

COMMUNITY ENGAGEMENT PROJECT
NIHME Mental Health Programme

REPORT OF THE COMMUNITY LED RESEARCH PROJECT
FOCUSING ON:

The after-care services in Mid and North Bedfordshire for male/female users with mental health issues aged 18-35 from the African/Caribbean community

BY
The Bedford African Caribbean Forum

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The Centre for Ethnicity and Health, University of Central Lancashire



RESEARCH TEAM PERSONAL PROFILES

The following people were involved in the development and delivery of this project:

CARL BERNARD (Lead researcher)

I am the Chairperson for the Bedford African and Caribbean Forum Organisation (BACF) and one of co-ordinators for the project. I work full time as a rehabilitation Worker for the NHS Trust. I am a father with grown up children and grandchildren. I volunteered to take part in this project because I want to make a difference and contribute to the development of the African Caribbean Community in Bedford. What I hope to gain from the project is development research skills and experience in the use of statistics. On completion of the project I will acquire knowledge and a strong voice to work at all levels within statutory and voluntary organisations.

FITZROY WILSON (Project Coordinator & researcher)

I work as the Manager of Ashanti Community Support team (BLPT) in Luton and serve as project Manager for the black mental health service users charity Nyabingi. I felt that this research project has enabled me to make a contribution to the delivering race equality agenda while developing my research skills and confidence.

DAVID TOUKAM (Researcher)

I am employed on this project as a researcher. I work as a cooking operative. I have learnt a lot throughout this project about health and social care. I hope at the end of this project I will be able to undertake training as a social worker. The knowledge gained about social care issues and mental health while doing this project was very valuable for my professional development.

ADRIAN WHYTE (Researcher)

I have been a member of the Bedford African Caribbean Forum for the last two years working with the youth forum. I do a lot of the I.T. work from the newsletter to flyer, poster, web site design and tutoring. At the moment we are setting up a radio station and also a music studio. I am 30 years old and I am reliable, ambitious and have an in depth knowledge of computer systems and software and I am very willing to learn new skills. And I also enjoy work using my own initiative. I have two years of IT teaching experience and have been involved in the use of computers for over 10 years. At the moment I am studying towards my Level1 Hardware and software configuration for computer maintenance I am also doing level 2 NVQ in leadership and my University course in Community Research and Ethnicity.

THOKO MAZURA (Researcher)

I became associated with this research during my Social Work Student Placement. Prior to this placement and this research project I had no previous experience of community mental health issues. Since becoming a member of the team I have helped with organising and planning of team meetings. I have also been involved in producing minutes for the group meetings as well as producing and developing relevant documents and passing them on to the steering group for their comments and approval. As a result of my involvement with this project I successfully undertook a Community Based Research course offered by UCLAN. This project has been useful to me as a professional and has given me an insight into some of the complexities faced by Providers and Users of Mental Health and in particular the African and Caribbean Service Users.

DONA BERESFORD THOMAS (Researcher)

I am a service user and member of Nyabingi. I have been a member of Nyabingi from when it originally started. The reason I am participating in this research project is to help the service users in Bedfordshire have their own service to help them. The reason I want to do this is because I have had experienced of mental health problems myself and wish to help other people. Hopefully, from doing this qualification I hope to get answers as to why and how I became a user of the service in the first place!

ASHA LETTMAN (Researcher + financial Admin)

My name is Asha Lettman. I have been with NYABINGI for three years; it is a service user project in Mental Health. I am the treasurer. I handle all the finance, all the receipts and all the money going in and coming out. Being involved in the research project has helped me to learn much about team work and how to be patient with each other. Because of this research project I am hoping that it will make some positive changes.

YOLANDA SUTHERLAND (Researcher)

My name is Yolanda Sutherland. I am participating in this research project because I want to help provide a better service for people like myself from my community with mental health problems. My role at Nyabingi is that of Vice Chairman, I mostly deal with managing other volunteers and organising the administration side of things. I hope to use this experience to help me with future employment opportunities.

JOAN SIMPSON (Researcher)

I volunteered to take part in this project as I wanted to be actively involved with the African Caribbean community in Bedford. What I hope to gain from the project is an increased knowledge and awareness of mental health issues, as well as developing research skills and experience. By the end of the project I would have found out more about the needs of the mental health service users in the community.

ACKNOWLEDGMENTS

Bedford African Caribbean Forum (BACF) would like to acknowledge the help and support from the following individuals and organisations who without their support, guidance and commitment, this project would not have been a success.

The board of trustee of Nyabingi and (Junior Crawford- Chair of Nyabingi)

The Management Committee of Bedford African Caribbean Forum

Pastor Trevor Adams and Lorna Markland- Dignity Mental Health Service

Anthony Kollie - UCLAN support worker

Norman Powell - UCLAN support worker

Stephen Joseph -(who started out as part of our research team)

Alia Syed- Senior Support Worker

Bedfordshire and Luton Partnership Trust

Dean Pinnock-CSIP-Regional Race Equality Lead

Ashanti Community Support team

Jackie Burnett- (former SHA race equality &Diversity Lead)

Dr Manjit Bola - Senior Lecturer- UCLAN

Governance and Ethical Board (NHS)

The FIS board who serves as our steering group

Special thanks and our greatest appreciation to all our respondents

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EXECUTIVE SUMMARY

This report is the result of a research conducted by the Bedford African Caribbean Forum (BACF) in partnership with the mental health charity Nyabingi. BACF is an umbrella organisation for African and Caribbean groups in Bedford and Nyabingi is user-led mental health organisation based in Luton.

The aim of the partnership is to build the capacity of BACF not only to deliver the community engagement project but to also develop similar service as Nyabingi that will deliver mental health service for African and Caribbean service users in Bedford.

The two organisations are working with African and Caribbean people with Mental Health Problems, They frequently hear the concerns of these communities that large proportion of African and Caribbean people are affected by mental illness.

This project is being conducted as part of the community engagement programme, funded by the (National Institute of Mental Health in England) (NIMHE) and supported by the University of Central Lancashire (UCLAN). Community engagement is part of the 'Delivering race equality' action plan set by the Government in 2000 to reduce discrimination within mental health services. The DRE is a national strategy to improve equality in mental health care. UCLAN combined with NIMHE to create a community engagement model that would have the unique mix of Black, minority and ethnic community members stepping into the area they know and doing important research on a specific focus.

Project focus: "The After-care services in mid and North Bedfordshire for male and female users with mental health issues age between 18 to 35 from the African and Caribbean Community".

Method

We recruited 10 researchers to develop research tools that will enable the group to carry out this research: Our method of data collection included:

- I. Postal Questionnaire to some 20 service providers.
- II. They were 20 Face to Face interviews for service providers and service users
- III. Two focus groups for leaders of the African and Caribbean Community in Bedford, service users and young people between the ages of 18 to 35.

We used the local Focus Implementation Site (FIS) Board as our steering group for the project; they were regularly updated about the progress of the project and gave their approval at different stage of the project.

Main Findings

1. Most of the respondents who were service users sought help from a professional for their mental health, followed by family and friends.
2. The majority of respondents who were service users had heard of most of the day centre service provision in Bedford, but very few had used them.
3. Nine out of ten of the respondents stated that they did not know how to access after-care services before they had been referred.

Respondent's responses to the service they received were average.
None of the respondents stated that the services were meeting their needs.

All stated that the service could be improved in some way to meet the needs of African-Caribbean service-users

4. Eight Respondents stated it was hard to access after-care services and when they did they felt they were not listened to and did not have much input.
5. Eight Respondents stated it was hard to access after-care services and when they did they felt they were not listened to and did not have much input. Most of the respondents felt that the provision of more black staff, more facilities and an understanding of African-Caribbean service user needs could improve things for the community.
6. The respondents had a wide-ranging view of the requirements that would make it easier for African-Caribbean's to use the current after-care services. However, an understanding of their cultural needs in the planning and provision of after-care services would make it more likely that they would access the current services.

Recommendations

A black advocacy service must be seen as key to the process of helping the current service providers to provide a more cultural appropriate service and to effectively advocate on behalf of African and Caribbean people who use the mental health service.

There is an opportunity to build on the existing Aftercare resource in Bedford and make it more culturally appropriate by adding a **black specialist** after-care service.

There is a need for the current service provider to better enable African and Caribbean service users to be more actively involve in the planning of the service.

Some staff of the current service need to develop a better relationship with African and Caribbean service users and also listen and respect service users' views. There is a need for some staff to do race awareness training.

The spiritual needs of African and Caribbean individuals should be taken into account by the current mental health service providers in mid and North-Bedfordshire.

Funding should be identified by commissioners and made available to relevant community organisations to develop a sustainable African and Caribbean specialist service in Bedford.

One of the DRE community development workers should be employed to enable the development of an African and Caribbean Specialist service in Bedford and to promote the DRE agenda in mental health care in North and Mid-Bedfordshire.

There is a need for a specific African and Caribbean counselling service in Bedford.

1. INTRODUCTION

The Centre for Ethnicity and Health's Model of community engagement

Background to the community engagement model

The following words or phrases are often heard:

- 1 Community consultation
- 2 Community representation
- 3 Community involvement/participation
- 4 Community empowerment
- 5 Community development
- 6 Community engagement

Sometimes these terms are used inter-changeably; sometimes one term is used by different people to mean different things. The Centre for Ethnicity and Health has a very specific notion of community engagement. The Centre's model of community engagement evolved over several years as a result of involvement in a number of projects. Perhaps the most important milestone however came in November 2000, when the Department of Health (DH) awarded a contract to what was then the Ethnicity and Health Unit at the University of Central Lancashire (UCLan), to administer and support a new grants initiative. The initiative aimed to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to drugs education, prevention, and treatment services.

The DH had two key things in mind when it commissioned the work; firstly, the DH wanted a number of reports to be produced that would highlight the drug-related needs of a range of Black and minority ethnic communities; secondly, and to an extent even more important, was the process by which this was to be done.

If all the DH had wanted was a needs assessment and a 'glossy report', they could have commissioned researchers and produced yet another set of reports that may have had little long term impact. However this scheme was to be different. The DH was clear that it did not want researchers to go into the community, to do the work, and then to go away. It wanted local Black and minority ethnic communities to undertake the work themselves. These groups may not have known anything about drugs, or anything about undertaking a needs assessment at the start of the project; however they would have proven access to the communities they were working with, the potential to be supported and trained, and the infrastructure to conduct such a piece of work. They would be able to use the nine-month process to learn about drug related issues, and how to undertake a needs assessment. They would be able to benefit and learn from the training and support that the Ethnicity and Health Unit would provide, and they would learn from actually

managing and undertaking the work. In this way, at the end of the process, there would be a number of individuals left behind in the community who would have gained from undertaking this work. They would have learned about drugs, and learned about the needs of their communities, and they would be able to continue to articulate those needs to their local service providers, and their local Drug Action Teams (DATs). It was out of this project that the Centre for Ethnicity and Health's model of community engagement was born.

The model has since been developed and refined, and has been applied to a number of areas of work. These include:

- 1 Substance misuse
- 2 Criminal justice system
- 3 Policing
- 4 Sexual health
- 5 Mental health
- 6 Regeneration
- 7 Higher education
- 8 Asylum seekers and refugees

New communities have also been brought into the programme: although Black and minority ethnic communities remain a focus to the work, the Centre has also worked with:

- 1 Young people
- 2 People with disabilities
- 3 Service user groups
- 4 Victims of domestic violence
- 5 Gay, lesbian and bi-sexual and trans-gender people
- 6 Women
- 7 White deprived communities
- 8 Rural communities

In addition to the DH, key partners have included the Home Office, the National Treatment Agency for Substance Misuse, the Healthcare Commission, the National Institute for Mental Health in England, the Greater London Authority, New Scotland Yard and AimHigher.

The key ingredients of the model

According to the Centre for Ethnicity and Health model, a community engagement project must have the community at its very heart. In order to achieve this, it is essential to work through a host community organisation. This may be an existing community group, but it might also be necessary to set up a group for this specific purpose of conducting the community engagement research.

The key point is that this host community organisation should have good links to the defined target community, such that it is able to recruit a number of people from the target community to take part in the project and to do the work (see section on task below).

It is important that the host community organisation is able to co-ordinate the work, and provides an infra-structure (e.g. somewhere to meet; access to phones and computers; financial systems) for the day-to-day activities of the project. One of the first tasks that this host community organisation undertakes is to recruit a number of people from the target community to work on the project.

The second key ingredient is the research task that the community undertakes. According to the Centre for Ethnicity and Health model, this must be something that is meaningful, time limited and manageable. Nearly all of the community engagement projects have involved communities in undertaking a piece of research or a consultation exercise within their own communities. In some cases there has been an initial resistance to doing 'yet another piece of research', but this misses the point. As in the initial programme run on behalf of the DH, the process and its outcomes have equal importance. The task or activity is something around which a range of other things will happen over the lifetime of the project. Individuals will learn and new partnerships will be formed. Besides, it is important not to lose sight of the fact that it will be the first time that these individuals have undertaken a research project.

The final ingredient, according to the Centre for Ethnicity and Health's model, is the provision of appropriate support and guidance. It is not expected that community groups will offer their time and input for free. Typically a payment in the region of £15-20,000 will be made available to the host organisation. It is expected that the bulk of this money will be used to pay people from the target community as community researchers. A named member of staff from the community engagement team is allocated as a project support worker. This person will visit the project for at least half a day once a fortnight. It is their role to support and guide the host organisation and the researchers throughout the project. The University also provides a package of training, typically in the form of a series of accredited workshops.

The accredited workshops give Respondents in the project a chance to gain a University qualification whilst they undertake the work. The support workers will also assist the group to form an appropriate steering group to support the project.

The steering group is an essential element of the project: it helps the community researchers to identify the community they are engaging with, and can also facilitate the long term sustainability of the projects recommendations and outcomes. The community researchers undertake a needs assessment or a consultation exercise. However the steering group will ensure that the work that the group undertakes sits with local priorities and strategies; also that there is a

mechanism for picking up the findings and recommendations identified by the research. The steering group can also support individuals' career development as they progress through the project

The community engagement team

The community engagement team comprises of senior support workers, support workers, teaching and learning staff, administration team and a communications officer. They work across a range of community engagement areas of specialisation, within a tight regional framework.

National Programme Directors			
Northern Team	Midlands Team	Southern Team	
Senior Support Worker		Senior Support Worker	
			Drug Interventions Programme
			Citizen Shaped Policing
Teaching And Learning Team			
Administration Team			
Communications Officer			

Programme outcomes

Each group involved in the Community Engagement Programmes is required to submit a report detailing the needs, issues or concerns of the community. The qualitative themes that emerge from the reports are often very powerful. Such information is key to commissioning and planning services for diverse and 'hard to reach' communities. Often new partnerships between statutory sector and hard to reach communities are formed as a direct result of community engagement projects.

In 2005/6 the Substance Misuse Community Engagement Programme was externally evaluated. This concluded that:

- the Community Engagement Programme had made very significant contributions to increasing awareness of substance misuse and understanding of the substance misuse needs of the participating communities. It also raised awareness of the corresponding specialist services available and of the wider policy and strategy context.
- the Community Engagement Programme had enabled many new networks and professional relationships to be formed and that Drug Action Teams (DATs)

appreciated the links they had made as a result of the programme (and the improvements in existing contacts) and stated their intentions to maintain those links.

- most commissioners reported that they had gained useful information, awareness and evidence about the nature and substance misuse service needs of the participating organisations.
- all DATs reported positive change in their relationship with the community organisations. They stated that the Community Engagement Programme reports would inform their plans for the development of appropriate services in the future.
- a significant number of the links established between DATs and community organisations as part of the Community Engagement Programme were made for the first time.
- the majority of community organisations reported their influence over commissioners had improved.
- training and access to education was successful and widely appreciated. 379 people went through an accredited University education programme.
- a third of community organisations in the first tranche reported that new services had been developed as a result of the Community Engagement Programme.
- the vast majority of Respondents and stakeholders expressed high levels of satisfaction with the project.

The capacity building of the individuals and groups involved in the programme is often one of the key outcomes. Over 20% of those who are formally trained go on to find work in a related field.

It should be noted that the findings from this report are those of the Bedford African Caribbean community researcher team and may not necessarily reflect the views of the Centre for Ethnicity and Health at the University of Central Lancashire.

BACKGROUND INFORMATION ON THE COMMUNITY ENGAGEMENT PROGRAMME

The Bedford African Caribbean Forum (BACF) is a community organisation that took part in the community Engagement Programme for the National Institute for Mental Health in England also known as NIMHE. The aim and objectives of the programme undertaken by UCLAN is to deliver, improve the equality of access,

experiences and outcomes for Black and minority ethnic mental health service users by:-

- Building capacity in the non-statutory sector.
- Encouraging the engagement of black and minority ethnic communities in the commissioning process.
- Ensuring a better understanding by the statutory sector of the innovative approaches that are used in the non-statutory sector.
- Involving Black minority ethnic communities in identifying needs and in the design and delivery of more appropriate, effective and responsive services.
- Ensuring greater community participation in, and ownership of mental health services.
- Ensuring greater community participation in, and ownership of, mental health services.
- Allowing local populations to influence the way services are planned and delivered.
- Contributing to workforce development, and specifically the recruitment of 500 Community Development Workers.

The focus of the BACF research project is to identify whether Mid and North Bedfordshire After Care Services for African and Caribbean male and female Mental Health Service Users, aged 18 to 35, are culturally appropriate for meeting their needs.

Background of Research Area

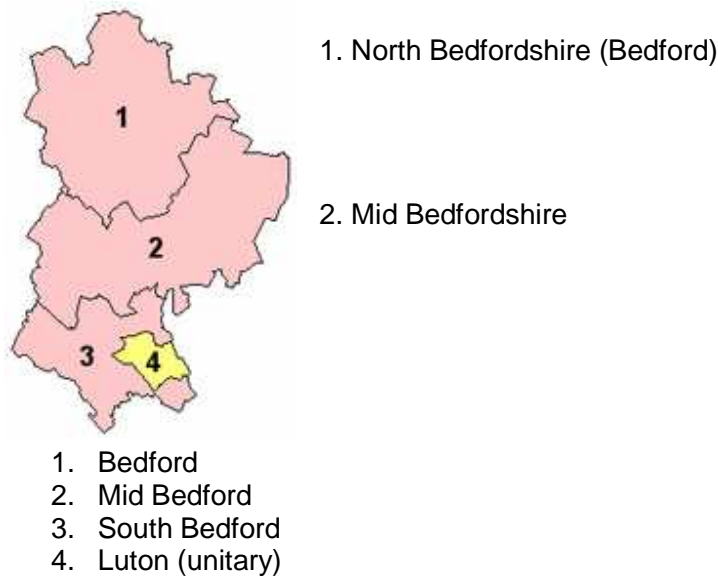
Our Research was initially focused on the geographical area of North-Bedfordshire and Mid-Bedfordshire in the County of Bedfordshire.
All our sample eventually came from North Bedfordshire.

"The Borough includes the county town of Bedford, the urban area of Kempston and 42 rural villages - an area of around 120,000 acres. Its population of just under 140,000 is the most cosmopolitan in the UK, with some 57 ethnic groups being represented.

Bedford and Kempston make up the urban centre of the district - a centre noted for its excellent shops, wide range of high quality housing, first class educational facilities and unrivalled recreational amenities. The River Great Ouse is a central and attractive feature of the town.

Within the district and surrounding the urban area are numerous villages in pleasant rural settings (Bedford Borough Council).

Map of Bedfordshire



We had great difficulties in locating mental health service users in Mid-Bedfordshire and other areas other than the town of Bedford. The service providers who were contacted in Mid Bedfordshire to take part in the research stated they did not have any African-Caribbean clients at the time of this research.

Population and Demography

Bedford is the main town in the North of the County. It has a population of approximately 147 911 people of which Black African and Caribbean people stands at approximately 3509 a further 1786 who classified themselves as Black other. The population of Bedford taken from the 2001 census data is 147911. White British makes up 80.77% of the population, with white Irish at 1.41% and white other 4.80%. Other groups with mixed heritage White and Black Caribbean made or mixed heritage.

Black		3,850	2.60%
	Caribbean	2,773	1.87%
	African	736	0.49%
	Other Black	341	0.23%
			2.30%
			1.14%
			0.96%
			0.19%

Source: Census 2001, Office for National Statistics

Method

The purpose of this community engagement research project is to find out if the after-care service provision for African-Caribbean service users, between the ages of 18-35 in Mid and North Bedfordshire, for male and female users with mental health issues is culturally appropriate. The project was a joint partnership between the Bedford African Caribbean Forum (BACF) and the Nyabingi project. The BACF is a voluntary community organisation and the Nyabingi project is a Luton based mental health charity. It is a service user-led support group for people with mental health issues.

Recruitment and training of the research team

The research group consisted of nine main key workers (two lead workers and seven researchers). All the researchers were recruited from within the Bedfordshire community in June 2006 by the BACF and the Nyabingi project co-coordinators.

Each researcher recruited to the project took part in community engagement training delivered by UCLAN prior to commencing the research. The training consisted of two mental health workshops and five research workshops, which started in July 2006.

UCLAN assigned Anthony Kollie as support worker for the team. His main role was to support, advice and help the group implement the research and to ensure that the guidelines of UCLAN ethical procedures were adhered to throughout the whole research process.

Each member of the group undertook a wide range of tasks right through the whole research process, which included completion of the training workshops, liaison with the steering committee, design of the research tools, conducting interviews, data analysis and the writing of the report.

Selection of the sample

The research sample was selected from a variety of methods which included purposive sampling and quota sampling. The sample used in the research were selected from African and Caribbean male and female mental health service users, service providers, support workers and community representatives in Mid and North Bedfordshire.

The steering committee involved in the research was in place to guide and steer the research group through the ethical element of the research, to give advice where relevant and to liaise with the local strategic planning and commissioning bodies. The steering group comprised of the project co-ordinator and lead worker the Race Equality Lead, Race Equality and Diversity Manager of the BME and the Bedford and Luton Research Governance Approvals Group. Approval was granted

from the steering group for the research to commence after the presentation of an ethical pro-forma.

Questionnaire Design and method

Closed and open questions were used in the questionnaire. This was in order to generate both qualitative and quantitative data. A pilot study of the questionnaire was conducted in November 2006 prior to the start of the research. Each respondent was interviewed by a researcher with a note-taker.

Method used – A questionnaire was used to gather the data from the interviews and two focus groups. Note-takers were present for the interviews and focus groups. The data collected was analysed using qualitative and quantitative methods.

Focus groups, also known as discussion groups or group interviews (Dawson, 2006), were used in the study. This method of data collection was used to ensure that a wide range of more in-depth qualitative data could be generated from the Respondents through discussion.

Difficulties encountered during the research

- Obtaining ethical approval from the Bedfordshire and Luton Research Governance Approvals Group for the research delayed the start of the research process.
- Mental health service providers from Mid Bedfordshire were unable to engage with the project, as there were no African-Caribbean clients at the time this research was conducted and therefore no data was generated from this area.
- There were initial difficulties engaging the African Caribbean community in Bedford, this was in part due to the stigma that appears to be attached to mental health issues within the community.

Results and Findings

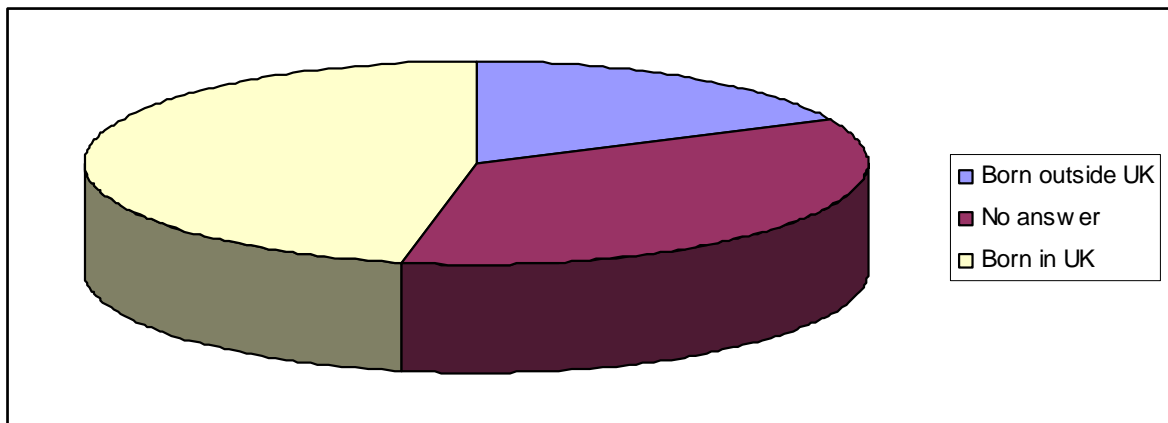
This section presents the general research findings and the core data.

Core Data Summary

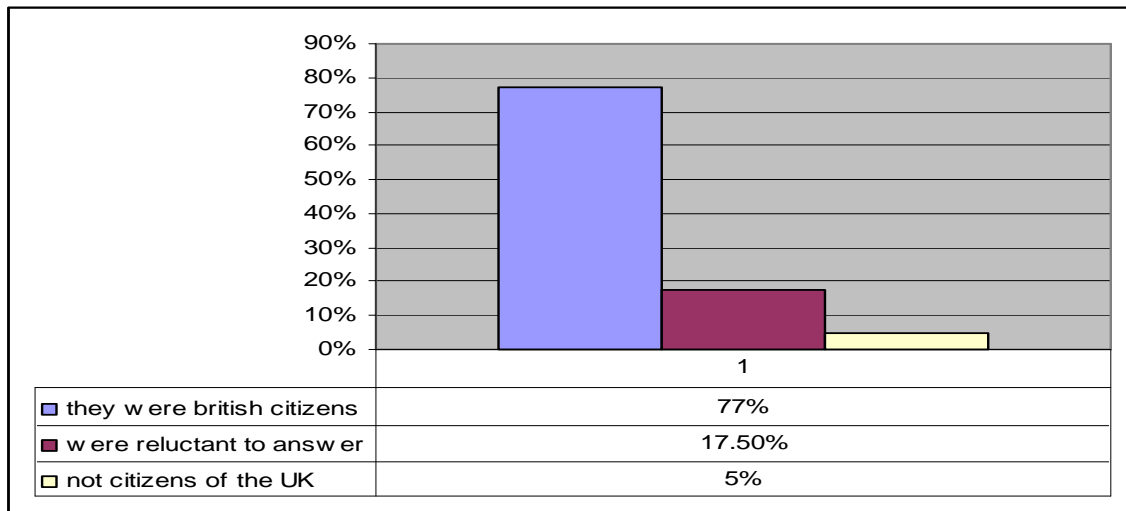
The total number of respondents interviewed was 40. There was an even 50% distribution between male and female.

52.5% of the respondents describe themselves as black or black British, while 35% of the respondent described themselves as White.

47.5% said they were born in the United Kingdom; however a large proportion, 35%, was reluctant to give this information. 17.5% said they were born outside of the UK.



77% of the people interviewed said they were British citizens, however 17.5% were reluctant to answer that question, and 5% were identified as not being citizens of the UK.



95% of the people interviewed said that English was their first language.

57.5% of the people interviewed said that Christianity was their religion while 40% decided against answering this question.

65% of the respondents saw themselves as heterosexuals and in 30% of the respondents sexuality was unknown.

97.5% of our respondents did not have a disability.

55% of those interviewed were in paid employment.

The sample distribution was as follows.

Detailed Core Data

Table 1:1 - Age Group

Age	Count	%
16-18	0	
19-21	9	22.5%
22-24	3	7.5%
25-29	3	7.5%
30-39	9	22.5%
40-49	9	22.5%
50=+	7	17.5%
Total	40	100%

The majority of our respondents for this research fell evenly between the ages 19-21, 30-39, and 40-49, with each group comprising 22.5% of the total.

Table1.2 - Gender

Gender	Count	%
Male	20	50%
Female	20	50%
Total	40	100%

Table 1.3 - Ethnicity

Ethnicity	Count	%
White	14	35%
Mixed	3	7.5%
Asian/Asian British	0	
Black/Black British	21	52.5%
Chinese /other group	1	2.5%
Not given	1	2.5%
Total	40	100%

Table 1.4 - UK born and residence

UK born	Count	%
Yes	19	47.5%
No	7	17.5%
Not known	14	35%
Total	40	100%
Length of stay in UK	Count	%
Less than 1 year		
1-5 years	1	2.5%
6-10 years	1	2.5%
11 years or more	2	5%

19 of the 40 people interviewed said they were born in the UK; however, 14 were reluctant to give an answer.

Table 1.5 - Citizenship

Citizenship	Count	%
British citizen	31	77.5%
Refugee	0	
Asylum seeker	0	
other	2	5%
Not stated	7	17.5%
Total	40	100%

31 of the 40 people interviewed were British Citizens while 7 of the 40 were reluctant to answer this question.

Table 1.6 - First language spoken/written

First Language	Count	%
English	38	95%
spoken	38	95%
written	38	95%
Other language	2	5%

Table1.7 - Fluent languages

Fluent language	Count	%
spoken		
written		

Table 1.8 - Religion

Religion	Count	%
None	1	2.5%
Christianity	23	57.5%
Buddhist	0	
Hindu	0	
Jewish	0	
Sikh	0	
Other		
Not stated	16	40%
Total	40	100%

23 out of the 40 people interviewed said that Christianity was their religion while 16 decided against answering this question.

Table 1.9 - Sexuality

Sexuality	Count	%
Lesbian/gay woman	0	
Homosexual/gay man	1	2.5%
Heterosexual/Straight	26	65%
Bisexual	1	2.5%
Do not wish to answer		
Other / not known	12	30%
Total	40	100%

26 out of 40 people saw themselves as Heterosexual, and in 12 out of the 40 people interviewed sexuality was unknown.

Table 1.10 - Disability

Disability	Count	%
Yes	1	2.5%
No	39	97.5%
Total	40	100%

39 out of 40 of the respondents did not have a disability.

Table 1.11 - Employment status

Employment Status	Count	%
Full-time	21	52.5%
Part-time	1	2.5%
Emergency support	0	
NASS	3	7.5%
Voluntary work	0	
student	4	10%
Disabled not working	1	2.5%
Retired	0	
Not permitted to work	0	
Other/unemployed	10	25%
Total	40	100%

22 of the 40 people interviewed were in paid employment.

2. FINDINGS-Quantitative Answers

The following six sections relate to the findings of the BACF community research. This research was conducted between December 2006 and February 2007. The method used to carry out the research consisted of Interviews using a questionnaire and two focus groups. The Respondents included service users, service providers and community members and leaders. The age of the Respondents in the study ranged from 18 to 65.

Section 1

This section relates to the respondents understanding, diagnosis and definition of mental health.

Question 1: What is your understanding of mental health?

Respondent	Respondent comments
1	Schizophrenia and hallucinogenic experiences.
2	An illness which impairs the ability to function in society and life.
4	Someone who does not know they are lost.
5	An illness and breakdown in your life.
6	Breakdown and labelling.
11	Madness, mental breakdown. Drug and mental health misuse.
13	Your brain is not working as it should.
15	Fear, stress and breakdown.
17	Depression, schizophrenia and being in own world

Some of the respondent's view of mental health was of the medical view while some viewed it as an inability to cope mentally.

Question 2: Have you been diagnosed with a mental health problem?

Respondent	Comment
1	Yes
2	Yes bipolar disorder originally diagnosed as manic depressive.
6	Yes Schizophrenia
11	Yes
15	Yes Depression
17	Yes Depression and schizophrenia

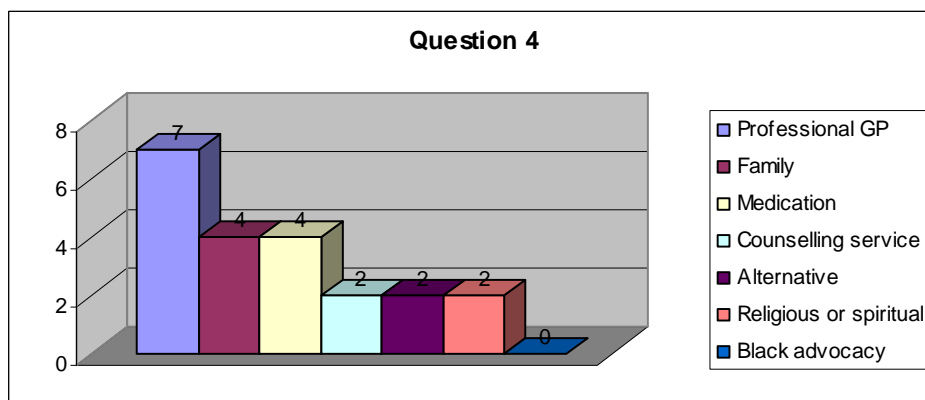
Six service users in the study said they had been diagnosed with a mental health problem.

Question 3. Are you a mental health service user? If yes how long?

Respondent	
1	Yes 17 years
2	Yes 13 years
5	Yes 30 years
6	Yes 8 years
11	Yes 8 years
17	Yes 5 years

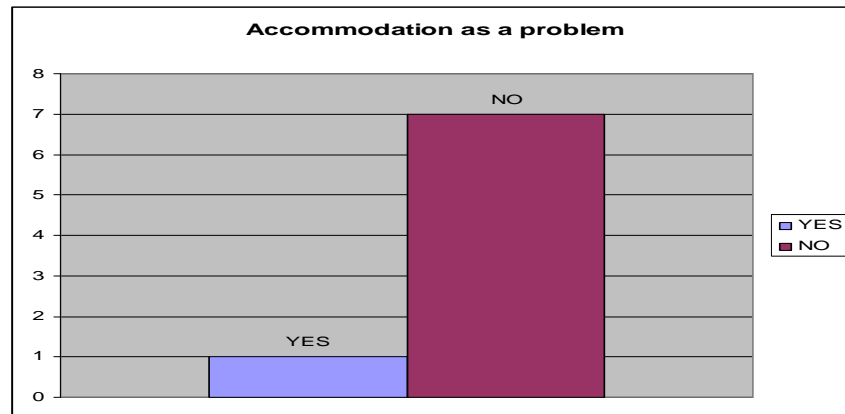
Six of the respondents said they were service users for a number of years

Question 4. Did you seek help yourself from any of the following for your mental health?



Most of the respondents sought help from a professional for their mental health, followed by family and friends.

Question 5. As a mental health service user is accommodation a problem because of your illness or diagnosis?



Only one service user viewed accommodation as a problem.

Section 1 Summary

This section relates to the respondents understanding, diagnosis and definition of mental health.

- Some of the respondent's view of mental health was of the medical view while some viewed it as an inability to cope mentally.
- Six service users in the study said they had been diagnosed with a mental health problem.
- Six of the respondents said they were service users for a number of years
- Most of the respondents sought help from a professional for their mental health, followed by family and friends.
- Only one service user viewed accommodation as a problem.

Section 2

This section relates to the after-services service users have received. It includes their comments and views relating to the services available in Bedford.

Question 1. The following is a list of mental health after-care services in Bedford. Respondents were asked to indicate which they had heard of and used and which they were aware of.

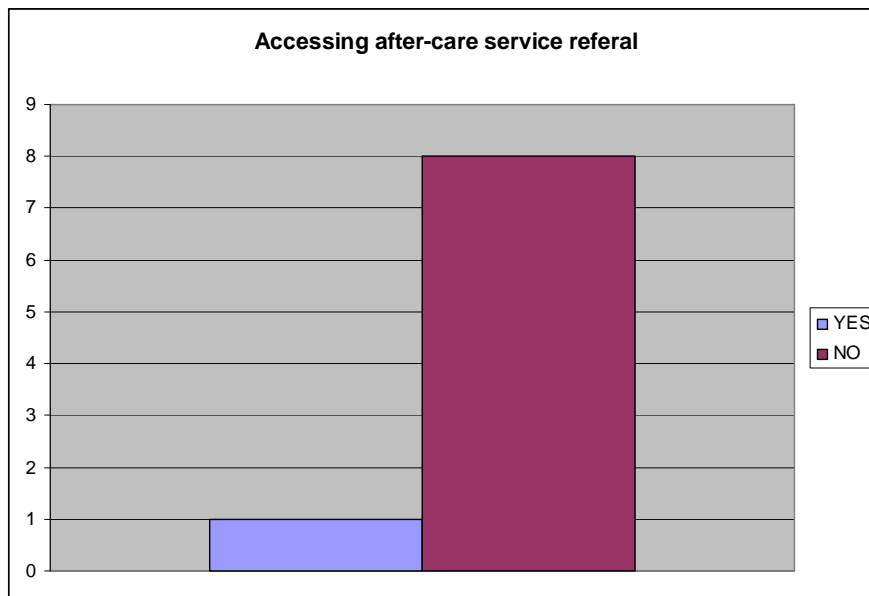
Service	Number heard of	Number have Used	Number Aware that it exist
Befrienders	10	3	1
MIND	6	2	1
Barford Avenue Centre	8	2	1
Rethink Advocacy Service	5	2	1
Luton and Bedford Advocacy Service	3	1	
Central Bedford Counselling Services, St Cuthbert Street	3		2
Bedford Counselling Centre Foster Hill Road	2		
James Kingham Project, St Johns Street	2		2
Renaissance Project, Woburn Road	6	1	
Peter House Project	2	1	2
Prebend Street Day Centre	9	3	
Saneline (telephone help-line)	1		2
First Step to Freedom (telephone help-line)	3		2
Diverse Team	1	1	2

Question 2. If you have used any of the above services how were you referred to the service?

Referred by	Count
Family member/friend	2
Carer	4
GP	2
Duty social worker	3
Self	2
Community organisation	2
Other	0
Never been referred	1

The majority of respondents had been referred to an after-care service provision via their carer or duty social worker.

Question 3. Did you know how to access after-care services before you were referred?



Nine of the respondents stated that they did not know how to access after-care services before they had been referred.

Question 4. How would you rate the service you received and why and what could be improved?

Respondent	Comment
1	Fair meets some needs. Helped to regulate medication. Meets some spiritual needs more than others.
2	Ok sometimes. Help me in some ways. Help me to get back on my feet. And therapy to keep me safe. <u>What could be improved</u> – Promotion of service information and GP's ignorance about the availability of mental health services.
5	Average I don't know I think it is all right.
6	Not very good. I do not think people like me, I am not respected by service user staff to them it is only a job. <u>What could be improved</u> – more black staff and more black mental health service users using the service.
11	OK some times. <u>What could be improved</u> –We should be asked what we need and to see more African-Caribbean users and staff.
15	No
16	Average most of the time, there is nothing better. Sometimes good sometimes bad. It is good because it can keep you out of hospital. Do not agree with drugs and the injections given to me. <u>What could be improved</u> -More activities like swimming games, more black staff, food and more money.

The respondents responses to the service they received were average none of the respondents stated that the services were meeting their needs. All stated that the service could be improved in some way to meet the needs of African-Caribbean service-users.

Question 5. Do you know if there are any after-care services specifically for African-Caribbean mental health users?

Yes	4
NO	9

Four of the Respondents named the West Indian social club as the only after-care provision specifically for African-Caribbean users.

Question 6. Have you ever sought support from an African-Caribbean local church and what support did you receive?

Yes	3
No	7

Of the three respondents who sought support from African-Caribbean church one found it to be supportive. Seven of the respondents stated that the African-Caribbean churches were unsupportive of mental health service users.

Question 7. Do you think it is hard for you to access mental health after-care services?

Respondent	Comment
1	Very hard. Not adequate information about the service been given to black MH service users.
2	Long waiting lists.
3	My perception is that there is a lack of understanding of cultural differences and rather than delivery and planning a care which suits an individuals need it is very general. This leads to misconceptions and resistance from potential users to access the service until it is too late.
6	Most after-care service referred by GP and social workers and service providers are not very friendly towards black people with mental health problems.
15	As a black person some professionals do not listen and service providers want to give you what they think you need and not what you want.
16	It does not appeal to me so I do not try. If you are not told about the service then that makes it difficult to access.
17	Lack of knowledge of the services. Service users make it difficult for you.

Eight Respondents stated it was hard to access after-care services and when they did they felt they were not listened to and did not have much input.

Question 8. Have you used or considered using complimentary therapy and what form of therapy did you use or consider?

Yes	4
No	6
Different forms of therapy considered	
Rang NHS direct but they did not recommend this service. Used herbal remedies and spiritual means to control.	
Relaxation classes, massage and exercise classes.	
Talked about it but never tried it.	

The majority of service users did not consider using complimentary therapy whilst those who did considered using relaxation, herbal and spiritual methods.

Section 2 Summary

- The majority of respondents had heard of most of the day centre service provision in Bedford, but very few had used them.
- The majority of respondents had been referred to an after-care service provision via their carer or duty social worker.
- Nine of the respondents stated that they did not know how to access after-care services before they had been referred.
- The respondents responses to the service they received were average none of the respondents stated that the services were meeting their needs.
- All stated that the service could be improved in some way to meet the needs of African-Caribbean service-users.
- Four of the Respondents named the West Indian social club as the only after-care provision specifically for African-Caribbean users.
- Of the three respondents who sought support from African-Caribbean church one found it to be supportive. Seven of the respondents stated that the African-Caribbean churches were unsupportive of mental health service users.
- Eight Respondents stated it was hard to access after-care services and when they did they felt they were not listened to and did not have much input.
- The majority of service users did not consider using complimentary therapy whilst those who did considered using relaxation, herbal and spiritual methods.

Section 3

This section relates to the respondents awareness of after-care services available in the local community.

Question 1. Are there any African-Caribbean local organisations supporting African-Caribbean's with mental health?

Yes	5
No	5

Five of the respondents named the Bedford African Caribbean Forum as an organisation supporting African-Caribbean's in Bedford with mental health issues.

Question 2. Do you as a mental health service user require any cultural needs? If yes please state?

Yes	6
No	3
Respondents Comments	
Social inclusion, Making friends, Cultural food, music, films	
Music, activities, cultural foods. Games. Sports.	
Being with kind helps	
Black community. Isolation and rejection in church. Social involvement.	
A centre providing African Caribbean food and socialisation	
Meeting people from the African-Caribbean community. Cultural food, music and games. Someone to talk to who can understand my cultural ways.	

Six of the respondents stated that they required cultural needs. Most stated that they felt socially isolated with the current service provision they received and that they needed cultural food, music and games that they could relate to.

Question 3. Do the after-care services you currently receive meet your religious needs? If yes please state how they meet your needs.

Yes	0
No	8

Respondents comments
Non existent
None comes forward to help you
There are many professionals who do not believe in spiritual needs, so I do not talk about it because they would not understand
Not taken into consideration. My Christian belief and spiritual needs
My needs are never talked about.

Eight of the respondents stated that their religious needs were not met, in particular, when they were in hospital and that their religious needs were not discussed as part of their after-care need.

Section 3 Summary

This section relates to the respondents awareness of after-care services available in the local community.

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- Six of the respondents stated that they required cultural needs. Most stated that they felt socially isolated with the current service provision they received and that they needed cultural food, music and games that they could relate to.
- Eight of the respondents stated that their religious needs were not met, in particular, when they were in hospital and that their religious needs were not discussed as part of their after-care need.

Section 4

This section relates to the improvement of after-care service provision and the ways in which the service could be improved for African-Caribbean service users and the community's involvement in bringing about change.

Question 1. How could the after-care mental health services improve for your community?

Respondent	Comment
1	Religious aspects Community led involvement Complimentary treatment in the community
2	More facilities in the community. Educated black role models like self, who can understand users.
3	A better study of cultural background. A better understanding of individual needs and planning for delivery and meeting those needs.
5	Can't be changed
6	Access to a centre everyday that African and Caribbean like minded people can meet and socialise.
11	More services provided by African Caribbean organisation.
15	More African and Caribbean service providers at the front. More black people promoting after-care services.
16	Having more African Caribbean staff. More things to do that we like.
17	More information. Service providers to work more closely with service users.

Most of the respondents felt that the provision of more black staff, more facilities and an understanding of African-Caribbean service user needs could improve things for the community.

Question 2. What do you think would make it easier for African-Caribbean's to use the current after-care services?

Respondent	Comment
1	Extra information on services. GP not having adequate information. About aftercare services for African Caribbean service users.
2	Direction and information. Feedback from other African and Caribbean users. Breakdown, stigma.
3	A better understanding of African and Caribbean culture. Better planned clear pathways and more accessible service, which does not make and create stigma.
4	Full involvement. Incorporating family and friends
5	Do not know

6	More African and Caribbean staff who understands me. Will not be afraid to talk to or with.
11	A building that some one like myself can use regularly. Somewhere that I will be respected.
15	More information at grass roots level. Black community groups as service providers who can work together with users to meet needs.
16	Do not know. More people who can understand you i.e. African Caribbean people.
17	More information

The respondents had a wide-ranging view of the requirements that would make it easier for African-Caribbean's to use the current after-care services as stated above. However, an understanding of their cultural needs in the planning and provision of after-care services would make it more likely that they would access the current services.

Question 3. What would you like to see added to the current after-care services?

Respondent	Comment
1	More African and Caribbean involvement. More music involvement. Develop business skills.
2	Facilities to accommodate African and Caribbean peers. Friendship groups. Learning from each other. Developing social skills and work base. More financial and cultural staff.
3	While I can make comments I do not feel I am knowledgeable enough to give justifiable recommendation
4	Places to go and more outside support.
5	Better access to money.
6	More places with other black service users i.e. housing/accommodation
11	More things about African and Caribbean culture, story telling, training, more things to do.
15	More African and Caribbean cultural identity. More opportunities for black mental health service users to be trained in something they like e.g. Music, sport, food, drama, games. A special centre for all to socialise not just MH users.
16	Better access to money. Assertive outreach team. More black staff. To see the same person daily. More things we would like to do.
17	More African –Caribbean workers. Music workshop

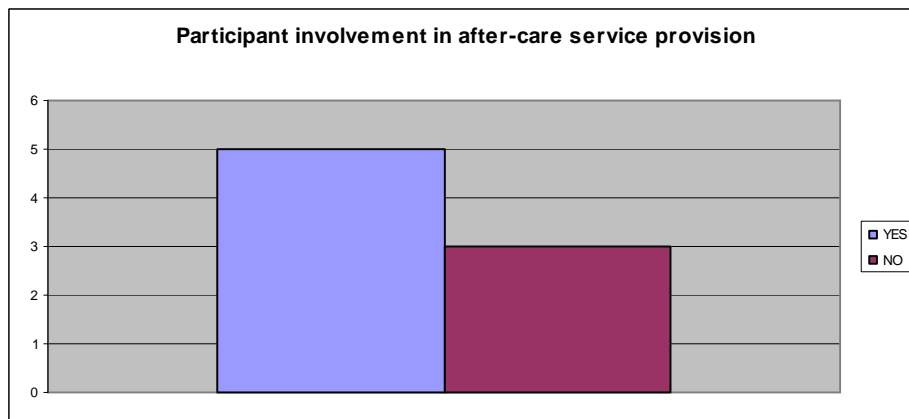
The respondents wanted to engage in more activities like training as well as more social activities that is of cultural relevance to them. They also stated they would like to see more African-Caribbean staff.

Question 4. What would you like to see removed from the current after-care services?

Respondent	Comment
1	Barriers and attitudes. Stigma
2	Nothing to add
4	Removal of patronising
5	Drugs are not needed if you are happy and cope well. Give some kind of test.
6	Medication is removed. Sometimes I do not think I need it.
7	Stigma of black people in the MH system attitude of some professional and service providers. Too much medication given to black patients are mental health SU.
11	I think stigma, people putting black people down.
15	Stigma of black people in the MH system attitude of some professional and service providers. Too much medication given to black patients that are mental health SU.
16	Better access to money. Assertive outreach team. More black staff. To see the same person daily. More things we would like to do.

Service users wanted to see barriers, stigma and patronising from the professional and service provider staff removed from the current service.

Question 5. Would you like to be involved in the development and planning of the after-care services for African-Caribbean users?



Some of the respondents stated that they would like to be involved in the development and planning of the after-care services for African-Caribbean users while others said they would not at the present time.

Question 6. How do you think you could improve services for yourself and

African-Caribbean service users?

Respondent	Comment
1	An environment that is user friendly. Create equal balance for self and other users. More dramas and activities
2	Adequate finances. Marketing and reliable data. Like-minded projects like current ones.
3	Gaining a better understanding about my issues. It is a subject that is shunned by many including myself and this would need to be broken. It is important for the users to be heard and someone to represent that voice. However, a stronger national voice is stronger than a local voice as this forces legislation to be more considerate.
4	Outreaching with care and compassion.
5	Relaxing, food, music and talking to other people.
6	Do not know.
11	I don't know.
15	You know what you have been through, so when someone comes to you there can be an understanding. A service that more African/Caribbean people can contact.
16	Caribbean food. Talking to other people. Relaxation, drama, music, knitting, sewing, computer courses.
17	Community awareness. Referrals by own people.

On the question of how services could be improved for yourself and other service users, one respondent said *"It is a subject that is shunned by my many... but that it was important for the users to be heard and someone to represent that voice"*. Each service user expressed a wide range of views of what they would like to see change to improve the service for users from music, drama to reliable information.

Question 7 Are there any additional comments you would like to make?

Comment
As a service user very lonely. Not told of your rights. Dope you up and leave you to your own device. System not supporting each other. Left to find own solution.
I feel that mental health, among African and Caribbean community is ignored by service providers because the community does not have a strong national voice. Rather than remedial measures less is done about addressing preventative measures. There are many routes which lead to mental health such as education system, family and society. More should be done to help those who fall into categories that could pose future problems. This can help to alleviate most of the current problems.
Improvement needed urgently.

In this final question respondents were given the opportunity to add any comments. Three respondents wanted to add comments which echoed their feeling about being a mental health service user.

Section 4 Summary

This section relates to the improvement of after-care service provision and the ways in which the service could be improved for African-Caribbean service users and the community's involvement in bringing about change.

- Most of the respondents felt that the provision of more black staff, more facilities and an understanding of African-Caribbean service user needs could improve things for the community.
- The respondents had a wide-ranging view of the requirements that would make it easier for African-Caribbean's to use the current after-care services as stated above. However, an understanding of their cultural needs in the planning and provision of after-care services would make it more likely that they would access the current services.
- The respondents wanted to engage in more activities like training as well as more social activities that is of cultural relevance to them. They also stated they would like to see more African-Caribbean staff.
- Service users wanted to see barriers, stigma and patronising from the professional and service provider staff removed from the current service.

Some of the respondents stated

- that they would like to be involved in the development and planning of the after-care services for African-Caribbean users while others said they would not at the present time.
- On the question of how services could be improved for yourself and other service users, one respondent said "It is a subject that is shunned by my many... but that it was important for the users to be heard and someone to represent that voice". Each service user expressed a wide range of views of what they would like to see change to improve the service for users from music, drama to reliable information.
- In the final question respondents were given the opportunity to add any comments. Three respondents wanted to add comments which echoed their feeling about being a mental health service user.

Section 5

This section reflects the views of the service providers in North Bedfordshire

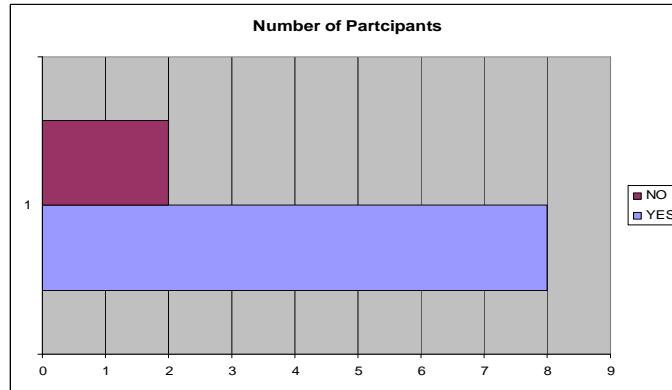
Question 1. What does your service provide?

Name of Service	Service Provided
The Bedford Foyer	Supported housing for vulnerable 16-25 year olds with a housing need.
The Bedford Foyer – project workers	Independent life skills, education, employment training, self esteem, team building, health issues, healthy living, counselling referrals.
Progress House	Rehabilitation and Respite for 72 hours to 5 days.
Prebend Street Day Centre	Day centre
Mental Health Home Crisis Team	Home treatment
Stephen Ross House	Supported housing for adults with mental health problems.
Youth Action	Support young people set up youth projects
Bedford Assertive outreach Team	Seven day service dual diagnosis class A users with mental health.
Diverse Cultures Team	Work with BME people with Mental Health aged 18-65, providing support in their own homes.
Health Link	Specialist service for alcohol problems or dual diagnosis
Day Resource Centre	Day Centre

Services ranging from housing, rehabilitation, respite, self-esteem to dealing with drugs and alcohol problems are offered to all mental health users in Bedford. The Diverse Cultures Team provides support services to the BME people.

Question 2.

Does your service provide after-care services for clients?



80% of the Service Providers do provide some form of after-care services, whilst 20% do not provide any sort of after-care service.

Question 3.

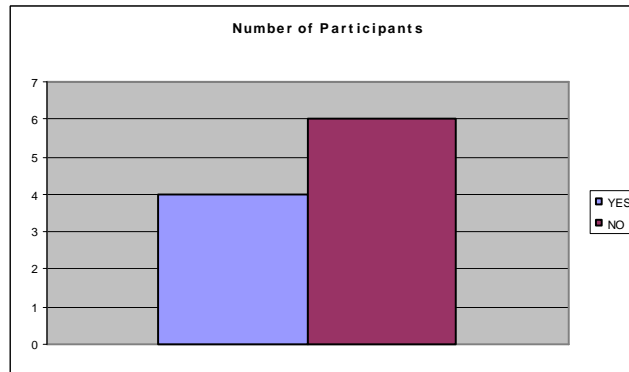
Who are your main service users?

Supported housing for 16-25 year olds with housing needs.
Adults.
White males between 25-50
Male between 25-50
General public
Single adults with mental health problems.
Clients for BME 18-65
Clients with mental health and alcohol problems.
People who have experienced mental health issues, emotional distress both long term and short term.

Service is provided for adults with mental health problems ranging from ages 18-65. Supported housing includes young people from the age of 16 who have a housing need.

Question 4.

Are you aware of any service that particularly caters for African-Caribbean communities?



Six out of ten service providers said they were not aware of any service that caters exclusively for African and Caribbean Communities, while four mentioned knowing or hearing of one or more.

Question 4a.

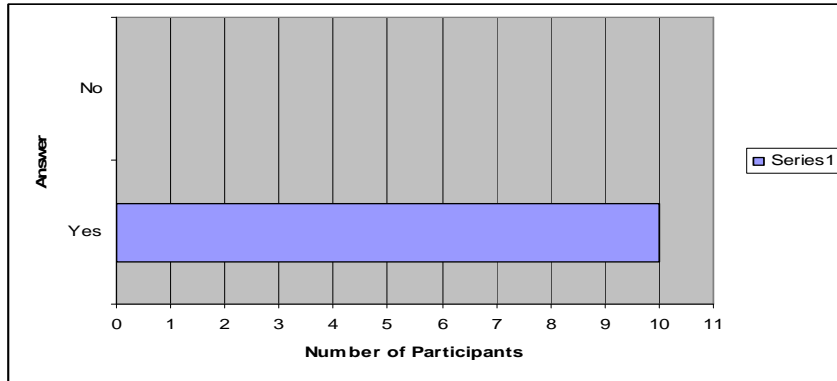
If yes, please describe the service:

Services that caters specifically for African Caribbean's
BACF
Churches
West Indian Social Club drop-in.
Have heard of Nyabingi not referred yet.
The women support group run by naff@ 42 Kimbolton Road, Bedford.

Above are the services that allude to catering for the African and Caribbean Community. From the list it is clear that the Bedford African Caribbean Forum is not an after-care service for people with mental health problem. Perhaps they were selected for their involvement in this research project. Churches are also not an after-care service, although they may provide spiritual and other moral support in times of need. The social drop-in club held once weekly at the West Indian Club in Bedford, is provided by the Diverse Culture Team and it caters for BME and other mental health users. Nyabingi is a Luton based service, which has recently embarked on setting up a similar project in Bedford. However, no referrals have been received. The last one is a support group for women only.

Question 4b.

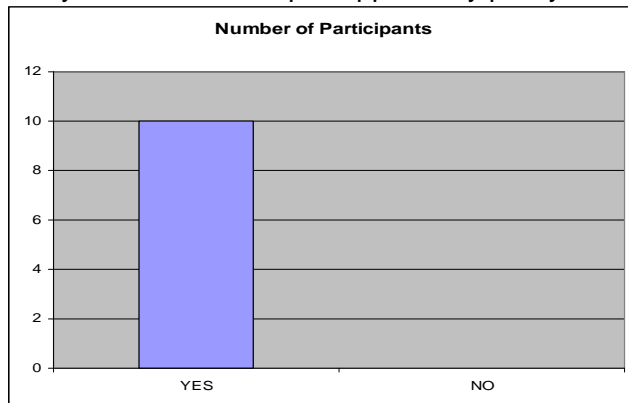
If no, would you support the establishment of a service that specifically caters for the African-Caribbean communities?



The service providers unanimously agreed that they would support a service that caters for the African and Caribbean communities. This response indicates that a gap has been identified and there is a real need for such a service in order to appropriately meet the needs of the African and Caribbean client group.

Question 5.

Has your service an equal opportunity policy?



All service providers said their agencies subscribe to the equal opportunities policy.

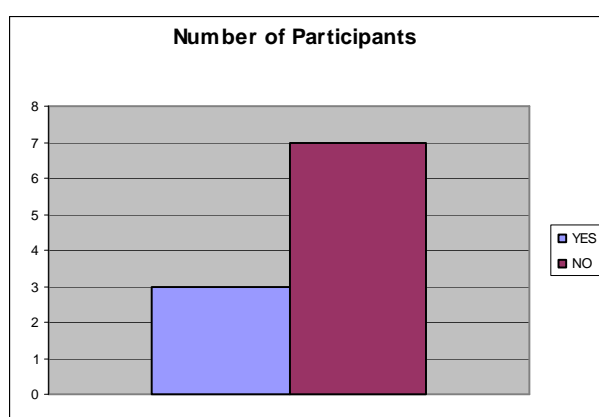
Question 5a.

If yes, please explain how you would ensure that a fairer service is provided to service users particularly African-Caribbean users.

Participants comment
The staff is trained to ensure that when conducting a 'needs assessment', each individual's specific needs are taken into consideration.
The trust has a policy of equal opportunities; it helps that we have a mix of ethnic workers which makes us successful.
All users of our services receive the same amount of respect, compassion and support. All users receive help based around the organisations procedure and policy depending on what the client needs are, service is directed to their need as any other service user.
We try to know about the cultural needs of people and awareness of needs. We have an open door policy. We receive people from different backgrounds and cultures.
We try to know about the cultural needs of people and awareness of needs. We have an open door policy. We receive people from different background and culture.
Look at communities make up. Identify needs. Ensure staff within the team reflects the community.

The equal opportunities policy is actioned through needs assessment training and having staff from different ethnic minorities. Where this is not possible staff try to know about client's cultural needs.

Question 6.



Do you provide effective and relevant training for your staff and volunteers?

70% of the participants agreed to provide relevant and effective training for their staff and volunteers.

Question 7.

Have you provided any of the following training to your staff and volunteers?

Question 7a) Have you had any cultural awareness training?

yes	9
No	1

Question 7b) Have you had any equality & diversity training?

yes	9
No	1

Question 7c) Have you had training around religious issues?

yes	3
No	7

Question 7d) Did you/staff/volunteers find the training useful?

Not at all	1
Little	3
Lot	2
Very useful	3

Despite the range of training provided only 30% of the participants said they found it very useful.

Question 7e)

Have you/staff/volunteers been able to utilise any of this training in your area of work?

Not at all	3
Little	0
Sometimes	3
Lot	2
All the time	1

The above table shows that only 10 % of the staff were able to utilise the training received. This would impact negatively on the needs of the diverse clientele.

Question 7f)

If utilised all the time please describe.

Participants comment
We can't do it all the time, language barriers can get in the way.
When needed.
We have a wide diversity of clients using our service. It gives us greater understanding of cultural needs and understandings.
Not much training in the last year, basic level care, sexual health, refer to crisis intervention we try to know people as individuals.
Sensitive to religious issues and needs.

Question 8 and 8a.

In the past 12 months, approximately how many clients have accessed your service? Approximately how many are from the African-Caribbean Community?

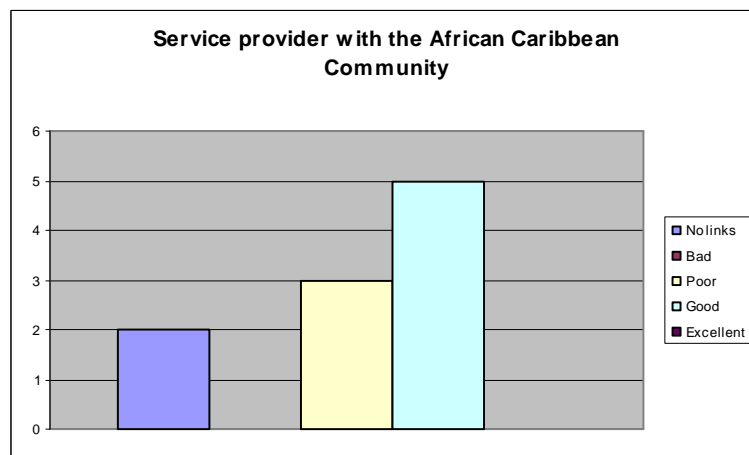
Service Provider	Approx. number of clients	Approx number from African-Caribbean community
2	120	10
3	314	18
6	30	2
8	100	7
10	64	50%
11	300	NK
12	300	14
13	50	7-10
14	60	5%

The statistics on African and Caribbean clients accessing service provision showed that the level of engagement was very low in comparison to white service users accessing the same service.

Statistics on the African and Caribbean clients were not available. Therefore it is not possible to assess the level of engagement.

Question 9.

How do you rate your relationship with the African /Caribbean communities in Bedford?



50% of the participants said they had good relationships with the African and Caribbean Community, whilst 30% of the relationships were poor and rest were either bad or non-existent.

Question 10.

How do you promote your service to the African/Caribbean communities?

Participant comment	count
We actively engage with communities	2
We produce leaflets	5
We outreach/visit community groups	2
Other methods	3
We don't.	7

Active engagement with the African and Caribbean Communities seems to be very poor, according to the responses in this table. At the most engagement has been through general leaflets with information on services provided, however these leaflets are not specifically for the African and Caribbean Communities. Outreach and visits to community groups was very low. The majority of the participants do not engage with the African and Caribbean communities at all.

Question 11.

What do you feel, if any, are barriers for African/Caribbean communities in accessing your service?

Participant comment
I do not know of any barriers specific to this client group. I would be interested in their opinion.
Not directly targeting with our promotional materials.
Mental health services are aimed at white people it does not affect ethnic minority people.
I feel that the African/Caribbean communities tend to support themselves. It would be great to have more users of our service from this community.
Communication lack of
Lack of training of their needs.
General barriers
There is discrimination toward people's behaviour and black people being left out sometimes not only black clients.

Some participants were unaware of the existence of any barriers to accessing services and keen to know if there were any barriers, however this was a minority response. There was general consensus to the existence of barriers such as lack of direct targeting and ineffective communication methods. The African and Caribbean communities generally support themselves in times of need. One participant lamented the limited numbers of users from the African and Caribbean communities and blamed it in insufficient training to meet these needs. Overall it was felt that at times there was discrimination towards black people.

Question 11a.

How do you feel your service could overcome these barriers?

Participant comment
Developing stronger ties.
I think by doing more health promotion recovery training in the African-Caribbean community working with the forum.
More clear affective communication between services, Communities and the service users.
Communication facilities are the foundation for breaking down barriers.
Fighting discrimination
Provide appropriate service .When services are being commissioned should be flexible and creative to meet needs of clients group.
We have to be strong advocates have a fair amount of stamina and enthusiasm to

There was general consensus that the needs of the African and Caribbean community cannot be fully met with without stronger ties with this community. Discrimination and poor communication were highlighted as problematic.

Question 12.

What do you feel the African/Caribbean communities could do to ensure that service providers include their after care needs i.e. religious, cultural, in their service provision.

Participant comment
I do not know
To receive more support and clearer links with the African/Caribbean communities and for more referrals between the two.
Invest in African-Caribbean staff in the service

Agencies would have to channel resources towards raising the staff levels of African and Caribbean people. This was there would be clearer links with this community.

Question 13.

What do you think the development needs for you and your service are?

Participant comment
More understanding of problems of this group.
We need to go out into the community more, to promote our service and educate people.
A better net workers community where all communities support each other have clearer communication and links and work side by side helping each other.
More information about how to deal with ethnic minorities.
Training awareness facilities to utilise.

Agencies would need to understand the problems of the African and Caribbean Community and this can only be achieved through greater co-operation, increased training and raised awareness of services on offer.

Section 6 - Qualitative Answers

This section is a summary of the focus group findings. Two focus groups were used in the study. Each group were asked the same questions.

Question 1. What is your understanding of a mental health problem?

The general view of mental health was of the medical diagnosis that it was an illness of the mind, for example schizophrenia and depression. Those interviewed did not perceive stress or eating disorders as a mental health problem. Whilst some Respondents took the view that mental health as an illness and that like any illness it can be cured if it is treated correctly". It was also agreed that a mental problem may not necessarily be a mental illness. The perception of the group was that 90% of people with mental illness were from poor socio-economic backgrounds and explanations were debated around this issue.
--

Question 2. Do you think mental health after-care services in North and Mid Bedfordshire are culturally appropriate for the needs of African and Caribbean community?

The focus groups felt that the doctors and consultants did not consider the spiritual and cultural needs of service users within patient care. The spiritual needs of service users should also be considered in the care-plan of service users.

The focus groups agreed that it was the family that was more supportive in a more culturally appropriate manner during the periods that service users experienced mental health problems than aftercare service.

It was agreed that the food supplied by most service providers did not reflect the African and Caribbean service user's cultural background.

Black people need to be empowered to speak up about the after-care service provision they need.

More work should be done with the African and Caribbean community to provide services that meet the needs of the community.

Question 3. What would make it easier for people to use the current services in Bedford?

The group acknowledged that the current service provision in Bedford did not appropriately represent the African-Caribbean's needs for example it did not have a Black advocacy service or a community development worker in place to bridge the variation between service users needs and the service provision in place.

Stigma and barriers need to be removed. We need more black workers to work with the community to provide services.

Question 4. Is it important for the African and Caribbean community to develop their own mental health after-care service?

The focus groups were equally divided about this question. Some thought that this would lead to more segregation within the community while some agreed that an African and Caribbean after-care service should be an option for service users as this would be more appropriate to deal with the diverse spiritual and cultural needs of African-Caribbean service users in Bedford.

The group decided that Black after-care service should be offered along side any existing service provision, as the black community often offer spiritual, cultural and religious aspects of their culture as after-care provision.

Question 5. Are there high levels of mental health problems in Bedford among young African-Caribbean people?

Most of the Black focus group members agreed that due to the socio-economic status of African-Caribbean's in early childhood and school exclusion by the time individuals became adults their mental health problems had escalated and because of the stigma attached with mental health they faced further deprivation and discrimination from employers once it was disclosed that they had used the mental health service. The white members of the focus group also acknowledged that a high prevalence of young people were self-harming, but this was often viewed as attention seeking or given other labels.

The view was that there were more visible African-Caribbean people with mental health problems, but that this was partly due to the lack of after-care facilities that met their needs.

Question 6. How can service providers ensure that BME after-care service users needs, including religion, cultural traditions and practices are met and culturally appropriate?

It was stated that the BME religious and traditional cultural practices were not met even when requested.

The service users felt inappropriately represented by doctors and staff who spoke over their heads without taking their personal views into consideration.

Question 7. Would you like to be involved in the development and planning of the

after-care services for African-Caribbean mental health service users?

Some of the service users of the group felt they would like to be involved because their needs are not taken into consideration. The assumption from the medical team is that you are well because you are taking your medication. They only concentrate on what they think is good for you and not what your needs are or what you would like, so therefore it was felt that there needed to be some input from service-users themselves to bring about change.

Summary-Section 6

Services ranging from housing, rehabilitation, respite, self-esteem to dealing with drugs and alcohol problems are offered to all mental health users in Bedford. The Diverse Cultures Team provides support services to the BME people.

There were different perceptions from service provider about after care mental health services catering for the African and Caribbean Community. From the list it is clear that the Bedford African Caribbean Forum is not an after-care service for people with mental health problem. Perhaps they were selected for their involvement in this research project. Churches are also not an after-care service, although they may provide spiritual and other moral support in times of need. The social drop-in club held once weekly at the West Indian Club in Bedford, is provided by the Diverse Culture Team and it caters for BME and other mental health users. Nyabingi is a Luton based service, which has recently embarked on setting up a similar project in Bedford. However, no referrals have been received. The last one is a support group for women only.

There was general consensus that the needs of the African and Caribbean community cannot be fully met with without stronger ties with this community. Discrimination and poor communication were highlighted as problematic.

50% of the participants said they had good relationships with the African and Caribbean Community, whilst 30% of the relationships were poor and rest were either bad or non existent.

Active engagement with the African and Caribbean Communities seems to be very poor, according to the responses in this table. At the most engagement has been through general leaflets with information on services provided, however these leaflets are not specifically for the African and Caribbean Communities. Outreach and visits to community groups was very low. The majority of the participants do not engage with the African and Caribbean communities at all.

Section 7- Discussion

7.1 Service User Questionnaire/Service provider Questionnaire

A centre providing African and Caribbean food and socialisation was a recurring theme throughout this research.

The service providers unanimously agreed that they would support a service that caters for the African and Caribbean communities. This response indicates that a gap has been identified and there is a real need for such a service in order to appropriately meet the needs of the African and Caribbean clients in North Bedfordshire.

The majority of the African and Caribbean service users who were interviewed in this study felt there is an urgent need for a place where they can meet other people from their own community. This strongly suggest that not enough is being done by the current service providers to alter the perception of African and Caribbean service users that the existing service provision in North Bedfordshire cannot fully meet their cultural needs.

The key question that need to be answered is what are the reasons for both service users and service providers, in Mid and North Bedfordshire thinking that there is a need for an African and Caribbean specialist service?

The research finds that while it is perhaps quite easy for the current providers to make an effort to meet African and Caribbean dietary needs, it would be more difficult for the current service to meet more complex needs as outlined in the following quotes from service users.

“Someone to talk to who can understand my cultural ways”

“There are many professionals who do not believe in spiritual needs, so I do not talk about it because they would not understand “

It is clear that service user’s spiritual needs and Christian beliefs, in particular, are largely not taken into consideration by the current service providers in Bedford but appears to be a very important issue with black service users.

“All who work in the mental health service should receive training in cultural awareness and sensitivity” (Government response to David Bennett inquiry p.21)

90% of our service provider respondents told us that they had cultural awareness and equality awareness training, however only 30% had any training around religious issues.

It is the observation of this research that the strong spiritual needs issues for

African and Caribbean service users seems to run parallel to the training needs gaps around religious issues among staff of the mental health aftercare service in North Bedfordshire.

The impact of the cultural awareness training is also significant in that only 30% of the service provider respondents found the cultural awareness training useful. It is even more significant that only 10% of service provider respondents felt that they were able to utilise the cultural awareness training by making it a part of their practice all the time in the area of work.

African and Caribbean service users feel that services for them can be improved by their own community led involvement in the current service:

“More African and Caribbean service provider at the front”

“More black people providing after-care services”

“Having more African and Caribbean staff”

These perceptions of African and Caribbean service users in Mid and North Bedfordshire are widely held perceptions in the wider African and Caribbean Community (as reflected in the Focus groups). This reflects the circle of fear and the lack of trust they have for the largely white run statutory and voluntary sector providers.

“The workforce in mental health service should be ethnically diverse. Where appropriate, active steps should be taken to recruit, retrain, and promote black and minority ethnic staff” (government response to David Bennett inquiry p25)

The service user respondents is suggesting that one way to realise the above recommendation is to capacity build and invest into black led voluntary sector, this would improve equality of opportunity for African and Caribbean community organisations that are best place to develop an effective service.

Religious aspects and complimentary treatment in the community should be given greater consideration.

A list of comments from African and Caribbean service users in Mid and North Bedfordshire for the improvement of the service are as follows:

“More black people providing after-care”

“More black people promoting after-care services.”

“More information.”

“Service providers to work more closely with service users.”

“Having more African Caribbean staff.”

“More things to do that we like”.

“Access to a centre everyday that African and Caribbean like minded people can meet and socialise.”

A better study of cultural background.

A better understanding of individual needs and planning for delivery and meeting those needs.

Easier Access

African and Caribbean Service users would find it easier to access the service if:-

there was a full involvement of service users and Incorporating family and friends in help shaping mental health services in Bedford.

staff, management and commissioners of the service had a better understanding of African and Caribbean culture.

they are better able to plan clear pathways and more accessible service, which does not make and create stigma.

provide more information at grass roots level.

If black community groups as service providers can work together with black service users to meet needs.

“A building that some one like myself can use regularly somewhere that I will be respected.”

These issues clearly states even if the current service providers in Mid and North Bedfordshire decides to target African and Caribbean people with mental health problems, there appears to be major limitations in the way this could be done by most of the current service in the area.

It would appear that the African and Caribbean Communities (when they are not coerced in accepting mental health service) would prefer a service where

Africans and Caribbean service users needs to be culturally comfortable and are able to be themselves

The culture of some of these organisation and how it relates to the cultural values of the African and Caribbean Communities may not have the capacity or the ability to create that environment even at a superficial level so would need great assistance from the African and Caribbean community to bring about these changes.

African and Caribbean people who use the mental health service in Mid and North Bedfordshire would like to see the following added to current service:

Activities that involves music which could includes teaching clients to play the African Djembe drums, Caribbean steel pan, scratching music, recording lyrics, Black music appreciation etc.

Training to develop service user's business skills that will enable some service user to recover enough to use those skills to set up their own business or to compete in the workplace

Facilities to accommodate African and Caribbean peers so that they can learn from each other and develop social skills and have a sense of there own history and identity.

More staff from that are African and Caribbean who knows about their own culture and have the ability to use to enable others and to act as role models.

African and Caribbean clients in Mid and North Bedfordshire would like to remove the following from the current Aftercare service?

Stigma for African and Caribbean people in the mental health system

Attitude of some professional and service providers

The over-reliance on drug treatment to aid recovery for black patients

Conclusion

The major findings of this research, based on the views of people who use the mental health service in North Bedfordshire and service providers who provide aftercare mental health service in the same area are:

Most of current service is not appropriate and do not culturally respond to needs of African and Caribbean service users. This is based on the fact that most of the current workforce is not fully equipped to deliver aftercare for African and Caribbean people.

The African and Caribbean community in the area is not given any genuine

opportunity to action or influence mental health policy or delivery in the area.

There was a lack of evaluation of cultural awareness training and the impact of such training on the delivery of race equality in mental health Care.

SECTION 7.2

Focus Group Discussion

This section of the report is based on information gained through qualitative data drawn from the two Focus Group used in this research. Focus groups were held in December 2006 and January 2007.

The samples were selected to comprise of service users, community leaders from the African and Caribbean community and both black and white young people between the ages of 18 and 35 years.

One of the main objectives was for the group to consider how **culturally appropriate** the current mental health after-care service are to needs of African and Caribbean people in Mid and North Bedfordshire.

Here are some of the main discussions and quotes from the sessions based on theme of “cultural appropriateness”.

Food seems to be an important item on the agenda when the sample looked at cultural Appropriateness.

“Let us assume you have a day centre in Bedford accessed by Italians, Polish and African and Caribbean- Who do you think the menu will be designed for?”

“It is easy for service providers to provide Asian food yet they often find it difficult to provide for African and Caribbean-yet we all pay taxes”

It was clear that the group felt that some BME food was provided by the current after care service, but that there was a lack of cultural food preferred by African and Caribbean mental health service users in Mid and North Bedfordshire.

There were also suggestions that different BME community were treated less favourable than others.

The **spiritual needs** of African and Caribbean was also a very important issue for the focus group.

It was clear that the group felt that the current service providers did not grasp the importance the spiritual needs of their African and Caribbean service users.

“African people are people have a strong spiritual need and I think they should be supported”

The group acknowledge that the African and Caribbean community in the area need to have a more effective voice that will advocate for better service.

A **black advocacy service** was seen as key to the process of helping the current service provider to provide a more cultural appropriate service.

Some staff of the current service need to develop a better relationship with African and Caribbean service users and also listen and respect service users views.

The group felt that there was an opportunity to build on the existing Aftercare resource in Bedford and make it more culturally appropriate by adding a **black specialist** after-care service.

There was a need for the current service provider to better enable African and Caribbean service users active involvement in their service

The group acknowledge that their should be more work done to deal with double discrimination of being black and having a mental illness

REFLECTION

What went well?

Our team was a very large diverse team made up of service users, members of the local Bedford community, Community activists.

The team worked well attending all the research workshop modules in London.

Despite the fact there were two different organisations involved working as one team with two different groups living in Bedford and Luton all went well.

Everyone in the team showed a very high level of commitment.

Problems Encountered

We had a major problem getting ethical approval from the NHS ethical committee so this delayed the start of the data collection process by approximately two months.

Other Outcomes

We now have the confidence to do other research and will make this one of our core skills that is marketable.

We are able to use evidence to make a political and business case for our area of work.

The project has enabled some individuals to seek work as researchers.

SECTION 8

Recommendations

A **black advocacy service** must be seen as key to the process of helping the current service provider to provide a more cultural appropriate service and to effectively advocate on behalf of African and Caribbean people who use the mental health service.

That there is an opportunity to build on the existing aftercare resource in Bedford and make it more culturally appropriate by adding a **black specialist** after-care service.

That there is a need for the current service provider to ensure better enable African and Caribbean service users to be more actively involve in their service

Some staff of the current service need to develop a better relationship with African and Caribbean service users and also listen and respect service users views.

Agencies would need to understand the problems of the African and Caribbean Community and this can only be achieved through greater co-operation, increased training and raised awareness of services on offer.

Funding should be identified by commissioners and made available to relevant community organisations through service level agreements to develop a sustainable African and Caribbean specialist service in Bedford.

The spiritual needs of African and Caribbean individuals should be taken into account by the current mental health service providers in mid and North-Bedfordshire

Agencies should channel resources towards raising the staff levels of African and Caribbean people. There should be clearer links with this community.

Reference

Census (2001) Office for National statistics

Dawson, C. (2006) *A Practical Guide to Research Methods 2nd Edition*. Oxford. How To Books.

Dept of Health (2000): 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

Bedford Borough Council Website: www.bedford.gov.uk

APPENDIX

Ref : SU

Bedford African Caribbean Forum

Community Engagement Questionnaire

Core Questions:
Part A. About you

1.1 Age last birthday:

	15 or under	<input type="checkbox"/>
	16 – 18	<input type="checkbox"/>
	19 – 21	<input type="checkbox"/>
	22 – 24	<input type="checkbox"/>
	25 – 29	<input type="checkbox"/>
	30 – 39	<input type="checkbox"/>
	40 – 49	<input type="checkbox"/>
	50 +	<input type="checkbox"/>

1.2 Gender:

Male	<input type="checkbox"/>	
Female		<input type="checkbox"/>
Transgender or transsexual	<input type="checkbox"/>	

1.3 Ethnicity:

	White		
	British		<input type="checkbox"/>
	Irish		<input type="checkbox"/>
	Other (please explain)		<input type="checkbox"/>
		

	Mixed		
	White and Black Caribbean	<input type="checkbox"/>	
	White and Black African		<input type="checkbox"/>
	White and Asian		<input type="checkbox"/>
	Other (please explain)		<input type="checkbox"/>
		

	Asian or Asian British		
	Indian		<input type="checkbox"/>
	Pakistani		<input type="checkbox"/>
	Bangladeshi		<input type="checkbox"/>
	Other (please explain)		<input type="checkbox"/>
		

	Black or Black British		
	Caribbean		<input type="checkbox"/>
	African	<input type="checkbox"/>	
	Other (please explain)		<input type="checkbox"/>
		

	Chinese or Other Group		
<input type="checkbox"/>	Chinese		
	Other (please explain)		<input type="checkbox"/>
		

1.4 Were you born in the UK:

Yes	<input type="checkbox"/>	
No		<input type="checkbox"/>
	

If no, how long have you lived here:

<input type="checkbox"/>	Less than 1 year	
	1 – 5 years	<input type="checkbox"/>

6 – 10 years
11 years or more
.....

1.5 Are you a: British Citizen
Refugee
Asylum Seeker
Other (please explain)
.....

1.6 What is your first language?
Spoken:
.....
Written:
.....

1.7 Which languages are you fluent in?
Spoken:
.....
Written:
.....

1.8 What is your religion: None
Christianity
Buddhist
Hindu
Jewish
Muslim
Sikh
Other (please explain)
.....

1.9 Sexuality: Lesbian or gay woman
 Homosexual or gay man
 Heterosexual or straight
 Bisexual
 Do not wish to answer
 Other (please explain)
.....

1.10 Do you have a disability: Yes (please explain)

.....
No

2. What is your employment status?

- Full-time
- Part-time
- Emergency support
- NASS
- Voluntary work
- Student
- Disabled not working
- Retired
- Not permitted to work
- Other please state (please explain)

Part B. Your experience. (Service users only)

B1. Definition of mental health

1. What is your understanding of mental health issues?
Please state _____

2. Have you been diagnosed with a mental health problem?
Yes | No |

3. Are you a mental health service user? Yes | No |

If yes how long have you been a mental health service user?
Please state _____

4. Did you seek help yourself from any of the following for your mental health?
Professional e.g. GP, psychologist, CPN, Social Services. |
Family and/or friends |
Medication |
Counselling services |
Alternative |
Religious or spiritual organisation |
Black advocacy service |

5. As a mental health service user is accommodation a problem because of your illness or diagnosis?

Yes | No |
If yes please explain in what way.

B2. Access to after-care services

The following is a list of aftercare Mental Health services in Bedfordshire.
Please tick your answers.

After care Services	Heard of	Have Used	Aware that it exist
Befrienders			
MIND			
Barford Avenue Centre			
Rethink Advocacy Service			
Luton and Bedford Advocacy Service			
Central Bedford Counselling Services, St Cuthbert Street			
Bedford Counselling Centre, Foster hill Road			
James Kingham Project, St Johns Street			
Renaissance Project, Woburn Road			
Peter House Project			
Prebend Street Day Centre			
Saneline (telephone help-line)			
First Step to Freedom (telephone help-line)			
Diverse Team			

2. If you have used any of the above service, how were you referred to the service?

- Family member / friend []
- Carer []
- GP []
- Duty social worker []
- Myself []
- Community organisation []
- please state.....
- Other []

please state.....

3. Did you know how to access after-care services before you were referred?
Yes | No |

4. How would you rate the service you received?
please state: -----

If satisfactory, please explain what was good about the service

If unsatisfactory, please explain what you did like about the service

Please explain what could be improved

5. Do you know if there are any after care services specifically for African and Caribbean mental health users?
Yes | No |

If yes have you accessed any
Yes | No |

Please tell us which one you have access

If no, are you supported within the community?
Yes | No |

If yes please explain in what way.

6. Have you ever sought support from an African/Caribbean local church?
Yes | No |

If yes what support did you receive?
Please state _____

7. Do you think it is hard for you to access mental health after-care services?
Yes | No |

If yes what might make it difficult for you?
Please explain. _____

8. Have you ever been refused access to an after care service?
Yes | No |
If yes, explain why?

9. Have you used or considered using complimentary therapy?
Yes | No |

If yes what form of therapy did you use or consider?

B3. Awareness of aftercare services in the local community.

1. Are there any African/Caribbean local organisations supporting African Caribbean's with mental health?

2. Do you as a mental health service user require any cultural needs?
Yes | No |

If yes please state _____

3. Do the after-care services you currently receive meet your religious need?
Yes | No |

If yes how do they meet your need/s?
Please state _____

If no how are they not meeting your need/s?
Please state _____

Part C. Improving Services for African and Caribbean service users

C1. Questions relating to service users

1. How could after-care mental health services be improved for your community?

2. What do you think would make it easier for African-Caribbean's to use the current after-care services?

3. What would you like to see added to the current after-care services?

4. What would you like to see removed from the current after care services?

5. Would you like to be involved in the development and planning of the after care services for African Caribbean users?
Yes | No |

6. How do you think you could improve services for yourself and African and Caribbean service users?

7. Are there any additional comments you would like to make?

ETHICAL PRO-FORMA

Name of Group	Bedford African Caribbean Forum
Address	Phoenix Chambers 15-17 High street Bedford MK 40 1RN
Name of support worker	Anthony Kollie
Date	11 September 2006
Name of Researchers	Fitzroy Wilson, Carl Bernard, Yolanda Sutherland, Asha Lettman, Joan Simpson, Adrian Whyte, Steven Joseph, Beresford Thomas and Junior Crawford David Toukam, Thoko Mazura – Student Social Worker
SECTION 2	
What type of work does the group intend to do as part of this project?	BACF intends to carry out a Research focussing on "finding out whether the after-care services in Mid and North Bedfordshire for male & female users with mental health issues aged 18-35 from African & Caribbean community are culturally appropriate." Research participants will be service users, carers, community leaders, focus group and service providers. The research project aims to give insight into the Delivery of Race Equality(DRE) by prioritising of a 12 point action plan highlighting the following; <ul style="list-style-type: none"> <input type="checkbox"/> 1 Less fear of mental health services among BME communities and service users. <input type="checkbox"/> 2 Increase satisfaction with services. <input type="checkbox"/> 3 More balanced range of effective therapies such as peer support services and psychotherapeutic and counselling treatment, as well as pharmacological intervention that is culturally appropriate and effective. <input type="checkbox"/> 4 A more active role for BME communities and BME service users in the training of professionals in

	<p>the development of mental health policy and the planning and provision of services.</p> <p><input type="checkbox"/> 5 A workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities</p>
How do they intend to do this?	<p>The group intends to interview approximately 45 individuals using a structured questionnaire format which will be carried out in pairs, on a face-to-face basis in a selected room at the office.</p> <p>The group will also hold two focus groups. The total number of participants in the research is expected to be approximately 60 people.</p>
Who will the participants be?	<p>The group anticipate interviewing: African and Caribbean Men and Women aged 18 -35 years who are active service users; carers, community leaders and voluntary service providers for the Black African and Caribbean communities. Service providers of mental health service in North and Mid beds and other people from the African and Caribbean Communities.</p>
Who will they get to do the work?	<p>Researchers named above whom have been recruited from the community to undertake the research.</p> <p>We have recruited people service users from African and Caribbean communities who have experience with the mental health system.</p>
How will those doing the work be supported and supervised?	<p>The group will be supported on a day to day basis by a lead co-coordinators. Carl Benard and Fitzroy Wilson.</p> <ol style="list-style-type: none"> 1. Researchers have attended workshops modules in mental health and research and have gained experience on how to conduct research.

	<ol style="list-style-type: none"> 2. UCLAN has assigned Anthony Kollie as support worker for the team. He will help the group implement the research following the guidelines of UCLAN ethical procedures. Support and supervision will be in place 3. The team will be line managed by a co-ordinator based in the project. 4. The research work will also be overseen by the steering group comprising of the FIS Co-ordinator (Reace Equalities Lead) Anjum Gray.
<p>How will they ensure that all the participants in the project have given their consent?</p>	<p>A letter informing each participant has been prepared followed by a consent form which each interested participant will read and sign before taking part in the interview.</p> <p>Participants will be asked whether they are happy to proceed with the interview, based on the information that they have been given.</p> <p>Each participant will be reminded that he/she is free to withdraw from the interview at any time The group will provide a Research Respondents Pack made up of the following contents;</p> <p><u>Invitation Letter</u> Inviting respondents for participation in the study if they wish to do so. <u>Information Sheet</u> Detailing the project aims and objectives explaining the following protocols: (A) The overall research benefit of the project. (B) Explaining their participation is voluntary. (C) Information outlining safe keeping and confidentiality of respondent interview.</p>

	<p>(D) During the interview participants can STOP AT ANY TIME FOR ANY REASON.</p> <p>(E) Respondents will be reminded that they are not obliged to answer any questions they feel uncomfortable with in the research questionnaire.</p> <p><u>CONSENT FORM</u> The group will seek participants' consent before embarking on interviews by asking them to sign the consent form.</p>
<p>How will the project ensure confidentiality?</p>	<p>All respondents will be guaranteed and assured that their names and addresses will not be recorded to ensure confidentiality. The researchers will not be quoting any information identifying any respondent. All participants' names will remain anonymous.</p> <p>Respondents will be asked to participate by letter of invitation. A self-addressed envelope, will be enclosed. Respondents may also phone the lead researchers for further clarification. The lead researcher will also make follow up phone calls.</p> <ol style="list-style-type: none"> 1. Names will not be recorded on the questionnaires. 2. Interviews will be conducted in private, on BACF premises or other nominated premises. 3. Only staff working on the project will have access to completed questionnaires or other relevant information. <p>Data from the questionnaire will be analysed and presented in the final report (and any interim reports) in such a way to ensure that any information given by participants will be completely confidential with no names recorded anywhere.</p>

	<p>All respondents will be guaranteed and assured that their name and address will not be recorded to assure confidentiality</p> <p>We are running two(2) Focus Groups. In view of that, all participants will be informed that they cannot be guaranteed confidentiality because of the nature of the environment.</p>
<p>How will Data generated by the Project be handled and stored?</p>	<p>Questionnaire and notes will be stored at the BACF office in a locked cabinet. Only researcher and support worker will access this information. On completion of data analysis all marked questionnaires and other information will be shredded at the office, once final report is completed.</p>
<p>What risks are there? How will risks be identified and managed?</p>	<ul style="list-style-type: none"> ▪ Risk management issues relevant to risk will be part of the supervision sessions and our weekly and fortnightly meetings. ▪ The lead researcher will be responsible for identifying all risk with support from support worker (UCLAN). ▪ Steering Group including Race Equality Lead; Race equality and Diversity Manager; BME Mental Health Fellow and Others. ▪ <u>Risk Issues:</u> ▪ Participant or researcher or service user displaying signs of becoming aggressive or abusive. ▪ <u>Solution</u> – interview will be stopped immediately and Lead worker will contact appropriate personnel i.e. Support Worker. ▪ Researcher found to be abusive and undermining respondents during interview. ▪ <u>Solution</u> – interview stopped. Researcher will be asked to

	<p>leave the environment. Lead researcher alerts the FIS team.</p> <ul style="list-style-type: none"> ▪ Respondent displaying harmful and threatening behaviour and threaten to harm himself or others. ▪ <u>Solution</u> – interview stopped. Lead researcher contacts support worker. ▪ Researcher found to breach confidentiality by discussing information. ▪ <u>Solution</u> – Interview will be stopped. Lead researcher to call researcher into office and investigate with support of UCLAN support worker. The result may be instant dismissal.
Please confirm the make up of the steering group?	The steering group is made up of the project co-ordinator, one researcher, members of the local FIS group, Race Equalities Lead, PCT, BLPT, Luton & Dunstable Hospital and a local community group.
How often will the steering group meet?	The steering group meets every six weeks. The group kept informed of progress through Race Equality lead Dean Pinnock, Anjum Grey and Anthony Kollie- through our fortnightly meetings looking at its progress and review planning research work and any other problems.
Is the steering group clear that it has a responsibility for helping to manage the ethical issues that may arise as a result of running this project?	Yes they are aware and have been provided an Ethical Proforma for comment and approval.
<u>SECTION 3</u> (TO BE COMPLETED BY UCLAN INTERNAL COMMITTEE)	
<u>DATE RECEIVED:</u>	
<u>DATE REVIEWED:</u>	

BEDFORD AFRICAN AND CARIBBEAN FORUM **Community Engagement Project.**

Funded by the National Institute for Mental Health in England (NIMHE) through the University of Central Lancashire (UCLAN)

Information Sheet

In late 2005, The Bedford African & Caribbean Forum (BACF) successfully submitted a bid to the University of Central Lancashire (UCLAN). The bid proposed to undertake a Mental Health research project with the African & Caribbean Community in Bedfordshire. In April 2006 we were notified that we had been successful with our project bid.

What do we want to research?

The aim of the research is to find out whether or not the Mid and North Bedfordshire After Care Services for African and Caribbean male and female Mental Health Service Users aged 18 to 35 are culturally appropriate.

We want to determine the levels of awareness and access / barriers to current aftercare mental health services.

We hope to interview around 60 people made up of service users, service providers and other people from the African & Caribbean community. The research will take place during the months of October and November 2006. The final report will be produced and launched in 2007.

Why do we want to do this research?

We hope that this report will help to influence existing and future Mental Health services to meet the needs of African & Caribbean Communities in Bedfordshire.

Also by taking part in this project we hope to raise an awareness of mental health issues within the local African & Caribbean Community and the wider community of Bedfordshire.

Who & how will we collect the information?

We have a trained African & Caribbean research team made up of 9 people. We will collect information through a structured questionnaire and focus group. Interviews will be carried out in pairs. One person will ask the questions and the other will observe and record answers.

What do we want from you?

We would like **you** to be involved in this project as a **respondent**. Your involvement will be on a voluntary basis, we cannot pay you for your time. However if you have to travel to take part in the research we are able to reimburse your travel within Bedfordshire providing you keep your receipt.

What are your rights as a respondent?

If you choose to be interviewed, and then change your mind this is okay, please let us know in advance.

If during the interview you feel uncomfortable with any of the questions we ask - you do not have to answer.

You are also able to **terminate the interview at any time**.

We only need your answers we do not need your name or address on the questionnaire so it will be **anonymous**.

Only the research team and our support worker from UCLAN will have access to the completed questionnaires, these will be stored in a secure place until we have collated the data. Once this has been done we will destroy the questionnaires and other related information.

The research team will maintain **confidentiality** at all times apart from in exceptional circumstances as outlined below. This is of utmost importance to our project.

When will we break confidentiality?

There are exceptional circumstances when we are bound to break confidentiality. This applies if during the interview you disclose information, which suggests that either you someone else is at risk of serious harm including child abuse. We will terminate the interview and share this information with the relevant bodies to prevent or stop the harm.

How can you get involved?

To be involved in the research you must be over 18 years of age and a service user, carer, community leader or service provider of mental health services in Bedfordshire.

If you would like to be interviewed, want further information or would like a copy of the report once it has been produced - please contact the following lead researchers:

Carl Benard Tel: (01234) 214252 Email: bac@forum.fsbusiness.co.uk
Fitzroy Wilson Tel: (01582) 560895 Email: nyabingiashanti@yahoo.co.uk

REF.....

**BEDFORD AFRICAN AND CARIBBEAN FORUM
Mental Health Community Engagement Project**

CONSENT FORM

Dear Respondent

Thank you for taking the time to read our projects Information Sheet.

If you would like to be interviewed for the above project please tick the following to show that you understand your rights under this project.

Checklist:

- a) I understand the aims of the Bedford African & Caribbean Forum.
[]
- b) I understand that my participation is voluntary.
[]
- c) I know that you will not use any of my personal details on the questionnaire.
[]
- d) I am able to cancel the interview at any time.
[]
- e) I know that I do not have to answer any questions if I feel uncomfortable.
[]
- f) I understand that all the data collected will go into a report at the end of the project. I am able to obtain a copy of the report once it is finished by contacting the BACF offices or the lead researchers.
[]
- g) All of the above points have been explained to me by the Researchers. I have understood and agree to take part in this research project.
[]

Please sign and date below.

Thank you

We will now interview you.