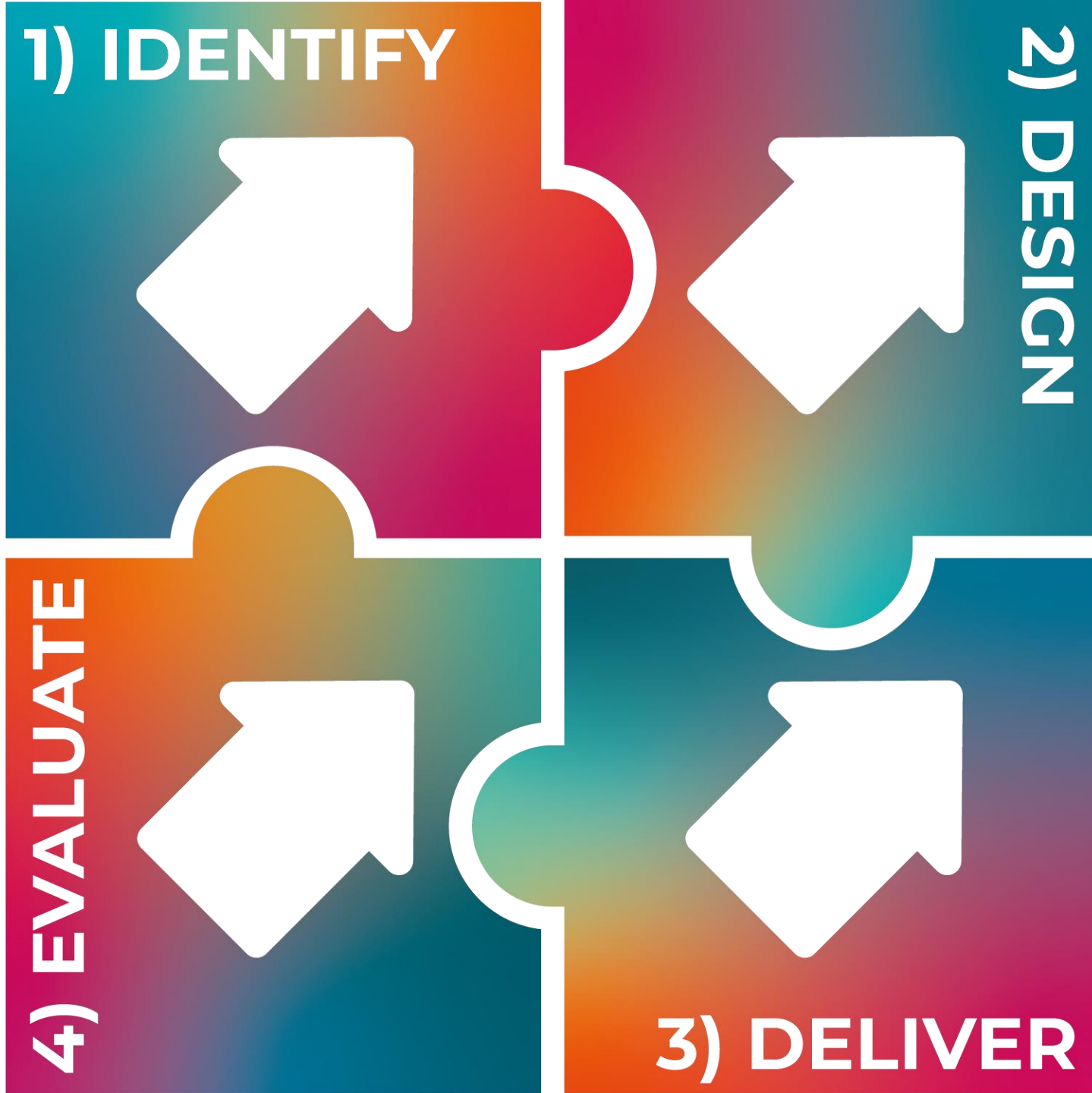




# Advancing Mental Health Equity Learning Set

Welcome!

Monday 11 March 2024 11:00 – 15:00



# Housekeeping

- There will be a fire alarm test at **11.00**
- Toilets are located to the right of the lifts on level 1 (men's and women's toilets) and the ground floor (gender neutral toilets and disabled toilets).
- Lunch will be from **12.40 - 13.25** and will be served on the Mezzanine
- **Room 1.2** is available if anyone needs to take a break at any point to decompress or needs some quiet time
- **Room 1.1** is available for those who may need to take calls during the day
- Female faith room is on the ground floor, male faith room is lower ground floor.





- We will be live tweeting this event so you may see the QI coaches on their phones or laptops during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#AMHE**.
- We encourage use of X/Twitter and social media to share the work that you are doing throughout the collaborative.
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

**Thank you!**



# Agenda

Time	Item	Speakers
11:10 – 11:30	<b>Pennine care NHS Foundation Trust: Chai project Pakistani and Bangladeshi Women:</b> <i>Project focused on increasing the number of people of South Asian heritage engaging with mental health services in Oldham</i>	<b>Lynn Burton</b> , Service Manager <b>Najma Khalid MBE</b> , Director Chai Project <b>Nicky Littler, Sponsor &amp; Director of Workforce</b>
11:30 – 11:50	<b>Herefordshire and Worcestershire NHS Foundation Trust:</b> <i>Agricultural and farming community project</i>	<b>Dr Barnaby Major</b> , Consultant Psychiatrist and Associate Medical Director
11:50 – 12.40	<b>Coproduction</b> <i>Moving forward - taking engagement &amp; involvement to the next level</i>	<b>Meera Burgess</b> and <b>Mark Farmer</b> , Carer and Patient Representatives, NCCMH
12:40 – 13:25	Lunch	
13:25 – 13:55	<b>Avon and Wiltshire Mental Health Partnership NHS Trust:</b> <i>CAMHS project to improve mental health access for Young Black &amp; Brown People</i>	<b>Emily Carter</b> , Community outreach worker <b>Stephen Barry</b> , Be Safe Clinical Team Manager/ Lead Clinician <b>Cenzina Barclay</b> , Barnado's
13:55 – 14:15	<b>AMHE Evaluation: Snapshot 2</b>	<b>Laura-Louise Arundell</b> Lead Researcher & Developer, NCCMH <b>Leen Farouki</b> , Research Assistant, NCCMH
14:15 – 14:50	<b>Capturing your team stories</b>	All
14:50 – 15:00	<b>Feedback, next steps and close</b>	<b>Rosanna Bevan</b> , Quality Improvement Coach, NCCMH
15:00 – 15:30	<b>Optional drop-in session for all teams</b>	QI coaches and AMHE patient/ carer representatives



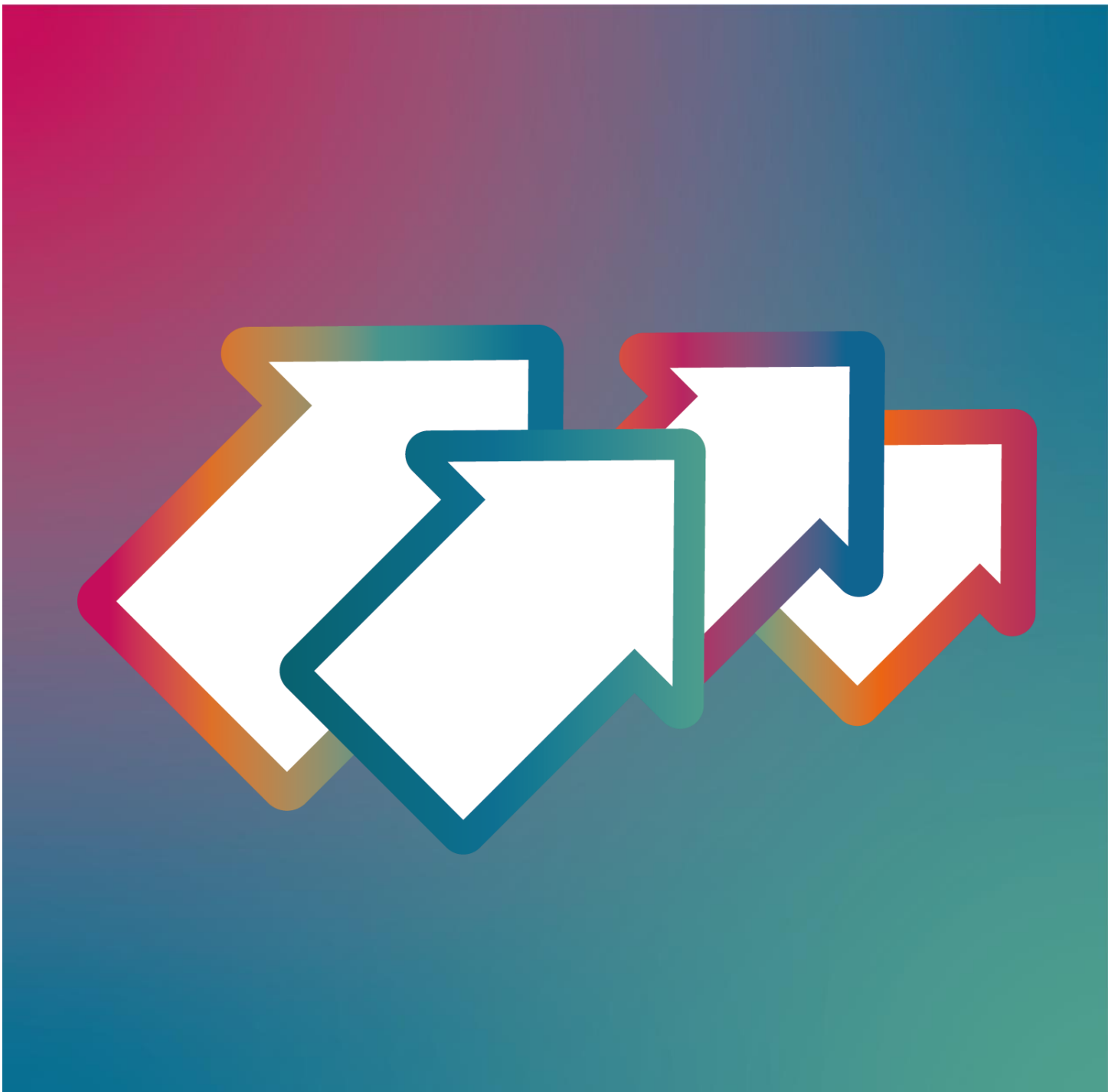


# **Pennine care NHS Foundation Trust: Chai project Pakistani and Bangladeshi Women**

*Project focused on increasing the number of people of South Asian heritage engaging with mental health services in Oldham*



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MENTAL HEALTH





Women's CHAI Project  
Care, Help & Inspire

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# Oldham Trailblazer

*Advancing Mental Health Inequalities (AMHE)*

**Lynn Burton**

*Pennine Care NHS Foundation*

**Najma Khalid MBE**


*Women's CHAI Project*

**Nicky Littler**


*Pennine Care NHS Foundation*

*Maximising potential*

# Project context

- Pennine Care established a project board led by Executive Director of Workforce, Nicky Littler to drive work associated with the three-year Royal College of Psychiatry National AMHE collaborative launched in 2021
  - It was highlighted that in Oldham (Greater Manchester) the South Asian community face barriers in accessing mental health support, primarily due to cultural beliefs and societal norms that discourage open discussions about mental well-being.
- 
- Decorative wavy lines in light blue and yellow at the bottom of the slide.

# How we chose this project?

- Non-executive director at Pennine Care introduced us to the challenges faced by the community during focus group to identify our populations for the AMHE work.
  - We created a co-alliance with the Ghazali Trust (for men) and Women's CHAI project (for women) and built partnerships that would allow us to focus on how to improve access to mental health services from an organisational and stakeholder perspective.
  - Focus on the Women's CHAI project in the first instance as the group was already formed and share learning from the women's group to spread.
- 
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# Introducing the Women's CHAI Project “Care, Help and Inspire CIC”



Women's CHAI Project  
Care, Help & Inspire



## The Chai Journey

### *Lived experience of Mental Health Challenges*

- Set up CHAI over a cup of Chai 2011
- Care, Help and Inspire
- Currently run 11 weekly groups across GM average reach 150 women a week + Bollycise & Bhangracise, self defence and a walking group
- Lead on other projects with other women's groups and communities
- Chai working locally, nationally and internationally

### *Aims and Objectives*

- The group aims to raise awareness around wellbeing.
- To develop and empower women to function at maximum levels as mothers and women.
- This will ultimately contribute to child and family wellbeing and mothers who are better equipped to make a difference to their children, themselves, their families, and the community





Chapatti & Chat  
Food made with love



Women's CHAI Project  
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Cohesion  
Work

Cancer  
Awareness

AF  
Ambassadors

Festivals

Mental  
Health First  
Aid Training

Social  
Action

British Council-  
Active Citizens



CHAI Ladies



DV

Diabetes Awareness

Fundraising

Theatre

Mental Health



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## What we set out to do together?

- Increase the number of people of South Asian Heritage (mainly Pakistani and Bangladeshi) engaging with mental health services, in the borough of Oldham (Greater Manchester), by July 2024.

### How will we know if we are successful?

- There will be an increase in the number of Pakistani and Bangladeshi individuals accessing mental health services by July 2024



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## How we developed our change ideas?

1. We engaged with the community through two seminars to bring together women and mental health professionals from Pennine Care NHS Foundation Trust to identify ideas for improvement.
2. Focus group to further develop the ideas and finalise change initiatives which included:
  - Identify and train community based mental health champions using a co-produced training package
  - Build community relationships through use of women's self defence classes



# Tackling Mental Health Seminar

Friday 28th April - 10.00am to 1.00pm

The Honeywell Centre, Hadfield Street, Hathershaw Oldham, OL8 3BP  
 Limited places, to register please email [najma@womenschaiproject.co.uk](mailto:najma@womenschaiproject.co.uk) or contact 07400658785  
 Please note this is a women only event

Seminar Chair  
 Najma Khalid MBE

**Keynote Speaker**  
 Evelyn Asante-Mensah OBE – Chair  
 Pennine Care Foundation Trust



Programme		
Time	Session	Facilitator/Speaker
9.30 am	Registration, tea, coffee	
10.00 am	Welcome, introductions and aim of the seminar	Najma Khalid MBE Director of Women's Chai Project
10.05 am	Looking after ourselves: voice of experience	Halima Sadia
10.15 am	The work of Pennine Care Foundation Trust (PCFT)	Evelyn Asante-Mensah OBE – Chair Pennine Care Foundation Trust
10.25 am	Tackling mental health: everyone's responsibility	Evelyn Asante-Mensah OBE – Chair Pennine Care Foundation Trust
10.35am	Questions and Answers	Najma Khalid MBE
10.45 am	Round Table Discussions: Session one	Facilitators
11.00 am	Feedback from Tables	
11.15am	Refreshment Break	
11.30 am	Round Table discussions: session two	Facilitators
11.45 am	Feedback from tables	
12.00pm	Supporting people with mental health issues	Biya Azami - Senior Psychological Well-being Practitioner -Oldham NHS Talking Therapies
12.10pm	Concluding remarks, lunch and networking	Najma Khalid MBE

# Tackling Mental Health Network Seminar 2

Friday 17th November  
 10.00am to 1.00pm

The Honeywell Centre, Hadfield Street,  
 Hathershaw Oldham, OL8 3BP

Free Event. Limited places, to register please email  
[najma@womenschaiproject.co.uk](mailto:najma@womenschaiproject.co.uk) or contact 07400658785.  
 Please note this is a women only event. Lunch Provided

Seminar Chair  
 Najma Khalid MBE



**Guest Speakers**

**Cllr Arooj Shah**  
 Leader of Oldham  
 Council



**Evelyn Asante-Mensah OBE**  
 Chair  
 Pennine Care  
 Foundation Trust



**Mark Fisher CBE**  
 Chief Executive of  
 NHS Greater  
 Manchester  
 Integrated Care



**Dr Yasir Abbasi**  
 Consultant  
 Psychiatrist &  
 Executive Medical  
 Director at VIA



Programme		
Time	Session	Facilitator/Speaker
9.30 am	Registration, tea, coffee	
10.00 am	Welcome, introductions and aim of the seminar	Najma Khalid MBE Director of Women's Chai Project
10.05 am	Tackling Mental Health, Role of Oldham Council	Cllr Arooj Shah, Leader of Oldham Council
10.15 am	The Work of NHS Greater Manchester Integrated Care	Mark Fisher CBE - Chief Executive of NHS Greater Manchester Integrated Care
10.25 am	Mental Health Challenges for the British South Asian Population	Dr Yasir Abbasi- Consultant Psychiatrist & Executive Medical Director at Via (Formerly called Westminster Drug project-WDP)
10.30am	Questions and Answers	Najma Khalid MBE
10.40 am	The work of Pennine Care Foundation Trust (PCFT) update and Round Table Discussions: Session one	Evelyn Asante-Mensah OBE -Chair - Pennine Care Trust Foundation
11.00 am	Feedback from Tables	
11.10 am	Refreshment Break	
11.20 am	Round Table discussions: session two	Facilitators
11.35 am	Feedback from tables	
12.00 pm	Concluding remarks, lunch and networking	Najma Khalid MBE





Women's CHAI Project  
Care, Help & Inspire



**Pennine Care**  
NHS Foundation Trust





Women's CHAI Project  
Care, Help & Inspire

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NHS Foundation Trust

# Measures of our success

## Outcome:

- We will see an increase in the number of Pakistani and Bangladeshi individuals accessing mental health services by July 2024

## Process (tracking progress towards achieving the outcome):

- Recruit 25 Oldham community based female mental health champions
- Deliver training to 25 female mental health champions
- Develop confidence of 25 champions in identifying key mental health issues, symptoms, or risk factors



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# Our achievements so far...

*Maximising potential*





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# Identify and recruit champions

- We have recruited beyond our expectations of 25 community based champions, delivering mental health champions training to 29 women of Pakistani, Bangladeshi, Somalian, Arab heritage (SO FAR!)



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# Co-produced Training Package

- We co-produced a training package for the community based champions including the following topics:
  - What is mental health and Mental illness?
  - Causes of mental health and mental illness
  - Impact of Stigma, Discrimination and Stress
  - Islam, Health and wellbeing
  - How we can improve our mental health and support others
- We co-delivered the Interactive training to 29 women.







# MENTAL HEALTH CHAMPIONS

## TRAINING

Make a difference in your community, become a Mental Health Champion



Tue  
Feb  
10  
Hon  
Bells  
Str



Free Training, Limited places, to register please email [najma@womenschaiproject.co.uk](mailto:najma@womenschaiproject.co.uk) or contact 074

Lunch is provided, training certificates provided, please note this is a free only event



Wome  
Ca

## South Asian Women Mental Health Champions Training Pack



Women's CHAI Project  
Care, Help & Inspire



Women's CHAI Project  
Care, Help & Inspire

## Certificate of Attendance

Presented to:

For attending the Mental Health Champions  
Training

Date Awarded  
13th February 2024

Najma Khalid MBE  
Founder & Director  
Women's CHAI Project CIC







Women's CHAI Project  
Care, Help & Inspire

# Women's Self Defence Classes

- Lynn Burton from Pennine Care volunteered to deliver self-defence classes
- Feedback from the classes included attendees reporting feelings of:
  - Improved mental health
  - Better physical activity
  - Feeling safe
  - Reduced isolation
  - Improved confidence
  - Developing new skills
  - Useful skills that can be shared with family

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## WOMAN'S SELF-DEFENCE CLASS

**Qualified Instructor- Lynn Burton**

Lynn has been practicing karate for over 20 years and obtained her black-belt in 2004 from a karate school in Leeds. The style of karate she has trained in is Korean and is called 'Kong Soo Do.' She will be providing self-defence sessions for women in a safe, female-only space, helping women build self-confidence and useful skills to enable them to defend themselves should they ever face a physical attack.

The sessions will be safe, informal and fun; she will demonstrate how to defend yourself from a variety of attacks (including kicks, punches, grabs and a knife attack), and the group will then practice defence moves together

Empower yourself with self-defence skills at our upcoming Women's Self Defence workshops!

6 Week Program, Starting Monday 5th June. Every Monday 12pm to 1pm  
Honeywellcentre, Oldham, Dance Studio.

Limited Places, to register please email:  
[najma@womenschaiproject.co.uk](mailto:najma@womenschaiproject.co.uk)



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NHS Foundation Trust

# Reporting on our measures

*Maximising potential*





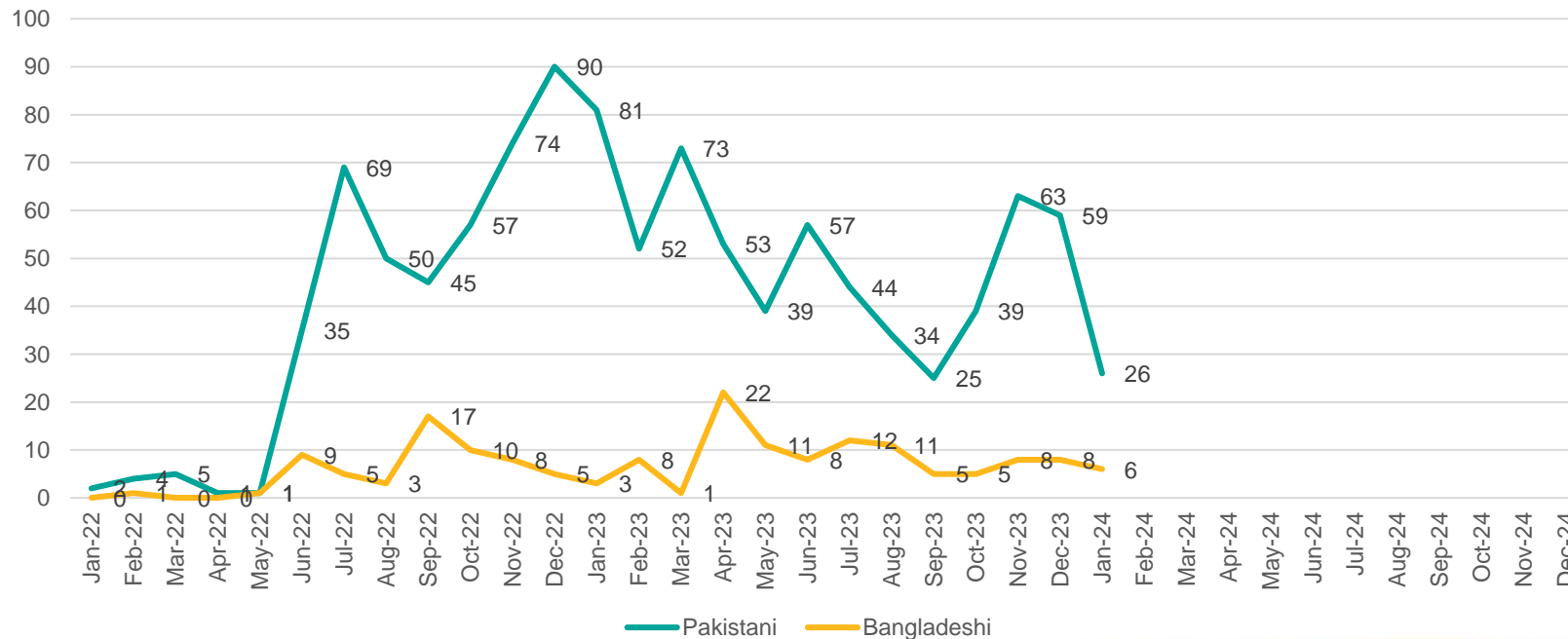
Women's CHAI Project  
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NHS Foundation Trust

## Outcome: Increase in number of individuals accessing mental health services by April 2024

No. of referrals to Mental Health 24hour helpline, from Oldham CCG from Pakistani and Bangladeshi ethnicities





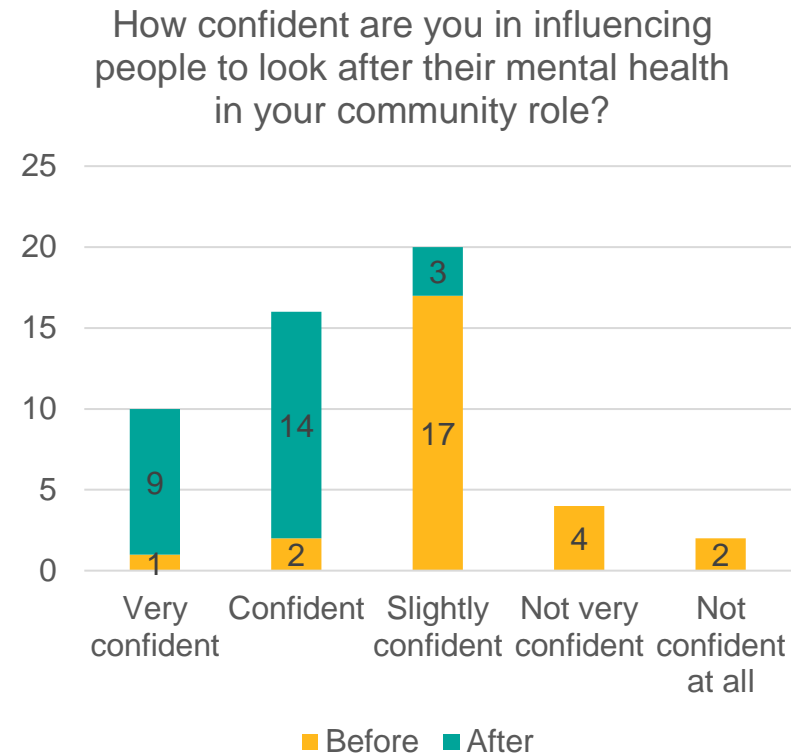
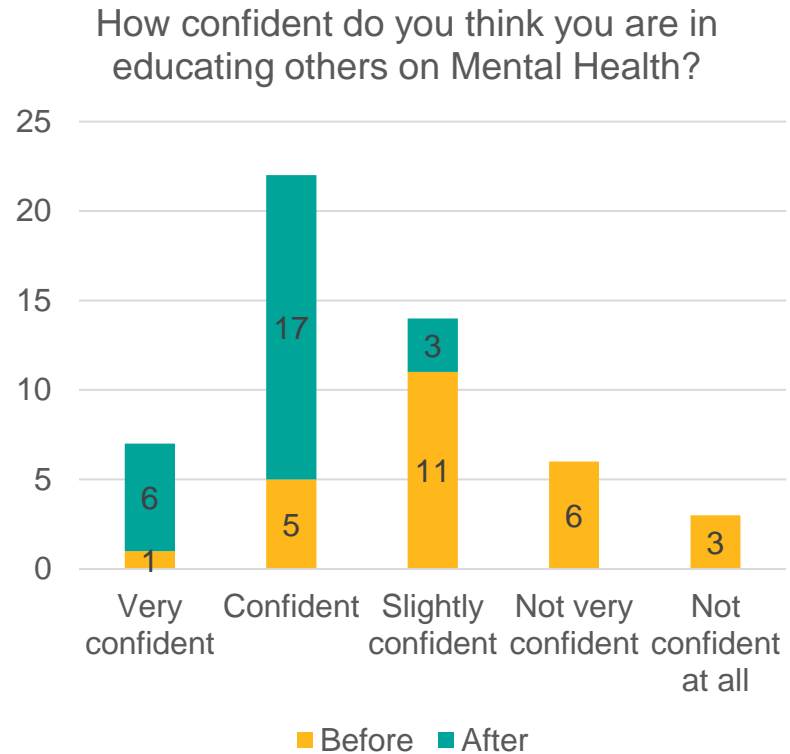


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## Process: We will increase confidence of champions in identifying key mental health issues, symptoms, or risk factors





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# Where do we go from here...

- Due to the success of the initial self-defence classes, the Women's CHAI project applied for and obtained further funding to run 20 more sessions
- Training has been scheduled for another 25 community based women mental health champions starting in June 2024, hopefully taking us to over 50 women trained.
- Continue to monitor data to look for impact of the new Mental health champions on people accessing mental health services.





**Any Questions**

**Maximising** *potential*

[www.penninecare.nhs.uk](http://www.penninecare.nhs.uk)



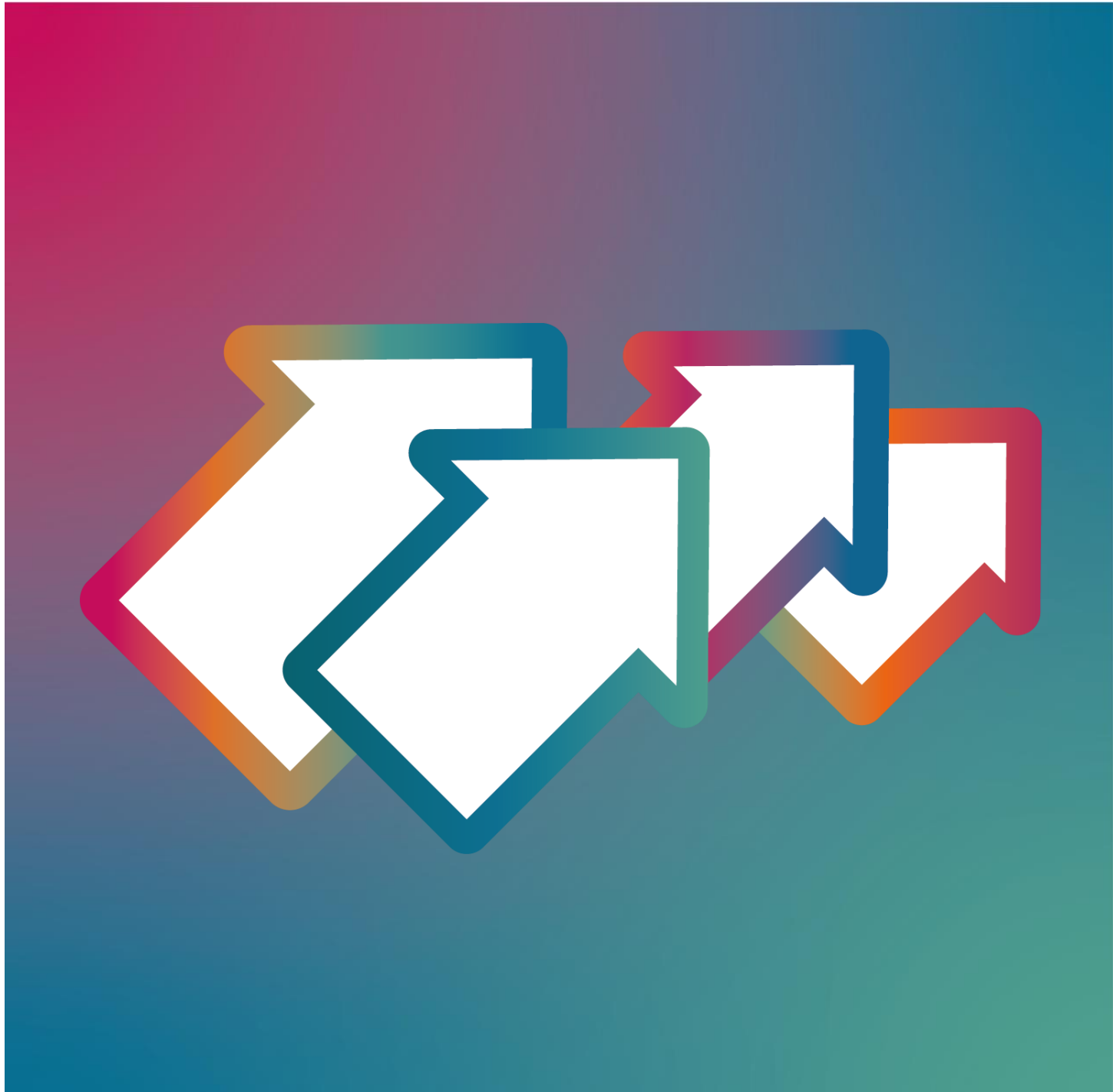


# Herefordshire and Worcestershire NHS Foundation Trust

*Agricultural and farming community project developed in close partnership with local healthcare and VCS organisations, aiming to increase routine mental health screening for those living and working in farming and agricultural communities.*



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# Herefordshire's farming & agricultural community project - Dr Barnaby Major

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**BORDERLANDS**  
RURAL CHAPLAINCY

Rural Hub  
**Herefordshire**  
Helping Rural Businesses Thrive



Herefordshire and Worcestershire  
Health and Care  
NHS Trust

**healthwatch**  
Herefordshire



**TALK WELLBEING**



## Herefordshire

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- Small population (187k) scattered across a large rural county (842 sq miles)
- 4<sup>th</sup> lowest population density in England
- Strong cohesive communities (>80% say they belong to their local area)
- Abundance of natural resources (95% of land is 'rural')
  
- Low wage, low skill, economy with poor social mobility
- Digital exclusion is high (7% never use internet)
- Challenge of service delivery
- Rapidly ageing population
  
- 12% of local population employed in agriculture (1% nationally)

# Agricultural sub-group

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- Herefordshire & Worcestershire Health & Care NHS Trust

- Hfds MIND



- We Are Farming Minds



- Borderlands Rural Chaplaincy



- Hfds Rural Hub



- Public Health

- District Council

- Healthwatch



- Primary Care GP federation



- Co-production?



# Planning

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1. National picture/reports
  - 'Listening' & engagement events with staff
  - Community engagement (leaflet, survey & outreach)
  - 3 part data review
2. Stakeholder engagement workshop
  - 'Driver Diagram'
3. Long → short list of change ideas → QI project

## 3 part data review - context

---

- > 1 suicide per week
- 30-75% depression & anxiety
- > 90% rate MH as the biggest hidden problem
- Frequently not recognised
  
- Av 65 hrs work per week (24/7)
- 1/3<sup>rd</sup> 'hardly ever leave' the farm
  
- Poor physical health & late presentation



## 3 part data review - accessibility

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- Digital poverty
- Primary care access
- Inability to prioritise own health needs
- Self employment
- Rurality & lack of infrastructure



## 3 part data review - stigma

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- Culture of pride
- Small communities
- Not feeling 'understood'
- Gun (& driving) licensing



## 3 part data review – sources of stress

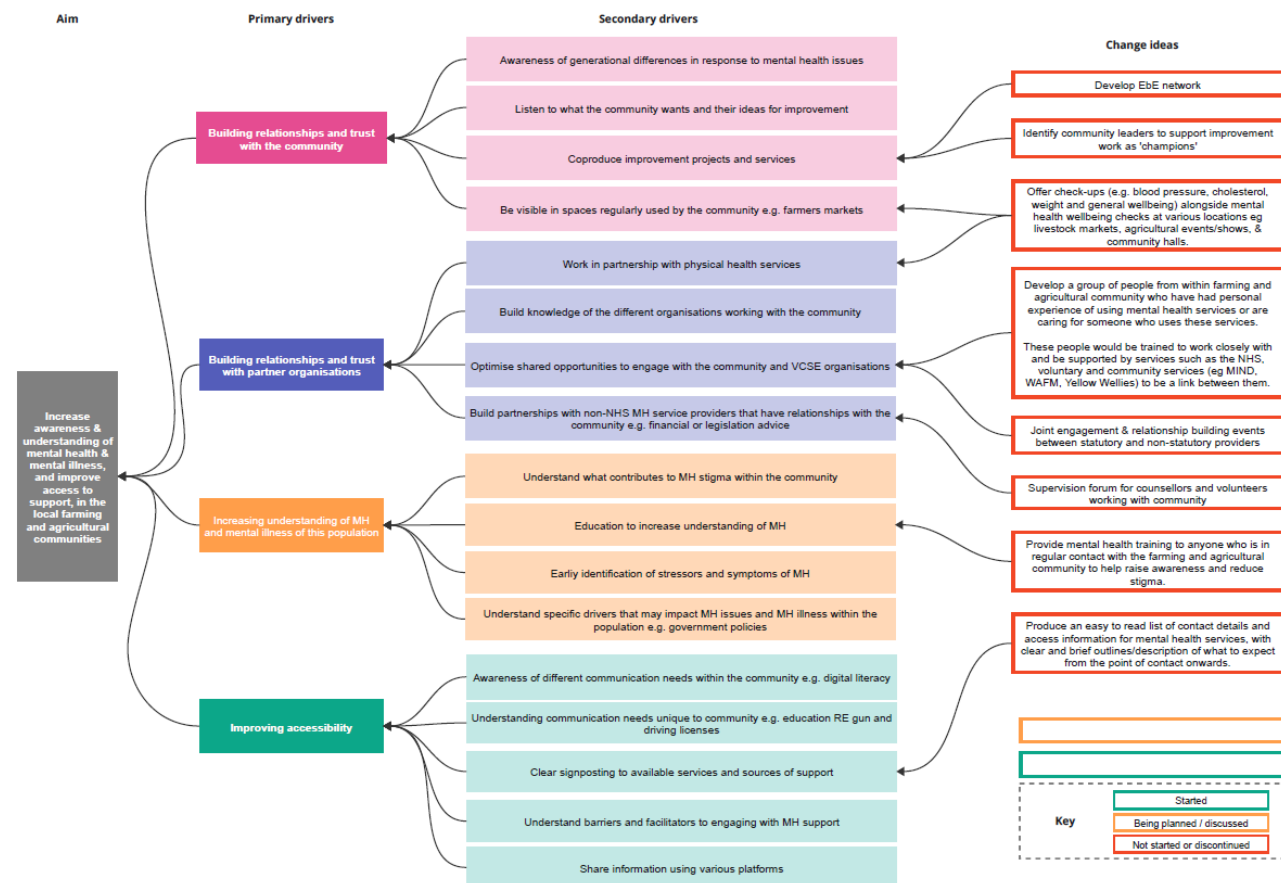
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- regulation & inspection
- unpredictable weather/climate change
- financial instability
- isolation & loneliness



# Driver diagram

## AMHE - Herefordshire and Worcestershire - Agricultural and Farming Community





## Driver diagram

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- Aim: to increase awareness & understanding of MH & mental illness, & improve access to support, in the local farming & agricultural communities
  
- Primary drivers:
  1. relationships & trust with the community
  2. relationships & trust between partner organisations
  3. understanding of MH & illness in the community
  4. accessibility

## QI Project

---

- Increase routine MH screening (& signpost/refer those assessed as having a MH need), for those living/working in farming/agricultural communities in Hfds, by end of May 2024.
- **Specific:** screening (& signposting)
- **Measurable:** nature/no of locations; screenings conducted; onwards signposting/referrals
- **Achievable:** pilot alongside 'Talk Wellbeing'
- **Realistic:** increase MH screening above zero
- **Timely:** develop over 2/12; implement & measure over 3/12 (to end May)



## TALK WELLBEING

---

- Integrated outreach approach to health prevention in underserved communities in Hfds
- County wide mobile pop-ups & a central hub
- HCAs, Nurses, Social Prescribers & virtual GP
- Collaboration with VCSE
  
- NHS health checks
- Signposting
- Vaccinations
- Supported registration with GPs



## TALK WELLBEING

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Output in last 8/12 ....

- 494 patients seen by Talk Wellbeing
- 388 Health checks completed
- 172 contacts with a social prescriber
- 158 patients identified with high cholesterol
- 88 patients identified with moderate/high Qrisk status
- 75 patients identified with high blood pressure
- 8 patients registered at a GP practice





## Implementation plan

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- GAD-2 for anxiety & Woolley for depression
- Referral/signposting pathway (statutory & VCSE)
- Risk management approach & pathway
- Training provided
- Mobile attendance at 2x Livestock Markets per week

# GAD-2

---

<b>Generalized Anxiety Disorder 2 item (GAD-2)</b>				
<b>Over the last 2 weeks, how often have you been bothered by the following problems</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>
<b>1. Feeling nervous, anxious or on edge</b>	0	1	2	3
<b>2. Not being able to stop or control worrying</b>	0	1	2	3

***GAD-2 score obtained by adding score for each question (total points).***

***A score of 3 points is the preferred cut-off for needing further identifying evaluation***

# Whooley

---

## **Whooley questions for depression**

1. During the last month, have you often been bothered by feeling down, depressed or hopeless? (YES/NO)

2. During the last month, have you often been bothered by little interest or pleasure in doing things? (YES/NO)

*YES to one or both questions is taken as a positive screen for depression*



# Implementation

---

- Launched 1<sup>st</sup> March
- Review outcomes monthly
- Collect 3/12 data
- Consideration of funding?



# Questions?

---

'Thank you very much, you've been a lovely audience ....'  
(KtF)





# Lived Experience leadership

**Mark and Meera** Patient & Carer Reps for AMHE

**Alysha, Jo, Karen, Sarah and Satwinder** Equality Advisory Group



# Last time

- At the last session we discussed sustaining co-production
- We looked at the ladder of participation and did a gap analysis



 #AMHE

# Today: Lived Experience

- **Lived experience** is the knowledge and understanding you get when you have personally lived through something  
“Expert by experience”
- **Learned experience** gained through training, education, employment or professional activity



#AMHE



# Why Is It Important to Talk About Lived Experience ?

- Second to last Advancing Mental Health Equality Learning Set
- Lived experience leadership is the evolution of co-production
- Enables organisations work better
- Taps into the underutilised capacity of people with lived experience to add into the overstretched workforce
- Empowers people to lead projects, work and service transformation



 #AMHE



# What happened in Leicestershire Partnership Trust to develop a Lived Experience leadership model

- We wanted to go from low of the ladder of participation to lived experience co-design, assurance and leadership
- Another driver was the 2023 statutory guidance for Trusts on working people and communities
- We wanted VCSE organisations and people from diverse communities to have a voice in how LPT services are shaped
- Modelled around the Patient Leadership Triangle created by David Gilbert
- Ambition to be a leader in how to do it

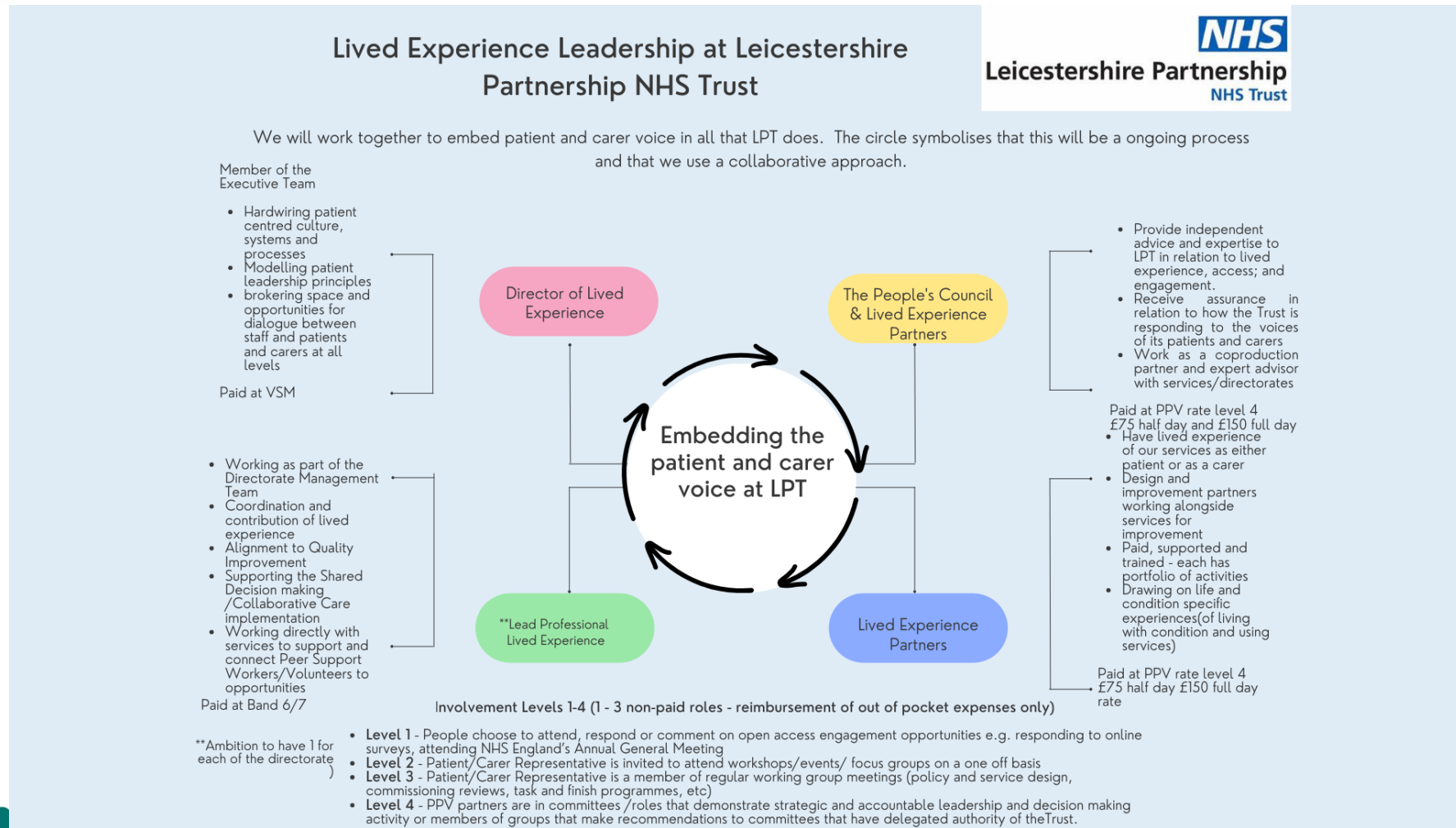


 #AMHE





# The model that we co-produced together



 #AMHE



# Barriers and opportunities we faced

- Payment policy does not enable us to equally value the role of lived experience
- Commitment to the Director role needs resourcing at a time when resources are pressured
- Took a long time to co-productively work together
- Everything we came up with was supported by the Trust's Executive team- set a solid foundation for us to crack on with the business in hand
- Management of distrust was intensive, but we got there. We went through a period of people exploring how they felt about the Trust and how to turn to this into action to change services
- A diverse network of people with lived experience now in place- will enable us to better understand the experience of people from diverse communities
- Sets up well for work on the Patient and Carer race equality framework



 #AMHE



# Activity

*Rank these mental health issues in order of importance to be addressed, according to people with lived experience of a diagnosed mental health condition.*

- Providing services online or digitally
- Improving education about mental health
- Improving treatment quality and safety
- Preventing mental health problems
- Providing early support for mental health problems
- Funding mental health research
- Improving quality of life for those living with mental health problems
- Mental health stigma and discrimination
- Improving access to services
- Providing holistic support
- Supporting people in need of immediate care or experiencing a mental health crisis
- Making sure services are sensitive to culture and identity
- Promoting good general health and wellbeing

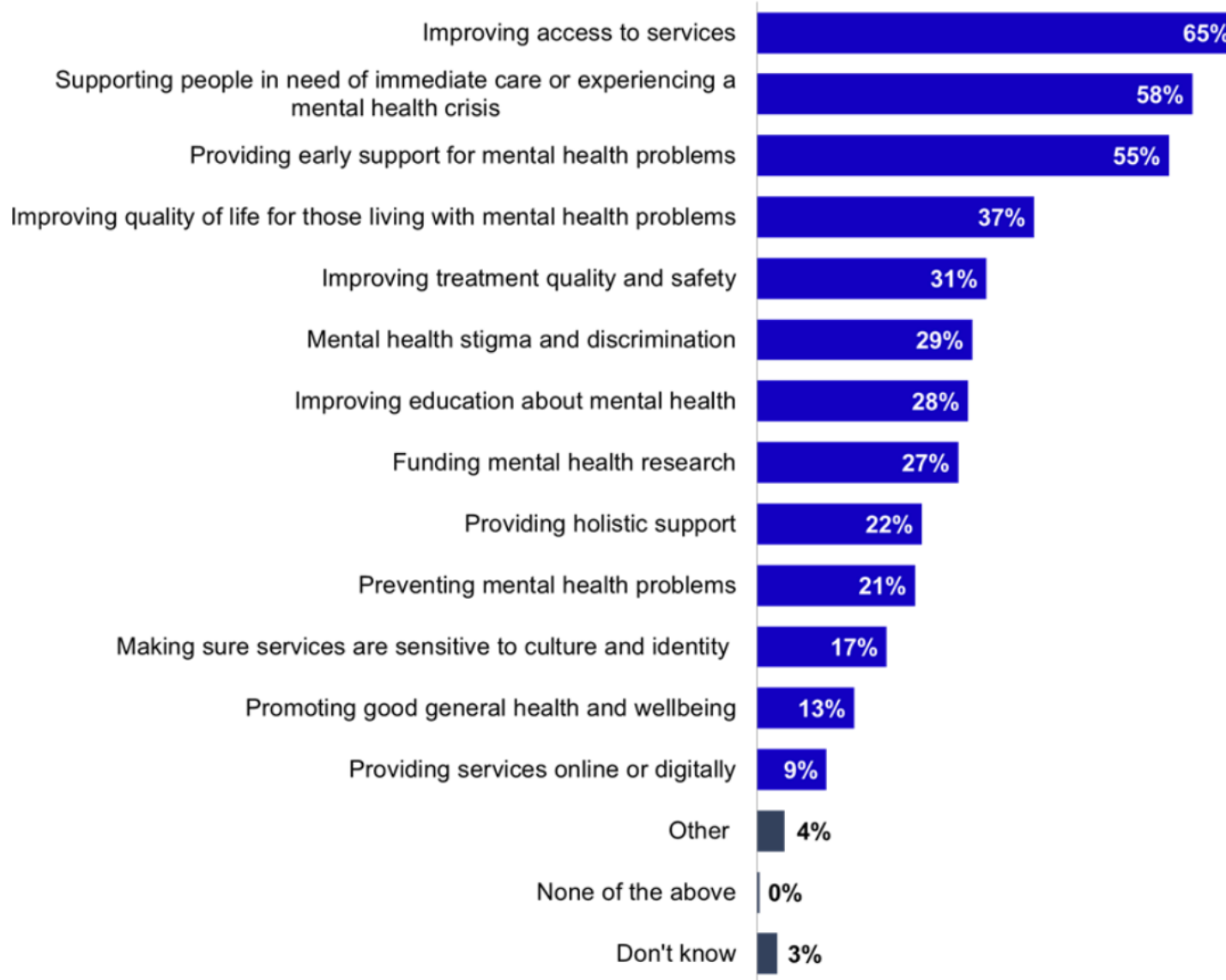
'Mind: The Lived Experience of Mental Health'. YouGov 2019. [https://www.mind.org.uk/media/dcjdiiww/mind\\_lived-experiences-2022-final.pdf](https://www.mind.org.uk/media/dcjdiiww/mind_lived-experiences-2022-final.pdf)



 #AMHE



Figure 2: Mental health issues Government need to address



# Table work

- At each table a member of the Equalities Advisory Group will give their views on Lived Experience Leadership



#AMHE



# Reflections

- An opportunity for any reflections from each table that people would like to share



#AMHE

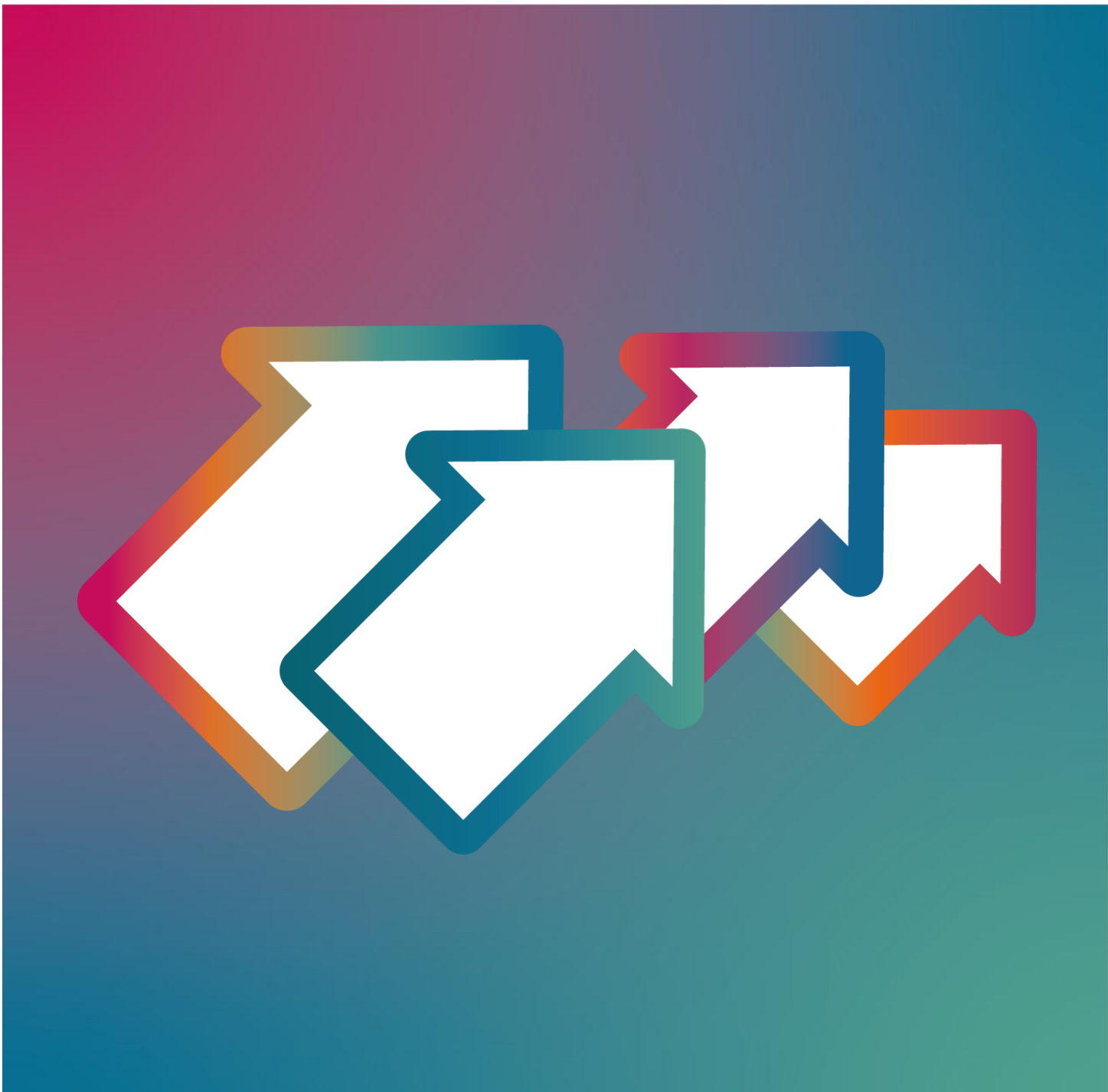




# Lunch



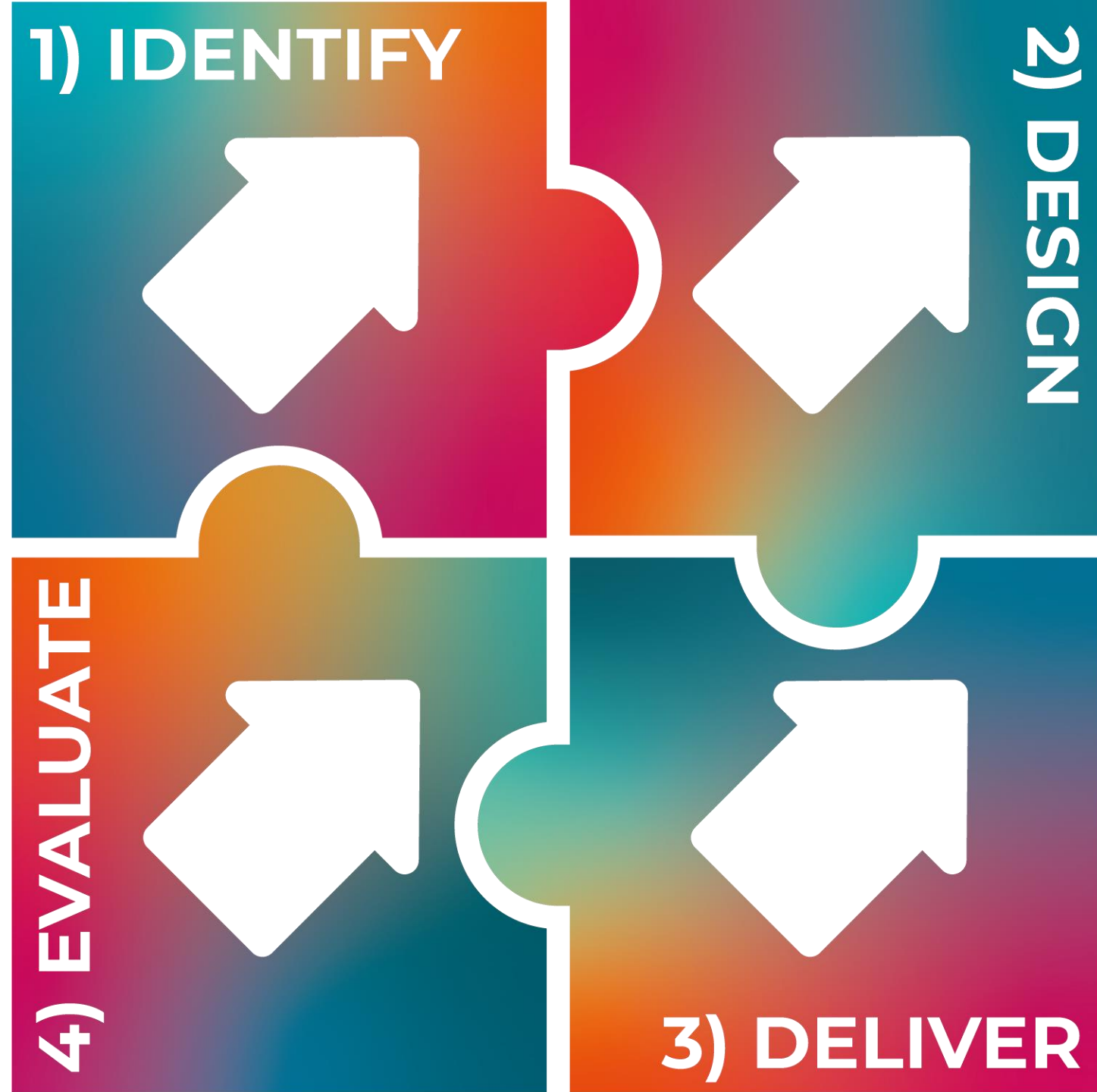
12:40– 13:25





# Avon and Wiltshire Mental Health Partnership NHS Trust:

*CAMHS project to improve mental health access for Young Black & Brown People*





"I have been given the opportunity and power to shape and form institutions. Reflect on myself and other ethnic communities to improve mental health services" quote from yp

# Black and Brown Minds Matter

Barnardos HYPE Service

&

## CAMHS

Bristol, South Gloucestershire & North Somerset



# BLACK AND BROWN MINDS MATTER EST APRIL 2023

“We choose the name Black and Brown Minds Matter as when looking at research and stats it was clear people of colour are most effected and we dont like BAME- like who does that term even refer to?”



EXPLORED IDENTITY AND IF IT IMPACTS ON HOW WE INTERACT WITH OTHERS. INCLUDING EDUCATIONAL & HEALTH PROFESSIONALS

When asked if we felt our identity impacts on how you interact with health professionals and accessing support for your mental health if you needed it. (all young people said yes; providing it had a negative effect)

some of the reasons we felt this way:

“I feel like I am not taken seriously by doctors because I am black. I have to exaggerate for them to take what I am saying seriously....”

“My mum can’t speak English and when I go to health appointments with her, they don’t take her seriously”.

“They try and relate my problems to things that it isn’t.... like because of my culture”.

“They ask for family history and dismiss it as a genetic factor”.

“I am working class there are limited options, all the good support is private, lower waiting lists etc”

Health Priority	Your reasons for placing Health Priority where you have? What is the change you would like to see for this health priority?
Mental health	Mental health is a knock on effect for all others and can be cause for other health problems (adverse effect) (Group has mental health)
Autism	There is not a lot of knowledge about autism in ethnic groups so sometimes it isn't noticed or missed upon by some
Obesity	Obesity can effect mental / physical health and cultural knowledge about nutritional intake as some may be unaware
Diabetes	Raising awareness about diabetes within young people and how culturally it can effect people etc... foods
Asthma	Can be genetic factor, can be caused due to poor housing and be made aware.

“Mental health is important as we are under represented in young people services and over represented in adult services and more unwell”.  
yp age 17



Key Priority :  
Mental health  
  
sharing the message :  
ICB  
CAMHS QI Group

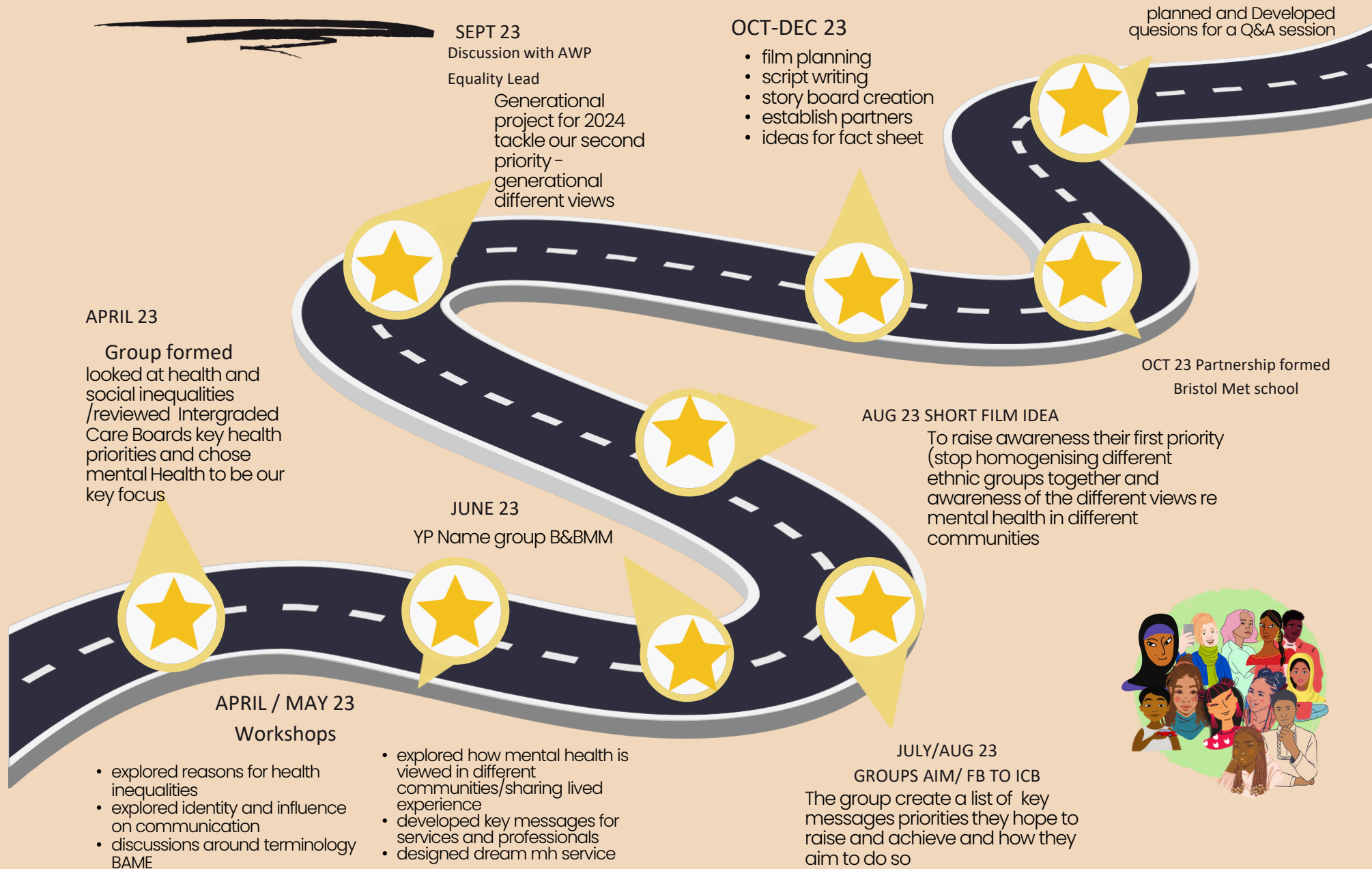


# Improving access and Experience to mental health services

DEC 23-FEB 24

Service Manager Q&A

## Black and Brown YP



# BLACK & BROWN MINDS MATTER THOUGHTS AND REFLECTIONS



## HEALTH AND SOCIAL INEQUALITIES.

### YP thoughts:

- Black and brown people were historically tested on so they're reluctant to get help from healthcare services.
- Mistrust of doctors, medical staff
- black and brown people may not understand what it is so don't seek early intervention
- Feel they have to really exaggerate before they're taken seriously.



## MENTAL HEALTH IS VIEWED IN DIFFERENT BLACK AND BROWN COMMUNITIES

- "They think someone has done witchcraft on you, or your faith isn't strong enough so they pray for you". They say you got the "Evil eye". Somali
- = "They say Your ed nuh good sometimes they think someone has done obeh on you" (black magic/witchcraft) Jamaican
- ... taboo and they often try to hide it or just not acknowledge it all as it could bring shame upon the family" Indian
- mental health is out the window, like it just doesn't exist; not talked about" Bangaleshi



"We are not taught to think about or look after our mental health "My dad came here with a grind mentality, that is a result of his experiences of being an immigrant and poor in Jamaica. He has been taught to value work over everything else including how he's feeling".

The impact stigma and views may have on young people accessing help with MH

· There is a negative views around mental health generally.

- You struggle alone.
- Dismiss your feelings and get on with it
- If you are struggling, it's hard to know where to get help.

\*Workers need to know about these views and keep them in mind. Imagine dismissing someone after they have overcome all these barriers."





# YP EXPERIENCE OF MENTAL HEALTH SERVICES

"i didnt want to say i was muslim and needed halal meat as i was scared to be seen as causing a problem and making a fuss so i lied and said i was vegatarian.  
(yp with eating disorder- inpatient experience)



"I was definitely perceived as a threat which I think is because of the colour of my skin. Three members of staff would approach me but only one would approach a white Young person"



"My mum cried out for help from services for me, but she was just brushed off until I changed myself.

.....I had to really put myself out there stop wearing my head covering and I think if I didn't do this and acted like a stereotypical brown person I wouldn't have got help. Well, I didn't at first.

I feel my struggles were not taken seriously due to how I looked or it was put down to a phase due to my culture and I was just overlooked."



"Before I used CAMHS my family thought it was for crazy people.

These views need to change. When I was 12, I was unwell, I told my parents I n needed help and they said no! they said it was for only crazy people and will affect my future like written in my college reports. I know now this isn't true. had i got help then it could have stopped me being sectioned now aged 17"



"I have Jamaican, African, and Asian friends who have tried to get help with their mental health and were not taken seriously by professionals. They can't talk to their parents due to how mental health is viewed or the stigma around it".

"it was wild, the counsellor was more interested and excited about learning what a nine night was than why i was there to talk about me not coping grieving my Dad"



# BLACK & BROWN MINDS MATTER

## Key messages for health professionals:

- Be mindful of stereotypes, unconscious bias and don't make assumptions
- **Ask young people how they feel and how they identify with religion and culture and how they feel about family and ethnicity.**
- Mental health is viewed differently in different communities so its important to be aware of the different views and stigmas within each so you can understand the barriers we may face accessing service
- **Don't assume parents share the same views as us (generational differences).**
- Be honest and willing to learn. for example "I understand you are from a Somali background is mental health spoken about in your community? how do you feel about this?".
- **Be aware of fears around safeguarding and be clear on the rules - some parents are just strict**

"Humanise Black people, especially black boys. People assume that we don't experience the same emotions or less. In our communities many black boys grow up in toxic household and are taught to express their masculinity. For examples we are taught boys don't cry. We are taught boys can't experience/shouldn't experience the full spectrum of human emotion. on the flip side this affects how people interact with mental health services or reasons why they don't"



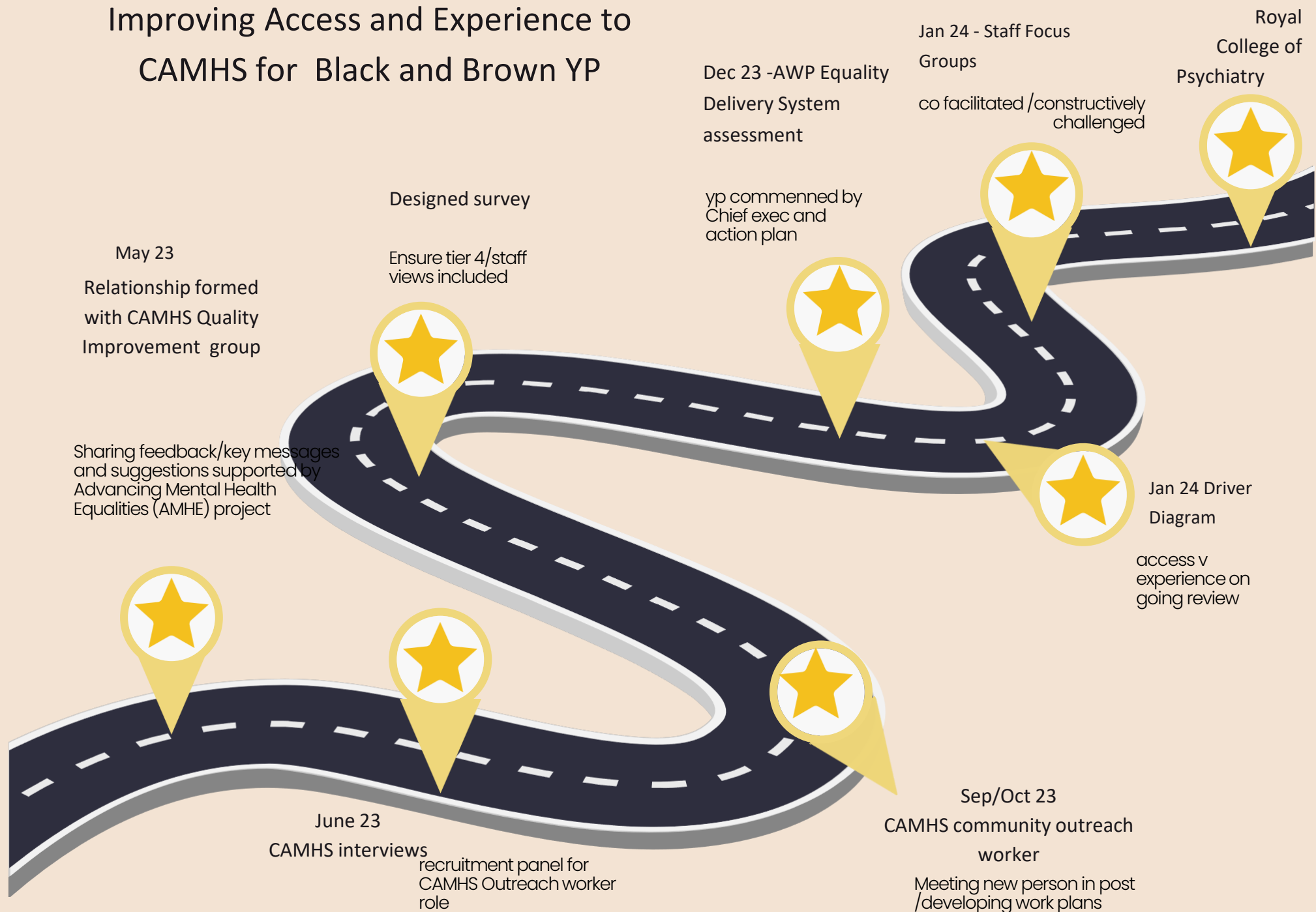
# BLACK & BROWN MINDS MATTER

## Key messages for services :

- **We want a diverse workforce**
- Data collected - make sure specific ethnicity data is collected on forms not just Black/ Asian - if collect specific data you can highlight which communities may need more support with accessing services
- **Stop grouping black and brown people under board terms such as BAME, we are all different!**
- We want to see service information and resources that reflect our society including black and brown yop in images and available in different languages
- Mental health workers in general youth settings such as youth clubs, libraries
- **Parent/ community mental health awareness/education is needed to tackle generational views and understanding. This could help parents/communities to be more supportive of us getting help with our mental health**



# Improving Access and Experience to CAMHS for Black and Brown YP



# EQUALITY DELIVERY SYSTEMS FRAME WORK



## 4 Domains

(reviewed criteria, evidence and score provided)

1a: Patients (service users) have required levels of access to the service

1b: Individual patients (service users) health needs are met

1c: When patients (service users) use the service, they are free from harm

1d: Patients (service users) report positive experiences of the service

### Action plan = 6 monthly reviews

- Awareness raising of MH amongst different communities
- Improved data collection
- Increasing workforce diversity as well as supporting black and brown staff already in CAMHS
- Training
- Clear complaints process that captures ethnicity data
- A way to feedback about CAMHS in a confidential way and capturing ethnicity as part of this

Sarah Jones - Director of Nursing  
“Thank you so much for sharing this and all your hard work and taking this forward. I am very happy with the completion of the EDS form, it is great to hear about the co-production of this with young people”

Emily Carter - CAMHS Community Development Lead

“It’s a privilege to be able to sit and listen and they have been so open and shared what has often been quite negative experiences so openly. It’s been a really valuable learning experience”.



## DRIVER DIAGRAM



**Young people from black and brown communities are significantly underrepresented within CAMHS services.**

**We wanted to develop a theory of change model to begin to address this disparity.**

**Young people gave their views on what is needed to improve:**

**Community awareness**  
**Access**  
**Experience**  
**Outcomes**



**We had discussions around the four topic areas, which looked at the journey through CAMHS, from start to finish, and then thought of practical solutions to begin to address the issues raised.**



# DRIVER DIAGRAM COMMUNITY



CAMHS needs to know and understand the community it serves.

## Primary Drivers

Education

Information

Cultural Awareness

## Secondary Drivers

Education in community

Connect with existing services

Translated Resources

Advertising

Talk and listen to community members

Increase intergenerational awareness of mental health

Increase CAMHS staff knowledge of diverse communities

## Change Ideas

Mental health workshops in language that connects with community groups run by someone from the community-co produced with CAMHS

Using ESOL lessons in Barton Hill to advertise CAMHS

Letters and postcards in other languages- translate existing resources

Advertise in religious buildings/community centres- use QR codes

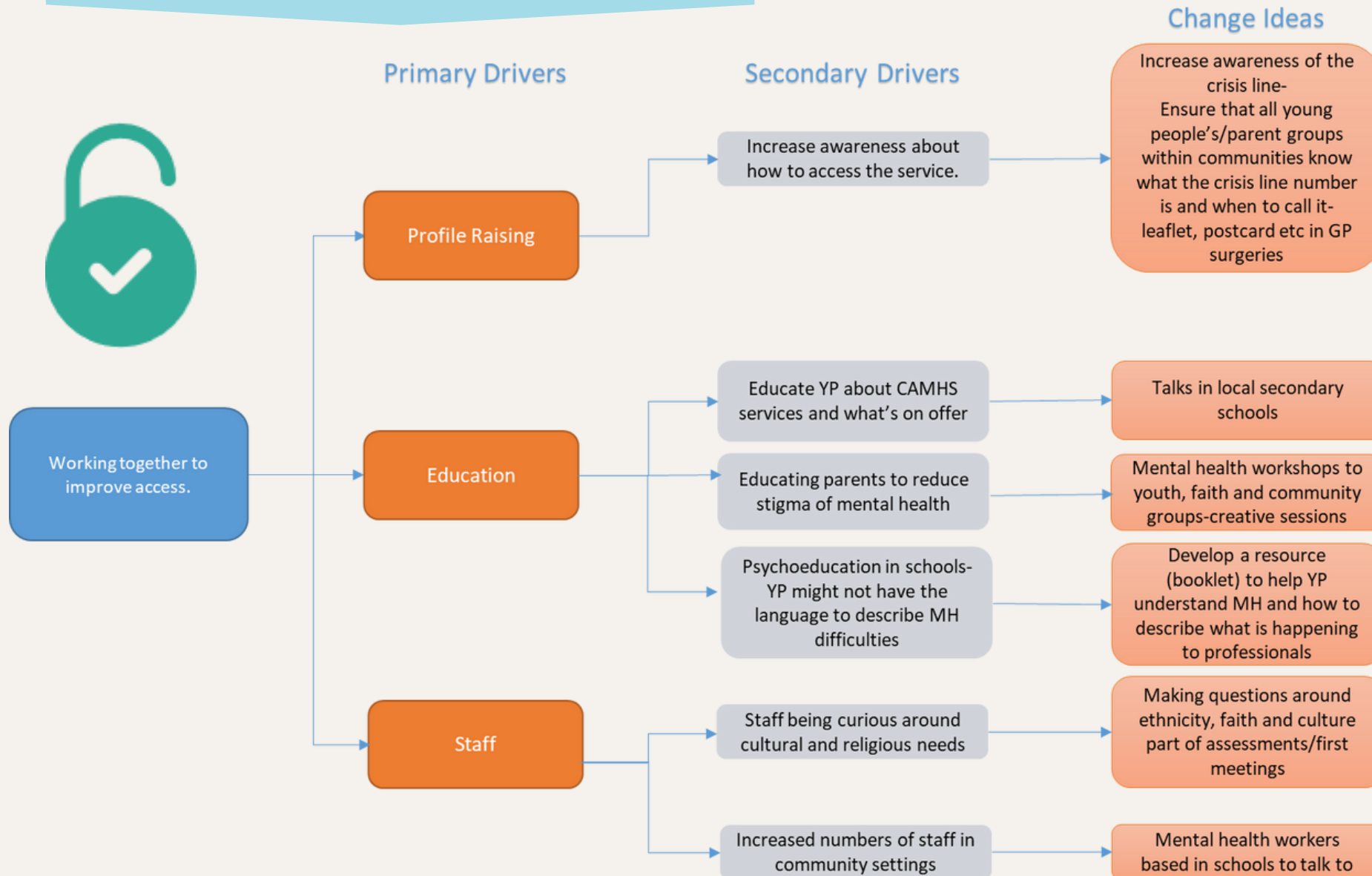
Meet existing community groups

Talk to community leaders about mental health

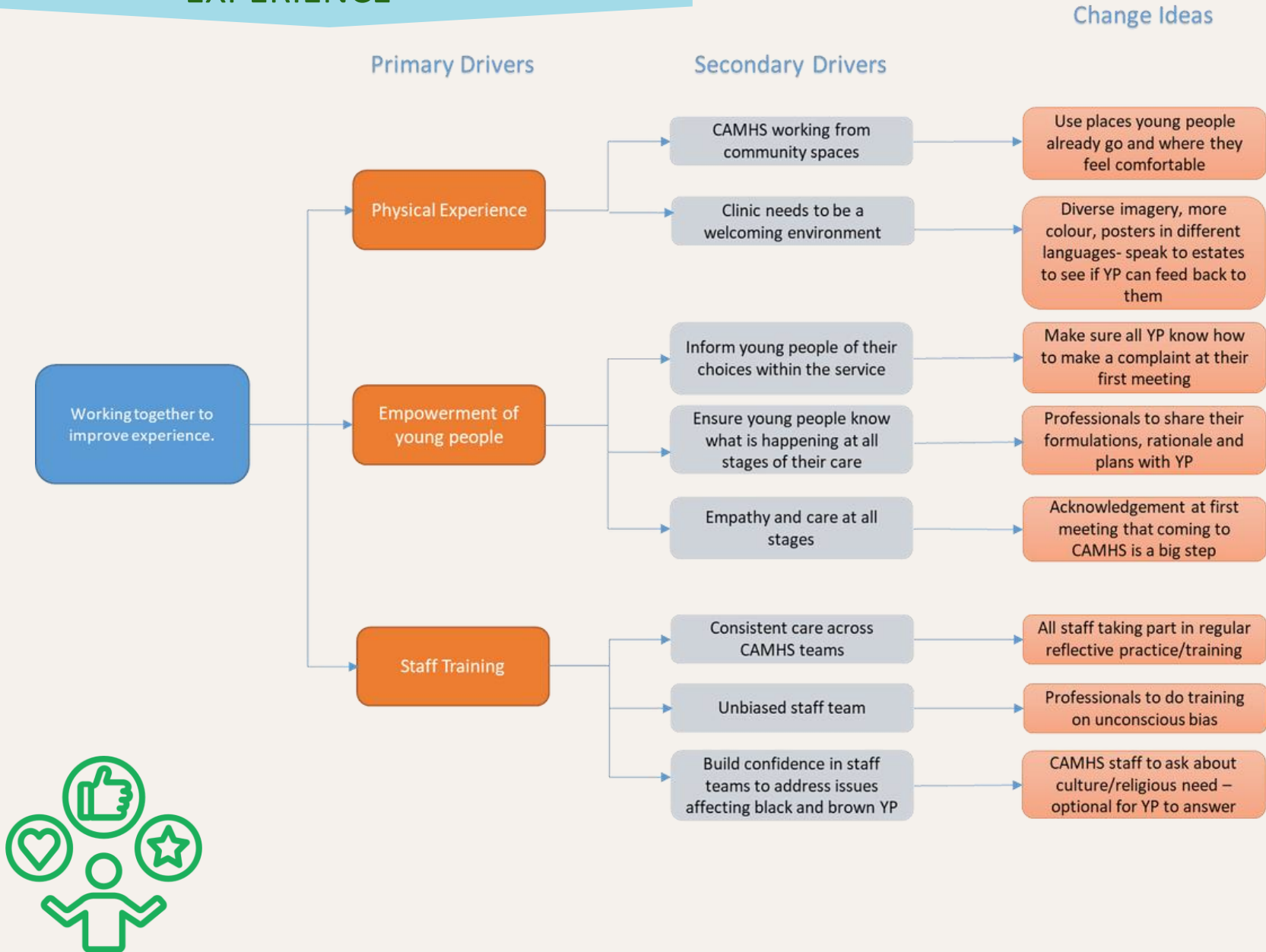
Cultural humility training

# DRIVER DIAGRAM

## ACCESS



# DRIVER DIAGRAM EXPERIENCE



# DRIVER DIAGRAM

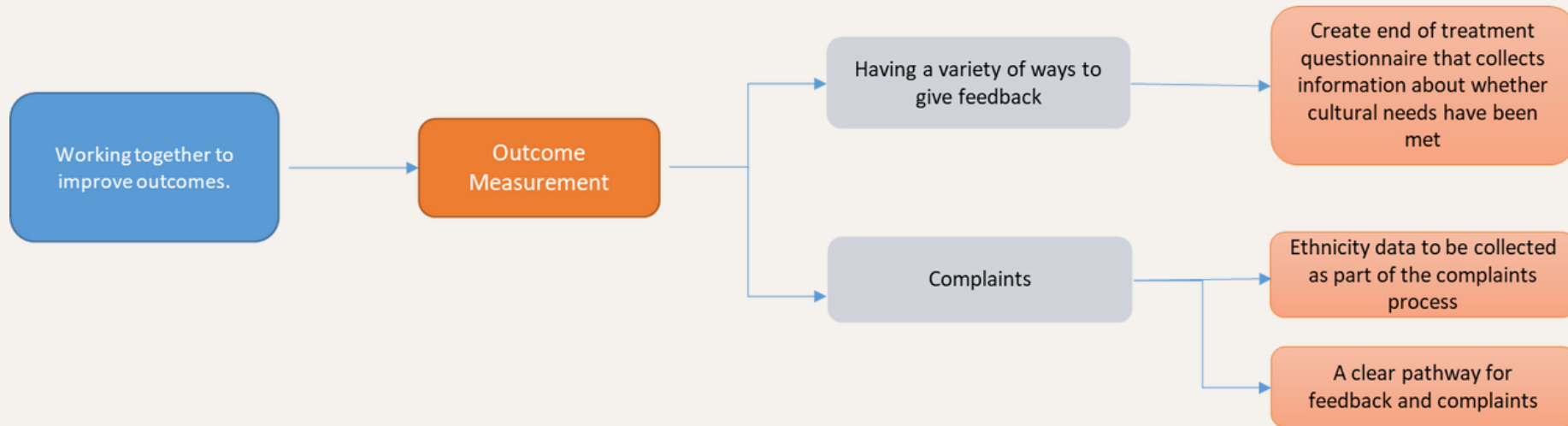
## OUTCOMES



Primary Drivers

Secondary Drivers

Change Ideas



# DRIVER DIAGRAM - STAFF SESSIONS

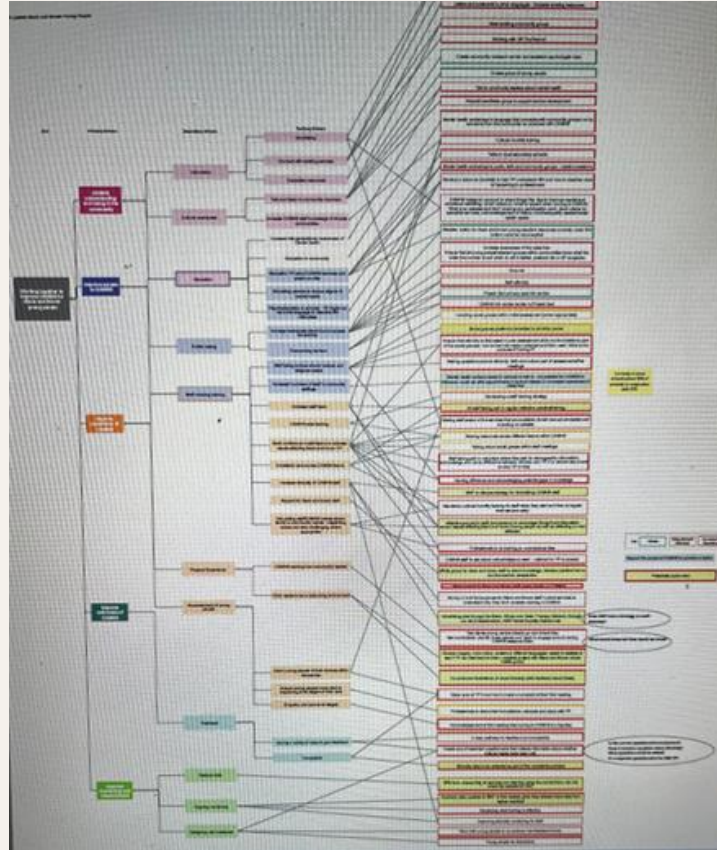
- Supported by Rosanna (AMHE)

Access **VS** Experience





# DRIVER DIAGRAM






# STAFF FOCUS GROUPS

- Aim: to understand staffs views on making CAMHS more accessible


- ★ Co delievered with young people
- ★ Provided space for two way dialogue between staff and young people

## Themes that emerged from the staff focus groups are:


- Staff
- Training
- CAMHS Culture
- Language
- External barriers
- Multiagency and community working
- Reflective Practice



“Is it possible to make CAMHS sessions more creative for young people?”



“How do we make CAMHS more accessible so young people don’t reach the stage of being sectioned in later life?”



We are taught not to speak about our feelings by our communities, how do you work to build trust so that young people will share?”

# Moving forward.... Black and Brown Minds Matter & CAMHS



- Recruitment/Diverse workforce
- Co designing Staff training
- Developing service materials
- Improving CAMHS spaces
- Ongoing review of CAMHS action plans
- EDS and Driver diagram
- Awareness raising film- filming April 24
- EID celebration
- film launch
- Generational project / (raising awareness of the difference in generational views) / Trauma project (raising awareness of what trauma is)

# moving forward....

- Affinity group for Black and Brown Staff
- Reflective groups
- Physical Environment - co-produced project with YP
- Advertising all CAMHS jobs through the Black, African and Asian Therapy Network, through our list of stakeholders, AWP Racial Equality Network etc.
- Social graces posters to be added to all clinic rooms
- Ethnicity data to be added to complaints
- Multi-faith/reflective space
- Update SPE Form
- Resources



“When working with the Black and Brown Minds Matter project; I feel so proud to freely embrace who I am! I feel so privileged to be able to be apart of change not just for my generation but generations of Black and Brown people to come. improving mental health services for them.”

“A lot of the time you can share your experience but nothing is done, it feels redundant- things don't change. with this work there is a journey to it which makes me feel glad and relieved”

“I enjoy working with CAMHS as i enjoy sharing ideas with others to make a difference for others”

## Young peoples experience of being part of the project

“I come from a predominantly white town so being part of the black and brown minds matter group and helping to improve services for us really makes me feel valued and my voice heard”

“i am able to have a voice in conversations to improve mental health services for black & brown young people. The activities we do in each session lead to sustainable action and support of CAMHS staff means our plans will lead to change in the future”

“I do feel valued and feel like my experiences are being heard not only by Cenzina but CAMHS staff, which is important to me as it makes me feel less alone and like I haven't gone thought all these things for nothing but able to make change for other young people.”

“I feel lucky & glad to have joined the project to help improve CAMHS as i feel heard”

# Evaluation 'Snapshot 2'

Laura-Louise Arundell

Senior Researcher and Developer

Leen Farouki

Research Assistant

This snapshot aims to describe a 'picture' of progress made by the **14 teams** involved in **Wave 2** of the collaborative **between December 2022- May 2023**





# Objectives of the evaluation

1. To **describe the organisations involved** in the AMHE QI collaborative, including overarching project teams and sub-teams
2. To **describe the aims developed and change ideas** tested across the collaborative
3. To **evaluate the implementation, impact and success** of the AMHE QI collaborative model



 #AMHE



# Organisations in the collaborative

**14 organisations** are included in this Snapshot (covering Dec 22- May 23):

## **NHS Trusts**

- Avon and Wiltshire Partnership NHS Trust
- Devon Partnership NHS Trust
- Herefordshire and Worcestershire Health and Care NHS Trust
- Norfolk and Suffolk NHS Foundation Trust
- Northamptonshire NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Somerset NHS Foundation Trust
- Southern Health and Social Care Trust (Northern Ireland).

## **Voluntary, community and social enterprises (VCSEs)**

- Livewell Southwest
- Mind in Croydon in partnership with Mind in Kingston
- Mind in Hampshire (Andover, Havant and East Hampshire, Solent)
- Mind in North Lincolnshire in partnership with Mind in North Staffordshire
- Mind in Tower Hamlets and Newham in partnership with Mind in Haringey
- Neath Port Talbot Mind (South Wales).



# Project team characteristics

The **total number of members** in each of the overarching project teams ranged from **4 to 17 members**

**10** was the **average number of team members** across teams

At the time of writing, QI coaches had not been given information on **4 roles across 3 (21%) teams**

**Two teams (14%) reported involvement of lived experience advisers or service user representatives in their team**

▪ The **structure and the different roles/professions** varied across teams. For example:

- Directors/Chief Executives
- Lived experience advisers
- Equality and diversity workers
- Managers
- Team administrators
- Unspecified roles

# Sub-team characteristics

Sub-teams were developed to allow for focus on **population subgroups** identified by the project teams.

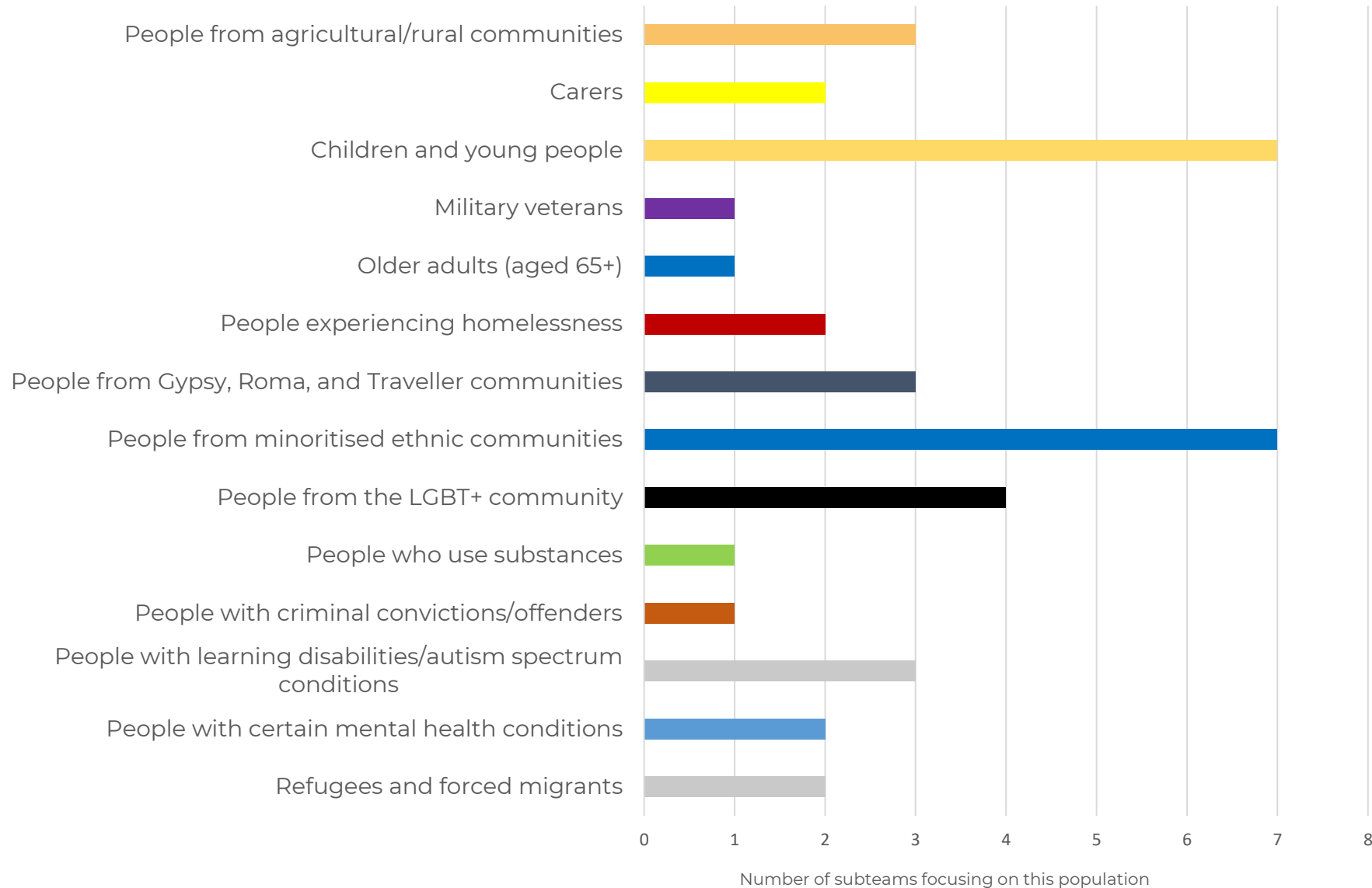
During the data collection time frame covered by Snapshot 2 (Dec 2022-May 2023):

Of the 14 project teams:

- 5 teams (36%) had identified **2 population subgroups**
- 8 teams (57%) had identified **3 population subgroups**
- 1 team had **not identified a population subgroup**.

**5 teams (36%)** had included a **lived experience adviser** in at least one of the population sub-groups

# Populations identified by teams



The graph illustrates **14 main population categories**.

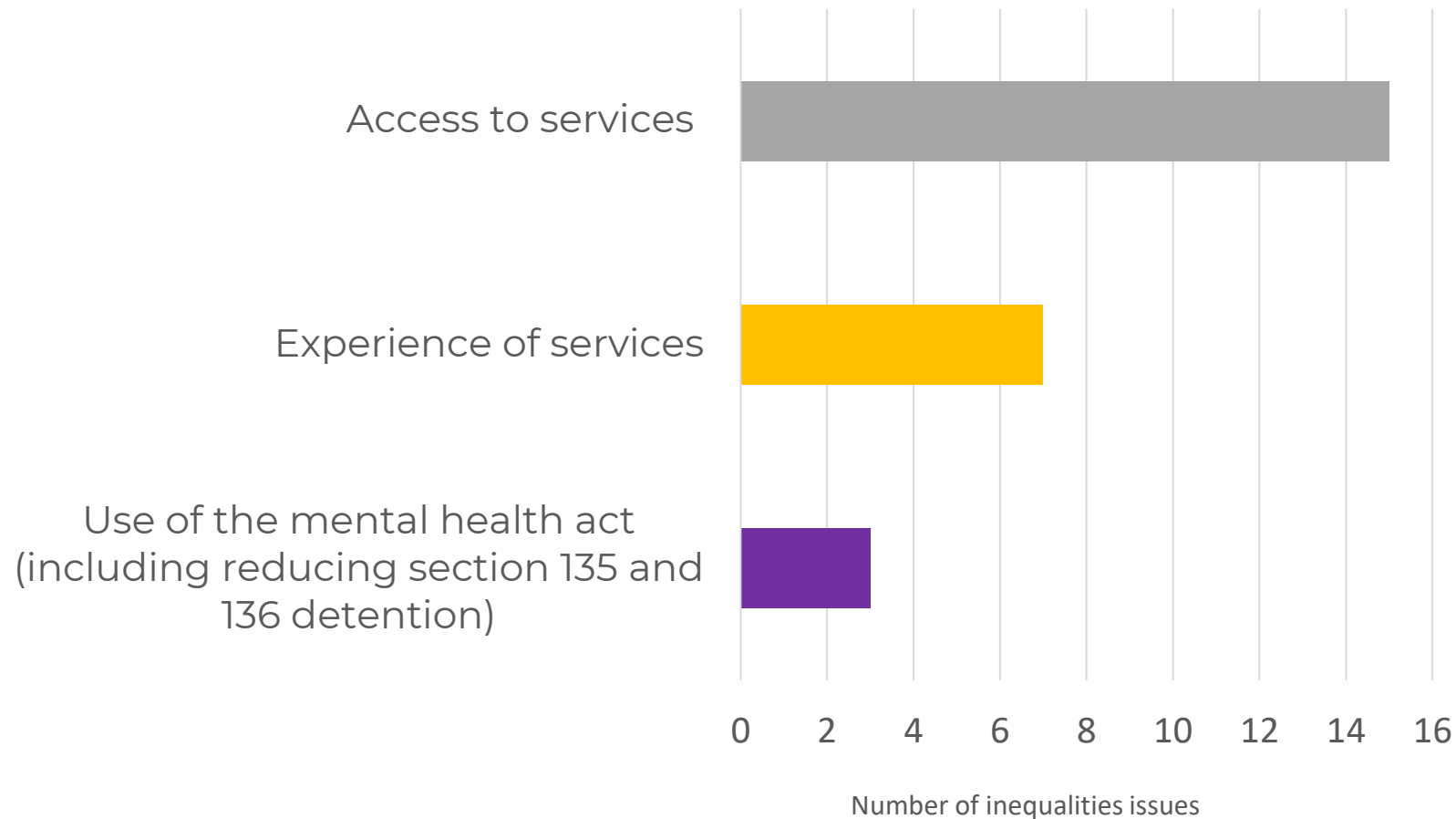
Some sub-teams cover multiple categories per population.

The **3 categories in which most of the populations were identified were:**

1. People from minoritised ethnic communities
2. Children and Young People
3. People from LGBTQ+ communities

# Inequalities issues identified

The graph shows the types of inequalities issues identified (these reflect the inequality issues impacting the populations identified in the previous slide)



The graph illustrates the **3 main categories** in which the inequalities issues were grouped and the number of inequalities per category

The **most common inequalities issues** identified were **access and experience of services**

# Anonymised examples from teams

Population identified by team	Identified inequality issue affecting population	
Adults from minoritised ethnic communities	Disproportionate use of restraint and the Mental Health Act	<p><b>The identified populations and inequality issues affecting them were used to pave the way for teams to make change – interventions, initiatives and strategies aimed at address these inequalities.</b></p> <p><b>Driver diagrams (analysed as part of Evaluation Snapshot 3 - in development) comprising aims, drivers and change ideas were used to do this.</b></p>
Muslim women of African and Asian heritage	Access to and engagement with mental health services	
Women military veterans	Access to veterans' services	
Men from the local Gypsy, Roma and Traveller community	Difficulty accessing services and poor experiences due to lack of cultural competence and discrimination	



 #AMHE

# Inequalities issues identified – Progress of Teams

During the data collection time frame covered by Snapshot 2 (Dec 2022-May 2023):

**11 teams (76%)** had specified 1 or 2 inequality issues

**2 teams (14%)** had specified inequality issues for all 3 identified populations

**3 teams (24%)** had not yet managed to specify an inequality issue for a population



 #AMHE

# How did teams explore the assets and needs within a population?

## Three-part data review

**Reviewing available data** to identify overall patterns that impact the chosen population

**1. Data review**

**Engaging with care teams/supporting services** to understand their perspective on the chosen population's greatest needs and assets

**2. Staff engagement**

**Engaging with service users/carers and community members** to understand their experience and perspective

**3. Community engagement**



 #AMHE





# Three-part data review – Progress of Teams

By May 2023:

## 1. Data review

- **4 teams (29%)** had **both identified 3 populations and started the data review** for these populations
- **8 teams (57%)** had started the data review for **all of the identified populations** even where they had not identified 3 populations yet
- **11 teams (79%)** had started to review data for **at least one** of their identified populations
- **3 teams (21%)** had **not managed to start the data review**

## 2. Staff engagement

- **1 team (7%)** had started engaging with staff working with **all 3 identified populations**
- **8 teams (57%)** had started engaging with staff working with **at least 1 identified population**
- **6 teams (42%)** had **not started engaging with staff** working with identified populations

## 3. Community engagement

- **1 team (7%)** had started community engagement for **all 3 identified populations**
- **10 teams (71%)** had started community engagement for **at least one** of the identified populations
- **4 teams (29%)** had **not started community engagement** for any of the identified populations

# Content analysis of Driver Diagrams (for Evaluation Snapshot 3 – currently in development)



The aims, primary drivers and change ideas of these driver diagrams will be 'coded' using a deductive approach.

The code types correspond to the co-developed Driver Diagram for the AMHE collaborative

To advance equality in mental health services and address the systemic inequalities that people face, by supporting those services to meet the needs of the populations they serve

Continuously knowing and understanding your population

Improving access through co-production

Improving experience through co-production

Improving outcomes through co-production

Talking with population and maintaining dialogue

Building meaningful relationships with communities

Understanding and improving population data

Organisational leadership to make changes according to the needs of the population

Making it as easy as possible to access services

Population knowing what support is available

Ensuring access routes are appropriate for communities

Culturally adapted and personalised patient-led care

Staff training and development

Delivering care collaboratively with community and voluntary sector

Asking people about their experience

Measurement of outcomes

Collaboratively agreed outcomes for the person

Continuous learning and improvement

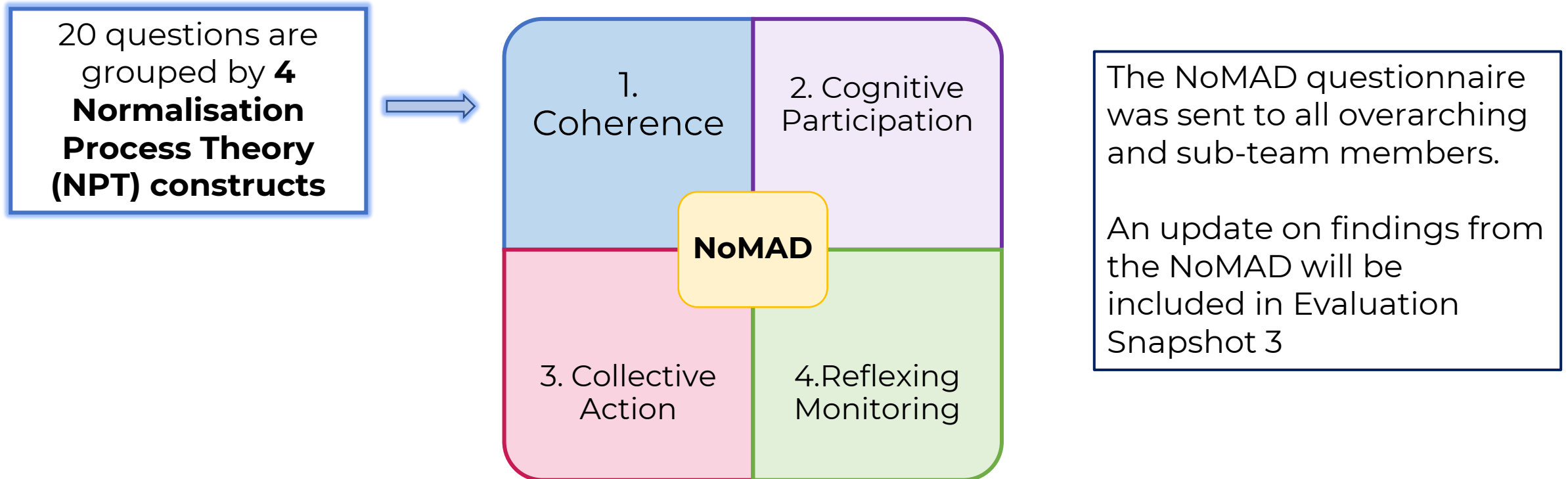
While some teams had started drafting Driver Diagrams by May 2023, most had not yet reached this point. Since this time, teams have made **great progress** with this.

We will report on the Driver Diagrams in **Evaluation Snapshot 3 (covering June 2023-Feb 2024)**

# NoMAD Questionnaire

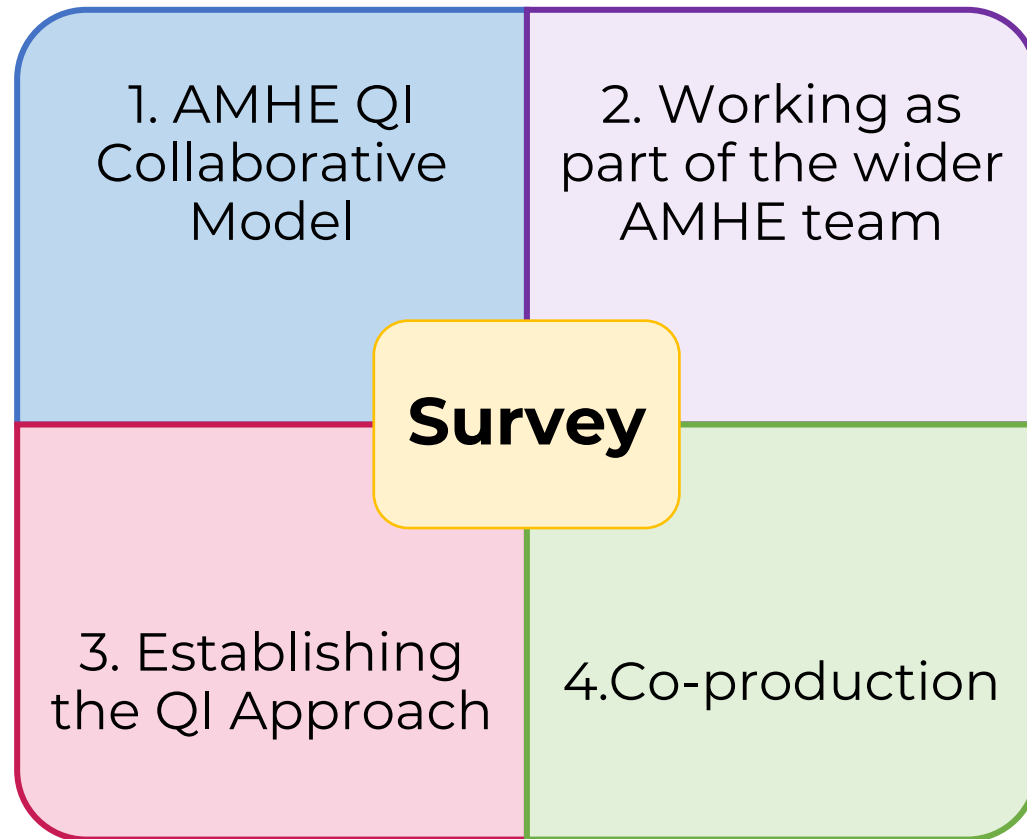
The **Normalisation Measure Development Questionnaire (NoMAD)** is a validated research measure based on the Normalisation Process Theory (NPT).

The questionnaire has been adapted for the AMHE QI Collaborative and **aims to assess how staff implement AMHE into their everyday work and how they are supported to implement it.**



# AMHE evaluation Survey

A 16-question survey was created by NCCMH researchers to **collect information about what has gone well as well as challenges experienced** by the teams across 4 main areas:



The survey was sent to all overarching and sub-team members.

An update on findings from the Survey will be included in Evaluation Snapshot 3.

# MUSIQ tool

**The Model for Understanding Success in Quality (MUSIQ) tool** is a **validated measure** which explores how contextual factors influence the implementation of quality improvement, in this case the AMHE QI Collaborative

Adaptations to the original tool were made by the team to suit the purposes of the AMHE QI Collaborative

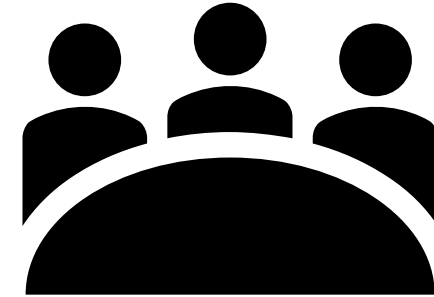
**Project leads completed the tool with their QI coach**

An update on findings from completed MUSIQ Tools will be included in Evaluation Snapshot 3.

# **Focus Groups** (for Evaluation Snapshot 3 – currently in development)

Two separate focus groups with:

- a) Project Team members**
- b) QI coaches**



Co-designed and co-facilitated with lived experience advisers. We will explore questions including (but not limited to):

- What factors do participants feel contributed to the success of the programme?
- What were the challenges of the AMHE QI collaborative model?
- What new approaches were used?
- How was co-production embedded in the work conducted by the teams?
- How could the AMHE approach be improved going forward?
- What impact did Learning Events have?



# Capturing your team stories:

*Helping you tell your own stories, experiences and share your success in meaningful, creative ways.*

**1) IDENTIFY**



**2) DESIGN**



**4) EVALUATE**



**3) DELIVER**



# What makes a good story?



1. Understand your audience

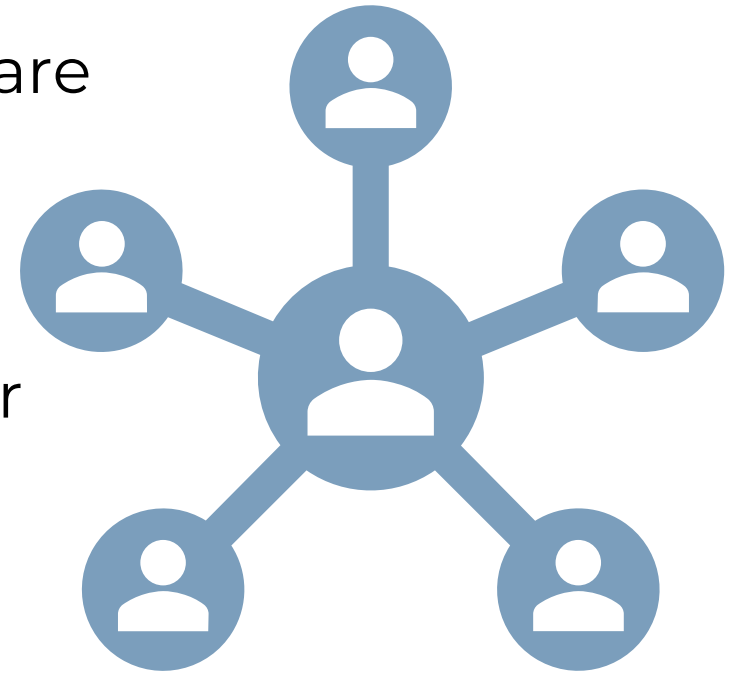
2. Use a structure

3. Include emotion

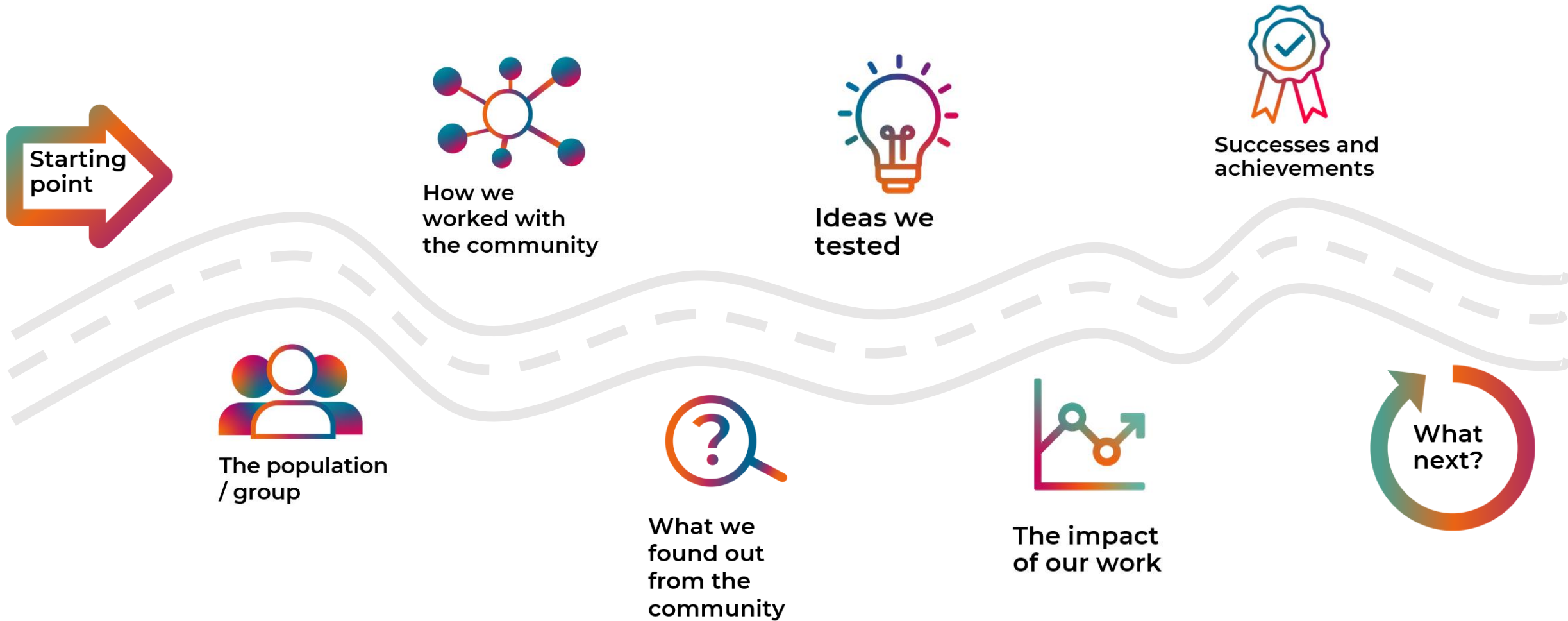


# Who is your audience?

- Think about places and groups you want to share your story with
- What is the purpose of sharing your story
- Do not presume other people know about your population, your local area, your service



# Use a structure – what do you want to share?



# Include emotion in your story

The power of your story will come from the changes you are seeing in your work and how people are feeling.

## Think about...

What challenges have you faced?

Were you able to overcome them?

What changes have you seen?

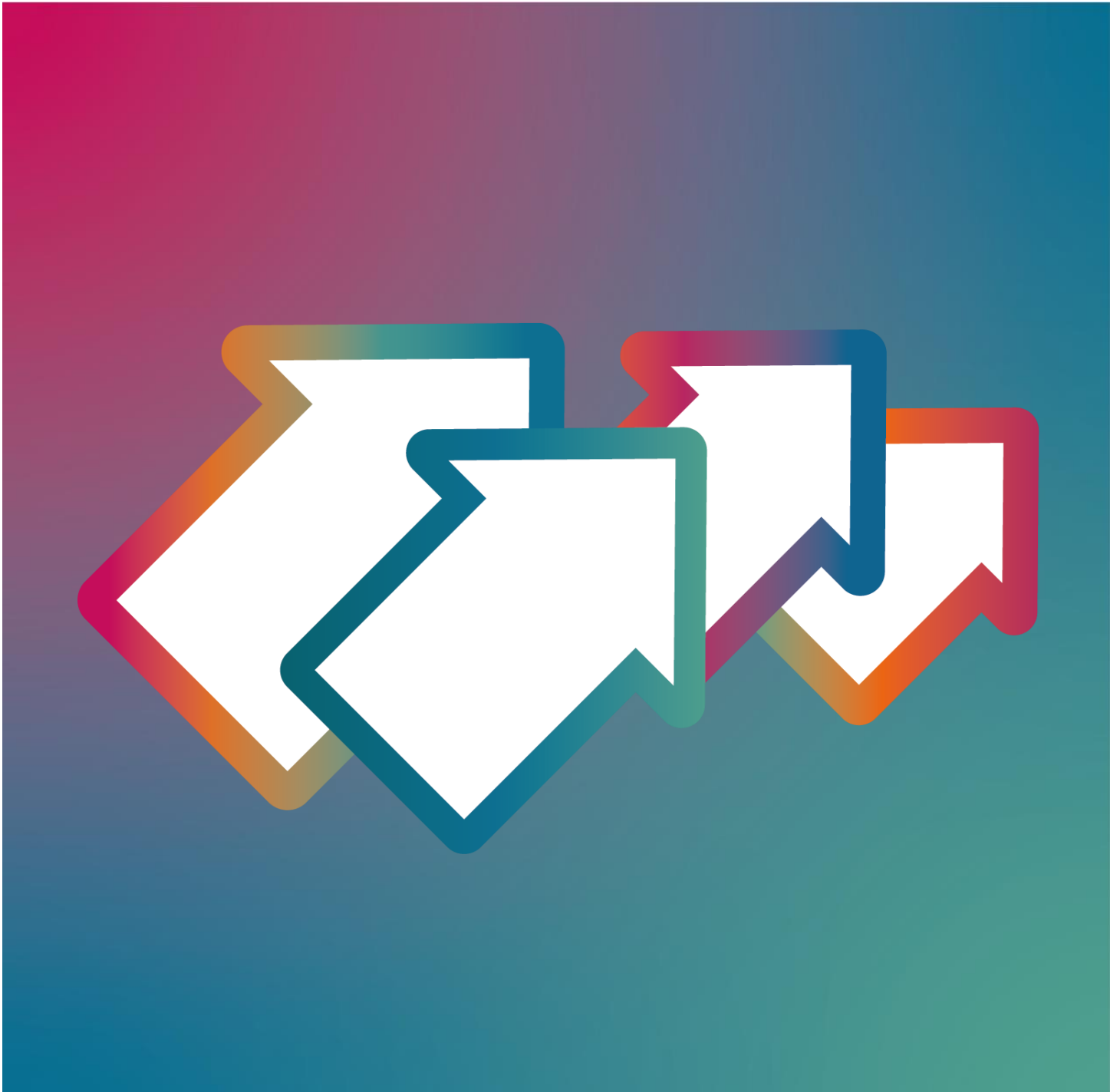
What was unexpected?

What are you proud of?

What is the impact on others?



# Feedback, next steps and close



# We value your feedback!

- We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.
- Please use the QR displayed here, or the paper copies on your tables.

