



Mental Health, Learning Disability
and Autism Collaborative
Northamptonshire

nbct

MHLDA Equalities Enabler Project NBCT Conference

Workshop Facilitated by:

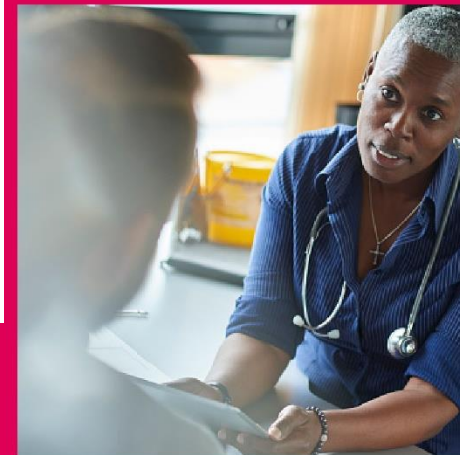
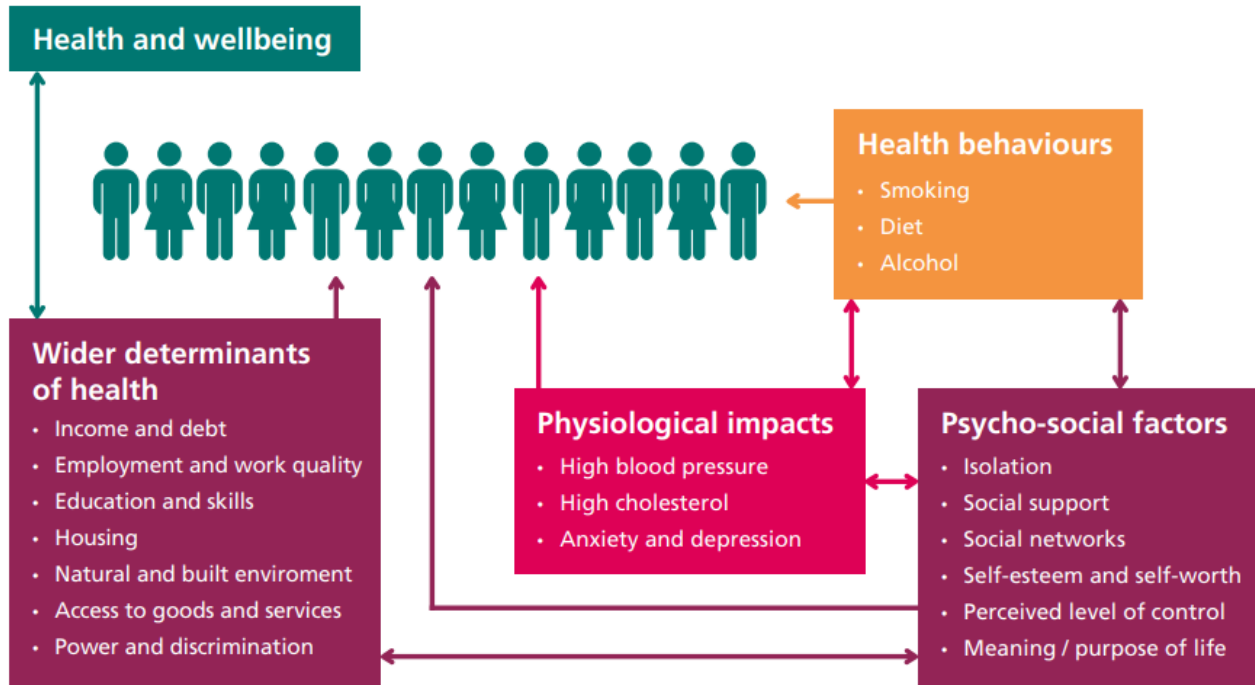
Mavis Mundirwa – Power of the Mind Networks

Julia Masawi- AntiZim Sheroes

Lenea Makala - MHLDA Collaborative



What are Health Inequalities?



SMI	15-20 Years Lower Life Expectancy
Suicide Rates	Travellers Community rate 6x more than the general population
Death in Pregnancy	4xmore in Black women , 2x in Asian women
Smoking & SMI	40.5% SMI cohort vs 19% general population
CVD & Diabetes	Higher in Ethnic Minority Population
HLE by Deprivation	Women 19.3 years fewer, Men 18.6% fewer
Involuntary Detention	Higher Risk for Ethnic Minority Population

Mental Health Service Access	12.4% of referrals are from ethnic minority patients
Maternity Continuity of Care	5% KGH& 7% NGH (2022 Target 55%)
Unpaid Carers	75 000 circa in Northamptonshire
Chronic Respiratory Disease	49.4% of people aged 12+ in the top 20% most deprived areas , 66.22% in less deprived areas.
Early Cancer Diagnosis	Early cancer diagnosis rate was 55% (2019).
Hypertension Case Finding	In 2021/22 prevalence of hypertension was 14.4%

Equalities Enabler Project

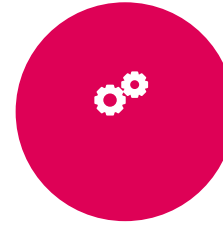
Working with Local Communities to Advance Health Equity



Autizim Sheroes



Power of the Mind



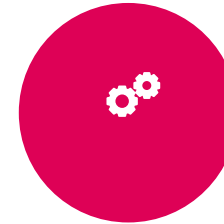
United African
Association



Cohesive Society CIC

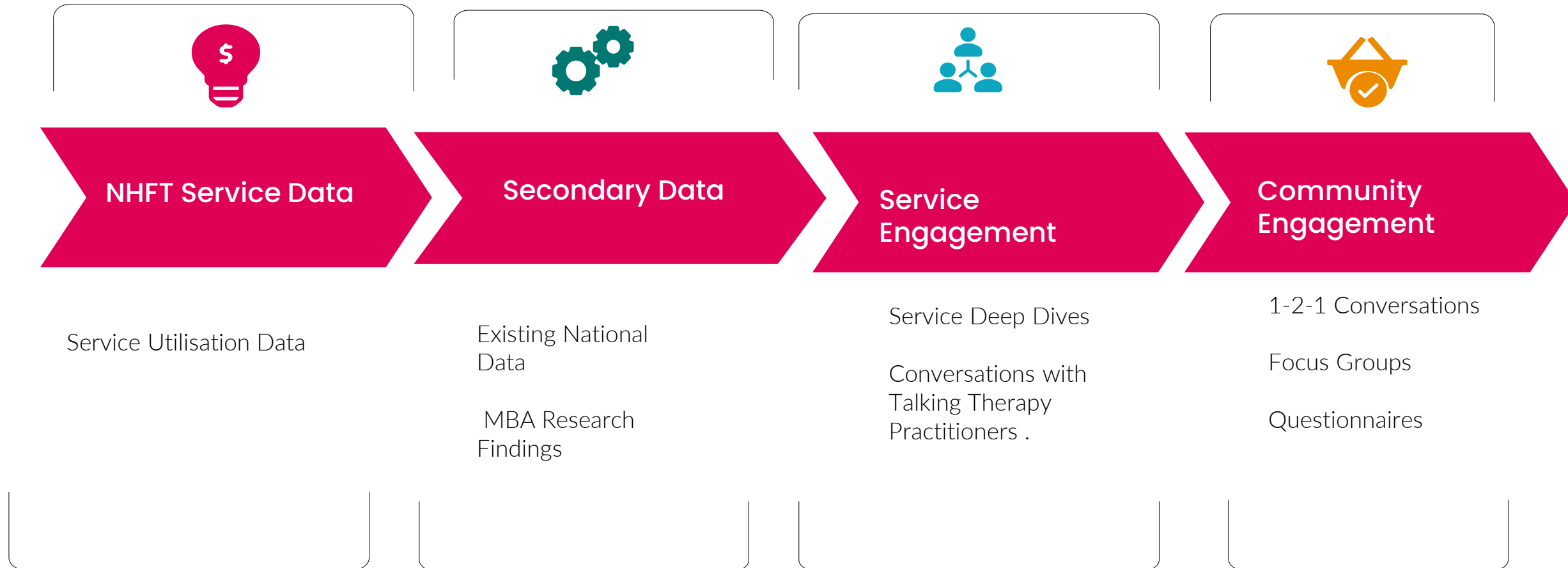


Titanium Support Services



Q-Space

Methodology



Recommendations

01

Data Quality & Analysis

02

Awareness of Services and Pathways

03

Community-Led Health/Hospital-Based
Navigation and Support

04

Focus on Health Outcomes

05

Strategic System Partnership

06

Awareness of MHLDA in Black Communities

07

Community-Led Cultural Awareness Training
for Northamptonshire

1. Data Quality and Analysis

Data on service take up and service user experience in relation to Black communities is a major issue.

- There are problems with recording of ethnicity which need to be resolved across the ICS system
- There needs to be available data analysis on take up of services and experience of Black services users to measure reasons for low take or disproportionate numbers in acute care.
- Without the above the ICS cannot make progress on baselining levels of health inequalities and taking steps to make improvements.

Motto: 'We want to see change and make change happen'

2. Lack of knowledge of services and pathways

There is a significant lack of knowledge of services available and pathways to support. There need to be Community Navigators and Support Workers in Black communities who can:

- Enable equal access to support and services
- Support people to navigate pathways
- Ensure that wider determinants – housing, money, employment, digital exclusion etc do not stop people from accessing services and support
- Develop preventive networks of support and provide 121 support that stops people's needs from escalating.

Motto: 'We want to see change and make change happen'

3. Need for Community-Led and health/hospital-based navigation and support

There is a lack of appropriate support when people try and access services and support. There is a significant need for services to be appropriate to meeting people's linguistic, dietary, cultural and racial needs.

- There is a need to develop community-led solutions that enable equal access
- Provision of resources for Black community organisations could deliver preventative support and services and support people to access services, navigate support and understand the pathways to support. There is a need to provide community based and health/hospital focussed support.
- See proposed, aligned service model led by Black community organisations across Northamptonshire.

Motto: 'We want to see change and make change happen'

4. Focus on outcomes

A key aim of this project was to make a practical difference given the extensive levels of research and needs analysis that has taken place over the years and all reports point to the same issues with regard to health inequalities, unequal and inappropriate access to support and services.

- Black-organisation led service that starts and makes a practical difference to people's lives (the project case examples demonstrate need to urgent support)
- Model the approach taken by ICAN for Black communities.

Motto: 'We want to see change and make change happen'

5. NBCT and QSpace partnership with the ICS and MHLDA Collaborative

There is significant potential for NBCT to form strategic partnership with MHLDA to develop a community-led service that can align with existing services that aims to:

- a. Significantly improve access to services.
- b. Supports Black communities to navigate and offer support and services
- c. Enables services to become more appropriate to the needs of Black communities.

Motto: 'We want to see change and make change happen'

6. Raise awareness of MHLDA in black communities

NBCT members of the project team recognised that we need to raise awareness of MHLDA amongst our communities.

- NBCT will take responsibility for sourcing funding to develop training and awareness programmes in black communities
- NBCT will take responsibility for the growth and development within the black communities
 - Eg Anonymous forms of reporting- linking the website of organisations from the NBCT website
 - This may help to combat misinformed cultural beliefs, stigma 'indoctrinations etc'

Motto: 'We want to see change and make change happen'

7. Community lead culturally appropriate training for Northamptonshire

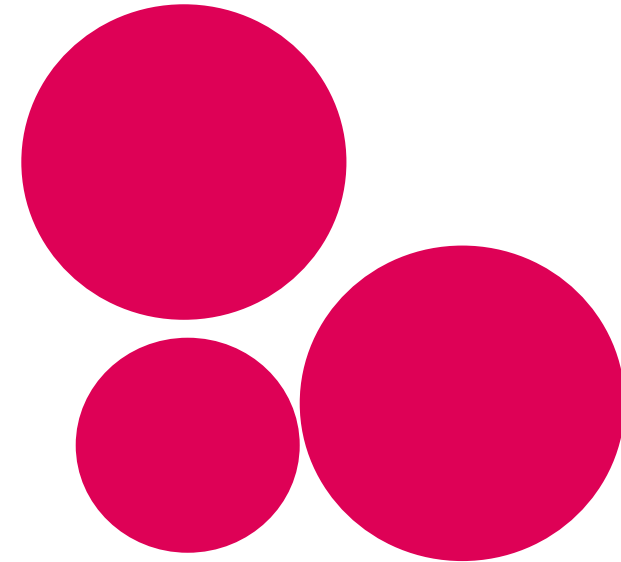
NBCT is committing to developing a culturally appropriate training programme for the ICS and other services within Northamptonshire

- a) NBCT organisations representing African, Caribbean and Asian communities will all be involved
- b) NBCT training will also provide an opportunity for building awareness of the work of NBCT organisations so that we can build positive relationships with services.
 - This can be linked with other projects eg the moving ahead project
- c) This is in alignment with the Health Inequalities plan for Northamptonshire

Motto: 'We want to see change and make change happen'

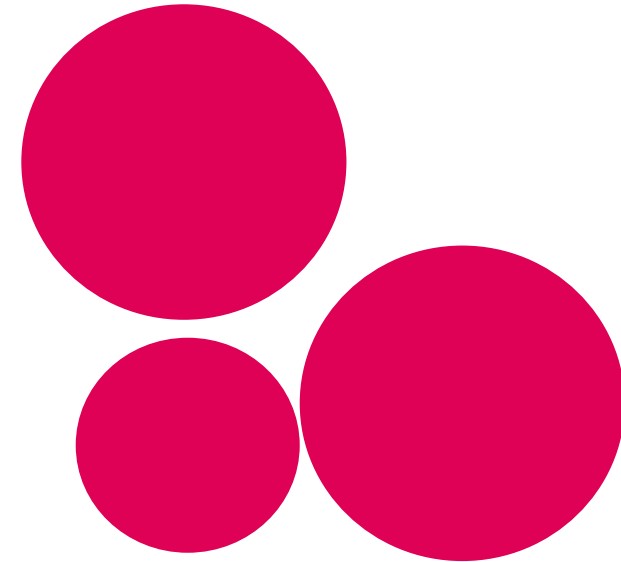
Community Engagement Feedback

Service User Stories

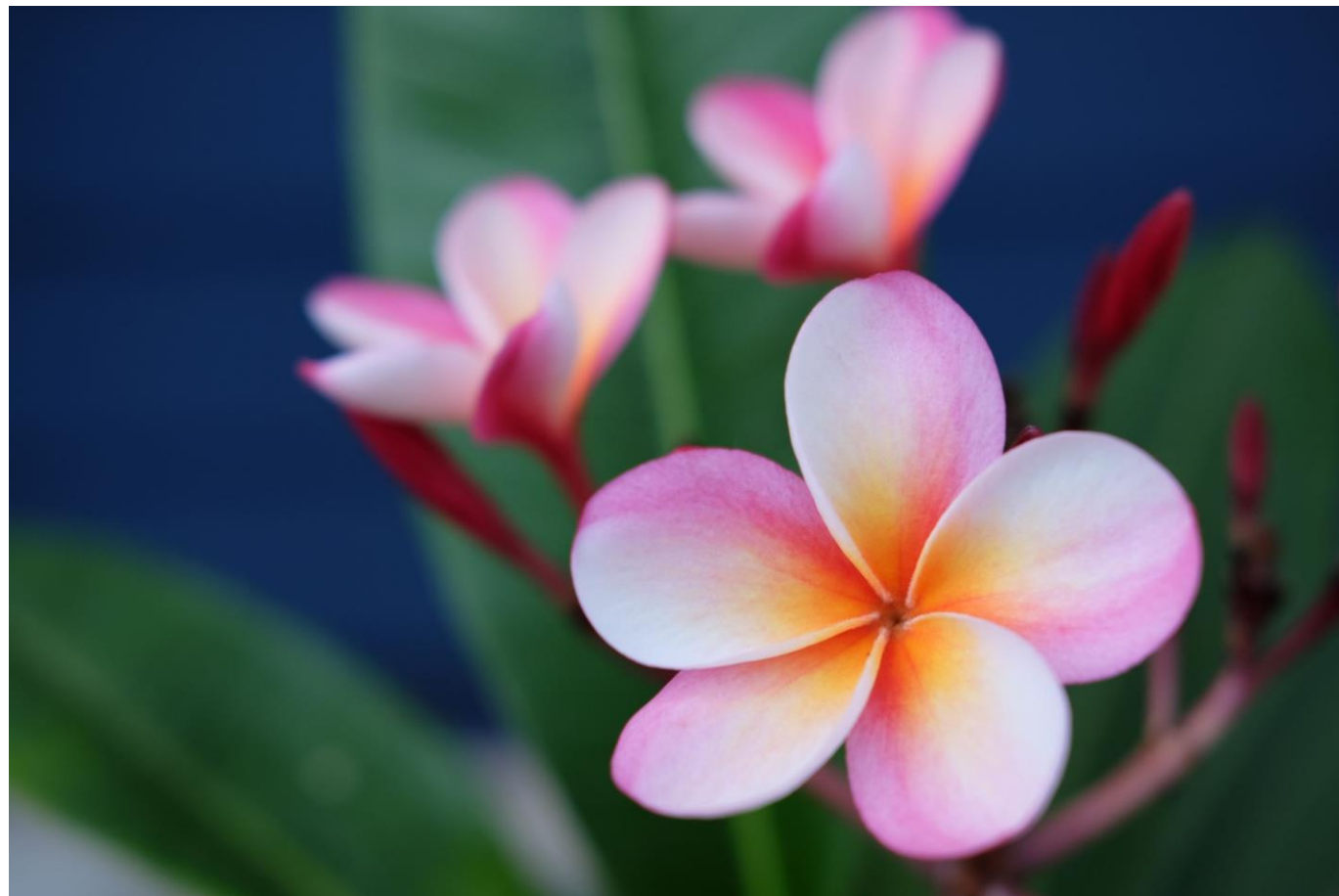


Recommended Next Steps

Take positive action to tackle racial
health inequalities in MHLDA



Findings of MHLDA project



Lack of statistical evidence

- Currently there is no statistical evidence to show numbers of black people accessing the service
- There are also gaps in further probing why black people are not engaging with the service and why there is a high prevalence of drop outs from this community



Difficulty In Accessing Service

- No clear pathways of accessing service
- Most older adults from this community are digitally excluded
- Reliance on GPs doesn't work as they have high workloads- 10 minutes not enough
- Most patients have multiple issues that need to be solved
- Lack of publicity on other channels of getting support
- Long waiting times before treatment

Lack of cultural competency

- The experiences of those who tried to access the service are that they are not well understood by Practitioners
- There is need for training of Professionals so they understand culture, spiritual beliefs and religious belief
- MH is believed to be punishment from Gods and makes people abandon engaging with services- Evil spirits theory
- Indoctrination that needs to be tackled



Lack of holistic approach to MH issues

There is no collaboration between Clinicians and community organisations

Need for peer to peer to peer support/ buddy system

Lack of support systems to tackle loneliness and isolation, such as social activities to meaningfully engage individuals

Lack of social models of therapy such as cookery, exercise, knitting, story telling etc

Language Barriers

Some individuals have English as a second or third language and find it difficult to express themselves

MH issues are complex and difficult to explain and find correct terminology

Lack of interpreting services due to the economic climate

Lack of advocacy services for those who are struggling and vulnerable again as a result of austerity measures



THERE IS LACK OF EMPATHY
FOR THOSE GOING THROUGH
MH CHALLENGES



THE LANGUAGE USED AROUND
MH IS DEROGATORY AND HAS
A LOT OF STIGMA IN IT



SOME OF OUR PEOPLE DO NOT
LOOK AT MH AS AN ILLNESS
BUT AS A WEAKNESS AND FOR
A PERSON TO PULL UP THEIR
SOCKS AND BEHAVE PROPERLY



LACK OF AWARENESS
WORKSHOPS FOR FAMILIES TO
BE TAUGHT ON HOW TO
RECOGNISE SIGNS AND
SYMPTOMS OF MH



INVOLVING FAMILIES IN
TREATMENT SO THEY
UNDERSTAND THE JOURNEY
WHICH FOR US IS EASY AS WE
HAVE AN EXTENDED SYSTEM
OF LIVING

Lack of Immigration right to stay

- Immigration system is one of the major drivers in MH in immigrants
- People with NRPF are always anxious about outcome of their applications during waiting period
- Some people are not registered with GPs and are a hard to reach community
- Lack of thorough research on migration and identity and its influence on MH
- There is a significant number of older adults who are now relieving the racism they faced when they came to UK



The workshop is being asked to discuss **Call for Action Pledges** in respect of MHLDA

COPRODUCTION – ENGAGING COMMUNITIES

RACE EQUALITY PLANS INTO EVERYTHING WE DO.

INVEST IN LOCAL BLACK COMMUNITIES

REPRESENTATION AT ALL LEVELS

INNOVATION