

We've only just begun...

Delivering Race Equality in the South West

Over the past five years, a wealth of opinion has formed in relation to the *Delivering Race Equality (DRE) in Mental Health Care Action Plan (2005)*; an ambitious programme of work that sought to address inequalities faced by Black and Minority Ethnic (BME) people who came into contact with mental health service. In heralding and embracing the transition towards *New Horizons – A shared vision for mental health (2009)*, it is recognised that this significant move presents an ideal opportunity to reflect upon the journey travel thus far, and to acknowledge the efforts of those who have worked tirelessly to realise the DRE objectives. Therefore, what follows is a synopsis of the activities undertaken in the South West - a diverse mix of towns, cities and villages populated by people of all ages and from a variety of cultural and social backgrounds.

Context:

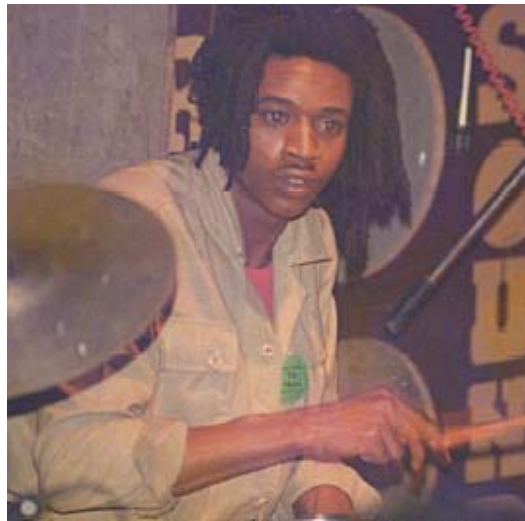
For decades it has been acknowledged that Black and Minority Ethnic people have faced discrimination in all areas of British society recognising that,

'Fundamentally, the history of migration and settlement in this country has been about seeking rightful entitlements and equal rights by migrants and their descendants, and challenging racism both at the individual and institutional level. Mental health has been a site of such struggles for as long as black and ethnic minorities have been part of British society.' ([Inside Outside](#))

Given this, service users, their families and carers, along with many others including mental health service providers, academics and community activists have campaigned in favour of much needed change within mental health and other statutory services in order to address and eliminate these inequalities. Neither [the National Service Framework](#) (1999) nor the [National Health Service Plan](#) (2000) adequately addressed the needs of BME people even though high profile cases such as that of Michael Martin, Joseph Watts and Orville Blackwood, who all died at Broadmoor psychiatric hospital, continued to provide disturbing reminders of the often negative and occasionally tragic experiences of BME people who came into contact with mental health services.

However, it was the death of David Bennett, a 38 year old African Caribbean man, that helped quickened the pace of reform. ([Inquiry into the Death of David Bennett](#))

David Bennett was known to mental health services and at the time of his death in October 1998, was detained under section 3 of the Mental Health Act (1983) at the Norvic Clinic, a medium secure unit in Norfolk.



On the night of his death, David was involved in an altercation with another patient who had been racially abusive towards him. In response, David was moved to another ward where he hit a nurse. This led to David being restrained by a team of other nurses who held him in a prone position for a prolonged period of time and it was this intervention that led to David's death. The independent inquiry into his death included the following recommendation in its report:

'All managers and clinical staff, however senior or junior, should receive mandatory training in all aspects of cultural competency, awareness and sensitivity. This should include training to tackle overt and covert racism and institutional racism (p.68).

The panel also recommended that its findings and further recommendations be used in the 'developing black and minority ethnic mental health strategy' - '[Delivering race equality in mental health care: An action plan for reform inside and outside mental health services and the Government's response to the Independent inquiry to the death of David Bennett](#)' published in 2005. As a five-year plan for reducing inequalities for Black and Minority Ethnic people in terms of access to, experience of, and outcomes

from mental health services, the DRE the proposed actions were founded on the following building blocks:

- **more appropriate and responsive services** - achieved through action to develop organisations and the workforce, to improve clinical services and to improve services for specific groups, such as older people, asylum seekers and refugees, and children;
- **community engagement** - delivered through healthier communities and by action to engage communities in planning services, supported by 500 new Community Development Workers; and
- **better information** - from improved monitoring of ethnicity, better dissemination of information and good practice, and improved knowledge about effective services. This will include a new regular census of mental health patients.

However, whilst this long awaited programme of work sought to bring about whole systems change; the action plan stated that,

'DRE is not about separate mental health services for BME communities...it is not possible to adequately address improvements in access, experience and outcomes for BME service users without taking a comprehensive mainstream approach. We need equality for all ages, from childhood through to old age; we need it for women and men, and for particular groups such as refugees and asylum seekers' (p.10)

In addition, it stated that,

DRE must be recognised as a living programme that will develop and change over time and will be integrated more fully into the wider programme of work on BME mental health. (p.10)

Focused implementation sites

A total of 18 Focused implementation sites (FIS) were established across England. These sites were seen as test beds for the DRE programme and 4 sites were identified in the South West: Somerset, Dorset, Bournemouth and Poole and Plymouth.

FISs were time-limited projects tasked with testing new ways of working that would support the delivery of the actions set out in DRE. The structure of FISs varied quite considerably in relation to size and demography. However, it was recommended that all sites demonstrated evidence of:

- partnership working that included an agreement with the Strategic Health Authority,
- evidence of at a senior level commitment within organisations that included Primary Care Trusts and Local Authorities

However, each FIS could decide to work as part of, or across SHA boundaries. Therefore, the purpose of FISs was to:

- Fast track the DRE action plan over a three year period from April 2005 to March 2008
- Facilitate and guide delivery of the DRE programme
- Pilot initiatives at a local level and
- Share good practice
- Encourage and support partnership working
- Develop strategic partnerships between key organisations to encourage investment and build capacity
- To have agreed and robust action plans in place – centred around the three building blocks
- Build capacity and intelligence to facilitate further change
- Rapidly improve mental health services for BME populations
- Improve access to mental healthcare
- Provide more appropriate and responsive services
- Develop a more skilled workforce that can be responsive to the needs of a diverse population
- Develop capacity within community and voluntary organisations
- Help to demonstrate that whole systems change can be achieved health services for BME groups
- Provide leadership and raise the profile of the BME programme

At the end of this period mainstreaming templates were completed by the South West FISs and each detailed how activities had improved services for BME people and how DRE was to be embedded within the core business of the organisation. ([FIS transitional templates](#))

Community Development workers

It was acknowledged that reforms inside and outside mental health services would require a new workforce that would not only promote a community perspective in service development, but also influence change within the statutory sector and help ‘bridge the gap between existing models of [mental health] care and the values and needs of people from BME communities’. Primary Care Trusts were therefore tasked with recruiting Community Development Workers (CDWs) whose four key roles are as follows:

1. Change Agent

- Identify community concerns and gaps in services
- Seek out capabilities of communities to develop innovative practice
- Increase channels of communication between community & statutory services

2. Service Developer

- Advise on training & education of staff
- Highlight the importance of culture in service system and practice
- Develop joint working between statutory & community services

3. Capacity Builder

- Develop socially inclusive BME communities
- Engage in establishment of community leadership
- Assist in development of community organisations

4. Access Facilitator

- Help people find effective pathways across services
- Direct people to community resources
- Address language barriers and others to services

([link to CDW final guidance](#))

In order to support the activities of the South West CDW workforce, Innovation Grants were offered. These small sums of money were utilised in many creative ways. For example, CDWs working in Dorset developed an electronic calendar of events that also highlighted dates that were significance to the diverse communities that it served. In Plymouth the grant was used to establish a mental health forum for Black and Minority Ethnic young people aged 14-18 that supported the development and delivery of effective and meaningful CAMH services.

CDWs working in Devon focused on the experiences of BME inmates within prisons located in Devon and the surrounding areas. The resulting report has been well received by key stakeholders working within the prison environment and colleagues leading on improving offender health in the South West. ([Delivering Race Equality in Mental Health Care for Black and Minority Ethnic Prisoners](#))

CDWs in the South West continue to demonstrate their value and their activities are reflected in the various documents and reports that can be found on the [South West Development Centre's website](#). These sources of information provide a fascinating insight into the variety of work undertaken by CDWs.



Service user and carer involvement

This work stream has formed an integral part of the DRE programme as services users and carers sit at the heart of the programme's activities. Over the years, Development Consultant Francine Bradshaw has worked tirelessly to ensure that the voices of services users and carers living in the South West were heard by service providers and those working in other regions and at national level. Therefore, service user and carer narratives have been captured and shared using various mediums e.g. DVDs; discovery interviews at various regions events; theatre workshops and through the establishment of regional networks that encouraged involvement of those BME people living in remote places across the vast South West region. A major achievement for the BME service user network was the development of the play - the result of collaborative working between the South West Development Centre's Delivering Race Equality in Mental Health Care Programme, Black and Minority Ethnic inpatients at Fromeside, a medium secure unit that forms part of services provided by Avon and Wiltshire Mental Health Partnership NHS Trust, members of the BME service user network and the Hearth Centre, a organisation that specialises in supporting change in health and social care services through art. As a legacy, 'Unsent Letters' has been filmed and will be available as a DVD to be used as a training tool to support the professional development of frontline staff. Please visit the [Service Users](#) webpage on the South West Development Centre website.



Community Engagement Projects

In an attempt to fully understand the needs of an increasingly diverse population, 80 NIMHE/CSIP/University of Central Lancashire (UCLan) Community Engagement projects were undertaken with three principles features:

- It was essential to work through a host organisation.
- The host organisation would need to have good links to the target community.
- Research projects should involve members of the local community in carrying out the research project.

Therefore, Centre for Ethnicity and Health (UCLan) has a very specific model of community engagement that has evolved over several years and as a result of its involvement in a number of projects. The host organisation could either be an existing community group or if necessary a group could be established for the specific purposes of conducting the community engagement research. It was vital for the host organisation to have good links with to the targeted group so that it was also about to recruit a number of people from that community to take part in the project and to do the work. Targeted communities were defined in a number of ways: ethnicity; age; gender; sexuality; stakeholder group e.g. mental health service users, sex workers or victims of domestic violence; or geographically e.g. within a particular ward or estate. In addition, it was important that the research sought to focus on something that was meaningful, time limited and manageable.

The final key element of this process was the provision of appropriate support and guidance. This meant that community researchers were supported by a member of the UCLan team and accredited workshops that were offered provided project participants' with an opportunity to gain a university qualification. In the South West, a number of the researchers went on to become Community Development Workers.

8 Community Engagement Projects were undertaken in the South West that focused on a range of issues with various titles such as:

- ***Understanding Eastern European peoples mental health needs and the services readiness to meet these*** – a community study in Dorset
- ***Sahan Amana: Research into the emotional health and wellbeing of Somali Young People in Bristol***
- ***Light at the end of the tunnel*** – Researching BME views on mental health provision in Somerset
- ***Like suffer in a Dark Fringe: Report of the community led research project by the Hikmat Group focusing on the mental health experiences and outcomes of BME elders and their carers in and around Exeter.***

A number of the reports can be found on the South West Development Centre [website](#).
(Leeanne, please could you email Joanna Hicks to check if we should have more than the two or three reports that we have – thanks)

Clinical Trailblazers

Avon and Wiltshire Mental Health Partnership NHS Trust took advantage of funding offered under the nationally coordinated Clinical Trailblazers work stream and a steering group was formed to support a small research project that sought to examine and improve the delivery of mental health care services to service users and carers from Black and Minority Ethnic (BME) groups in Central Bristol by:

1. Carrying out a survey of service data collected for all service users in central Bristol that examined and described treatment and intervention according to demographic categories including ethnicity and first spoken language, and by comparing local and national 'Count Me In' census findings with the 2001 National Census data.
2. Recruiting service users to participate in semi-structured interviews in order to examine the range of services offered, the acceptability and accessibility of those services, barriers to access and along the care pathway, gaps in provisions and suggest alternatives.
3. Providing evidence of current service provision that might inform good practice developments and service improvements to match the needs of all service users.

[The report](#) offers useful data that can be used to support the ongoing development of services.

Race Equality and Cultural Capability – Training for Trainers

In 2008 and 2009 the South West Development Centre commissioned Peter Ferns and Premila Trevedi to deliver the Race Equality and Cultural Capability (RECC) Training for Trainers (T4T) Programme, developed by Ferns Associates in association with the National Institute for Mental Health in England and Lincoln University's Workforce Development Team. RECC is thought to be a central part of the DRE programme in that the materials are designed to enable Trusts to achieve some key standards in the Healthcare Commission's Annual Review, and to align organisations with the Race Relations and Human Rights legislation as well as local Equality and Diversity strategies. The materials also strongly reinforce the Government's new 'Personalisation' agenda and translates these principles into practical tools and approaches.

In the South West 40 practitioner, service user and carer trainers successfully completed the programme and since then have continued to rollout the participants' programme across the region to a range of audiences. Upon completion of the T4T programme, the following comment was made by one group member,

"This has been one of the very best courses I have done in the last 16yrs. Challenging, hard work but satisfying. And the group was wonderful – I shall miss it..."

(I will send through the text to be inserted here thought I had it but need to get that from Chukes)

As stated above, DRE has indeed proven to be a 'living programme' that has generated much activity, significant attitudinal and recognisable change within mental health and other statutory services. However, the time has come for it to be 'integrated more fully into the wider programme of work on BME mental health' and therefore [*New Horizons – A shared vision for mental health*](#) has become the vehicle for reform, within which DRE will sit and continue.

Final word...

In the South West, the Delivering Race Equality in Mental Health Care Programme has endeavoured to keep service user and carers at the heart of all activities. Therefore, the final word comes from a service user who says,

"Why is it all getting so complicated? As a Black user all I want is access to meaningful services; access when I say I need access; to be listened to with respect and accepted; to be informed

about what is going on and to be enabled to hold on to my life. Simple!” (Breaking the Circles of Fear, 2002)