

BME Mapping Report on Mental Health covering the districts of Chesterfield, Bolsover and North East Derbyshire.

INTRODUCTION

All those responsible for planning, delivering and monitoring local primary care and mental health services need 'to improve services for users experiencing mental illness and distress, and relatives and carers, from Black and Minority Ethnic (BME) communities. There is clear evidence that these users and relatives and carers experience inequitable service and outcomes.' (Consultation Document on Mental Health Services entitled "Delivering Race Equality: A Framework for Action" by the Department of Health in October 2003)

As a result, the Delivering Race Equality Group was subsequently established by the Mental Health Strategic Commissioning Group to ensure that good quality data on ethnicity is comprehensively collected and intelligently used. This is considered essential if services are to meet their legal obligation under the Race Relations Amendment Act 2000 to monitor the impact of services on all racial groups'. (Delivering Race Equality – Derbyshire Mental Health Community Action Plan)

In June 2004, through the Derbyshire Voluntary Sector Mental Health Forum (DVSMHF), Links was commissioned to carry out this BME specific mental health mapping in conjunction with its main BME mapping commissioned by the Government Office East Midlands (GOEM) in North Eastern Derbyshire covering BME groups serving the geographical locations of Chesterfield, North East Derbyshire and Bolsover.

A key reason that Links was selected to carry out this piece of important work is due to it being a prominent local Voluntary and Community Sector (VCS) infrastructure body serving voluntary organisations and community groups covering the local authority districts of Chesterfield and North East Derbyshire that has established long-term working relationships with BME groups. Further, at the time of commissioning, Links has already been commissioned by GOEM, in partnership with Voluntary Action Bolsover, to carry out a BME Mapping and Exemplar Project to identify the changing advice and support needs of the BME community groups in North Eastern Derbyshire. It was therefore deemed logical for the DVSMHF to commission Links to do their mapping simultaneously, so that it was cost effective and, more importantly, BME groups would not be forever being surveyed for different purposes.

AIMS

This BME mental health specific research has been commissioned by Central Derby Primary Care Trust via the Derbyshire Voluntary Sector Mental Health Forum (DVSMHF) to establish the current position of BME community groups in North Eastern Derbyshire in terms of their capacity to deal with mental health issues within individual BME communities. It is hoped that this mapping is a first step towards investing in community development to enhance the BME communities' ability and capacity in dealing with mental health issues and in tackling health inequalities inherent in mainstream services provided to people from BME communities.

This research complements the other BME mental health specific mapping project to be carried out in Southern Derbyshire, mainly Derby city, also commissioned by Central Derby Primary Care Trust with the aim to establish a countywide picture in terms of the types of support that are required by BME groups in order for them to be in a position to deliver services that would meet the diverse cultural needs of mental health service users, as well as their relatives and carers, of different BME communities across Derbyshire.

METHODOLOGY

The mapping research was conducted through using a structured questionnaire to interview representatives of BME community groups to discover: whether and how many BME groups are currently in a position to provide services to people with mental health problems; the level of mental health related problems faced by service users of different BME community groups; what types and level of support that are needed by BME community groups.

The respondents were identified through Links' database for seven of the eight BME groups. One group (Bolsover BME Forum – Understanding Minority Matters) was identified with the assistance of Voluntary Action Bolsover (VAB). From the eight BME groups, 20 representatives participated in the structured interviews.

1. Background information about the BME groups

1.1 Existing BME groups

Eight BME groups were identified and interviewed as operating in or covering the areas of North Eastern Derbyshire, and participated in the research through face-to-face interviews. Details of the BME groups that participated in the research, their main activities and length of establishment are listed in Table A.

Table A: BME groups' activities and length of establishment

Group	Summary of main services/ activities	Length of establishment	Contact details
Asian Association	Provides social and recreational activities, health information sessions, fitness sessions and support for elderly people and women from the Asian community – predominantly of Indian origin.	16 years	Leela Manilal, Secretary of the Management Committee
African Caribbean Community Association (ACCA)	Provides bi-weekly luncheon club sessions and social clubs for the elderly, health and social care related services, general advice and information and a drop-in centre for members of the African Caribbean community.	25 years	Velma Scott, Co-ordinator
Chesterfield Baha'i Spiritual Assembly	Provides emotional and spiritual support to anyone who requires it – particularly those who subscribe to the Baha'i faith including members of the Iranian community.	28 years	John Atkinson, Management Committee Member
Bolsover BME Forum (Understanding Minority Matters)	Provides cultural and social support to BME communities, raising awareness on racial harassment and promoting social harmony to the wider community in Bolsover.	2 years	Kizzy Gourlay/ Jasmine
Chesterfield Chinese Association	Provides health information, cultural and social support to members of the Chinese community.	2 years	Maple Cowen, Secretary of the Management Committee
Chesterfield Muslim Association (CMA)	Services include a youth group, women's group, immigration advice and interpreting services for members of the Muslim community.	18 years	Mustaq Sharif, Chair of the Management Committee
Derbyshire Gypsy Liaison Group (DGLG)	Provides services in promoting equal access to education, health care, and land registration for caravan sites.	17 years	Siobhan Spencer, Secretary of the Management Committee
The Muslim Welfare Association (TMA)	Provides general advice and support to members of the Muslim community.	6 months	Aftab Saddiq, Steering Group Member

1.2 The geographical coverage of BME groups

Of the eight BME groups surveyed, all of them cover the three local authority district areas of Chesterfield, North East Derbyshire and Bolsover, apart from the BME Forum (Understanding Minority Matters) that has a specific focus on Bolsover.

Additionally, services of the African Caribbean Community Association (ACCA) and the Chesterfield Muslim Association (CMA) also expand to the districts of the High Peak & Dales, whilst the Derbyshire Gypsy Liaison Group (DGLG) also covers the rest of the Derbyshire County including Derby city and other parts of the East Midlands region. The reason that these groups have such a large geographical coverage is because there aren't any similar community groups in those (mainly rural) areas to serve members of the respective BME communities.

All the groups are constituted with a Management Committee, apart from the Chesterfield Baha'i Spiritual Assembly and The Muslim Welfare Association (TMA). The majority of the groups have been established for over 16 years, with the exception of the Chesterfield Chinese Association and the Bolsover BME Forum (Understanding Minority Matters) having recently formed within the last two years. Similarly, the TMA has only emerged within the last six months.

1.3 Current funding

In terms of how each organisation is financially supported, only ACCA receives recurrent funding from Chesterfield Primary Care Trust to pay for the employment costs of three part-time workers to provide social care related day services to the African Caribbean Community. ACCA also receives funding support from Chesterfield Borough Council and Derbyshire County Council to pay for the organisation's general running costs. In addition, ACCA has been receiving other one-off funding sources, mainly local small grants, to carry out specific projects or services.

The Asian Association and the Derbyshire Gypsy Liaison Group (DGLG) also receive financial support from Derbyshire County Council and Chesterfield Borough Council to pay for the groups' operational running costs, as well as other one-off funding sources from other local funders such as the Derbyshire Community Foundation, the Primary Care Trusts, North Derbyshire Voluntary Action, to deliver specific projects or services. Neither of the two groups has paid workers and is reliant on volunteers to carry out services and activities to meet the needs of their target communities.

Both the Bolsover BME Forum (Understanding Minority Matters) and the Chesterfield Chinese Association have emerged and constituted within the last two years; hence both of these groups have only secured some local one-off small grants to carry out specific projects. Both these groups depend solely on volunteers to provide services and activities to meet the needs of their target communities. In addition to that, the Bolsover BME Forum has been receiving support from the Cultural Awareness Worker at Voluntary Action

Bolsover for group development in general. Whereas, the Chesterfield Chinese Association has been receiving support from the Management Advice Service at Links since the group's early development stage over two years ago.

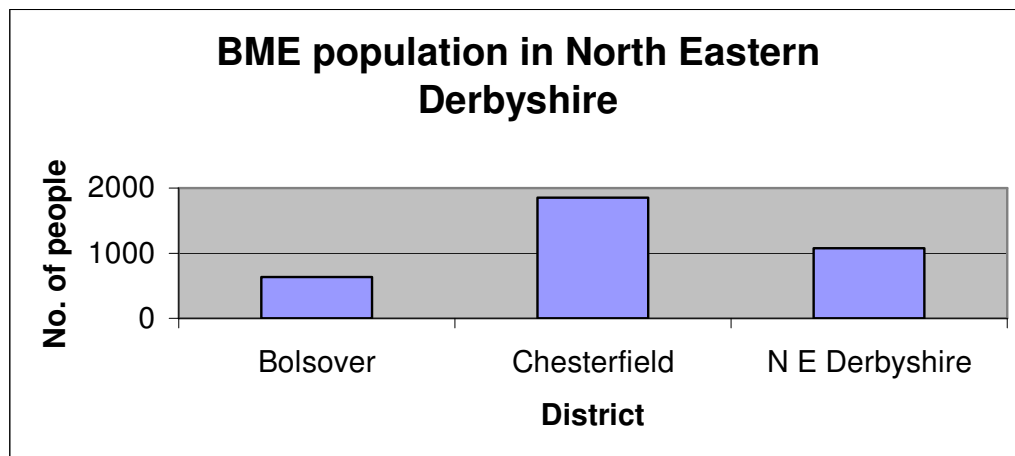
The Chesterfield Baha'i Spiritual Assembly is not receiving any funding at all due to being a self-support and self-financed group. At present, the Chesterfield Muslim Association (CMA) receives no funding at all due to previous problems of the group's internal affairs. Previous funders of the CMA, mainly the local authorities (Derbyshire County Council and Chesterfield Borough Council) and the local Primary Care Trusts, took a decision to suspend and withdraw their financial support to the group as a result of serious allegations made by different fractions of the group's previous management committee. The Muslim Welfare Association (TMA) is not currently receiving any funding due to being recently emerged and is in the process of finalising the group's constitution.

1.4 BME Population

In general, BME groups face similar issues, as other groups in the voluntary and community sector, in terms of their capacity to deliver services to meet the needs of members of their own communities. However, there are additional needs that are specific to BME groups operating in North Eastern Derbyshire, a semi-rural area of former coalfield communities.

According to the 2001 Census, the population of BME communities is comparatively smaller to those in inner cities or urban areas. As shown in Graph 1, the total BME population in the districts of Bolsover is 634 people, in Chesterfield is 1853 people and in North East Derbyshire is 1074 people, whereas the BME population in Derby city is 27,827. Graphs 2, 3, and 4 provide a breakdown of the BME population in each of the respective districts.

Graph 1



Source: 2001 Census

Hitherto, it is reasonable to argue that policy makers in the statutory sector often overlook the needs of BME communities, especially when the population of the BME communities is comparatively smaller than the rest of community. For this reason, many BME groups, like other community groups of special interest, tend to be community led and based organisations which came into establishment as a direct result of the socially constructed inequalities faced by respective BME communities. Arguably, the establishment of any BME group was/is driven by factors such as the experience of not being able to access mainstream services, institutional racism as described by the Macpherson Report and marginalisation by policy makers.

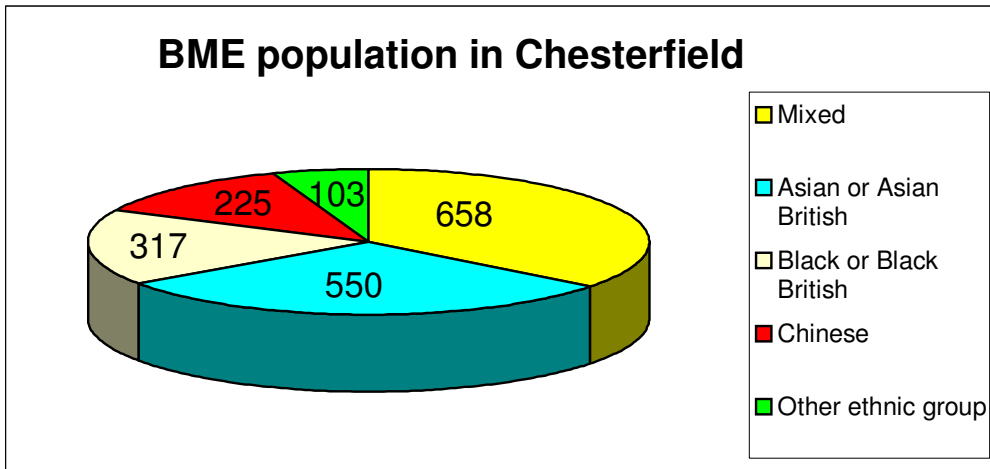
Subsequently, the size of BME population in North Eastern Derbyshire has significantly contributed towards the difficulties facing BME groups in securing sufficient financial resources to develop a specialist service to tackle specific issues such as mental health.

Under Section 11 of the Health and social Care Act 2001, it 'places a duty on NHS bodies to involve and consult patients and the public in the planning and development of services and in decisions affecting the operation of services'. (P.11 Consultation Document on Delivering Race Equality: A Framework for Action – Mental Health Services, Department of Health, October 2003)

Simultaneously the Race Relations Amendment Act 2000 places a statutory obligation on all public bodies to promote race equality, consult with and make information on services available to all BME groups. These two complementary Acts, along with the Human Rights Act 1998 underpin the fundamental equality principles and obligations for all public bodies including NHS service providers to deliver appropriate and responsive services in meeting the needs of all racial groups.

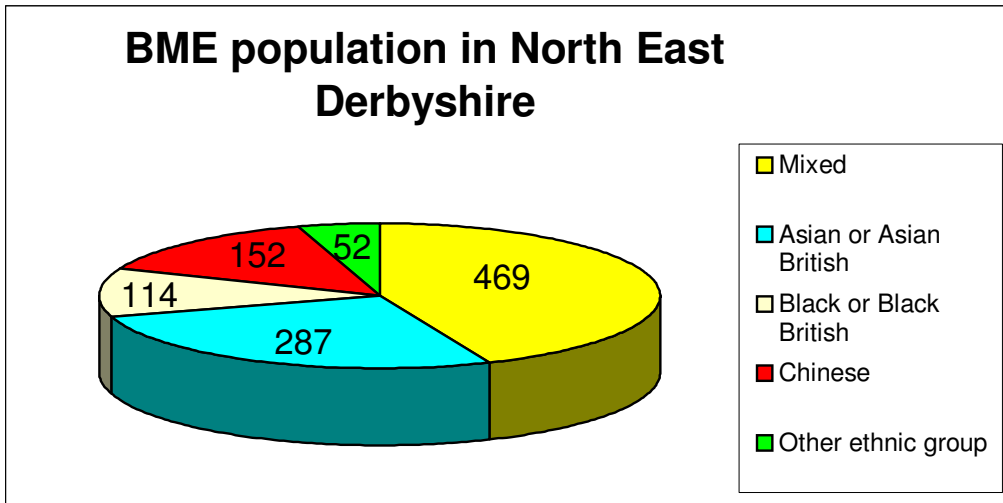
In order to achieve the equitable services in the sphere of mental health for BME communities, as strongly advocated by the Department of Health under the Health and Social Care Act 2001, it is essential that a support mechanism leading to the successful service delivery of improved outcomes is in place to ensure sufficient community engagement from all communities with the inclusion of BME communities. Therefore, all primary care and mental health service providers must work closely and proactively with local BME community groups to secure the appropriate level of involvement from different BME communities regardless of the size of the BME population.

Graph 2.



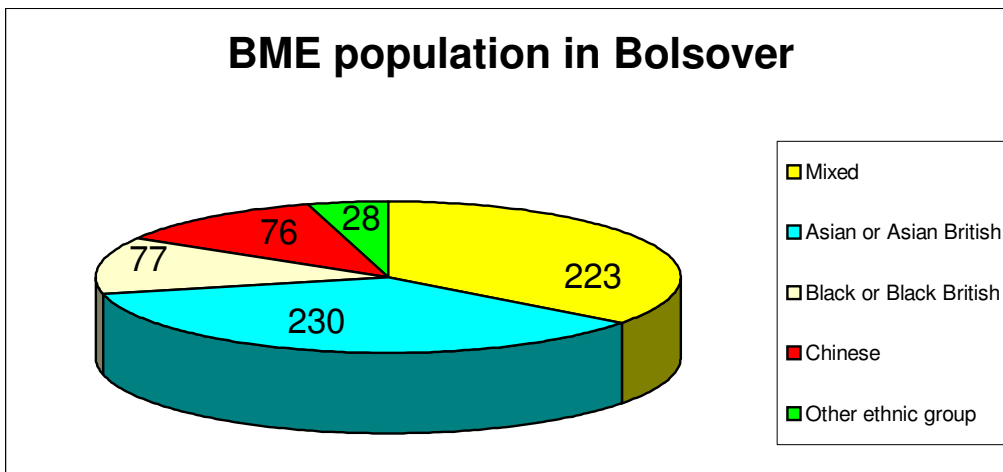
Source: 2001 Census

Graph 3.



Source: 2001 Census

Graph 4.



Source: 2001 Census

2. Findings

2.1 Current position and mental health issues facing BME groups

The current level of service provisions within the BME sector with reference to dealing with people with mental health problems, their relatives and carers in North Eastern Derbyshire (in the districts of Chesterfield, Bolsover and North East Derbyshire) is fairly low. Of the eight groups surveyed, only three groups have indicated that they work with people with mental health problems. Of which, the levels of mental health problems that these three groups tend to deal with are low, mild or moderate, and severe. Examples given are summarised in Table B.

Table B: Level of Mental Health problems

Level of Mental Health problems	No. of Groups	Examples
Low	3	<ul style="list-style-type: none"> -Distress caused by language barriers – not knowing how to seek support and the availability of mainstream services with particular reference to welfare and health related matters. -Distress caused by worries of personal health. -Worries of social and unemployment/ low-income status. -Mental ill health caused by social isolation and cultural differences between the BME communities concerned and the wider community. -Distress caused by stress and anxieties.
Mild/ Moderate	2	<ul style="list-style-type: none"> -Depression. -Distress caused by fear of racial harassment/ crime or having been a victim of a racial crime.
Severe	2	<ul style="list-style-type: none"> -Severe depression caused by traumatic personal experiences. -Schizophrenia.

N.B. Although three groups stated that they deal with people with mental health problems, those groups often deal with more than one level of mental health problems. Therefore this would explain why the total number of groups in the above table (Table B) exceeds the three groups.

The majority of the respondents have expressed that they would like their own community groups to do more in providing support for those with mental health problems, their relatives and carers from their own communities. However, the majority of the BME groups have stated that they do not deal with people with mental health problems due to the lack of financial and human resources, lack of knowledge and expertise on mental health issues.

This has, in turn, hindered many BME groups' capacity to deliver culturally sensitive services to meet the needs of people with mental health problems, their relatives and carers from different communities.

When respondents were asked whether their groups are supported by any specialist staff or services in offering support to people with mental health problems, only one out of the eight BME groups surveyed had answered 'yes'.

None of the eight BME groups surveyed has received any specific training to enable them to deal with people with mental health problems. All but one of the respondents have expressed a desire to undertake training to raise their awareness on mental health issues including changes in legislation, how to provide an effective, culturally sensitive and high quality service to people with mental health problems, their relatives and carers.

Similarly, seven out of the eight groups have stated that their own BME groups would be able to do more in offering support to people with mental health problems, their relatives and carers, if they were more appropriately supported. Representatives of the eight BME groups identified two key supports. Firstly, an appropriate level of financial resources to pay for staff hours and related running costs incurred by the delivery of service. Secondly, an establishment of a community support network/ forum for individual BME groups to share common experiences, seek support and access specialist advice and knowledge in dealing with mental health issues.

3. Conclusion – a summary

As a result of the BME population in North Eastern Derbyshire being comparatively smaller than their counterparts in the wider community and of those BME communities in cities or urban areas, it has considerably added to the difficulties facing BME groups in securing sufficient financial resources in developing a specialist service to tackle specific issues such as mental health.

Of the eight groups surveyed, only three groups have indicated that they work with people with mental health problems, with either little or no specific financial support from relevant agencies in the primary care and mental health service sector. The levels of mental health problems that these three groups are aware of are mild, moderate as well as severe. For instance, these groups have reported that they work with people from their communities who suffer from depression, distress caused by social isolation, language barriers, cultural differences and general ill health etc, as well as schizophrenia. The other five groups have stated that they do not deal with people with mental health problems due to the lack of financial and human resources, lack of knowledge and expertise on mental health issues. None of the eight BME groups surveyed has received any specific training to enable them to deal with people with mental health problems.

All, but one, of the groups have expressed a desire to undertake training to raise their awareness on mental health issues including changes in legislation, how to provide an effective, culturally sensitive and high quality service to people with mental health problems, their relatives and carers.

4. Recommendations

Over the next decade, the Department of Health aims to achieve service planning and delivery reflecting the needs and aspirations of BME people experiencing mental health problems, their relatives and carers. For this vision to work, all mental health service provisions would need to be cultural appropriate and acceptable to BME communities. The following recommendations will enhance local NHS service providers and/ or policy makers to bridge the existing gap that the central government would like to see narrowed or even closed.

As stated by John Reid, the Secretary of State for Health:

'We cannot provide a truly patient-centred and responsive service if we do not provide equal access to, and design services in partnership with, all sections of the community.'

(P.4 Consultation Document on Mental Health Services entitled "Delivering Race Equality: A Framework for Action" by the Department of Health in October 2003)

- 1) Representatives of the eight BME groups identified two key factors to develop community mental health support services based at local BME community organisations/groups which would provide effective, culturally sensitive and high quality services to people with mental health problems, their relatives and carers within different BME communities: firstly, an appropriate level of financial resources to pay for staff hours and related running costs incurred by the delivery of service. Secondly, an establishment of a community support network/ forum for individual BME groups to share common experiences, seek support and access specialist advice and knowledge in dealing with mental health issues.
- 2) Primary care and mental health service providers should provide appropriate training to raise BME groups' awareness on mental health issues including changes in legislation, and how to provide an effective, culturally sensitive and high quality service to people with mental health problems, and their relatives and carers.
- 3) Primary care and mental health service providers must work in close partnership with local BME community groups to ensure an increase level of community engagement from different BME communities regardless of the size of the BME population, including services designed to meet the diverse cultural needs of all racial groups in order to achieve the equitable services in the sphere of mental health for BME communities under the Health and Social Care Act 2001.

APPENDIX A

QUESTIONNAIRE

BME Community –Voluntary Sector Service Mapping-Mental Health

We are seeking to establish the current position of BME community organisations in Derbyshire, including Derby City, in terms of their capacity to deal with mental health issues within the communities themselves.

This mapping is a first step towards investing in community development to enhance the BME communities' ability and capacity in dealing with the burden of mental health problems and in tackling inequalities inherent in the services provided to people from BME communities.

Questions

1) Does your group/organisation deal with people with mental health problems?
YES/NO

1a) If yes, what level of mental health problems are you most often aware of?

Low eg

Mild/moderate eg

Severe eg

2) Are you supported by any specialist staff/services in offering support to people with mental health problems? YES/NO

2a) If yes, please give examples.

3) Have people in your organisation received any training to enable you to deal effectively with people with mental health problems? YES/NO

3a) If no, would you like training?

4) Would you be able to do more to offer support to people with mental health problems if your organisation was in turn more appropriately supported?
YES/NO

4a) If yes, what sort of support would your organisation need?

5) If your group is currently unable to deal with people with mental health problems is there any support or training that could be offered to you to enable you to do so in future? YES/NO

5a) If yes, what sort of support and training would your organisation need?

Thank you for your time.

APPENDIX B: Responses from 20 interviewees representing 8 BME groups

The following summarised responses are based on per group rather than per respondent.

1) Does your group/organisation deal with people with mental health problems?

YES - 3 groups

NO - 5 groups

1a) If yes, what level of mental health problems are you most often aware of?

Low e.g.

3 groups responded:

- Distress caused by language barriers – not knowing how to seek support and the availability of mainstream services with particular reference to welfare and health related matters,
- Distress caused by worries of personal health,
- Worries of social and unemployment/ low-income status,
- Mental ill health caused by social isolation and cultural differences between the BME communities concerned and the wider community,
- Distress caused by stress and anxieties.

Mild/moderate e.g.

2 groups responded:

- Depression caused by being homeless or having concerns about housing situation, i.e. time spent waiting for the caravan site planning permission for the Gypsy community,
- Distress caused by the fear of racial harassment/crime or having been a victim of a racial crime.

Severe e.g.

2 groups responded

- Severe depression caused by traumatic personal experiences
- Schizophrenia

2) Are you supported by any specialist staff/services in offering support to people with mental health problems?

YES - 1 group

NO - 7 groups

2a) If yes, please give examples.

- Chesterfield Mental Health Services

3) Have people in your organisation received any training to enable you to deal effectively with people with mental health problems?

YES - 0 group

NO - 8 groups

3a) If no, would you like training?

YES – 7 groups

NO - 1 groups

4) Would you be able to do more to offer support to people with mental health problems if your organisation was in turn more appropriately supported?

YES - 7 groups

NO - 1 groups

4a) If yes, what sort of support would your organisation need?

- Funding to pay services/ activities and staff time,
- Professional support and guidance from colleagues in the field of mental health,
- Support from a network of different agencies (statutory and non-statutory)
- Training to deal with mental health issues.
- Up-to-date information on the latest legislation and policies on mental health issues and services.

5) If your group is currently unable to deal with people with mental health problems is there any support or training that could be offered to you to enable you to do so in future?

YES - 7 groups

NO - 1 groups

5a) If yes, what sort of support and training would your organisation need?

- Funding support to pay for staff time,
- Training to raise awareness on mental health issues and relevant policies, how to work with & support service users with mental health problems, their carers, families and relatives.

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**BME Mental Health Mapping
Research Project**

Final Report

Covering North Eastern Derbyshire

August 2004

By James Li

Links

**The Chesterfield and North East Derbyshire Council
for Voluntary Service and Action Limited**

This mapping research is commissioned by Central Derby Primary Care Trust.

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