

IMPROVING ACCESSIBILITY AND CULTURAL RELEVANCE OF PSYCHOLOGICAL THERAPIES FOR COMMUNITIES IN TOWER HAMLETS



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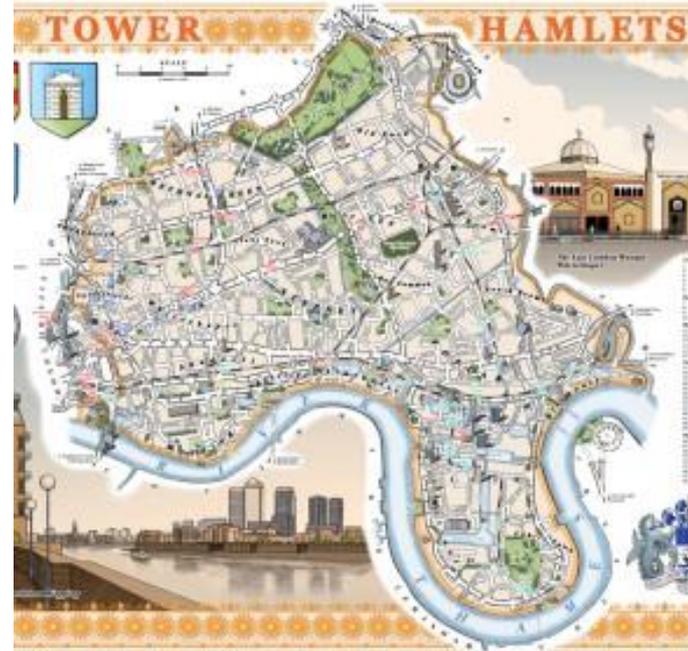
CONTEXT

- Underrepresentation of BME communities in psychological therapies
- Myths & misconceptions “hard to reach” – locates the problem in the communities
 - *“we’re not hard to reach, we’re just easy to ignore”*
 - (Joseph, 2014)
- Hard to access services
- Cultural relevance of services
 - *Interdependence; Spirituality ; Discrimination*
- Relationship with MH services characterised by ‘Circles of fear’ (Keating et al., 2002)



TOWER HAMLETS

- Young, diverse and fast-growing population
- More than 2/3 from ethnic minority groups
- Largest Muslim population in the UK (38%), primarily within the Bangladeshi & Somali communities
- One of the most unequal boroughs



LOCAL BARRIERS IDENTIFIED

- Perceived relevance of therapies (NB faith and family)
- Stigma & shame (NB self-reliance)
- Differing conceptions of MH
- Difficulty navigating the system
- Referrers' perceptions of who benefits from talking therapies
- Late presentation, crisis admissions, fear and mistrust
- Muslim communities feeling under attack
- Lack of continuity between in-patient and community
- Language barriers (incl jargon)
- Location of services
- Workforce representation



BME ACCESS SERVICE, ELFT

- Aims to make talking therapies more accessible *and* more culturally relevant to local communities
- Model of working influenced by community psychology; CEH community engagement model
- Works in partnership with community organisations



BREAKING THE 'CIRCLES OF FEAR'

- Working in partnership with community groups and faith leaders
- Building trust based on mutual respect and appreciation of each other's expertise
- Understanding and valuing faith as a core aspect of people's identity and preferred way of coping
- Bringing the learning back into the statutory services; creating space for dialogue



COMMUNITY ENGAGEMENT

- Raising awareness, challenging stigma
- Community meetings & mental health awareness sessions, e.g. Bangladeshi Mental Health Awareness Day; Appearance on local Bangladeshi TV
- Supporting BMHF with Bangladeshi community champions project

bmhf
Bangladeshi Mental Health Forum

in partnership with
NHS
Tower Hamlets
Clinical Commissioning Group

FREE EVENT

BANGLADESHI MENTAL HEALTH AWARENESS DAY 2015

CARING FOR THE CARERS

Thursday 19th March 2015, 11am-3pm
Brady Centre, Hanbury Street, London E1 5HU

- Guest speakers on mental health issues
- Presentation by a carer about their experience
- Workshop & discussions
- Complementary therapy (head massage, shiatsu back massage)
- Entertainment and activities (henna artist)
- Free refreshments & lunch
- Stalls on local services
- Enter free prize draw & win mobile phones

For more information on the Bangladeshi Mental Health Awareness Day 2015 or if you want to hold a stall for your project/service, please contact Kull Miah on 07956 562 501 or Skammar Choudhury on 0771 607 8840. Email: info@bangladeshimentalhealth.org | Web: www.bangladeshimentalhealth.org

Supported by ChyTel, East London NHS, healthwatch Tower Hamlets, and Tower Hamlets.



WORKING TOGETHER TO IMPROVE TALKING
THERAPIES FOR MUSLIM COMMUNITIES
TREE OF LIFE & FAITH IN RECOVERY
জীবনের গাছ

- Partnership with Tower Hamlets Mind to provide talking therapy in an accessible and culturally relevant to their Bangladeshi and Somali groups
- ‘Tree of Life’ (Ncube, 2006): A collective narrative therapy approach
 - Participants as experts; developing preferred stories of strength, hope and recovery



TREE OF LIFE, FAITH IN RECOVERY

- Modified the approach to include Islamic ideas of wellbeing and dealing with trials and tribulations
- Co-facilitated by Imam Qamruzzaman Miah, of our Dept of Spiritual, Religious & Cultural Care
- Sessions well attended and positively evaluated (reports available)
- Positive ‘word of mouth’ from Bangladeshi group led to the Somali group



GEEEDKA NOLOSHA: SOMALI TREE OF LIFE

- Inspired by the Bangladeshi men's group
- Also run in partnership with Mind in Tower Hamlets and attended by 20 men and women
- Incorporated Faith in Recovery & Somali Poetry
- Flourishing Minds project: Somali women trained to deliver it in their community
- WhatsApp forest



DISSEMINATING LEARNING

- Staff training, e.g. Jinn, Black magic and evil eye and mental health; Islam and mental health; narrative therapy approaches
- Partnership with Recovery College has allowed us to develop these for staff, service users, carers & community members



CHALLENGES

- Differing systems and cultures of NHS vs voluntary sector
- Current climate of funding & tendering – partners or rivals?
- Power differentials, e.g. funding, resources, status, professional identities
- Assumptions & mistrust “*Don’t trust the Trust*”
- Evaluating impact
- Sustainability



CONCLUSIONS

- It is possible to develop a positive spiral driven by trust and collaboration
- But, these are small projects in the context of continuing inequalities, many of which we have little control over
- Challenge: sustaining these relationships & in context of tensions between agendas, e.g. reducing waiting times & increasing access
- Importance of partnership working
- One size doesn't fit all: consult with communities & tailor interventions
- Utilise the strengths and resources of communities
- Involve people with lived experience at every stage
- We need to stop seeing communities as 'hard to reach'!

