PROGRESSING EQUALITY THROUGH MENTAL HEALTH COMMISSIONING AND MENTAL HEALTH SERVICE DELIVERY

CHALLENGING INEQUALITIES SELF-ASSESSMENT TOOLKIT

This document was authored by Islington's Inequalities Subgroup of the All Age Mental Health Partnership Board in August 2021. It contains evidence and expertise from our various partners on how those involved in mental health in Islington can work together to address the inequalities that we know continue to exist in service delivery. We will review this initial document in 12 months' time with input from those using it.

Contents

Introduction

This is a toolkit designed to improve equality of access, experience and outcomes in relation to mental health services across racial and ethnic groups in Islington. It was designed by local people with experience of mental illness, experts from Islington's racially and culturally diverse communities and people working within Islington's mental health services.

We know there are significant numbers of people within Islington's diverse communities with mental health needs who would benefit from treatment and support, yet are not accessing either. We also know that for some residents, mental health treatment and support are associated with exclusion, discrimination or stereotyping and can be affected by stigma or fear.

These challenges are complex and have been discussed many times before. It is clear that ongoing work is required to change the ways in which we understand and respond to mental health inequalities within our borough.

With this in mind, members of Islington's All Age Mental Health Partnerships Board have formed an Inequalities Subgroup. The membership is keen to deliver mental health services which are inclusive, and accessible to all of our residents. There is a real appetite for change. It is hoped this toolkit will drive the implementation of a more consistent and coordinated approach across the borough.

Adoption of the toolkit will require a high level of commitment from all mental health organisations and this will be overseen by Islington's All Age Mental Health Partnership Board.   All members of the AAMHPB have already agreed to advocate for change within their own organisations and hold the wider group to account on progress made. One meeting per year of the AAMHPB will focus on inequalities to assess progress and enable the learning to be shared.

How to use this toolkit

The toolkit includes a list of 7 key areas, drawn from current practice which may help or inspire others to develop new policies, service models or approaches which promote diversity and inclusion with their mental health service. Key area one is for commissioners of services.

It is important that organisations use this guide in whatever ways are most useful and realistic to them. Ideally a lead person in the organisation (or within a department) will talk through the guide with colleagues and service users / patients and carers (or using data gathered from service users/ patients and carers) and agree particular areas for action. We recommend two or three achievable pledges to work on for the year. All Age Mental Health Partnership Board partners will be invited to share progress, learning and share ideas at an annual meeting.

Larger organisations might pilot the guide in a particular department, and come up with several actions and then share learning and good practice more widely. Smaller organisations might focus on one particular area of change and test this within a specific project or service before moving to another area. For those services commissioned by

Islington Council, commissioners may expect potential providers to refer to this guide in the commissioning process, and may refer to the guide and related good practice within contract monitoring.

We anticipate that most organisations using the toolkit will already have some form of expertise in at least one key area; our focus here is not to instruct, rather to invite others to join us as we develop and share examples of good practice.

We hope that commissioners and providers will:

- Discuss the toolkit within contract, strategic and service delivery meetings.
- Use it in conjunction with the Self-Audit Tool, addressing any gaps identified using the practical tips and training opportunities outlined.
- Reach out to other organisations and services in order to share learning and best practice.
- Consult with service-users as to the impact of the audit and any changes made.

We developed this toolkit together to promote equality and inclusion in mental health commissioning and service delivery

FOR COMMISSIONERS OF SERVICES

1. Commissioning and contracting arrangements

1.1 Representation: There should be greater representation of the experience of people from diverse communities in service design, including in expert by experience representation.

Communities hold a range of intelligence and expertise that are valuable in understanding need, deciding what works, and advising on the likely impact of any changes to mental health models or services. To meaningfully advance equality, it is essential to work with directly with service-users in order to identify barriers, find new ideas and ensure that services and solutions to problems are co-produced. This means building strong, person-centred relationships which foster a culture of openness and trust over time.

Good examples include initiatives which engage both existing and potential new participants - for example Healthwatch Islington's Diverse Community Health Voice Group.

> Healthwatch Islington facilitates a Diverse Communities Health Voice group. It is made up of 11 organisations representing Islington's diverse communities and helps amplify the voices of the diverse residents they work with. As a partnership, they share skills and insight to strengthen each other's work. They respect each other's expertise and support each other. They share risks and benefits including fair sharing of financial resources. As a principle, they share responsibility for the successful delivery of this work. Their work includes reporting views, and challenging local statutory and voluntary sector partners to take these views on board in the planning and design of services. They also speak out where they see their service users being discriminated against.

However, there remains a lack of diverse voices in Islington's formal mental health service user involvement group and it is this group that is most frequently invited to attend partnership meetings and engage in service co-design.

Commissioners must support Islington's formal user involvement service to proactively engage with a broader range of stakeholders so their voice is representative of diverse communities and experiences, and their contributions are more reflective of Islington's communities when influencing statutory and non-statutory services.

VCSE partners are encouraged to identify experts by experience within their services and projects who are also willing to use their voice within formal decision-making forums.

VCSE colleagues are now part of the newly transformed community mental health team in the Central locality network. They will be able to support connections through the VCSE and statutory services through building links with communities not currently engaged.

1.2 Community Consultation: Time and space should be given to consult community groups and organisations in more flexible and informal ways.

Methods used by commissioning and service providers to engage communities in mental health service design/ improvement can hamper the involvement of smaller community organisations whose operating culture is different to the NHS or LBI ways of working.

For example:

- some communities prefer a relational approach to engagement – meeting over snacks in an informal setting rather than around a table in a meeting room or in a conference room with a presentation style layout.
- smaller community organisations may not be able to attend two or three hour engagement meetings and keep their services open, and therefore miss an opportunity to be part of the conversation.
- commissioners and providers should ensure that resident engagement prior to service re-design or tender involves diverse communities with an opportunity to speak and influence decision-making.
- this may involve supporting residents to prepare in advance, using visual presentations without jargon or interpreters where language would otherwise present a barrier.
- where mental health is specifically the topic, it can be helpful to provide warmers or ask gentler questions first – how do residents experience or talk about wellbeing within their families or communities and what helps them to feel better on a day-to-day basis?

1.3 Equality Impact Assessments: Not just a tick-box exercise

The current process for completing Equality Impact Assessments can be a desktop exercise that is light touch and 'tick-box'. Completing it in this way can lead to false assumptions about how plans or changes may affect some communities, and may even involve unconscious bias.

Finding time for an open and transparent conversation with diverse groups of residents means planning with plenty of time in order to reach out creatively: perhaps by asking a community organisation to host a meeting and empower their resident group to understand what the assessment means and how they can have their say; or being prepared to have both group and 1-2-1 conversations in order to better understand the issues at stake.

Completion of equality impact assessments or resident impact assessments should be a more collaborative experience. The document should be completed earlier in the process and shared before sign-off.

1.4   Collaborative Bidding: Smaller community groups should be invited and supported to join partnerships or consortium bids.

Smaller, community organisations serving Islington's diverse communities understand the challenges in achieving equality within mental health services. They are a trusted source of support to residents with high levels of mental health need who are reluctant to access statutory mental health services. They understand the reasons why people are reluctant–

stigma, fear of not being understood and being discriminated against, not feeling emotionally or physically safe, lack of trust in the statutory sector.

This expertise incorporates invaluable details or stories pertaining to lived experience which may be specific to a cultural group or identity: sharing experiences, challenges and solutions or coping mechanisms. Whilst the expertise exists locally, it often remains on the periphery of services as contracting models prevent rather than promote this kind of intelligence.

Contract and service models should encourage joint bids, sub-contracts or collaboration with smaller community groups. This will support the intercultural sharing of skills and knowledge, break down taboos or stigma, develop better referral pathways and partnerships and build stronger links between mental health services and the communities they serve.

1.5 Clarity about the offer being commissioned in the borough

A simple, visual guide to services in Islington is needed. The guide should set out where to go and what to expect from different mental health services. This should include information on wellbeing services, including how to access Link Workers, Community Navigators and Social Prescribing services.

FOR PROVIDERS OF SERVICES

2. Welcoming and inclusive services

2.1 Locating a service and understanding the system

Locating the right service and attending an appointment for the first time can be very daunting.

In order to minimise anxiety, it can be helpful to:

- Use outreach wellbeing activities and word of mouth to encourage people to refer themselves for treatment and suggest a friend of family member travels with the client for the first session (but avoid using them as interpreters).
- Use simple, visual leaflets which describe in simple language what the service is and how to get there.
- Consider conducting a face-to-face induction session with the client ahead of beginning treatment.
- Make use of telephone or face-to-face interpreters, as necessary.
- Where possible, keep assessments conversational and complete paperwork afterwards.

2.2 Appointments in anonymous buildings

The building a service operates from can influence whether someone experiencing mental distress takes up an offer of help. Whilst a lot of progress has been made across society in

general, there remains a great deal stigma in relation to mental health difficulties including internalised shame for those experiencing symptoms. A fear of being recognised entering a mental health service means that some people are delaying getting help at the early stages of their illness.

Residents should be provided with the option to have appointments in anonymous, community buildings they may feel more comfortable entering. This option should be widely advertised.

> Islington Mind offers specialist services to our most marginalised groups. e.g. the LGBTQ+ (Outcome,) the LGBTQ+ asylum seekers and refugees project (Freedom From Fear To Love), the LD project (LDTogether,) the Women Only space from a residential house in Ashley Road, Crouch Hill. Clients can simply knock on the door, a member of staff or volunteer opens the door, clients sign in independently and enter 'the house'. They are free to access whichever part of the service they choose. Islington Mind is happy to arrange visits to this site or even better – invite everyone to their open day.

2.3 Service reception areas and consulting rooms should feel informal, friendly, relaxed and non-clinical.

Racism, discrimination and exclusion can leave some people untrusting of mental health services and/ or state run or sponsored organisations. Some find a purely functional mental health service environment clinical, alien, impersonal, and feel it is not for them.

People from diverse communities should be involved in the design of reception areas and clinical rooms. Artwork and other imagery should be inclusive and reflect different cultures in order to create an informal, friendly, relaxed and non-clinical feel.

> Nafsiyat has artwork representing several different cultures. There is artwork up in each room. They have also partnered with an organisation called 'Poems For' https://poemsforthewall.org/ who provide poems in multiple languages for health waiting rooms, to show a rotation of poems in many different languages, which an English translation. These are on rotation on a television in the waiting room. The idea being that if someone sees a poem in their mother-tongue language, or even in any language other than English, while waiting, they will recognise that they are in a culturally inclusive space.

Reception staff are often a person's first in-person contact with a service and that interaction can help to put the person at ease and be the first step in building a positive relationship. The reception area and staff should offer a warm, friendly and welcoming experience.

Reception staff should be recruited from diverse community groups and ideally be able to speak more than one language. Reception staff should complete mental health first aid and customer service training so that they are both professional and empathic in approach. There should be the option for those concerned about being overheard to talk to reception staff privately.

Working in reception in a mental health service can be a busy and emotionally demanding job, with the potential for emotional exhaustion. Reception staff should be continually supported to develop and sustain their ability to welcome and support others.

3. Acknowledging and discussing differences with clients

3.1 Openly discussing differences and external realities and mandatory cultural competence training

Some UK health professionals can make assumptions based on the person's ethnicity, language, immigration status and other characteristics. Within conversations about mental health, this can be particularly inhibiting for a person wishing to disclose: within some cultures, for example, doctors may be seen as authority figures who are not to be questioned; or there may be some confusion between the role of a doctor or psychologist or counsellor depending on a person's background and experience.

Some people from diverse backgrounds can feel that their racial, cultural or ethnic background is ignored when it can present important information about their mental health: for example, a person from a refugee background may want to disclose some details of their history in order to explore post-traumatic stress symptoms. Or a Black person may worried about discussing experiences of racism with a white counsellor, in case their experience is minimised or even repeated.

Being able to explore difference sensitively is an important step in supporting people to feel understood, paving the way for greater trust and exchange of ideas. Part of this is staff understanding and recognising external realities such as racism, poverty, abuse and practical barriers which aggravate or even cause mental health difficulties, affecting engagement and attendance at appointments.

All staff should attend cultural competence training, which includes reflecting on culture, power and privilege. Where possible, mental health services should include parallel practical roles which support complex issues such as housing, immigration, welfare and debt management.

> Nafsiyat offer a one-day Cultural Competence training workshop which addresses the dynamics of working with diverse communities. The training highlights possible inequities within the organisation and equips staff to be more confident in therapeutic engagement with Black, African, Asian clients (particularly with regards to engaging in conversations around race and difference in general).
>
> More information can be found here: https://www.nafsiyat.org.uk/index.php/training/

Other approaches to consider include:

- Awareness of language: being able to take time to explain concepts in plain English, or use interpreters where it is clear that a person does not understand; checking understanding of concepts and asking what they mean to that person.

- Maintaining an intersectional awareness of mental health: for example, a woman who is Black, on low income, and does not speak English may have experienced more

complex barriers to good mental health than her white middle-class British counterpart.

- Scaffolding services: providing informal wellbeing activities and psychoeducation as a means of creating a more collaborative pathway into mental health services.

- Creating a consciously multicultural environment – showing appreciation of calendar dates such as Eid, Chinese New Year, Black History Month or International Women's Day in public waiting rooms. Celebrating and using different cultural approaches to wellbeing and acknowledging provenance.

4. Data collection and analysis

Inequalities in health and access to services are widely reported and we know it varies across groups and conditions. Widespread, reliable and consistent data is needed to identify the extent of the problem and monitor progress in addressing it. The need for good-quality and complete ethnicity data has been reinforced by the Equality Act 2010, which places responsibility on authorities to tackle inequalities and target services appropriately.

It is not always the case that ethnicity data is being collected in Islington, particularly with regards to attrition and outcome.

Commissioners should ensure that ethnicity data for those accessing services is complete and trial the introduction of reporting outcomes by ethnicity in at least one service. Service managers should raise awareness of the importance of ethnicity data and its use to facilitate the reduction of inequalities.

Once collected, ethnicity data across the population and mental health services must be routinely analysed in order to strengthen action to prevent and manage poor health - identify needs in specific communities and respond with tailored strategies - as well as track the impact of this work. This will require Public Health and commissioning to undertake detailed analysis of ethnicity data across the mental health system at least every six months.

5. Recruitment and operational policies

5.1 Inclusive staff policies and processes

Islington's diverse communities should be more visibly reflected within in its mental health workforce – commissioning, public health, staff in services and management. This means ensuring human resource policies and processes, including recruitment, are inclusive and appealing to people from different communities.

Organisations should review all existing workplace policies with a diversity lens. All staff recruitment, induction and management processes should reflect the importance of promoting equality and addressing inequalities. All organisations should have an Equal

Opportunities, Equalities and Diversity Policy and Influence and Participation Polices, and these should be live documents, shared via regular meetings and trainings.

CIPD (Chartered institute of Personnel & Development) have a range of resources on their website. It includes information on use of terminology, information on developing an anti-racism in the workplace strategy, having conversations about race in the work and webinars on tackling racism in the workplace.

Time should be dedicated at staff meetings to talk about equality issues within the team and managers should create a work environment where staff are encouraged, empowered and supported to appropriately challenge non-inclusive comments or behaviour by staff and by clients whenever it happens, when it happens.

Practices which support these concepts include:

- Checking whose voice is not heard – why is this and how can it be addressed?
- Practising cultural sharing, can staff feel confident in bringing their culture and belief system to the organisation?
- Checking unconscious bias in terms of recruitment practices – someone may do better at interview if their written English is not perfect; be aware of recruiting people who are 'one of us' or 'make us feel comfortable'
- Challenging clients who refuse a service or professional based on race, ethnicity or language
- Ensuring your staff reflects the demographic of your service-users – so that everyone feels represented and welcome.

5.2 Service reviews and equality champions

Decisions on the design or delivery of mental health services can unintentionally affect access. People from minoritised communities will not necessarily have the trust or confidence to assert any barriers, therefore it is important to use an equalities lens when discussing and booking in appointments. Issues will cover a broad range and may not be resolved – however, sometimes an acknowledgement is enough, especially where this affects regular or on-time attendance. Examples to consider include:

- A person with childcare responsibilities who cannot attend outside of school hours
- A homemaker who is expected to cook at certain times for the family and may not have the level of independence assumed by the majority culture.
- A person working to a zero hours contract who would lose pay in order to attend an appointment at a certain time.
- A person with a range of complex practical issues who has to attend different appointments each week.

Services should co-produce service reviews and developments with people from diverse communities in order to better understand barriers and design accessible appointments. Islington's service user involvement service can advise on this.

Each service should have an identified Equalities Champion whose role is dedicated to highlighting and improving equalities practice within the service and to whom team members can raise concerns or present ideas. London Borough of Islington have recently introduced Equalities Champions. Learning and resources from the LBI Champions will be added to this document as they are developed.

The Maya Centre is developing a Women's Hub aimed at engaging and empowering women from minoritised groups to have a greater say in the wellbeing and mental health activities which best serve them.

Dedicated, outreach peer support groups will provide trusted spaces in which women from diverse communities can address barriers and design their own wellbeing workshops, which are then offered to the wider community. A Women's Forum will provide a structured pathway into advisory and influencing roles, with the aim of representation at Board Level within 3 years.

This project is funded to start in April 2022. For more information, visit www.mayacentre.org.uk

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6. Training and recruitment for counsellors with community languages

There is a shortage of trainee or qualified counsellors able to speak the languages of Islington's communities and this has been the case for years. Language has been repeatedly raised as a barrier to accessing services and it is well known that most professional mental health training courses are expensive and therefore exclusive.

In addition, many speakers of English as a second language underestimate their fluency in English and may lack confidence to train as a bilingual mental health practitioner or counsellor.

A specific piece of work should be undertaken to explore these barriers and find solutions in the medium term.

In the short term, good practice for mental health services includes:

- Specifically encouraging applications from mental health staff with community languages within recruitment drives, with mention of the exact languages required according to client population.
- Advertising widely using dedicated platforms such as The Black, African and Asian Therapy Network (www.baatn.org.uk), or circulating advertisements to local community organisations and networks.
- Ensuring that student placements are offered to a diverse range of applicants; that speakers of English as a second language are not discriminated against by other professionals or clients; and that additional support is given if necessary to develop IT and paperwork skills.

7. Wider awareness

7.1 Improving awareness of the mental health system

The UK health and mental health systems are designed to be free and accessible to the general population. However for those from migrant or refugee backgrounds, used to very different systems and processes, they can be difficult to understand and navigate.

7.2 Improving awareness of mental health among staff

There should be a greater understanding of mental health and wellbeing across all of Islington's services. All staff working or volunteering with Islington's community services should attend Mental Health First Aid training, this includes the council's housing teams.

The course teaches practical skills to spot the signs of mental health issues, teaches how to reassure and support a person in distress, and provides basic information on mental health services in Islington. It is free to access. Information on this and other mental health awareness courses in Islington can be accessed here.

8. Action Planning

As an Islington organisation or service offering mental health support, you are are invited to review your practice across all 7 key areas. You can then select one or more areas to consider for action.

Partners will be invited to share learning and progress with the All Age Mental Health Partnership Board.

We thank you for reading