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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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