Access to Oxleas’ mental health services by Black and Minority Ethnic (BME) communities in Bexley, Bromley and Greenwich

Noted as indicator 3.2 of the 2011/12 Commissioning for Quality & Innovation Scheme (CQUIN) agreement between Oxleas NHS Foundation Trust and the Mental Health Commissioning representatives of Bromley, Bexley & Greenwich

Report date: April 2012

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Dr Christine Rivers – Equality & Diversity Advisor
Morayo Adebowale – Oxleas Work Experience Volunteer

**BME CQUIN Project Steering Group**

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Project Role/area of expertise</th>
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<tbody>
<tr>
<td>Dr Christine Rivers</td>
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<td>Project Clinical Lead: Equality &amp; Diversity</td>
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<td>Dr Ify Okocha</td>
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<td>Quality &amp; Audit Manager</td>
<td>Project Manager</td>
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<tr>
<td>Julian Frederick</td>
<td>Senior community development work</td>
<td>Project Support: liaison expertise with Oxleas &amp; communities</td>
</tr>
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</tr>
<tr>
<td>Loretta Cox</td>
<td>Quality &amp; Audit Facilitator</td>
<td>Project Support: project management</td>
</tr>
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</tr>
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</tr>
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<td>Trelawney Shaw</td>
<td>PA, Quality &amp; Audit Team</td>
<td>Meeting co-ordination</td>
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With special thanks to all the people who gave up their time to share their personal thoughts and experiences.
1. Executive Summary

As part of the 2011/12 CQUIN contract, Oxleas agreed to undertake a 2-part project examining the reported higher acute inpatient admission rates for patients from BME populations compared to white-British patients and their over-representation in mental health services generally (London Health Observatory).

The aim of this project was to consult a range of local BME service users, carers and the wider community through a series of focus group discussions and to hear of their experiences and gain insight into the issues and challenges they may face when accessing mental health services.

A total of 4 focus groups were convened to discuss access to local mental health services and support. There was one for each of the boroughs of Bromley, Bexley and Greenwich and a fourth for forensic services.

Greenwich

The Greenwich meeting was held with an existing group called the Oji group. This group consists of 15 long term Oxleas service users who shared their experience of mental health services in the borough.

Summary of key issues
- BME staff involved in their care, not meeting their cultural needs
- Concerns about the level of non-medical treatments (including psychological therapy / talking treatments) offered/available to BME service users.
- Paucity of support to manage the impact of being on long-term medications, particularly side effects where service users are on depot injections
- Limited recognition that spiritual matters are really important and form part of individuals’ coping strategies.
- Experience of racism, both as victims and witnesses to racial abuse

Bexley

The Bexley meeting was held with the local Asian-Indian community: male (32 participants) and female (94 participants) whose views were sought separately. Discussions were in Punjabi and then translated into English. The closure of the Humrahi Service (that lost its funding in 2011) seemed to preoccupy members.

Summary of key issues:
- The groups had a good sense of different forms of mental illness and how life events can affect mental well-being. However, they may not always seek help from a doctor for such issues.
- The need for a one stop community centre to replace the lost service. This would provide a drop-in facility and give easy access to support and advice. Examples the group gave included physical health checks as well as mental health services, welfare rights and signposting to other services using their own language.
o Separate gender specific groups, as past experiences and differences were considered important.

o Language barrier posed a challenge for potential service users and their carers and a view that employment of Punjabi speaking staff may better address language needs than the use of interpreting and translation services.

o Support the community to develop their own services to address their community needs.

Bromley
The Bromley meeting was held with 10 members of the Somali Well Women Project (SWWP). The discussion was held in Penge in Somali and then translated in to English and was facilitated by the Oxleas CDWs.

Summary of key issues:

o The community rely heavily on family and the community for support as obtained in Somalia. The SWWP leads were usually the first point of contact for assistance.

o There are high levels of community awareness about life-triggers that result in mental health problems (post-natal period, bereavement etc) and a strong tradition of community intervention to support such individuals.

o Concerns about difficulties faced accessing health services, particularly primary care and the lack of appropriate interpreter services available.

o Limited awareness of local mental health services and of Oxleas as a local healthcare provider.

o The limited use of leaflets even in their local language with a stronger preference for ‘Word of Mouth’ as the most effective way to communicate with the community.

o They highlighted frustrations with agencies who consulting them, and then don't make changes.

Forensic
Nearly 40% of forensic inpatients are recorded as having a Black African, Caribbean, other Black or mixed White/Black background. The ‘Bun and Cheese’ group (which meets fortnightly) was used for the discussion. 10 members attended the focus group, facilitated by the Oxleas CDW.

There were some difficulties in discussing the issues raised by these service users in a group setting. The key issue raised was:

Equality of access to information prior to contact with forensic services. The group did not feel they had the same access as other service users in the following areas: explanations and understanding of mental illness; what to do and where to go for assistance from services and agencies before a person faces a crisis; treatment options and alternatives; and information for families to optimise support.
**Recommendations** (from both 3.1 & 3.2)

- Disseminate report findings across the Trust
- Continue to develop existing community development programme of engagement with BME community groups and raise Oxleas’ local profile
- Increase levels of cultural awareness of Oxleas staff, to enable improved levels of interaction with BME service users and their carers
- Continue liaison work with BME communities not included in the 2011/12 CQUIN project
- Ensure mechanisms for capturing service users’ gender preferences regarding interpreters are being fully utilised
- Continue with regular review of medication regimes to ensure that detrimental side effects are identified and addressed for longer-term BME service users
- Improve information and access to alternative treatments to medication
- Undertake further work to inform service improvement and development to reduce admission through criminal justice system and formal admissions

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**2. Introduction**

Oxleas NHS Foundation Trust is currently commissioned to provide mental healthcare services to approximately ¾ million people in the boroughs of Bromley, Bexley and Greenwich in South East London. In addition it also provides specialist forensic mental health services for Lewisham and other boroughs upon request.

The boroughs remain widely diverse in their local demographics with notable variations across areas such as age, socio-economic prosperity and ethnicity. Based on 2007 Office of National Statistics estimates, these areas of SE London had approximately 20% (Bexley), 21% (Bromley) and nearly 35% (Greenwich) of the local population from an ethnic group other than White-British (with significant variation locally as to which BME groups reside in which borough). The combined BME population across the three Boroughs totals around 300,000 (ONS 2007).

As part of the 2011/12 CQUIN contract funding agreements, it was agreed that Oxleas would undertake a local 2-part project in response to analysis undertaken by the London Health Observatory and other health analysts. This analysis noted the higher admission rates for patients from BME populations to acute in-patient units than their white-British counterparts, and an over-representation in mental health services generally.

This project will be run alongside and with reference to point 3.1 of the 2011/12 CQUIN indicator ‘A case-note review of acute in-patients admitted to Oxleas services from Black and Minority Ethnic communities and their pathways into acute services’. This allowed Oxleas to gain an organisational insight and understanding into the local issues, trends and circumstances for patients from BME populations in the immediate run-up to their admission to acute in-patient services.
The aim of this project component was to liaise with a range of local BME service users, carers and the wider community via a series of focus group discussions. Also, to hear personal experiences of the issues and challenges these populations face when accessing mental health services in South East London.

Each part of the BME CQUIN indicators equates to 10% of the total CQUIN monies for the year (each part having a value of £155,233.80).

3. Aim/Objectives

- To gain meaningful insight about access to local mental health services by current service users, carers and wider BME communities using borough-based and forensic focus group sessions.

- To ensure that all relevant individuals and groups both within Oxleas and the wider local mental health service provider community are aware and supportive of this work (and directly involved where appropriate) so that any resulting recommendations and action plans are anticipated and effectively implemented.

- To inform future service planning by discussing the issues and barriers that may currently inhibit access to, and reduce support from, Oxleas mental health services.

4. Methodology

It was agreed for the purposes of this project that a total of 4 focus groups should be convened with the discussion emphasis being upon access to local mental health services and support.

One was planned for each of the boroughs of Bromley, Bexley and Greenwich, with an additional one for forensic services. In order to obtain a range of opinion and experience, it was felt that each of these groups should be made as distinct as possible. The groups were recruited in the following ways:

**Greenwich: (discussion date: 17th November 2011)**

African and African Caribbean communities comprise nearly 13% of Greenwich’s local population and remain the most represented minority groups within Greenwich adult mental health services. It was therefore felt most appropriate to form this focus group via an existing support group comprising of predominantly male African and Caribbean long-term Oxleas mental health service users. The **Oji group** (‘Oji’ being a Nigerian term for friendship) is a drop-in facility that meets weekly and is run by Oxleas Community Development Workers (CDW) in conjunction with Family Health Isis (a community organisation based in Lewisham whose objective is to provide an African Caribbean Mental Health centre to meet the needs of African/African Caribbean people with mental health problems). This focus group discussion was convened and facilitated by the Oxleas Senior Community Development Worker, Juliana Frederick.
Bexley: (discussion date: 25th January 2012)
The Asian-Indian community makes up approximately 2.7% of the Bexley population, yet this group is consistently under-represented in Oxleas service user numbers; not just in Bexley but across all 3 local boroughs.

Plans for this discussion were originally aimed at approaching the local Humrahi Project. This group provided day services for the Bexley Asian community, including a drop-in service offering support, advice and social contact for Asian people experiencing mental health problems and their families. Unfortunately, due to Trust funding constraints, this service was closed on 30th September 2011. A local external facilitator (Balvinder Mann) with strong links to the local Gudwara (temple) was recruited to convene and run these discussions, with support from Oxleas staff. It was felt preferable for this community for two groups to be run to seek male and female views separately, as it was anticipated by the participants that they would have distinct views from each other. The group discussions were held at the site of the Belvedere Gudwara in Erith and discussions were in Punjabi.

Bromley (discussion date: 27th January 2012)
The borough of Bromley has relatively low levels of ethnic diversity, the largest ethnic group after White British being ‘White Other’ (which in itself remains a diverse category.) One local community we did attempt to liaise with was the local travellers via the liaison worker based in Bromley council. However whilst the community was not adverse in principle to talk to us, it was felt that a focus group would be inappropriate primarily due to individuals being reluctant to divulge any service use publicly. It was suggested that perhaps a drop-in day at a neutral location would be preferable in terms of seeking opinions. Whilst several conversations took place around the logistics of making this method work, it was felt that the time constraints associated with delivering this project could not accommodate organising this and ensuring uptake from the travellers. It is clear that with more time available relationships could be built which would further encourage involvement by members of this particular community group. Having made this vital connection into this historically closed community, however, it is hoped that further liaison will develop beyond the confines of the CQUIN project.

In addition to this work, we contacted and met the Ethnic Communities Programme Manager in Bromley, Lulu Pearce, and highlighted the objectives of the project. Lulu suggested that there were two potential communities that may be suitable to speak to for this consultation: a Somali Women’s group based in Penge and a Chinese group. Following further discussion it was agreed that the ‘Somali Well Women Project’ should be approached, and a meeting with the project lead was convened. The lead advised that the group would best work with a small group of women, held in Somali and translated in to English for the purposes of note-taking, and should be held at the group’s venue. The Senior Community Development Worker at Oxleas agreed to facilitate the discussion. Whilst it was not possible to also speak to the Chinese group within the time frames of the CQUIN project, it is hope that similar work will take place in the forthcoming year with this community.
Forensic (discussion date: 17th February 2012)

The Bracton Centre is a medium secure unit comprising of 6 wards for service users who require specialist mental health services for forensic or challenging behaviour. At present there are 27 residents who are recorded as having a Black African, Caribbean or other Black background, with a further 4 recorded as having a mixed White/Black background. This comprises a total of 33% of the total number of individuals currently residing at the unit. (Source: Oxleas’ Forensic Data Quality Report: February 2012)

The ‘Bun and Cheese’ group was established in 2010 for African and Caribbean service users and meets fortnightly at the Bracton Centre. The group is run by Family Health ISIS (as noted above in the Greenwich group). The group provides a space for the Black African and Caribbean residents to discuss issues of importance to them and share a meal. Following some preparatory visits to the Bun and Cheese session in the previous weeks, the focus group discussion was convened and facilitated by the Oxleas Senior Community Development Worker, Juliana Frederick and the Community Development worker Janice Williamson.

Discussion questions and data collection

A project steering group of key Oxleas staff (see page 2 for membership) was convened to inform and guide this work. Following some background research, a set of questions were developed. Following each group this original set of questions was then reviewed, amended and edited at subsequent meetings. These amendments were accepted according to two key considerations: the degree to which they elicited honest and insightful opinions, and the nature of the group participating in each discussion. A copy of each set of focus group questions can be found in the appendices.

In order to ensure that group participants could put forward views openly, yet confidentially, the project steering group felt it appropriate that individual identities of participants should not be recorded. However it was decided that a basic profile of each group including the numbers of participants, their age range, gender and residential localities in addition to their ethnic background would be recorded, as this information would be useful when reviewing and analyzing the opinions given.

Following discussions with potential participants, it was agreed by the steering group that no electronic recording equipment would be used. Instead key discussion points were, where necessary, translated and then recorded on paper by scribes (there to support the facilitator). It was agreed with each group that the facilitator would return at a later date to feedback on the outcomes of these discussions.
5. Caveat

As noted above, in order to ensure group frankness and confidentiality, electronic equipment was not used in the recording of these discussions, and key discussion points were captured via scribes. Therefore, only the main discussion points were recorded and have been presented. Using this methodology means that there is scope for some of the more minor, but potentially key, discussion points being lost. In addition, two of the groups were held in languages other than English (Punjabi and Somali) and then translated. This again may mean that some of the subtleties of the participants’ discussions may not be fully reflected.

6. Results

Focus group 1: Oji Drop-in Service, Discussion date: 14th November 2011

The Focus Group was conducted at the Oji Drop-in Service which takes place every Monday from 11.00am to 4.00pm at the Trinity Community Centre, Burrage Road, Plumstead SE10.

The African and African Caribbean communities remain the most represented minority groups within Greenwich adult mental health services and, in recognition of this, the CDW service have, in partnership with Family Health Isis (an African Caribbean mental health service in Lewisham), successfully developed the OJI Drop-In Service.

This is a drop-in facility aimed specifically at African and Caribbean service users and currently enjoys an average attendance of between 8-12 members. The group is aimed at recovery, and has a range of activity for members including speakers and workshop facilitators on subjects such as employment and volunteering opportunities/ training and motivational briefings, art workshops, outings and creative writing sessions. A subsidised lunch is provided. Referrals to the drop-in are accepted from professionals, (care co-ordinators, social workers, occupational therapists, employment advisors etc); family members or self referrals.

The individuals who took part in this focus group have been known to Oxleas for some time, and live in the community.

Participants at the drop-in are referred to as members (not clients or service users) and this will be maintained in this report.

Demographic information for the focus group

A total of 15 Members took part in the focus group

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
<td>Male</td>
<td>13</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
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<table>
<thead>
<tr>
<th>Cultural Background</th>
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<tbody>
<tr>
<td>West Africa</td>
<td>12</td>
</tr>
<tr>
<td>Caribbean</td>
<td>3</td>
</tr>
</tbody>
</table>
Age range  35 years - 65 years

Residential area of borough
- Plumstead  5
- Charlton  4
- Woolwich  6

Involvement of carers
- 3 Members had family who supported them
- 1 member living in supported accommodation

Key Themes of Discussion points (please refer to Appendix 1)

Awareness perceptions of Mental Health in local community
- Fear of the words ‘Mental Health’
- Not much known in the community about mental health and real fear and stigma attached to mental illness
- Not sure what mental illness was
- Nothing known about OXLEAS

Circumstances in lead up to contact with Oxleas
- GP was the first port of contact for 2 clients after confiding in other people first
- 2 members had interventions from social workers who made referrals to secondary services
- 2 members had carers (parents/husband) contacting services on their behalf
- 7 members (6 male and 1 female) had police involvement in their initial contact with Oxleas, all were sectioned under the Mental Health Act

Contact with OXLEAS (acute phase)
- Main treatment options offered was medication (including injections)
- Information provided was not easy to follow
- ECT was administered to one member
- Many members subject to sections of the MHA described this as difficult for them

Cultural Needs
- Many members felt that their cultural needs were not adequately met. For example, there was little understanding of their issues or how things impact on them in spite of Oxleas having a good number of black staff
- Cleaning staff on the wards are predominantly Black and they interacted really well with members
- In another example a member asked for a doctor/consultant who spoke their native language, this need was met.

Religion
- More needs to be done to promote religious beliefs of patients and the connection with illness
- Pastors are allowed to visit on a one to one basis, but sometimes patients are not allowed to leave the wards to attend church

Safety on the wards
- Mixed gender areas leave people open / vulnerable to assault
- Every effort should be made to ensure the wards are safe and free of violence
Activities on the ward
The following is a list of the types of activities that members feel would be beneficial whilst on the ward:
- Pottery
- Creative writing
- Art
- Karaoke
- Music – learning to play instruments
- Motivational talks / conversations to inspire patients

Ongoing contact with Oxleas (community)
During the bad times what do you do?
- Pray and read the Bible
- Read self help books
- Take time out/ take a break
- Draw /Art
- See CPN / Worker
- Go to see GP
- Try and stay away from bad influences (alcohol)

Who do you get support from?
- Family members
- Oji drop in staff
- GP
- Regular appointments with psychiatrists and workers

Experience of racism in your dealings with Oxleas
- When patients are being racially abusive - there does not appear to be any action taken against them. Not action that is obvious to the other patients on the ward at the time

Final Thoughts from the Group
- Redefine the meaning of recovery because members do not feel that the currently model applies to them or is successful from their point of view
- More updates around organisational changes / financial situation and how these will impact upon the members
- More than one day for Oji Drop-in. More provision of services which is designed to be a safe space for members and where they can be inspired to be the best that they can be
- Less cuts to organisations where there are people who are culturally sensitive and appropriate
- Other treatments need to be offered to Black Africans and Black Caribbean clients – not just medication
- Would be refreshing to see more faces of colour attached to the top of Oxleas and the NHS generally

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**Focus group 2: Bexley Asian (Indian) Community Group, Discussion date: 25th January 2012**

These focus groups took place on Wednesday 25th January 2012 at the Gudwara in Erith. The groundwork for the focus groups was completed by Balvinder Mann. Following discussions, it was clear there should be two focus groups organised according to gender. Therefore a men’s group and women’s group were held. In all, 126 people participated in the discussions. Discussions were held in Punjabi with English translations.

**Demographic information for the focus group**
A total of **126 people** took part in the focus groups

**Gender**
- Male: 32
- Female: 94

**Cultural Background**
- Male: Predominantly first generation Indian immigrants, long-term (some 50 years +) residents in UK. The first language for most of the group was Punjabi and most were of Sikh faith.
- Female: Diverse range of first and second generation long-term residents of UK. As with the male group, the first language for most was Punjabi and most were of Sikh faith.

**Age range**
- Male: 40 years + (with majority of group older than 60)
- Female: Broad range with all adult age groups represented.

**Residential area of Borough**
Residents in borough of Bexley

**Key Themes of Discussion points** (please refer to Appendix 2 for Bexley questions)

<table>
<thead>
<tr>
<th>Men’s Focus Group</th>
<th>Women’s Focus Group</th>
</tr>
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<tbody>
<tr>
<td><strong>What is your understanding of Mental Health?</strong></td>
<td><strong>Threats and worries</strong></td>
</tr>
<tr>
<td>• Depression</td>
<td>• Isolation</td>
</tr>
<tr>
<td>• Loneliness</td>
<td>• Agoraphobia</td>
</tr>
<tr>
<td>• Fear of how I will manage with no support</td>
<td>• Depression *</td>
</tr>
<tr>
<td>• Fear of losing cultural values</td>
<td>• Illness</td>
</tr>
<tr>
<td>• Lack of community services causes isolation and depression</td>
<td>• Sadness</td>
</tr>
<tr>
<td>• Unable to express themselves due to the language barrier</td>
<td>• Physical illness</td>
</tr>
<tr>
<td>• Lack of knowledge and awareness about mental health</td>
<td>• Family problems</td>
</tr>
<tr>
<td>• Sit and worry</td>
<td>• Bereavement</td>
</tr>
</tbody>
</table>

**Possible solutions**
- Education needed
- Family problems
- Sleep problems
- Panic attacks
**Where do you go when there is an issue of this nature?**

- Friends
- Don’t know where to go
- Fear of being labelled ‘mad’
- Traditional values of keeping things at home
- Men having the responsibility of running/providing for your home and not wanting to show that you can’t cope.
- Fear of contacting GP (drugs, being labelled and ruining your medical record)

**Possible solutions**

- Would like a place to go and talk about our problems. Were there is confidentiality and trust.
- Somewhere were language and cultural needs are met
- Would like a place that is just community based (older generation)

**Has anyone you know ever needed help with their mental health?**

- Have experienced mental health, accessed counselling but it did not help. Now on medication.
- People that have mental health issues due to not having anywhere to go have ended up taking drugs and alcohol (which they want to avoid).
- Had an impact on family members. No support.
- Always kept within the family walls (in regards to shame and honour)
- Since advocacy service closed they’ve experienced difficulty. It’s had a major impact within the community.

**Where do they go to receive support?**

- GP offered counselling. It didn’t work and went onto medication which works.
- In the past there was a centre but it was not well equipped and community needs were not met.

**Possible solutions**

- Men’s groups should be separate due to past experience and differences
- Meet at the temple

**What was the response and how did they find it?**

- GP was understanding
- Family felt powerless
- Previous community services were not trained or equipped in regards to mental health
- Issues with a language barrier

**Possible solutions**

- Community centre
- Service users are experiencing isolation and mental health is deteriorating since HUMRAHI group closed
- Through GP
- Received counselling in English which was not beneficial
- Counselling only benefit those who speak English.

- Issues with a language barrier
- Further knowledge and awareness regarding mental health for community members and professionals
- More learning, workshops and groups in chosen languages
- Professionals to give you more time to talk in chosen language
<table>
<thead>
<tr>
<th>Men's Focus Group</th>
<th>Women's Focus Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What would you like to see in place to make it easier for you and your loved ones to access help?</strong></td>
<td></td>
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<tr>
<td>• Awareness and training</td>
<td>• Support with language barrier</td>
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<tr>
<td>• A place to access information</td>
<td>• Further knowledge and awareness regarding mental health for community members and professionals</td>
</tr>
<tr>
<td>• A counsellor / counselling service (language)</td>
<td>• More learning, workshops and groups in chosen languages</td>
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<tr>
<td>• Advocacy for help with paper work and advice on benefits and support</td>
<td>• Professionals to give you more time to talk in chosen language</td>
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<tr>
<td>• The facilities available at the temple – community based to celebrate traditional / cultural events and religious</td>
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<tr>
<td>• Exercise classes / Yoga</td>
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<td>• Outings (with transport provided)</td>
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<tr>
<td><strong>With the following facilities the community feel it will help their mental health:</strong></td>
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</tr>
<tr>
<td>• More activities for young people and elderly people where they can go and have all there physical and emotional needs met.</td>
<td>• Older people need help with Asian food being delivered to them</td>
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<tr>
<td>• WITH STRICT CONFIDENTIALITY AND TRUST</td>
<td>• Re-open the woman’s centre on Mondays</td>
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<tr>
<td>• Well advertised (so people are aware they are there)</td>
<td>• Transport with an escort. This should be free – no donations</td>
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<tr>
<td>• TV and satellite dish to get Asian channels (in the interim – at the temple)</td>
<td>• Language needs to be met</td>
</tr>
<tr>
<td>• More consultations in the community rather than GPs</td>
<td>• Young people need support with advocacy and emotional needs</td>
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<tr>
<td>• Early intervention</td>
<td>• Further consultation within the community</td>
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<tr>
<td>• Transport for all services</td>
<td>• Community work further training and would like to contribute to community events</td>
</tr>
<tr>
<td>• Having a place were they feel they belonged (A SENSE OF BELONGING)</td>
<td>• Mental health service users are missing support groups they need</td>
</tr>
<tr>
<td>• Funding being available without a fight</td>
<td>• Religious and cultural events to be celebrated</td>
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Focus group 3: Somali Well Women Project (SWWP), Penge, Bromley.
Discussion date: 27th January 2012
This focus group took place at Preston House, the group’s headquarters in Penge in
the north end of Bromley borough. The same questions were used for this group, as
the Bexley group was held 2 days previously. Discussions were held in Somali, with
discussion points translated and recorded in English.

Demographic information for the focus group
A total of 10 people took part in the focus groups

Gender
Female 10
Male: 0

Cultural Background
First and second generation women of Somali origin whose first language was
Somali.

Age range
30-50 years old

Residential area of Borough
Residents in the Penge area of Bromley, Kent.

Key Themes of Discussion points (please refer to Appendix 2 for Bromley
questions)

What do you understand by mental illness?
“That someone is crazy or not right in the head, mad, street sleepers that do not look
right.” “Depression”. “Someone talking to themselves.” In the Somali language there
is no equivalent translation to capture the subtlety of meaning of mental health. The
terms ‘mad’ or ‘crazy’ would cover the whole spectrum of mental health.

Where do you/would you go when there is an issue of this nature?
It was felt that the person suffering mental ill-health may not always be the first one to
realise that they need help, and it would often be the close family who would be
seeking help on their behalf. It sometimes takes a while for the individual to
recognise they have a problem/need help.

It was strongly felt by the group that the first place they would seek help is from the
community leaders at the SWWP; this is where they would be successfully
signposted to the GP, other relevant services or whether the issue could be resolved
with community intervention. Calling an ambulance was also mentioned, as well as
going to the GP. The group noted that they would not feel comfortable with the GP,
and would always contact their local group leaders for confidential
advice/assessment of their situation prior to making contact with a GP surgery.

The group noted that back home (Somalia) they do not have a history of institutions
or doctors dealing with mental health; they rely on family and the community.
Where do you think people from this community would go for help if they are not involved in this community organisation?
The Somali community was felt to be close, and all individuals within it would have lots of contacts. Therefore, people would be able to access informal local support (via the centre etc) and assistance in seeking more formal forms of help. Most of the group said that they knew someone with mental health issues, but did not volunteer any further insights.

How is mental illness seen in the community?
Feedback from the group suggested that there was quite a lot of sympathy for people experiencing mental health difficulties in the community. The family and the community pull together to support people where they can, and hold things together. The family may try and find a good wife or husband to provide environmental support for someone to overcome their problems (for those with low need). Acute cases would be regarded differently, for example if someone was known to be in psychiatric care, then only the family would visit. However the wider community would not be as involved, when compared to someone had a knee problem for example. In terms of support for physical conditions, the whole community would visit.

It was noted by the group that certain life events made people vulnerable to Mental Health issues including bereavement, illnesses, and the post natal period. During these times, it is customary to routinely provide informal support by providing food, to talk/provide company and get people out for a change of environment. For example, following bereavement the house would be full of people for the following 6 weeks or so to ensure the welfare of a person. If the bereavement involved the loss of someone close, then someone would sleep at their house etc, too.

Contact with formal support services
The attitude of particular GPs was noted very strongly as a barrier to accessing services. Issues discussed were:

- Booking appointments on someone else’s (non English speaking) behalf
- Language barriers and interpreting support; it was often expected that they would provide their own interpreting support.
- GPs would not book interpreters
- Noted that one group leader had been ‘banned’ from the GP practice where most of the local community were registered.

It was felt that where informal interpretation was used, this could lead to individuals being dishonest about what was wrong with them as they were with someone they knew. There was also a strong feeling that when the client was female and the interpreter was male (whether the interpreter was informally brought along or formally provided) this was not appropriate (this happened with a non-English speaking peer, who was admitted to Green Parks House). In the past when the group had not been happy with services, they had complained verbally.

The group had only very limited knowledge of Oxleas and most had never heard of it at all. Their main knowledge of services locally was the Mother and Baby unit at the
Bethlem. They knew of one person that had been to Green Parks House, but did not realise this was Oxleas.

**What was offered?**

They noted limited access to counselling. This was not felt to be helpful anyway (unless the problem was very bad), as the counselling was only in English. The community did their own informal counselling between themselves, which was felt to be more useful.

Medication: the group would take medication to help, but felt that men would be more likely to accept them than women. The group felt that women were more reluctant to take medication because of concerns for the welfare of their children, the side effects (ie ‘getting bigger’), addiction and that it is on your record. For those who had previous experience of taking medication, the feedback was that side effects were explained at the time of prescribing.

**What would you like to see in place to make it easier for you/ your loved ones and the community to access help?**

- More information/advertisements about what services are locally.
- Visuals (posters) and verbal support rather than written leaflets (even in own language).
- The group wanted to continue to be able to go to their group leader who would know about local services. The group leader would have contacts with individuals within organisations who are familiar and sympathetic to the needs of the Somali community.
- Small information events around particular (agreed) relevant issues
Focus group 4: ‘Bun and Cheese’ (Forensic) Group, Bracton Centre.
Discussion date: 17th February 2012
As discussed previously this group was convened via an existing support group for African/Caribbean service users at the Bracton. Due to way in which these particular service users had accessed Oxleas’ services, the questions used in the previous focus groups were not felt to be appropriate. With this in mind a different set of questions were developed in conjunction with the Oxleas Medical Director. As Oxleas provides forensic services not only to Bromley, Bexley and Greenwich but also surrounding areas, some of the participants were not local. However, it was felt that their feedback would remain a valid insight into the experience of accessing forensic services.

A total of 10 residential service users took part in the focus group

**Gender**
Male: 6
Female: 4

**Cultural Background**
Service Users of African and Caribbean origin: second and third generation residents

**Age range**
18-25: 2
25-45: 7
45+: 1

**Usual residential area**
Greenwich: 1
Lewisham: 7
Southwark: 1
Lambeth: 1

**Length of Time resident at the Bracton**
Range from 8 weeks – 10 years

1 client first admission in 1992: 5 occasions over 20 year period.

**Key Themes of Discussion points** (please refer to Appendix 4 for forensic questions)

**Perceptions and understanding of Mental Illness:**
Having strange thoughts; Sickness for life; Depression; Self harm; Psychotic Hearing Voices; paranoia; unpredictable behaviour; talking to yourself; hallucinations; delusions of grandeur; far fetched beliefs.

It was also raised that although sometimes information provided by the service user is true, it takes a while before staff can verify this. This can mean that staff are working on the assumption that the service user has far fetched beliefs, when this is not the case. This can affect the relationship between service users and staff.

**How did you get here?** (Pathways and agencies involved in admission):

Prison 5
Broadmoor 2
West Sussex Unit 1
Other units identified included: **Cygnet Hospital, Springfield, Tooting, Queen Elizabeth Hospital; Queen Mary Hospital; Bethlem Royal; Lewisham Hospital.**


The next few questions elicited very little, if any response.

**Talking about events leading up to your current stay at the Bracton…..what could have been done differently?**

**Did you understand that you were coming to the Bracton and why?**

**Have you ever been in any other mental health unit? What was the process of transfer like?**

Feedback received included:

"You don’t have a choice about which unit you are going to be sent to. You’re just told you are going to the Bracton and you wait for a bed."

"I have been sent to a private unit before – but to me there is no difference between private and nhs"

"I came through the police and they treated me violently!!"

"Coming through the courts – judges only listen to what the Doctors have got to say. They are not interested in your side of the story. You don’t get no second opinions or anything like that!"

Other points raised during the discussion included:

More information about/for:

- Mental illness needs to be available to service users; both as in-patients and in the community
- For in-patients regarding what to do when you are mentally ill. Where to go for help and support in the community so you don’t need to wait until you are in crisis to ask for help. You are left with the impression there is no support
- Other forms of treatment being made available in addition to medication (4 of the members of the group complained about side effects of the medication)
- Family and friends. Support from your family can only happen if your family and friends have some knowledge and understanding about mental illness and where to go for help.
7. Observations

Observations: Greenwich Oji long term African/Caribbean service users
It is disappointing that despite there being more BME staff involved in their care, this group feel that their cultural needs are not being met by qualified staff. However, cleaning staff appear to interact well with the members when they are on the wards. Oxleas perhaps needs to do more to ensure that staff feel that their culture adds value to their roles on the ward as this may in turn help improve BME service users experiences in our in-patient environments.

There needs to be an evaluation of the non-medication treatments available to BME service users in Greenwich, with more focus on recovery-oriented practice and social inclusion. Where service users are on depot injections, this should be reviewed regularly to ensure it is still needed and that there are no debilitating side effects. As part of the recovery-orientated practice, oral medication and other treatment options such as psychological therapy should always be considered.

Spiritual matters are really important to members and form part of their coping strategy and this should be acknowledged by Oxleas staff.

Members expressed their experience of racism, most especially, as victims and witnesses to racial abuse. The trust will need to look at what steps are being taken when such action takes place in our settings and how do we ensure that matters are resolved to the satisfaction of all involved.

It was difficult for members to give a positive view of an admission under the Mental Health Act (MHA). Communication and information about what is going on is important, as are compliance with the necessary safeguards for people detained under sections of the MHA with particular regard to their rights and treatments.

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Observations: Bexley Asian (Indian) community
The experience of South Asian people with regard to mental health services has led to a number of surveys and initiatives over the years. For example, "Family Matters: A report into attitudes towards mental health problems in the South Asian community in Harrow, North West London" (2010), seemed to suggest that ignoring the needs of this group will result in significantly more admissions to hospital over the next 10-20 years. The findings of this and other surveys guided the questions used in our focus groups. They include:

- Fear and shame regarding mental illness
- Preservation of family reputation and status
- Community gossip has a major impact upon people’s mental well-being
- Misunderstandings, misconceptions and belief about mental illness: how and why people become unwell can be related to such things as Black Magic; the will of God; genetic problems (which means that it cannot be removed or that you can recover)
- Mental illness is not believed to be a medical condition which can be managed and treated professionally
Both groups had a good sense of different forms of mental illness and how life events can affect mental well-being. However, the group suggested that there was a range of people they would seek out for support, suggesting that these are, conditions where the community may not always search out a doctor/medical support.

The closure of the Humrahi Service seemed to preoccupy members, as this service had existed in Bexley for some time prior to this focus group, but lost its funding during the course of 2011. The closure has left the community a little reticent to get involved in anything to do with Oxleas, because the community believe that Oxleas came to them asking for their views (consultation) and then proceeded to ignore their concerns and close the service.

**Proposed Community Centre (replacement for Humrahi)**

Both groups (Men and Women) would like a one stop community centre to replace the lost service.

A drop-in facility that provides easy access to support and advice including physical health checks as well as mental health services would be welcome.

Counselling and advice sessions including welfare rights and signposting to other services seemed to be the most popular, particularly if this was provided in the community's own languages.

Men’s groups should be separate due to past experiences and differences. Longer opening hours for the women’s centre were considered important.

Young people within the community also need access to support. This includes careers advice and employment information.

**Language**

The language barrier is difficult to overcome for potential service users and their carers. The group said that they wanted an improved interpreter service that safeguards trust. The employment of Punjabi speaking staff would be a better response to language needs than the use of interpretation and translation services.

**Other services**

It would be helpful if there was support available for funding bids for the community to develop services and provide for their needs. A plea was made for culturally appropriate food for the elderly by the meals on wheels service.

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**Observations: Bromley Somali community**

Access to health services: there were concerns about the lack of interpreter services in GP practices thus making it difficult to discuss symptoms without having a family member present. For women, it could mean having a male interpreter or their child which can be difficult. There may be similar challenges in accessing mental health services.
Understanding local mental health services: This group of women did not know about Oxleas but had heard of the mother and baby unit at the Bethlem Royal Hospital (SLaM NHSFT) perhaps due to the admission of someone they know to the unit. More needs to be done to reach out to this community and improve their understanding of the nature of mental illness, how to access local services and how family members can support their loved ones in the service. The women asked if the CDW could visit and provide an overview of the services offered by Oxleas on a more regular basis, such as once a quarter. The group did not think that written materials were of much use to the Somali community, but considered ‘Word of Mouth’ the most effective way to reach out to this community.

There is a risk that differences within the ‘Black African’ categorisation could be lost if care is not taken. It was clear that this group had been consulted in the past and did not feel that their concerns and views had been taken sufficiently into account. They were therefore initially reluctant to engage in the focus group. It highlighted frustrations with agencies, who undertake consultation work and then do not follow the consultation with further information or meetings. The group asked that all such future work should be closely related to delivering outcomes/an action plan.

Finally, other issues such as maternity services were raised; in particular perinatal services on offer to women who are experiencing difficulty during pregnancy and after the baby is born. Language barriers were once again raised as an issue, as were health care professionals’ understanding and approach to specific cultural practices found particularly amongst Somali women.

Observations: Bracton forensic service users
There have been many reports of Black and Minority Service User experiences of mental health services over the past 20 years, and the Sainsbury’s Centre for Mental Health’s “Breaking the Circles of Fear” report of 2002 summarises the main fears including higher rates of use of the Mental Health Act 1983 and detention in medium and high secure hospitals.

The questions for this group focussed on access into services. The questions required some open discussion from the group members concerning their index offence (or challenging behaviour), resulting in their admission to the forensic unit. Due to the sensitive nature of their personal stories, and culture in which clients were unwilling to share their histories with their peers, it quickly became obvious that the issues raised needed to be addressed in a more personal space. As a result, the overall discussion lacked the frankness of the other focus groups.

Whilst the CDW service did undertake some preparatory visits, time constraints around delivering this project made it impossible to give the much-needed time to build up the necessary rapport. The group commented on sophisticated terms for the perceptions and understanding of mental illness. It was felt by the facilitators that perhaps this was the language used by professionals to describe service users’
conditions and symptoms, but they didn’t necessarily know what the terms actually meant.

Another key issue for the group was around equality of access to information prior to their contact with forensic services. The group did not feel they had the same access as other service users to: explanations and an understanding of mental illness itself (both for in-patients and in the community), what to do and where to go regarding accessing assistance from services and agencies, treatment options and alternatives, and finally information for families to optimise their support.
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### 11. Appendices

**Appendix 1: BME Focus group questions - Greenwich**

#### Awareness
- What is the perception of mental health in your community?
- What did you know about mental health services (Had you heard of Oxleas etc)

#### Thinking about the circumstances in run up to your contact with Oxleas...
- Who/where did you go to when things first weren’t right…. Who did you first talk to about it? (family, friends, GP voluntary groups, mosque, gudwara, church etc)
- (How) did they support you..?
- How did you first access Oxleas’ services, who helped?

#### Thinking about your initial contact with Oxleas...
- Were various options for treatment options discussed with you?
- Whilst in contact with Oxleas, are the people who treat you supportive and friendly?
- Did you feel that services understand the needs of different cultures?
  - And are sensitive/ responsive to it?
  - And respect it (through personal contacts, posters, food, environment etc)?
- Did you feel that services understand the needs of different religions?
  - And are sensitive/ responsive to it?
  - And respect it (through personal contacts, posters, food, environment etc)?
- Did you make any specific requests? eg to be examined by a female doctor; were these met?
- Interpreters - are they used? How? Who? (Communication issues because of language barriers?)
- Did you feel safe using services?
- Did you have opportunities to develop skills, talents, interests? Were these services accessible to you?

#### Your ongoing experiences whilst in contact with services
- Medication: opinion of, compliance, side effects, stigma
- How do you cope with ‘bad times’? (crisis, sources of support)
- How do you access ongoing support? (explore day to day contacts)
- Practical challenges, money, jobs, accommodation, domestic arrangements
- Are family and friends made welcome/kept involved? (where appropriate)
- Have you experienced/witnessed any racist incidents? How was it handled?

#### Your final thoughts…

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Quality and Audit Team
• Is there anything they feel that could be done differently to improve services (change 1 thing what would it be?)

Appendix 2: BME Focus group questions – Bexley & Bromley

1. Perceptions and understanding of Mental Illness?
2. Where do you go when there is an issue of this nature?
3. Has anyone you know ever needed help with their mental health?
4. Where did they go or receive support from?
5. What was the response and how did they find it?
6. What are the group’s experiences, perceptions and understanding of Mental Health Services?
7. What would you like to see in place to make it easier for you and your loved ones to access to help?

Bexley/Bromley
January 2012
Appendix 3: BME Focus group questions – Forensic (Bracton)

Demographics: Age/Gender/BME origin/general locality of usual residence (ie BBG or not)

1. Perceptions and understanding of mental illness

2. How long have you been at the Bracton?

3. How did you get here (pathways and agencies involved in admission i.e., from prison, another ward/hospital within Oxleas or outside Oxleas)

4. When was your first ever psychiatric admission – to obtain an idea of the length of their illnesses and also whether they have been to any medium secure unit before

5. Talking about the events leading up to your current stay at the Bracton, what if anything do you feel could have been done differently/better by
   i. You
   ii. Your friends/families (informal support)
   iii. Other agencies involved in getting you here (police, GP, courts, other care providers etc)
   iv. Mental health services (for those in previous contact with Oxleas)
      - support
      - rapid response
      - other suggestions

6. Did you understand that you were coming to the Bracton and why?
   v. How much information and explanation was given – what the Bracton was, where it was, its purpose etc
   vi. When was info. given
   vii. By whom

February 2012