



All Our Voices

On wellbeing amongst
Brighton & Hove Communities

DRAFT Report of the All Our Voices Event **12 June 2014** **at BMECP Centre, Fleet Street, Brighton**

Summary: This event brought together people from diverse BME communities across the city to discuss mental health and wellbeing and share their understanding of issues and supports they have experienced. The response from local individuals, community based organisations and the statutory sector to the event was quite exciting and over 50 participants joined in to help Brighton & Hove Council and other local services understand what would benefit their community and enable them to live well in the various neighbourhoods of Brighton. Their responses are detailed in this report.

'All Our Voices' AGENDA

Welcome
BME health and wellbeing
TDC Developing people
Needs Analysis
Asset Mapping
LUNCH/STALLS
Care Pathways – Cultural competence
Close/ network

Introduction

David Pinder, BME community development Worker with The Trust for Developing Communities, welcomed everyone and ran through the days Agenda. There were no objections or issues raised regarding the process for the event.

David talked about the BME Health and Wellbeing support project which is funded by the Clinical Commissioning Group (CCG) to enable BME communities to play a far greater role in improving their mental health and wellbeing for themselves and in the Community. We hope to do this through

- discussion with BME groups, to identify key anchor community groups, with representation of different BME communities;
- supporting Anchor Groups to run activities to support people's wellbeing;
- supporting the Anchor Groups to be a bridge between community-based organisations, BME communities and service providers;
- signposting people on to wellbeing and mental health services;
- bringing together local and citywide BME groups to create supportive networks;
- linking them through citywide events so enabling the most marginalised service users to articulate their needs to service providers.

David opened his talk by stating that according to the 2013 Brighton and Hove CCG Health Profile, over the last eighteen months there had been huge -103% and 63% respectively) increases in the number of men and women from BME communities who had been admitted with neurosis and psychosis. Our aim must be to improve the mental health and wellbeing of our community and the biggest part of this is staying connected and keeping physically and spiritually strong.

David continued by explaining that having a mental health condition can be quite a stigmatising experience so we need to look at how we address this. We can start by focusing on moving towards positive mental health and helping people to deal with stress. We need to support people not to be anxious about visiting their GP. We need to enable refugees and asylum seekers who can't access support, to be signposted to support.

David referred people to the Clinical Commissioning Group (CCG) Mental Health Strategy consultation document that has recently been completed by Community Works and TDC. One of the key recommendations is that people are not aware of the support they can get and also that socio-economic factors such as poverty, debt, housing and employment are all key reasons for feeling 'stressed out'. The purpose of this event is to bring BME communities together with service providers, to identify needs and assets; and to offer recommendations for improving services.

Another important focus is to talk about 'cultural specificity or cultural competent mental health services. One of the biggest causes of mental ill health was people having to subjugate or suppress their culture within a more dominant one. This means that many people see that they need to be something other than themselves in order to fit in. If people are able to practice their culture, they feel more at ease, comfortable and have better wellbeing outcomes.

Through talking to a wide range of community groups and organisations across the city, we had identified 5 Anchor Groups. These groups have since come together to form the Project Steering Group and agree the agenda for today's event. We will continue to meet with the Steering Group throughout the project at regular intervals to ensure the project is achieving its objective. We will support the Anchor Groups to run activities and act as a bridge between service providers and communities.

Overview of the TDC

Kalishia Le Coutre, community development worker with the TDC, gave an overview of the TDC. TDC has been delivering community development work across Brighton and Hove over the last 14 years. TDC supports people across the city to come together to set up groups and activities based on their needs. We support people to develop skills and capacity and link them with services across the city. We support people to overcome barriers to participation, for example building confidence, overcoming language barriers through interpretation etc. From our Community Development Workers and through partnership work with the Hangleton and Knoll Project we already have trusted relationships with BME community groups across the city, enabling us to reach those BME communities that mental health services struggle to reach.



Needs Analysis

We then broke into small discussion groups to discuss 4 questions:

- 1. What are the things that make you feel good about yourself? What contributes to your sense of wellbeing?**
- 2. How do you connect with social networks – friends, family etc. Are you part of a community group? If so, which one and what do you get from being part of it?**
- 3. What are the things you do when things go wrong/ in difficult times? What gives you strength to stay well and keep going?**
- 4. What is your understanding of a mental health condition or problem? How is it talked about in your community?**



The following is a summary of the flipchart feedback from all groups:

1. What are the things that make you feel good about yourself? What contributes to your sense of wellbeing?

“Friends and good food and weekends and being with”

- People mentioned friends and family, neighbours, close relationships, meeting at each other’s home and sharing food.
- Activity was important – basketball, reading, swimming, cycling, dancing, singing, music, drumming
- Good physical and mental health – being pain free; healthy, tasty food.
- Getting out into the natural world and sunshine
- Fulfilling job or purpose, being valued, feeling useful, being listened to
- Sense of belonging and acceptance
- Helping others
- Financial security, feeling safe
- Freedom to make decisions
- Feeling welcome when attending places
- A good night’s sleep

2. How do you connect with social networks – friends, family etc. Are you part of a community group? If so, which one and what do you get from being part of it?

People said they connect through seeing people, social gatherings, and through



talking on the phone, social media, through community and faith groups and activity groups (music group, sports club), theatre etc. Others mentioned Brighton events – the fringe, festival etc.

A wide range of community groups were mentioned that people were part of including Sussex Bangladeshi association, Bengali community, Mosaic, B&H Black women’s group,

Sussex Polish women’s group. Mosaic/ BMECP elders group, Cowley club and Migrant English Project, BME learning disability champions, Kids Company, SIPS Cultural connection group, HKP MCWG.

People said that they got the following from being part of a group: an uplifting energy and being able to give back, learning from each other, an exchange of

energies, power and empowerment, camaraderie, support, confidence and cultural connection as a result of being part of these groups.

“feeling valued, feeling connected, support and reduced isolation.”

What are the things you do when things go wrong/ in difficult times? What gives you strength to stay well and keep going?

Some people said when things go wrong, they get upset, withdraw, drink, get angry

Many said they would speak to friends or family (including mother, big sister). One group said they would talk to Sofie (the community development worker). Groups said they would go to a relevant organisation or helpline, or a support group . Some said they would use the internet, but they need support to use it.

“We would not speak to the Counsellor if it was something small, but if it was a big problem, we would get help”

A number of groups said their faith or being part of a spiritual community was important to give them strength - *“Read the Koran, Arabic, watching TV, Islamic programmes, news, “keeping God as my focus keeps me happy.”* Others talked about remembering their principles, values, culture, aims in life. Things that give people strength or keep them going included their love for life, their children, believing in themselves.

“Faith, family, friends, meditate, walking, drums, drinking, eating, chocolate, TV, shopping, reading, comedy”

What is your understanding of a mental health condition or problem? How is it talked about in your community?

A Mental Health problem means: *“my mind does not behave very well,”*

People talked about it in terms of depression, dementia, schizophrenia, bi-polar, learning disabilities. It included being sleep deprived, stressed, not being able to take part in normal activity, when anything that causes you distress becomes a problem, feeling overwhelmed and not coping, feeling lonely and anxious, a lack of enjoyment. It could be the result of bullying, racism, sexism and age, neighbourhood disputes, lack of social interaction, lack of self-esteem; lack of cultural knowledge

Most people talked about mental health having a negative image – that it was people who were not resilient and that it was self-imposed. It was taboo and associated with drug use. It was to do with being suicidal and depressed. There was a lot of stigma and stereotypes and fear of being bullied or harassed. There was an awareness of depression, but other conditions are deemed as crazy.

People were not able to express worries and would keep it a secret. People had a fear of losing their friends. They were worried they would be discriminated against and judged. It was felt that grieving was more publicly acceptable. It was not discussed often, *“Keep problems inside and don’t discuss with family or friends”* People would forget by drinking/ distracting themselves. Serious problems then get addressed through groups/ workshops/ GPs. People felt there was very little information and people didn’t know who to contact. There was a lack of help from doctors.

After feedback, the groups then discussed the following:

- 5. Where would you go if you or a family member had a mental health issue?**
- 6. Have you heard anything good/ bad about these services? What?**
- 7. Are there any specific needs that the BME community have which could help to improve these services or help people to find out about them?**
- 8. Do you have any suggestions about how we can support you or people you know or your community?**
- 9. Do you have any suggestions about how services (community organisations/ the Council/ NHS/ Mental Health services) should be promoted or run?**

5. Where would you go if you or a family member had a mental health issue?

Most groups said they would go to a GP, other services (Mindout, Mind, health visitor, housing, police or community development worker), wellbeing service or find a good counsellor.

Others said friends, family, BME organisations, BMEYPP, Mosaic, other community groups; imam, church, spiritual healer. Mind, BHT and Women’s counselling service were also mentioned

Some said they would look on the internet

“Before, within our culture we would keep things inside, which are bad for us and bad for our families. Since coming to the UK we have learnt it is better to share – with the families we can find solutions.”

6. Have you heard anything good/ bad about these services? What?

There is a lack of knowledge of what is out there. People don’t know where the services are. There are capacity and resource issues.

There is a delay in response, with long waiting lists for mental health services. There is no direct referral. Assessments are complex and it is not clear who it is for and how unwell you need to be. The criteria were felt to be complicated. People were concerned about the stigma and shame if they shared their issues/ concerns, and the affect it might have on their status. People are worried about shared data records and this is a barrier

There is a lack of a group specialising in mental health within their own community

The health centres are inaccessible – lack of buses, lifts, accessible entrances

The experience of GPs varied greatly. GPs not always knowledgeable on mental health and appointments are too short. They don't have time to listen, and therefore mis-diagnosed. They may not take you seriously. People felt medication was the first resort. Some felt that if some known history of mental health, GPs can be biased. People felt there was a need for greater cross cultural awareness ie GPs with culturally specific services and culturally specific counselling, to overcome language and cultural barriers. GP receptionists also need to be aware. The GPs are run as individual businesses, they are not centralised and therefore there is poor communication.

Talking therapies are too limited and too expensive.

Mind was mentioned as an example of good advocacy, comfortable, safe, positive outreach

7. Are there any specific needs that the BME community have which could help to improve these services or help people to find out about them?



Many people don't use the internet: you need to speak to our community leaders

There are specific needs around language and interpretation, with issues also around dependence on an interpreter. If family members are interpreters it can cause problems if they don't want them to know. Issues can also be lost in translation: it's difficult for interpreter to express the feelings

of the patient or medical jargon. There is a lack of translated materials. There needs to be more targeted information. People should be offered translation rather than assuming they will ask themselves.

There is a lack of cultural knowledge and understanding. The services need to be sensitive to gender, age, and disability. There is a need for more BME health workers and counsellors

There is a need to reduce stigma around mental health. There should be more choice offered - not just medication – more talking therapies

The complexity of immigration law creates difficult situations for accessing treatment. There is a need for people with no recourse to public funds to have health needs recognised. It is a struggle for LGBT groups to access community groups.

8. Do you have any suggestions about how we can support you or people you know or your community?

- A list of telephone numbers/ Booklet of services for patients and GPs would be useful
- Regular communication, membership, newsletters, map
- Well-being / confidence sessions
- Drop ins / open sessions
- More BME mental health staff to talk to ie therapists, so people feel more comfortable in services; and more outreach to community groups
- More training for staff to raise awareness about how to engage with BME communities and complementary medicine
- Specific cultural services eg women only services
- Doctors and other medical professions outreaching to youth, women
- Spaces to encourage men's talking about health
- Knowledge of Interpreter / translator; info in different languages, opportunity to have a choice over interpreter
- Advocacy especially bilingual,
- Better referral system – knowledge, central connections, signposting
- Respite facility re family member doing constant care eg husband
- Clearer definition of term BME: means different things to people
- Having more clarity about confidentiality
- Forum – where medics have to listen to patients – face to face contact
- Knowing who is commissioning service and where to raise concerns and complaints



- With communities not for – BME should be included in decision process from the beginning, not usual suspects

9. Do you have any suggestions about how services (community organisations/ the Council/ NHS/ Mental Health services) should be promoted or run?

- Translated materials, websites, radio/ media/ magazines, broadcast on youtube in different languages
- Schools / faith places and community groups for promotion
- Drop ins
- Awareness of other models – not just medical model – other forms of understanding of mental health in different cultures.
- Using census information
- Addressing matters individually and tailoring methods of engagement and communication.
- Knowing where to go when they get stuck
- Be as representative as possible at all levels
- Equality impact assessments
- Use champions
- Having more holistic approach
- More campaigning
- Being innovative
- Using what works well
- More partnerships
- Changing education system
- Empowerment of the patient
- More opportunities for people to learn how to look after self: education of health eating, providing low cost exercise
- More funding for counsellor training in the BME communities, to increase visible numbers for public access



There was a break for lunch, provided by BMECP. A lot of connections were made over lunch and people were signposted for information and advice to the stalls including Mind, BHT and NHS Sussex Partnership.

Rebecca Darcy from Brighton Housing Trust (BHT)

Rebecca talked about the services BHT provide to the public. These include wellbeing groups for anxiety management and depression, postnatal depression

including a crèche service. Anyone can be referred – referral forms are available from the internet or from the community development workers.

Afterwards there was a discussion around some of the issues raised by Rebecca and from small group discussions earlier. These included:

- Services needed to be more joined up: there is a need for more information as participants were not aware of this and other services.
- More needed to be done to help people understand the symptoms and onset of Mental Health
- There needed to be greater cultural competence. There are cultural issues around counselling, with people preferring someone from their own culture to counsel them.
- What are you doing to add colour to services? Services need to look critically at their staff diversity – is there anyone who is not white in different services? Are there any schemes where BME people are being trained to develop their skills? Where opportunities are available, why are BME people not taking these up?
- Why are BME communities not being trained to take up opportunities?
- There needs to be greater cultural specificity.
- There is no follow up to the issues that have been raised with services
- Language support is just tokenistic: it is not enough to translate a leaflet; people need support to understand it in their own language.
- Advocacy through interpreters
- No real cultural competence even in training to deliver counselling services: in training itself, diversity is rushed over.
- NHS is still inherently not accommodating BME patients
- Community cohesion: people need to feel comfortable to express their culture: if I am feeling strong, I can engage better; people cannot engage from a low status or deferential position. Cultural competence is something we can all learn

Closing: Take Home Messages

Good mental health: we need to have more conversations in our communities about maintaining good mental health

Human being = Well being. Asking How are you?: It's good to spend time asking people how they are, to connect with them and make sure they are okay.

David said the next steps were that we would work with the Anchor Groups – all of whom were participating in today's event - to provide support through wellbeing activities. We would talk to those groups about ways of improving services and link them with mental health services. Please let us know if you are interested to be an Anchor Group.

Participants were asked to fill in the Evaluation Forms as feedback about the event which is important to enable us to improve the future events we will be holding. A third (32%) of the Evaluation Forms was filled.

They were also asked to fill in the Equalities Monitoring forms as a way to check that we were making sure that we were bringing diverse people together at our events. Two-fifths (39%) of the Equalities Forms were filled.

We asked people to map their group on the Brighton and Hove map; and on a second map to put the services they knew about.

Closing poem:

Walk Good My Friend

Dear Colleague
if it must be
you speak no more with me
nor smile no more with me
nor march no more with me
then let me take
a patience and a calm
for even now the greener leaf explodes
sun brightens stone
and all the rivers burn
now from the morning, actions moving on
dear comrade I salute you and say
'death must not find us thinking we die'
until we meet again...
Walk Good my Friend!



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