Improving Access to Psychological Therapies for BAME and seldom heard groups

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Introduction

- NHS England provided additional (to core) in-year funding to improve access and recovery in 2016/17.

- Existing data and a range of evidence shows Black, Asian and Minority Ethnic (BAME) Groups do not access these services as successfully as other population groups, and when they do access them, the recovery rate is generally poorer than other groups.

- Furthermore, those from seldom-heard groups have different rates and experiences of mental health problems, reflecting their different cultural and different socioeconomic contexts and access to culturally appropriate treatments.
Chart 2: There are significant differences in access rates for white and BAME groups, most noticeably in Bolton, North and Central Manchester CCG areas.

Chart 2: 2015/16 IAPT Access rates for white compared to BAME groups

- White
- Total for Black and Minority Ethnic Groups
A series of workshops were held across Greater Manchester, and a “learning the lessons Seminar”. The workshops took place in March 2017 and were facilitated and organised by community leads in community venues.

- Acknowledgement was made of the variation in access and recovery rates for BAME groups across Greater Manchester, whilst at the same time, some of the barriers and solutions were identified through the workshops.

- The four workshops were organised to attract attendance from Community, Voluntary, Faith and third sector organisations who potentially offered some form or wellbeing and/or mental health support within their local communities. Workshops were held in: Greater Manchester Health and Social Care Partnership Bolton, Oldham, Rochdale and Prestwich.
Key learning Points: number of themes (see report for details)

AWARENESS

- Community groups and some organisations unaware of mental health services available to them and unaware of IAPT services or how they would access them.

- Very few people knew where they could access services to support with mental illness (3 out of 40 at one workshop).

- Some health professionals were also unaware of IAPT services and how to refer patients. For some, it was felt the default treatment option was medication.

LANGUAGE AND TERMINOLOGY

- The use of derogatory terminology prolongs the stigma e.g. pagal meaning madness or crazy.
For some people whose first language is not English, this was seen as a barrier to accessing services.

The use of translator services in clinical consultations effectively doubled the time needed for consultation and/or reduced the time available for the patient’s treatment.

The use of jargon by professionals may cause some patients to disengage with services and therefore not recover.

**CULTURE AND FAITH**

Professionals often have little understanding of faith issues and may be unable to connect effectively with patients from different cultural and faith backgrounds to their own.
Mainstream primary care and specialist mental health services often fail to understand or provide services that are culturally competent or meet the needs of BAME communities.

Faith and spirituality can be an enabler in the recovery process for some patients.

SERVICE PROVISION

Some service users felt that their own experiences of seeking counselling and support had been poor, stating that the GP did not have sufficient time to understand their issues and make appropriate referrals.

There was a recognition that Mental Health services needed to be brought into the community and delivered from locally accessible points by people who understood the cultural/religious needs and had linguistic skills.
The IAPT workforce is not representative of the patient populations that it services in terms of diversity and protected characteristics.

There are many voluntary, community and third sector organisations that provide mental wellbeing support, and which may be the first port of call for a patient. They should be acknowledged as part of the treatment package.
**Recommendations.** Each workshop generated a number of responses to the issues and recommendations for action:

**AWARENESS**

- There is a need for ongoing awareness campaigns, including engagement events within local communities, to raise awareness of mental health and wellbeing and of the service provision available for mental illness.

- Local and GM decision makers should find communication methods that are easily understandable for local communities.

- Key decision makers should engage with local communities in order that community members can identify them and know how to contact them and/or participate in decision making.

- Commissioners and provider organisations should engage more with community and/or faith leaders such as imams.

- Local networks of IAPT providers and ‘wannabees’ should be shaped to enable sharing learning and the potential for other organisations to deliver IAPT compliant services.
LANGUAGE AND TERMINOLOGY

- Time allocation for therapy sessions should take into account translation considerations.
- Professionals who speak community languages should be appointed into IAPT services.
- Professionals should try to avoid the use of jargon with patients and take time to explain the therapy and outcomes.
CULTURE AND FAITH

- IAPT services which are culturally and religiously sensitive should be available in and be easily accessible within the community.
- HSCP decision makers should encourage their staff to reach out to diverse communities, especially those that are seldom heard, and hold workshops/meetings and seminars in local community centres. This will help to achieve a better understanding between professionals and local BAME communities.
- Consider spiritual involvement in therapies.
- Practitioners should be culturally competent and encouraged to access diversity training.

SERVICE PROVISION

- IAPT compliant services should be developed within the local communities and delivered from within the community settings.
- IAPT compliant centres of excellence within the community/voluntary sectors should be developed with support from Survivors Manchester and The LGBT Foundation (and other existing IAPT compliant organisations).
Commissioners/Providers should recognise and value the services being offered and delivered by community organisations.

There should be opportunities afforded to community groups to deliver services as part of the broader mental health pathways.

Local commissioners should consider investing in the excellent work being done by community groups and voluntary sector organisations to deliver IAPT compliant services locally.

Remove the ‘cap’ from number of therapy sessions – is equity needed with physical health.

Services should be encouraged to think more out of the box e.g. song as a therapy/ arts therapies.
WORKFORCE DEVELOPMENT

- Professionals with appropriate community languages should be recruited from diverse communities. This could be incentivised through commissioning for quality premiums/ CQUINs etc.
- There should be investment in training for staff and the development of a workforce strategy for recruitment and retention of a diverse IAPT workforce, to reflect the communities in which they work.

GENERAL

- All stakeholders should demonstrate a commitment to be open, helpful and part of the next steps for this work.
- Providers, community, voluntary and third sector organisations should not be scared to ask for help and support from those more knowledgeable.
- Small organisations are a crucial part of mental health package.
Learning the lessons seminar
BAME IAPT Video

- Available in 4 languages with English subtitles: Bengali, Urdu, Arabic, Mandarin, as well as English
- Produced by Ziggy’s Wish Ltd. with research conducted through workshops and participants
- Low budget!
- Volunteers did voice-overs for different languages.
BAME IAPT Report

Now available on the GMEC SCN Website with links to workshop reports and videos.