

BME Mapping on Mental Health Final Report **covering the city of Derby and surrounding districts of** **Southern 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, via the Derbyshire Voluntary and Community Sector Infrastructure Consortium, 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 would be cost effective and, more importantly, BME groups would not be forever being surveyed for different purposes.

Originally, the Derby Millennium Network (DMN) in conjunction with the university of Derby was commissioned to carry out a parallel BME specific mental health mapping in conjunction with its main BME mapping commissioned by the Government Office East Midlands (GOEM), via the Derbyshire Voluntary and Community Sector Infrastructure Consortium, in Derby and surrounding districts in Southern Derbyshire.

Unfortunately, just before the commencement of its mapping projects, DMN encountered numerous unexpected problems which would drastically delay the completion of the project. Under the circumstances, the Derbyshire VCS Infrastructure Consortium's Steering Group was placed in a position to come up with prompt, culturally sensitive and practical solutions to tackle such an unforeseen challenge. This was mainly due to the fact that if no appropriate solution was devised, it was likely that GOEM would withdraw the offer of the funding allocated towards the mapping project proposed by DMN.

After many thorough discussions and active consultations with its members, the Derbyshire VCS Infrastructure Consortium's Steering Group, with the permission of GOEM, eventually decided to ask Links to extend its mapping project's geographical boundaries in order to cover the city of Derby and other parts of the county which was originally proposed by DMN. To ensure the continuous participation of DMN, Links was asked to embed a key fundamental principle, which was to work closely with and involve DMN as far as reasonably possible throughout the mapping process. As a result, Links and DMN have established a strong joint partnership in approaching the main BME mapping project covering Derby city and surrounding districts in Southern Derbyshire in a culturally sensitive manner by building upon both organisations' expertise and knowledge about the issues concerning BME groups. This has proved to be tremendously valuable in securing the wider participation from BME community groups in the mapping project.

As a result, the Derbyshire Voluntary Sector Mental Health Forum (DVSMHF) made a sensible and logical decision to commission Links to carry out this BME specific mental health mapping in conjunction with its main BME mapping in Derby city and surrounding districts in Southern Derbyshire.

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 Derby city and surrounding districts of Southern 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 carried out earlier in Summer 2004 covering North Eastern Derbyshire (the districts of Chesterfield, Bolsover and North East Derbyshire), 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.

Forty-five representatives from 25 BME groups had participated in the project's interviews. The respondents were identified through the Derby Millennium Network's database. All project participants, except one, were representatives from Derby-based BME groups. The only group that is based outside the city of Derby is a community support group named "EKAWAZ" which has a specific focus on tackling racial harassment issues against BME traders.

1. Background information about the BME groups

1.1 Existing BME groups

The following are the details of the 25 BME groups that had participated in the project's interviews. Table A below summarises the main activities and length of establishment of each group.

Table A: BME groups' activities and length of establishment

No	Group	Summary of main services/ activities	Length of establishment	Contact details
1	Amnesty Congo Support Group	Provides advice and signposting services & ESOL classes to Congolese people.	1 year	Ziggy Zigashane Chair of the Committee
2	Asian Advisory Service	Provides community education, information and advice.	15 years	Hussain Shah Chair of the Committee
3	Chinese Elderly Advocacy Group	Provides luncheon club sessions, information and social care support to Chinese elderly people.	9 years	P Y Chan Committee Member
4	Derby Aekta Carers Group	Promotes day care and referral services and offers learning opportunities to Asian people with learning difficulties/ disabilities and their carers.	5 years	Som Bhalla Chair of the Committee
5	Derby Afro-Caribbean Mental Health Association (DACMHA)	Provides information and support on mental health related issues for members of the African Caribbean community.	20 years	G Whitaker Committee Member
6	Derby Asian Arts	Promotes Asian culture through means of music and dance.	9 years	Ranjit Singh Committee Member
7	Derby Bosnia-Herzegovina Community Association	Provides general advice, signposting, counselling, translating and interpreting services, ESOL classes, promote and preserve the Bosnia-Herzegovina culture.	9 years	Ferid Kevric Co-ordinator
8	Derby Chinese School	Provides Chinese classes to young Chinese.	15 years	S L Tang Committee Member
9	Derby Irish Association	Promotes the cultural heritage of and provides support to the Irish community.	19 years	John Pearson Chair of the Committee
10	Derby Surtal Asian Arts	Promotes Asian performance arts.	9 years	Richard Kendall Committee Member
11	Derby West Indian Community Association	Provides information and support on educational, social and cultural related matters for members of the West Indian community.	40 years	George Mighty Chair of the Committee
12	Derbyshire Chinese Welfare Association	Provides information, advice and support on health, educational, housing and welfare related matters to members of the Chinese community.	20 years	L Y Leung Chair of the Committee

13	Derbyshire Gypsy Liaison Group (DGLG)	Provides services in promoting equal access to education, health care, and land registration for caravan sites.	17 years	B T Page & Siobhan Spencer Committee Members
14	EKAHAZ	Provides support to BME traders in tackling racial harassment issues.	2 years	Bipin Patel Chair of the Committee
15	Hadhari Project	Provides luncheon club sessions and social clubs for the elderly, social care related services, and a drop-in centre for elderly members of the African Caribbean community.	20 years	Len Shillingford Chair of the Committee
16	Indian Community Association	Provides educational activities, luncheon club sessions for the over 60's and an information service. Also, it runs a Women's Group and Men's Group.	20 years	Mr Basi Committee Member
17	Indian Friendship Society	Provides mutual support to members of the Indian community and promotes Indian culture, friendship and racial harmony.	10 years	Daljit Singh Ahluwalia Chair of the Committee
18	Karma Nirvana Refuge	Provides emotional support, refuge provision, drop-in advice and outreach service for South Asian Women.	9 years	Shabana Najib Member of staff
19	Pakistani Community Centre	Provides day care and luncheon club facilities, and runs an elderly friendship society.	21 years	Oscar Khan Committee Member
20	Persian Cultural Association	Provides advice and support services, cultural and educational activities to the Persian community.	1 year	Farhad Ali Neghipooran Chair of the Committee
21	Raunak Group	Provides support to Asian and other BME women who suffer mental health and domestic violence problems.	3 years	Kulvinder Bola Chair of the Committee
22	Sahakra	Provides support and culturally appropriate services to Pakistani elders including halal luncheon sessions.	10 years	Janqir Khan Member of staff
23	Sanjha Group	Provides support to elderly members of the South Asian communities.	5 years	Mohammed Khan Committee Member
24	Shakti Arts Dance Group	Provides youth club sessions and awareness of Asian culture through dancing and music lessons to young people.	8 years	Nisha Patel Committee Member
25	Umoja Women's Group	To help women and children integrate in the community, focussing mainly on Asylum seekers and refugees through educational skills and fun.	3 years	Tandeka Williams Committee Member

1.2 The geographical coverage of BME groups

Of the 25 BME groups that participated in the mapping research, only one group (EKAWAZ) operates outside the city of Derby and its geographical coverage is in the districts of Amber Valley and Erewash. The remaining 24 groups cover the city of Derby and would be prepared to serve clients living in other parts of the Derbyshire County, apart from Karma Nirvana Refuge, which has a national remit with its head office based in London. 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 semi-rural or rural) areas, with the exception of those operating in North Eastern Derbyshire, to serve members of the respective BME communities.

All the groups are constituted with a Management Committee. Ten out of the twenty-five groups have been established for 15 years or more. Whereas, another ten out of the twenty-five groups surveyed have been established between 5 and 10 years. The remaining five groups have only been established between 1 and 3 years. Groups classified in the latter category also include the newly emerged refugee/ asylum seeker communities.

1.3 Current funding

In terms of how each organisation is financially supported, it is interesting to discover that there is such a diversity amongst different BME groups. For instance, the West Indian Community Association, Hadhari Project, Karma Nirvana Refuge and Pakistani Community Centre receive a reasonable amount of recurrent funding from Derby City Council towards its core costs including general running and staff salaries. In addition, the West Indian Community Association and Pakistani Community Centre also receive funding from the Derbyshire Learning and Skills Council towards specific learning related project activities. Whereas, the following community organisations receive a relatively small grant, ranging from £300 to £3,300 per annual, from either Derby City Council or Central Derby Primary Care Trust towards their general running or specific project costs. These are the Derby Bosnia-Herzegovina Community Association, Derbyshire Chinese Welfare Association, Indian Community Association, and Derby Surtal Asian Arts.

Apart from that, Karma Nirvana Refuge and Derbyshire Chinese Welfare Association also receive funding from Central Derby Primary Care Trust and other charitable trusts towards the delivering of specific project activities ranging from improving access to primary health care services to providing culturally sensitive information and support to certain disadvantaged sections of the respective communities.

In contrast, most of the smaller or less established groups such as the Chinese Elderly Advocacy Group, the Derby Afro-Caribbean Mental Health

Association are currently not receiving any longer term (3 years or more) financial support from any funding body at all. Instead, some smaller groups tend to rely upon some one-off grants to carry out specific project activities from local statutory funders and charitable trusts.

Similarly, although they do have service users who live in the city of Derby, the Derbyshire Gypsy Liaison Group (DGLG) does not currently receive any funding from Derby City Council, Central or Greater Derby Primary Care Trusts. However, they do receive financial support from Derbyshire County Council and Chesterfield Borough Council to pay for the group’s 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 in North Eastern Derbyshire, North Derbyshire Voluntary Action, to deliver specific projects or services.

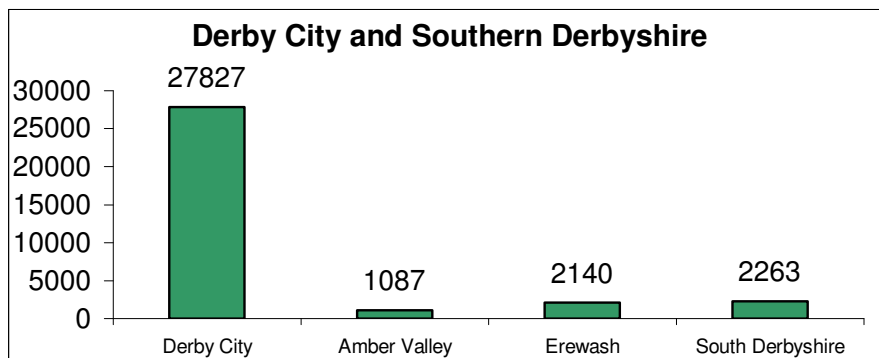
Twelve out of the twenty-five groups interviewed have either part time or full time paid staff in providing activities and services for their target groups. These include the West Indian Community Association, Hadhari Project, Karma Nirvana Refuge, Pakistani Community Centre, Derby Bosnia-Herzegovina Community Association, Derbyshire Chinese Welfare Association, and Derby Surtal Asian Arts etc. The remaining groups mainly rely on volunteers or occasional one-off fundings to carry out services and activities to meet the needs of their target communities.

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.

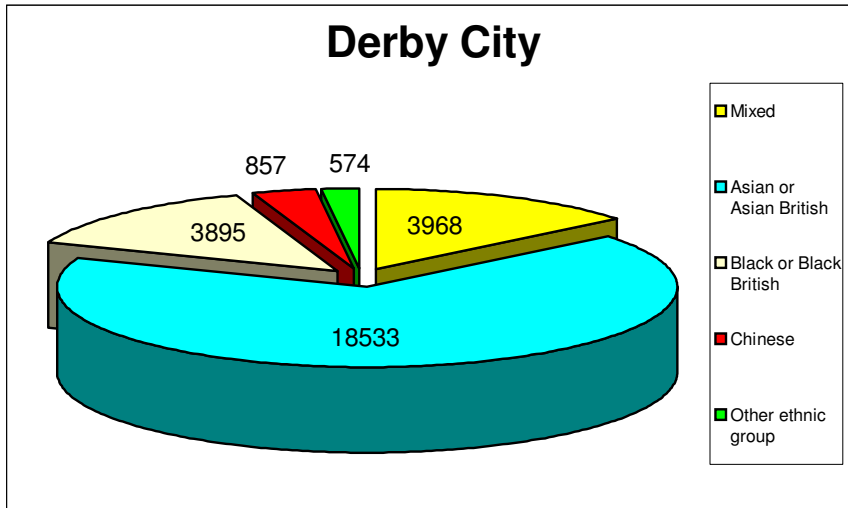
According to the 2001 Census, the population of BME communities is comparatively smaller to their counterparts in the wider community. Graph 1 shows the total BME population in Derby City and surrounding districts in Southern Derbyshire. Whilst Graphs 2, 3 and 4 provide a breakdown of the BME population in Derby City and the districts of Amber Valley and Erewash.

Graph 1: BME Population in Derby City and Southern Derbyshire



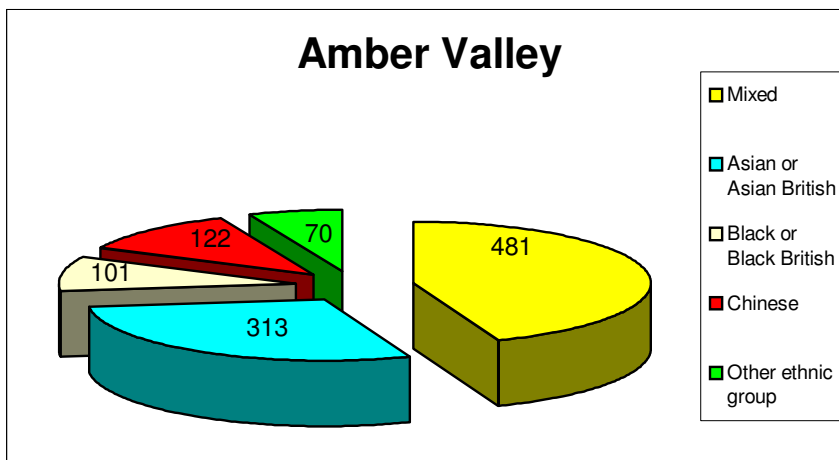
Source: 2001 Census

Graph 2: BME Population in Derby City



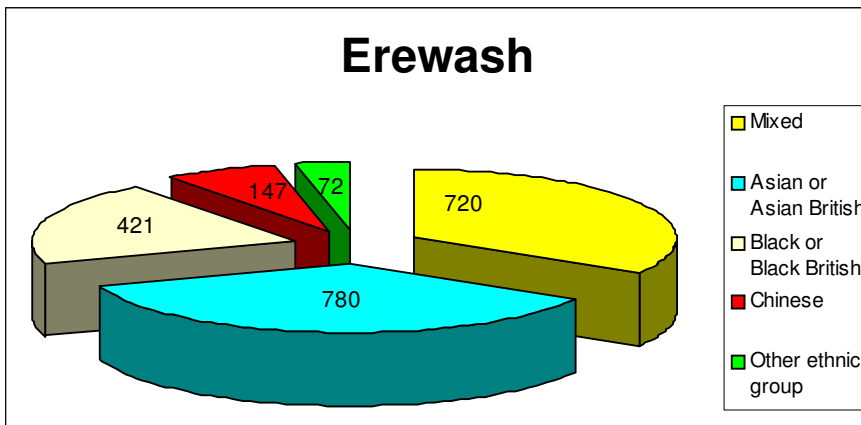
Source: 2001 Census

Graph 3: BME Population in Amber Valley



Source: 2001 Census

Graph 4: BME Population in Erewash



Source: 2001 Census

It is reasonable to argue that policy makers and service providers 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 and service providers.

Subsequently, the size of BME population 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.

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 Derby City and southern Derbyshire is fairly low. Of the twenty-five groups surveyed, ten groups have indicated that they work with people with mental health problems. Of which, the levels of mental health problems that these ten 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	7	-distress caused by past traumatic experience -worries of language barriers -worries of personal health -worries of social and unemployment/ low-income status -social isolation -stress/ anxieties
Mild/ Moderate	10	-depression -distress caused by fear of racial harassment/ crime or have been a victim of a racial crime
Severe	3	-severe depression caused by traumatic personal experiences -schizophrenic

N.B. Although ten 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 ten groups.

All the respondents were asked whether they are currently receiving any support by specialist staff/ services in offering support to people with mental health problems. Of which, only three groups stated they are receiving support from either a Primary Care Trust or a community mental health team. The remaining 22 groups are not receiving any support.

Of the 25 groups, only two groups have received training to enable them to deal effectively with people with mental health problems. Of the 23 groups who have not received training, 21 groups have expressed that they would like training.

The groups were asked whether their organisations would be able to offer more support to people with mental health problems amongst their communities, if their organisations were in turn more appropriately supported; 20 groups stated they would be able to offer more support to mental health service users, if sufficient funding sources were allocated to groups to pay for activities and staff time in providing culturally sensitive services to the respective BME communities each group works with.

All the respondents were asked that if their group is currently unable to deal with people with mental health problems, is there any support or training that could be offered to the group to enable the group to do so in the future. 20 out of the 25 groups responded 'Yes' and stated they would benefit from financial support in funding a good quality and culturally appropriate service for mental health service users in their communities, as well as training support to raise awareness on mental health issues and relevant policies, and how to access mainstream mental health services. Conversely the remaining five groups, predominantly small self-help groups, did not consider that they are in a position to provide such a specialist (mental health) service.

3. Conclusion

As a result of the population of BME communities being comparatively smaller than their counterparts in the wider community, it 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.

Of the twenty-five groups surveyed, ten groups have indicated that they work with people with mental health problems; the levels of mental health problems that these groups deal with range from low, mild/moderate, to severe. It is important to acknowledge that although ten groups have stated that they work with mental health service users, the majority of these groups do not receive any specific support, let alone financial funding to provide for the service for mental health service users within their communities.

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.

Only three out of the twenty-five BME groups surveyed have received specialist support to enable them to deal with people with mental health problems. 21 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.

Similarly, 20 out of the 25 groups (80%) 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 twenty-five 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.

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)

The majority of the representatives from the 25 BME groups identified two key areas that would enable the development of a mental health support service that would provide an effective, culturally sensitive and high quality service to people with mental health problems, their relatives and carers within the BME communities. Firstly, an appropriate level of financial resources to pay for staff hours and related running costs incurred by the delivery of service. In addition, it is important to organise and/or provide appropriate training to raise BME groups’ 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. Secondly, an establishment of a community support network/ forum facilitated by mental health professionals (policy makers) for individual BME groups to share common experiences, seek support and access specialist advice and knowledge in dealing with mental health issues.

Therefore, in order to successfully achieve the Delivering Race Equality – Derbyshire Mental Health Community Action Plan, the Derbyshire Mental Health Services NHS Trust via the Mental Health Strategic Commissioning Group should seriously consider earmarking financial resources specifically to address issues identified in this mapping research through working closely and supporting the relevant BME community groups. In order to envision the Central Government’s mental health policy, primary care and mental health service providers must work in 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 45 interviewees representing 25 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 - 10 groups

NO - 15 groups

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

Low e.g.

7 groups responded:

- Distress caused by past traumatic experience,
- Worries of language barriers,
- Worries of personal health,
- Worries of social and unemployment/ low-income status,
- Social isolation,
- Stress/ anxieties

Mild/moderate e.g.

10 groups responded:

- Depression,
- Distress caused by the fear of racial harassment/crime or have been a victim of a racial crime

Severe e.g.

3 groups responded

- Severe depression caused by traumatic personal experiences
- Schizophrenic

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

YES - 3 groups

NO - 22 groups

2a) If yes, please give examples.

- Primary Care Trust
- Community mental health team

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

YES - 2 groups

NO - 23 groups

3a) If no, would you like training?

YES – 21 groups

NO - 2 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 - 20 groups

NO - 5 groups

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

- Funding to pay services/ activities and staff time,
- Training to deal with mental health issues.

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 - 20 groups

NO - 5 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 the City of Derby and
surrounding districts in Southern
Derbyshire

September 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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