which are further detailed in this

report along with recommendations for future action. The demographics of the area served by CNWL have particular significance for the FIS Project. CNWL serves one of the most ethnically diverse areas of London and of the UK. Harrow has one of the most diverse ranges of faith communities in the UK and a very substantial and settled community of South Asian origin. Hillingdon has a significant transient population of refugees and asylum seekers due to the proximity of Heathrow. Westminster has a very mixed and often transient population. Brent is the most ethnically diverse borough in the UK.

2. Key Achievements

The key achievements in each of the 5 FIS Project work areas taken from the 12 DRE characteristics are as follows:

- i. A reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units &
- ii. A reduction in the disproportionate rates of compulsory detention of BME users in inpatient units

Overall Picture

The FIS Project has focused on developing accurate information on the extent of any disproportionate admission and detention of Black African, Black Caribbean or Other Black service users within CNWL, also identifying the relationship between the local service structures (e.g. Community Mental Health Teams, Early Intervention Teams, Crisis Resolution Teams and Assertive Outreach Teams) and those critical decision points in the care pathway that could reduce disproportionate admission and detention. This has involved examining 'Count Me In' Census information in detail over the past three years and cross-referencing it with local patient information records on the Trust's electronic patient information system.

The FIS Project is also exploring how practice changes can be introduced into in-patient services to improve the quality of experience for those service users from Black African, Black Caribbean or Other Black communities who are admitted or detained. There is

established evidence within the Trust that the presence of specialised community-based teams, such as Early Intervention, Assertive Outreach and Crisis Resolution, has an important part to play in offering an alternative to in-patient treatment. Such services provide intensive community-based mental health support services to substantial numbers of Black African, Black Caribbean or Other Black service users. In adult directorates where Assertive Outreach and Crisis Resolution teams are well established, such as Brent and Westminster, proportions of service users of Black African, Black Caribbean or Other Black ethnic origin are high and there is evidence that there are substantial transfers of Black African, Black Caribbean or Other Black service users into these community-based teams.

National recommendations (1)

Routes into admission and compulsory detention should be compared with detailed local ethnicity data and work developed in partnership with local BME groups in designing service changes.

Place a focus on supporting 'moving out' processes, including robust culturally competent CPA to improve chances of sustaining recovery by ensuring connections are made with culturally appropriate community networks, including faith communities, and appropriate housing, education and employment opportunities.

However, the picture of the impact of these transfers on the proportions detained in in-patient services is quite mixed; despite the evidence of an overall slight decline in the proportions of these groups in in-patient services that is found to some extent across all the adult directorates, overall proportions of Black African, Black Caribbean or Other Black services users are still higher than the general population baseline. It is clear from the FIS Project's work that in-patient over-representation of Black African, Black Caribbean or Other Black patients is a complex issue that will require a sophisticated approach to remedy.

There are high proportions of Black African, Black Caribbean or Other Black service users involved with Early Intervention services and there is clear evidence of mental health stigma in black and minority ethnic communities found in the FIS community engagement work. This suggests that mental health stigma in such communities may be leading patients or their family to delay presentation at secondary mental health services until the patient is very ill. Westminster Early Intervention services have already introduced a post that will encourage people from BME groups to contact services at the earliest stages of serious mental health problems, based on advice from the FIS Project. Effective cultural competency training for CMHT staff is only one strand of the remedy for over-representation in in-patient services and will not on its own have a significant impact. Over-representation arises from a diversity of routes that reflects some of the aversive pathways into care often experienced by Black African, Black Caribbean or Other Black service users; significant ones for the Trust being transfers from police custody, prisons or forensic 'step-down' facilities.

Clinical Trailblazer Initiative

The Project successfully secured £10,000 of additional funding in 2008 for a DRE Clinical Trailblazer with a view to looking at what contributes to the reductions in detention at each stage of the care pathway and how the community teams, such as Early Intervention, Assertive Outreach and Crisis Resolution contribute to these reductions. The Trailblazer will also identify any best practice that will sustain and improve these reductions. An example of such best practice is Brent's Pine Ward in-patient service's development of a 'Moving-Out' post to improve social inclusion, accommodation and employment prospects for Black African, Black Caribbean or Other Black in-patients that is expected to reduce the 'revolving door' type of discharge/re-admission pattern.

Our early indications are that the presumption that CMHT teams are the key drivers for over-representation of Black-African, Black Caribbean or Other Black service users in the Brent and Westminster adult in-patient wards is insufficient. Pathways into local in-patient services and patterns of service referral from local CMHTs for Black African, Black Caribbean

or Other Black and African Caribbean patients provide a much more complex picture that requires a multi-agency solution. Multiple community service alternatives such as Early Intervention, Assertive Outreach and Crisis Resolution have a role to play in this, as does community mental health education and working with community groups and carers to provide community support. A further element of the solution is working with agencies within the criminal justice system to provide options for transfers to intensive mental health services that are not provided on an in-patient basis.

iii. A reduction in the proportion of prisoners from BME communities

Overall Picture

The FIS Project monitored ethnicity and outcomes for a full year from April 2006 to March 2007 in the CNWL court diversion schemes in Harrow and Brent and compared this with ethnicity data for the total population appearing at these courts. The FIS Project demonstrated that Black defendants are provided an equitable service by the CNWL Court Diversion schemes, with 46% of Brent Black African, Black Caribbean and Other Black defendants being diverted and 57% of Harrow Black African, Black Caribbean and Other Black defendants being diverted. This is in line with the proportions of people of these ethnic origins that are referred to the services but it is more difficult to determine how representative this is of the ethnic demography of the population appearing before the court as ethnic recording was only completed in 66% of all cases appearing before Brent magistrates and 75% of all cases appearing before Harrow. Only 3 cases received a custodial sentence out of the 97 referred to the two Court Diversion

National recommendations (2)

Local mental health services should explore options for more direct alliance and partnership work with Black 3rd Sector providers, including faith communities.

Develop effective Court Diversion services in all regions.

Develop Court Diversion capacity to reduce use of remand in custody for the purpose of assessment for psychiatric reports.

services over the monitoring period The FIS Project also produced an outline business proposal to develop the existing CNWL Court Diversion schemes into a single scheme covering Brent, Harrow and Hillingdon. This is currently being taken forward within the CNWL Offender Care Service.

Clinical Trailblazer Initiative

A successful bid was made for £10,000 of additional funding for a Court Diversion Clinical Trailblazer in 2008 to look at improving the support services available to BME defendants who are diverted and mental health service provision for BME prisoners and ex-offenders. It has highlighted the poor understanding that the service users have of mental health issues who as a result are unlikely to inform the court of any mental health problems they may have. Their experience and expectation of racial discrimination also makes them reluctant to seek the support of services and they assume that acknowledging their mental health problems will increase the likelihood of custodial sentence. This research will inform the design of care planning and cultural assessment for the integrated court diversion scheme.

iv. A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services

Overall Picture

The distrust of mental health services by minority ethnic communities and the stigma found in many minority ethnic communities towards mental health problems has meant that BME groups have been sceptical and cautious regarding involvement with the FIS Project and the Trust. Engaging with community groups and successfully delivering projects that are valued by the community groups involved has been an essential confidence-building step towards developing a more active role for these groups in the Trust.

The FIS Project has since January 2006 established contact with 33 BME community groups that had no identified previous contact with CNWL. It has directly supported 12 community groups with writing funding proposals for their group and worked directly with 8 of the community groups in developing and delivering individual projects. The partnership projects delivered were:

- Research project on the Mental Health Needs of Older Chinese people (Chinese National Healthy Living Centre)
- Research project on the Mental Health Needs of Gujarati-speaking Older South Asian people (Mind in Harrow)
- Raising Mental Health Awareness in the South Asian Community using Film - 2 events (Tongues on Fire)
- Challenging mental health discrimination for BME Communities - delivered to South Asian and Somali groups (Open Up Media)
- 'Listening to Faith Communities' event and follow-up (Brent Multi-faith Forum)
- BME Community Leadership and BME Access to Primary Care in Westminster and Kensington and Chelsea (Westminster and Kensington and Chelsea BME Health Forum)
- Research project on the Mental Health Needs of the Somali Community (Somali Mental Health Advocacy Project in Mind in Harrow)
- Research project on the experience of Black and Minority Ethnic people in the mental health and Criminal Justice system (PLIAS)

National Recommendations (3)

Mental Health Trusts should take a fuller direct role in raising local awareness about mental health as a way of breaking down fear of local services and creating a dialogue with local communities.

Corporate and local links with BME umbrella groups/networks need to be complemented by developing direct links with individual BME community groups that are not previously known to have links with the organisation.

Westminster and Kensington & Chelsea

The FIS Project has also helped develop multi-agency mental health training days for Westminster and Kensington and Chelsea faith groups and BME community groups. It has designed and delivered training sessions on mental health awareness and accessing local mental health services directly to 5 BME community groups and designed a presentation on the new Mental Health Act for community groups, service users and carers for use by Trust staff that has

been delivered to 8 service user and/or community groups to date. The FIS Project has also worked with the Trust's Head of Patient and Public Involvement to improve communication with BME communities and enhance Trust membership from these communities. The ethnicity of Trust members is currently 45.3% black and minority ethnic members, which compares relatively strongly with the 51.2% black and ethnic minority population in the 8 boroughs covered by the Trust. The Trust's membership recruitment process continues to prioritise black and minority ethnic communities' recruitment.

Harrow

As an example, the Harrow Asian Reference Group has identified three key service priorities for working with the Asian community in Harrow:

- tackling mental health stigma and discrimination
- improving understanding of mental illness and mental health
- improving understanding of medication and the use of alternative therapies

One way it is working with the local mental health service to address these priorities is through developing and supporting EKTA (the Gujarati word for 'unity'), a monthly social networking event for South Asian service users that gives focus to investment of resources by Harrow Mental Health Services and Harrow PCT. Most recently this has led to joint working between the Harrow PCT and Harrow Mental Health Service to provide funding and resources for the EKTA group to continue for another year. The Harrow Asian Reference Group has provided a local model for statutory sector and community organisations working in partnership that is now being opened up to developing partnership projects with other local communities, such the Afghan community, leading to it recently being re-launched as the Harrow Black and Minority Ethnic Reference Group.

Brent

Another example is PLIAS (Prison Liaison Information and Advice Service) a voluntary organisation in Brent being commissioned to conduct research as part of the Court Diversion Clinical Trailblazer. We are also working to develop a working link with PLIAS as a community resource for our current Court Diversion service in Brent and also to provide a community group perspective in the development of the re-design

of Court Diversion services to cover Brent, Harrow and Hillingdon with a single service. The FIS Project has also provided PLIAS with a platform to gain a voice in the national review of Diversion from the Criminal Justice System being conducted by Lord Bradley.

A further example is the Brent Multi-Faith Forum, which provided a clear set of action priorities for the Brent Mental Health Service agreed by the Forum's diverse faith communities, which the service was able to include directly in its Business Plan for 2008-09. It also provided a focus for developing the direct links with a number of those faith organisations that are now working with Brent's in-patient wards to develop an extensive programme on faith awareness and understanding for staff and in-patients.

In the two FIS Project Evaluation focus groups held in November and December 2008 community groups identified the main benefits from the FIS Project as:

- The face-to-face approach of FIS Project Manager and colleagues
- Helping community groups to secure funding
- Working in partnership with Community Groups
- Being creative in the ways it engaged with community groups
- Raising the profile and understanding of mental health issues with community groups

National recommendations (4)

Cultural Competency Training should be attended by all mental health managers and senior clinicians from executive to ward level, and learning cascaded through line management and supervision processes, team meetings and case discussion.

'Culturally Competent Practice' Support Networks should be established to support managers.

Cultural Competence training should be relevant to the experiences of services, based around 'live' situations that are arising in service provision and should be inclusive of all the diversity strands (race, disability, gender, religion or belief, age and sexual orientation) as a more accurate reflection of an individual's experience.

- v. **A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities**

Overall Picture

The FIS Project was involved in the assessment of an e-learning approach to training in basic diversity competence in the workplace across the Trust. This has been commissioned and to date over 500 staff have completed the module. After successfully piloting the module in Hillingdon the module is now being rolled out across the whole Trust. The intention is for all CNWL staff to complete the module and for it to be mandatory for all new staff.

The FIS Project and the CNWL Equality and Diversity Manager have designed and developed a Cultural Competency Training Programme for Managers and a supporting handbook. To date 90 Trust managers have attended this training. A further 2 pilots have been conducted of an adapted programme on 'Cultural Competence for Doctors'. Guidance for doctors has been produced on how to ask about cultural needs, based on feedback from the first pilot session with doctors. An evaluation of this training has been undertaken and we are now looking at how we engage this programme with the local academic training of doctors as well as continuing with the corporate level training sessions.

3. Key Recommendations for CNWL

Detailed recommendations from the FIS Project work can be found in the body of the report but a few key national recommendations have already been highlighted in this summary. In addition, a set of recommendations specific to the Trust are distinguished from those more generalised recommendations that we believe apply to all statutory providers and commissioners of mental health services.

Reductions in disproportionate rates of admission/compulsory detention of BME service users:

- On conclusion of the Pine Ward Service Improvement Project outcomes should be implemented Trustwide

- Any relevant policy guidance arising from Clinical Trailblazer outcomes should be developed as a matter of urgency

A reduction in the proportion of prisoners from BME communities

- Use Clinical Trailblazer findings to develop the operational policy for the integrated Brent, Harrow and Hillingdon Court Diversion Scheme to improve understanding of mental health by magistrates and court officers, work with BME community groups on developing support services and improve offender understanding of the role of court diversion
- Continue to develop the working partnership with PLIAS to provide social inclusion opportunities for mental health service users who have had involvement in the criminal justice system

A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services

- At the local level directorates should develop options for working in partnership with local BME community groups (e.g. staff training in cultural competency, individual projects with community groups)
- Corporately the Trust should explore more innovative ways of engaging with the community. This could include film, drama and other creative arts to gain the interest of a broader constituency and 'start the conversation' with the community from a new position. This should take place on premises not stigmatised by their association with mental health and include a commitment to hearing the community agenda and visibly supporting it where possible (for example, on gun and knife crime)
- Each local directorate should have an up-to-date directory of 10-15 key local BME community and faith groups it is in contact with on a regular basis
- There should be a presentation on the Harrow South Asian Reference Group at the Equalities and Diversity Group as a model of Good Practice for creating a working partnership with the local community

A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.

- Ensure all Equality and Diversity Leads attend 'Cultural Competence for Managers' Training
- Develop a Culturally Competent Practice Support Network for graduates from this training, chaired by Equality and Diversity Leads.
- CNWL's communication materials and methods used with BME community groups need to be comprehensively reviewed in the light of the FIS Project findings to ensure they are more jargon-free and more informative about local services

Conclusions

The strong message from our community group partners in their contributions to this Evaluation Report is that the mental health services need to invest in partnerships with local community groups to create visible change in services. Community groups have been substantially involved as a resource to the FIS Project providing invaluable knowledge, expertise, enthusiasm and ideas and they have welcomed and appreciated the Project's support. The cliché of 'hard-to-reach' communities has been radically challenged by the CNWL FIS Project's experience to illuminate how much mental health services can appear to be 'hard-to-access' organisations who seem indifferent to local communities' concerns. The CNWL FIS Project has made substantial gains in understanding and communicating with Black and Minority Ethnic communities and experiencing the benefits that can be gained from working with community groups as partners. This improvement in communication is an essential first step in improving and delivering better and more appropriate services.

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This document is also available in large print and other formats on request.

Albanian

Nëse dëshironi të merrni informacion në një gjuhë apo format tjetër, ju lutemi na pyesni.

Arabic

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك متاً.

Bengali

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

Farsi

اگر این اطلاعات را به زبانی دیگر و یا در فرمتی دیگر میخواهید لطفاً از ما درخواست کنید.

French

Si vous souhaitez des informations dans une autre langue ou sous un autre format, veuillez nous le demander.

Gujarati

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Kurdish

ئەگەر زانیاریت بە زمانیکی که یا بە فۆرمیکی که دەوی تکایه داوامان لی بکه.

Somali

Haddii aad rabtid in warar lagugu siyo hab luuqadeed o kale, fadlan na soo waydiiso.

Tamil

தகவலை வேறொரு மொழி அல்லது வேறு வடிவத்தில் பெற விரும்பினால் தயவுசெய்து எம்மைக் கேட்கவும்.

Urdu

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

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