



DELIVERING RACE EQUALITY

CDW Role in Delivering DRE Strategic Intentions in Derbyshire

Introduction

This document has been drawn up by the CDWs, their managers and commissioners and specifically looks at the actions required by CDWs as their contribution to delivering the twelve DRE strategic intentions in Derbyshire.

It should be viewed in conjunction with the individual Action Plans for CDWs, against which specific outcomes will be monitored by commissioners through contract management. The joint outcomes will then feed into monitoring of progress against the wider document 'Aims and Actions...' to be implemented throughout the Derbyshire Mental Health Community (2008), under the leadership of the Derbyshire DRE Advisory Board.

February 2009

Less fear of mental health services among BME communities and service users

CDWs to engage with local communities and provide evidence of organisations and communities that they support

- DCWA/ DREC to work with NCISE (New Communities in Social Enterprise)
- Baseline assessment of organisations and community leaders
- DCWA – NCISE;
- DREC – Community Cohesion Unit/ Forum
- DMN – Asian/ Pakistan/ Indian/ Bangladeshi (SB)
- N Derbyshire – Maple/ Muzelley DCWA/DGLG (MC/MMC)

CDWs to raise awareness of DRE and Mental Health to those communities

- DCWA/ DREC – NCISE
- DMN – Self help groups supported by Black Wellness Initiative
- DREC – Mental health awareness raising with DWICA, Indian C.A. CACA
- Develop a standard menu for mental health awareness training
- Identify and allocate new groups at CDW Network

CDWs to undertake a baseline assessment of levels of fear – to ascertain what ownership of mental health there is in local communities

- Build on community research projects?
- UFM – to cover traditional M H Services/ criminal justice system/ non-users. CDW/ UFM partnership. All CDWs to participate! Money required!

CDWs to ask what are the gaps/barriers in our local statutory services and record and report back on these

- UFM/ Baseline
- CDW monthly reports

All above work should be very focused around service users, CDWs to work with communities to understand the range of issues about mental health

- DV to work with all CDWs to tailor/ inform what involvement means for service users.
- DV CDW to mainstream the BME service user experience and support those people to become involved
- Translation of existing information (money!)

CDWs to link community and statutory services (anti-stigma work)

- DREC & DV to lead

Increased satisfaction with services

In order to make a qualitative assessment of services, CDWs to provide case studies that follow people from various BME communities through their journey and experience of mental health

- All CDWs to ask for and record people's stories
- DV to produce a BME booklet/ stories (with translations) – Nov 2009

A reduction in the rate of admission of people from BME communities to psychiatric inpatient units; a reduction in the disproportionate rates of compulsory detention of BME service users in inpatient units

Responsibility of Secondary Care to provide statistics to DRE steering group; role of CDWs to ask for and chase this information – should be found in the 3 year “Count me in” census

- DV Manager to write to lead for statistics

Fewer violent incidents that are secondary to inadequate treatment of mental illness

DRE steering group to ask Mental Health Services Trust to define “what is a violent incident”

Is there a disproportionate response? - Role of secondary care to provide information, Section 136

A reduction in the use of seclusion in BME Groups; the prevention of deaths in mental health services following physical intervention

Role of CDWs to ask for and chase secondary care for statistics – do at LEGs

- DV Manager to write to lead for statistics on seclusion, deaths following intervention + Section 136 for BME individuals

More BME service users reaching self-reported states of recovery

BME service user reporting self-reported recovery – CDWs to ask Community Wellness Initiative for statistics & work to develop a wider reach.

- DMN to lead on partnership
- CWI to train all CDWs in WRAP
- Work to ensure valid outcomes

Journey through services – User Focussed Monitoring (UFM) survey of experience of BME service users – to be delivered by CDWs in partnership with UFM

- CDWs (and Managers) to investigate value of UFM survey
- If agreed, proposal to be submitted to CDWs / Managers for approval

Quality of life can be measured through case studies (see above)

CDWs to undertake training on outcomes measurements with a view to developing a tool for characteristic 2 to measure social inclusion e.g. outcomes star

- And on WRAP

CDWs to help establish peer support groups/network

- CDWs to investigate and support culturally appropriate access to psychological therapies. E.g CCBT counselling, CBT and self help groups.
- DMN to lead. Self help literature and books on prescription.

A reduction in the ethnic disparities found in prison populations

CDW (criminal justice) to find out what stats are available and bring back to DRE steering group (CPS and Police)

- Discrepancies in information from different agencies, Emergency Care Team, Police and Prisons.
- DREC to lead on persuading Derbyshire partners to give the appropriate information.
- Feed difficulties into the DRE Advisory Board (out of county figures NOT currently included)

A more balanced range of effective therapies, such as peer support services and psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective

CDWs to research and recommend culturally appropriate services/interventions

- See above

More talking therapies – CDW to signpost into current services and advise providers on their accessibility to BME communities; if necessary to make recommendations for additional/alternative services

- All CDWs to include statistics on signposting as part of their monthly report (NEEDS to be added to template)
- CDWs to be offered support on filling their own gaps in knowledge of services

CDWs to monitor types of therapy being delivered in secondary care to ascertain if culturally appropriate – ask what is available at LEGs

- To ask at LEGs what is available

(Baseline from IAPT and BWI work)

CDWs to raise awareness of role of spirituality and religion in treatment

- CDWs to meet with Chaplains (Trust) and community faith forums to see what is available and if necessary bring together into a format useful for staff. **Resource implication**
- DCWA to lead

CDWs to trial alternative therapies in BME communities

E.g reflexology, reiki, acupuncture, c.d., shiatsu, arts therapies, tai chi, massage, cookery/ crafts as a therapy.

- Session to be arranged at CDW Network regarding this. How do we measure and feedback on this?

CDWs to advise of good practice on pharmacology and cultural needs – fasting, etc

- Self medication, dual medication, western medication not suitable or effective
- CDW to link into training on medication management. Contract commissioner to use contacts – DGLG to lead (MMC)

CDWs to deliver RECC training that incorporates above recommendations – above all to put over message to treat people as individuals

- Big query over current situation – need to discuss this at the DRE Advisory Board

Lobby for statutory providers to make available resources to buy in specialist support from BME communities and specialists

- Managers to lead and feed into the DRE Advisory Board
- CDWs to provide information/ data/ examples of need (monthly report)

CDWs to measure and report back on how responsive secondary care services are to an individual's needs – UFM survey

- If we do it!

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

Race Equality and Cultural Capability to be delivered by BME CDWs and BME service receivers to mainstream providers (Mental Health Trust, vol orgs, primary care);

- See previous

CDWs to support BME service receiver trainers in delivering RECC training (paired arrangements?)

- See previous note about DV role in this

CDWs to make recommendations on practical improvements to services e.g dietary, hair, skin care

- CDWs to question, challenge and make suggestions e.g LEG, IAPT, SDVSMHF, Primary Care
- SDVSMHF to respond to any requests for support through t.n.a

CDWs to ask Mental Health Trust for feedback on current cultural competency training and engagement of BME service users and wider communities

- SDVSMHF to talk to DMHST about current training and involvement of service users

CDWs to promote the engagement of BME service receivers in general training

- Yes, but depends upon where DMHST currently access trainers who are service receivers. SDVSMHF to investigate

CDWs to signpost BME service receivers into representative work through DV that increases the involvement of BME service receivers in planning

- All CDWs to signpost into DV. DV CDW to recruit, train and support BME service user reps alongside CDWs from other communities

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

Commissioners to ensure workforce statistics of all providers measure ethnicity - Trust/VCS/private providers and to share this information with CDWs

- Contract commissioner to lead and share

Commissioners to consider funding new BME led mental health services where necessary/recommended by CDWs (with evidence of need and effectiveness)

- CDWs to report in on gaps
- Managers to make recommendations
- SDVSMHF/ NDVA to lobby for funds

Jargon Buster

UFM	- User focused monitoring
CCBT	- Computerised Cognitive Behaviour Therapy
IAPT	-Improving Access to Psychological Therapies
WRAP	-Wellness Recovery Action Plan
BTB	- Beating the Blues
TNA	- Training Needs Analysis

CDW employing organisations

DV	-Derbyshire Voice
DREC	-Derby Racial Equality Council
DCWA	-Derbyshire Chinese Welfare Association
DMN	-Derby Millennium Network
DGLG	-Derbyshire Gypsy Liaison Group
SDVSMHF	-Southern Derbyshire Voluntary Sector Mental Health Forum

Other organisations

<i>DWICA</i>	<i>-Derby West Indian Community Association</i>
NDVA	- North Derbyshire Voluntary Action
Indian C.A.	-Indian Community Association
CACA	-Chesterfield Afro-Caribbean Association
LEG	-Local Equality Group (run by Derbyshire Mental Health Services Trust)
BWI	-Black Wellness Initiative
CWI	-Community Wellness Initiative

To be incorporated into SDVSMHF Trainer-Co-ordinator Action Plan

- To allocate a lead/ contact CDW for each identified community
- To develop a Mental Health Awareness 'training' package
- To add 'reporting of gaps/ barriers' to monthly reports. To collate them.
- LEG update
- Support with funding for DRE projects
- UFM commissioner to attend meeting with managers & CDWs to discuss value of UFM survey

To be incorporated into DREC CDW Action Plan

- Work in partnership with DCWA on NCISE
- Anti stigma work with Derbyshire Voice
- Work with DMN on BME communities

To be incorporated into DMN CDWs Action Plans (specific worker to be agreed)

- Engage with local communities – Asian/ Pakistani/ Indian/ Bangladeshi/ refugee/ migrant communities
- Lead on anti stigma work to move to DV and DREC
- WRAP – DMN to lead on partnership