

Briefing paper on Models of Mental Health  
Care for Black African Caribbean  
communities

**FINAL**  
November 2009  
NHS West Midlands RDC  
[www.wmrdc.org.uk](http://www.wmrdc.org.uk)

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## Introduction

This report aims to provide the Mental Health Commissioners with an outline of the evidence base for different models of care for Black African Caribbean communities. The report provides key options for mental health commissioners to consider in the West Midlands.

This report focuses on models of care that have developed an evidence base in improving early engagement/preventative and care pathways for Black African Caribbean communities.

The report covers the following:

1. The current academic evidence of care for Black African Caribbean communities, with specific focus on the cost analysis of the services for Black African Caribbean communities, review research evidence base of new perspectives.
2. A review of the current Models of Care provided nationally and locally to meet the needs of Black African Caribbean communities.
3. Recommendations for mental health commissioners to consider in the re-design of mental health service models of care for Black African Caribbean communities.

## **Terms of Reference & Area of Scope**

The Regional Development Centre (RDC) has been commissioned to provide a report to the Commissioners on the evidence base for different models of care indicating which/what works best fit for each group. For this report, it was agreed that the focus would be working to develop an evidence base on models of care for Black African Caribbean communities.

Black African Caribbean communities in the context of those communities who migrated to the UK in the 1950's and 1960 are from the African subcontinent and the various islands of the Caribbean. This reports aims to focus on second and third generation migrants, of all ages and both genders.

This report does not focus on the migration of new and emerging communities migrating from the African sub-continent such as Somalian communities; an evidence base for these communities will be identified in a separate paper.

Throughout this report the term 'Black and minority ethnic' (BME) is used to refer to all people of minority ethnic status in England. It does not only refer to skin colour but to people of all groups who may experience discrimination and disadvantage, such as those of Irish origin, those of Mediterranean origin and East European migrant.

Much of the current research has concentrated on the over-representation and secondary care for this group. There has been little evidence of primary care interventions

# **Executive Summary**

## **Introduction and context of the report**

Research has shown that Black people are often reluctant to engage with mainstream mental health services and do so only at times of crisis or breakdown. Research evidence states that delays in seeking help can create new risks; for example the involvement of Police or use of the Mental Health Act and more recently the overuse of Supervised Community Treatment Orders. There are disproportionately high rates of hospital inpatient admission, compulsory admission, admissions to intensive care and secure services and use of seclusion and restraint in all types of hospital.

Such patterns of service use are often negatively experienced and associated with poor outcomes i.e. high rates of relapse and re-admission. These adverse consequences reinforce the mistrust of mainstream services that is the initial cause of delayed engagement, thus reinforcing a cycle of fear. (CQC report 2009 in the HSJ 2009 & Bhui et al 2003)

## **Key recommendations for Commissioners**

### **Recommendation 1:**

Better information and the intelligent use of data

Commissioners should:

- Use the Workshop recommended in the Paper on the Costs of Race Inequality (2006) by Sainsbury Centre for Mental Health as a guide to enable trusts and commissioners to perform the analysis on comprehensive activity data on service take-up by ethnicity, and then benchmark against unit costs, to provide a better evidence base for ensuring value for money and cost effectiveness.

### **Recommendation 2: Equality Impact Assessment Framework**

Commissioners should:

- Use the organizations equalities frameworks as key tools to ensure that all aspects of equalities and human rights are central to the delivery of services and workforce development.

### **Recommendation 3: Contracting**

Commissioners should:

- Use the NHS Contract (2008) for mental health providers; this outlines an equalities approach for commissioners to work to address in future contracts.

## **Models of mental health care for Black African Caribbean patients**

## Background

This sections aims to review the research evidence base for different models of care for Black African Caribbean communities.

Research has shown that Black people are often reluctant to engage with mainstream mental health services and do so only at times of crisis or breakdown. Research evidence states that delays in seeking help can create new risks; for example the involvement of Police or use of the Mental Health Act and more recently the overuse of Supervised Community Treatment Orders. There are disproportionately high rates of hospital inpatient admission, compulsory admission, admissions to intensive care and secure services and use of seclusion and restraint in all types of hospital. Such patterns of service use are often negatively experienced and associated with poor outcomes i.e. high rates if relapse and re-admission. These adverse consequences reinforce the mistrust of mainstream services that is the initial cause of delayed engagement, thus reinforcing a cycle of fear. (CQC report 2009 in the HSJ 2009 & Bhui et al 2003)

'The Costs of Race Inequality' (SCMH 2006) recommended that  
*"better mental health care services for Black people could yield a double benefit: improved outcomes and lower financial costs"* (SCMH, 2006, p. 1)

The report provides a workbook which allows NHS organisations and others to analyse service provision data.

The costs of this inequality in service was analysed in London, it showed that:

1. Black people had 10.9 days of care in an acute inpatient ward; compared to 7.6 days for White service users.
2. In 2004/5 for every Black user who stayed for an average 10.9 days of care in an acute inpatient ward had a cost of £2,660; compared to a White service user staying for 7.6 days costing £1,854.
3. The total average annual cost per Black service user is £6,539 compared with £4,132 per White user.

## Models of Care

Fernando (2006) argues that;

*"no clear cut single good practice model for multi-cultural service provision has emerged in the UK"* (in SCM, 2006, p.12)

Studies by Christie (2003); Fernando (2006) clearly demonstrate models of good practice for engaging Black African Caribbean communities in partnership with the Black and Ethnic minority (BME) third sector.

We have provided information about 4 models of care in this section of the report. We recognise that there is no single leading model.

Three of the models of care analysed in this report have developed based on the **enhancing** pathways into care (EPIC) model developed by Professor Kamaldeep Bhui and Professor Kwame McKenzie. The EPIC model aims to demonstrate how pathways to mental health care for ethnic minorities can be improved, the process and strategies to support this and how the NHS can increase capacity to deliver this.

### **Model of Care 1 - Partnership with Sheffield African Caribbean Mental Health Association Ltd, Community Outreach Service and Sheffield Care Trust Crisis/ Home Treatment Team**

These services are aimed at patients already known to secondary mental health services with the aim of reducing the length of stay in inpatient wards

This model of care developed through a partnership approach between the Sheffield African Caribbean Mental Health Association (SACMA) and the Home Treatment Team within Sheffield Care Trust. Initially the project looked at lengths of stay in inpatient wards and found that Black African Caribbean patients stay 3 more days than white patients. There were large geographical variations, with some staying months longer. (Sheffield Care Trust Audit Department results of Count Me In Census results).

The project ensured that the recording, reviewing and senior management engagement with the reporting systems was all improved and the intelligent use of data is now a regular part of the organisation. In addition, this process resulted in raising the ownership, competence and awareness of staff across the organisation on the role and value of collecting, analysing and intelligently using the data to ensure service changes for patients and their carers.

An EPIC manual is currently being developed through Mental Health Foundation funding and the work of the EPIC sites will be effectively evidence based and disseminated in November 2009. This information will be available at [www.mentalhealthequalities.org.uk](http://www.mentalhealthequalities.org.uk)

To date the model has also been applied to deliver successful improvements in care pathways for Pakistani Muslim groups and Somalian groups in Sheffield.

### **Model of Care 2 – Enhancing Pathways out of Care (EPOC) for Black African Caribbean men using Assertive Outreach services in Handsworth, BSMHFT**

The approach developed by Birmingham and Solihull Foundation Trust (BSMHFT) was distinctively different to the SACMA model outlined above. This model was based on developing an evidence base of how pathways for Black

African Caribbean men accessing assertive outreach team support can be enhanced, to **ensure effective pathways out of care**.

The aim of the intervention was to support patients already known to secondary services step down their care, with a well organised care plan approach, involving health, social care and third sector organisations.

The model was supported by the Executive team - Director of Nursing, Medical Director and lead consultants within the Heart of Birmingham Locality and fundamentally the Handsworth Assertive Outreach Team.

The initial evidence outlined that out of the 80 cases on the database of the Assertive Outreach Team (AOT), 40 of the patients were African Caribbean men, and initial evidence of the audit highlighted that over a two year period, none of the Black African Caribbean patients had moved on from the assertive outreach team.

The project aimed to:

- To demonstrate that pathways into mental health care can be modified using local knowledge and voluntary sector expertise
- To identify and overcome processes that hinder the implementation of a pathway approach
- Formulate a learning process that can be recommended to Trusts wishing to improve their pathways to care for black and minority ethnic groups

A key driver to the development of the scope, of pathways of care was the aim of the team to work to establish a reconnection and reformation of family bonds and social networks for the African Caribbean men engaged with the team, which would lead to the replacement of statutory services.

There were three planned interventions in this model, profiling, narrative constructions and social interventions.

Firstly, profiling patients looked specifically at social relationships and support networks. This was done in partnership with a third sector organisation.

Secondly, the development of narratives (story telling) the lives of African Caribbean men engaged with the assertive outreach team. An Afro-centric approach works with the 'we' rather than the 'I' in individual care and recovery. The focus to the African centric approach refocuses the notions of identity, more from the individuals to individuals, their families and their social networks. This approach is well evidenced in the 'Breaking the Circles of Fear report, (SCMH, 2003) and in Francis et al (1989); which stated:

*'The project encouraged the involvement of the local community in its work. Relatives and friends who were distanced from the clients during their periods of institutional care are slowly brought back into the social*

*network available and often this involves a re-examination of the context within which the initial 'breakdown' occurred. Much of the effort is directed towards a greater sense of involvement in repairing and healing the damage and dislocation may of the clients have experienced' (Francis et al, (1989). p.484)*

Thirdly, the team was able to work with Servol Community Trust and local day centres to develop focus on current day centre activity, access rates and take up of day care services by clients from the assertive outreach team. Some of the crucial feedback from the clients involved lack of engagement down to the fact that the service was provided in a mental health day centre and the phrase "anything but mental health" was mentioned as a key determinant to lack of engagement.

The project team through the project and based on some of the crucial feedback from the clients worked to refocus the interventions on wider community – faith based approaches; and exploring family / social network and even kinship networks. The process of re-engagement with social networks was key to the development of an effective discharge plan for the team. The narratives also offered the assertive outreach team themselves some new approaches that they were able to implement within the team.

### **Outcomes**

The professional thinking of the team changed, they were able to develop closer working relationships with local third sector agencies and work in partnership with the agencies through outreach/in-reach model. The team was able to support a range of activities identified through the narrative construction including; liaison with external agencies i.e. Council of Black Led Churches, job centres, vocational education and placements for clients.

### **Model 3 - Enhancing pathways into care – A case for mainstreaming change - Antenna Outreach Services, Haringey**

The Antenna Outreach service model is a culturally specific mental health service, which works with Black African Caribbean people aged between 16 and 25 years old, suffering the effects of mental illness.

The service offers holistic support to meet a range of different needs, for example help with housing and benefit advice. Around half the clients at any one time are in some sort of active training programme, and Antenna supports them to complete their training. A 24-hour telephone helpline provides information and support around mental health issues to young people and their parents. Work to tackle stigma and mental illness takes place in the wider community through work in schools, churches and mosques and with youth services, including involvement in one school with a health mentoring programme.

## **Background and context to the Antenna Outreach Model**

Before the Antenna service was developed the evidence of the local population reported on similar evidence viewed nationally in regards to African Caribbean mental health; high rates of mental health problems, poor satisfaction with services, a alienation/ lack of trust/ services not real or relevant, delays in treatment, non compliance with services and high rates of untreated morbidity

This service model is now wholly funded by Barnet, Enfield and Haringey NHS Trust. The funding for the service was specifically for African and Caribbean origin users. The service provided a 24 hour help-line with primary prevention and a volunteer group, all working to ensure the development of mainstream capacity within the Trust.

The target population for the service was African Caribbean patients, aged 16-25 year old, There was a real team approach to the work, which operated on a 9-5 basis and plus four hours at weekends. All the clients were seen **at least** one hour per week. The outreach model operated a 24/7 crisis line so that all staff worked the rota on an on call basis.

## **Basic principles of the model**

The basic principle is a *'high visibility low impact model'*, where relatives and carers are inclusive to the service and the recovery model is a fundamental component of the service and approach.

This can be explained further as high visibility in the community; which for the for community is through

- local fairs, shows - stalls, leaflets, information, video
- radio / TV/ magazines / local events
- churches/ social services/ Princes Trust/ schools/ housing estates/

The high visibility low impact model works well for clients at assessment

- information packs to client before assessment,
- visit at their convenience
- carer contacted separately
- visits at home or place of their choice
- assessment over 6 visits - strengths based

High visibility low impact works for clients in the system

- team approach (not everyone like everyone)
- most visits not mental health based
- regular contact outside weekly visits
- constant dialogue decreasing anxiety
- survey of clients to decide which services to set up
- dialogue based on what they want to achieve

A key aspect of the Antenna Outreach model has been the involvement and active engagement of the Carers and relatives. The team ensured that Carers and family were considered partners in care, who were all assessed at introduction and given information, advice and support on services for them.

The fundamental aim of the service was to work within the framework of the recovery model; where the overall aims of the service was to discharge the patient into the community and not to foster dependence on the service. A key outcome of the service was that within the first two years, 50% of the clients accessing the Antenna service have made a return to education and work.

The Antenna model operated by increasing the capacity of mainstream by education, training and supporting organisations. This occurred by developing new opportunities such as work placements or sports groups in which our users come into contact with non-users; and programs which gave users the skills required to access mainstream facilities.

Key outcomes of the model within the first two years were:

- 5000 visits a year
- Low rates of sectioning within the client group
- Low rates of carer depression
- 50% of clients in contact with the service in education or work (7 in University)
- There were no suicides within the time and only one violent incident

The key lessons learned from the Antenna outreach model included ensuring proper initial consultation and community involvement. That the services being discussed for development or being developed should reflect the aspirations of clients, carers and families.

#### **Model 4 - The African Caribbean Community Initiative (ACCI). Wolverhampton – African Caribbean Outreach support and community service for mental health**

This model of care drew upon the key partnership between ACCI and the joint commissioning unit with NHS Wolverhampton and the City Council.

The aims of the service model are to improve and prevent mental ill health among African, Caribbean and Dual Heritage adults, including Carers, through the provision of a culturally sensitive community support facility, outreach support for those who are unable to attend the Community facility and Carer Support Groups.

Since 1987, ACCI has aimed to provide a range of person centred and culturally appropriate services to meet the needs of the African Caribbean individuals and

families experiencing or recovering from mental ill health. ACCI has also been instrumental in influencing local, regional and national mental health policy development and service delivery.

Three key examples which highlight the models of care, approaches, outcomes and impact which ACCI has developed successfully are critically reviewed below:

1. **Omari is the supported housing accommodation** that ACCI has developed in partnership with Heanton Housing, as the key sponsor. Omari consists of four phases in the development of services providing a range of supported accommodation options for Black African Caribbean communities.
2. **St Jude's – St Jude's is an assertively managed housing scheme for Black African Caribbean men.** This service was developed in response to the evidence of poor engagement with this client group. The evidence presented a profile of African Caribbean men who were homeless, disengaged from housing services and support, care services and health services; non compliant with medication, in the revolving door system of mental health care, forensics and criminal justice system. The profile of this group had key issues of bad tenancy, poor financial management, hard to engage by providers services.
3. **Yahimba housing scheme is a similar model to St Jude's,** however this service is for African Caribbean women. The service works to support women facing issues around mental illness and interlinking issues of domestic violence, engagement with services, self harm and tackling the emerging trends of the over-representation of Caribbean women in the criminal justice system and forensic psychiatry. In 2007 the Nyela women's group published a community research engagement report, which provided a focus on the depth of the issues facing Caribbean women in the mental health systems and suggested key recommendations for commissioner, provider in working to improve models of mental health care for Caribbean women.

The report can be accessed through the [www.wmrhc.org.uk/mental-health/reducing-health-inequalities/delivering-race-equality-dre-in-mental-health/engaging-communities/community-engagement-model/black-african-caribbean-communities/](http://www.wmrhc.org.uk/mental-health/reducing-health-inequalities/delivering-race-equality-dre-in-mental-health/engaging-communities/community-engagement-model/black-african-caribbean-communities/)

### **Day Services at ACCI**

ACCI currently provides day services to African Caribbean people in Wolverhampton and surrounding areas. The service currently offers day care activities, engagement, opportunities to people to participate, engage and become actively involved in the running of the services; the development of the services and learning for all. The service offers a range of creative arts and crafts activities, gardening project i.e. allotment to grow Caribbean herbs and joint work with the Heritage Lottery project. There are specific sessions and drop

in sessions. The service also offers clients sessions on debt counselling and support in accessing the right benefits etc.

### **Carers support group at ACCI**

ACCI supports the Carers support group, which is made up of 50 – 60 carers and family members, who are very active in the support, function and development of the service. This group has over the years supported a range of local, regional and national developments around ensuring the Black African Caribbean carer's voice is heard articulately and honestly by all concerned.

In conjunction with the Department of Health and Care Services in Partnership they have now completed the production of a DVD that will be used as a training tool for care and health professionals. This is accessible at [www.nmhdu.org.uk](http://www.nmhdu.org.uk).

### **Challenging consequences of the model for ACCI**

Key issues that ACCI have reported regarding the services are as follows:

1. The nature in which funding and contracts have been granted in the past have made it very difficult for organisations like ACCI to develop a long term focus and vision for the development of the services.
2. How statutory agencies engage with ACCI as an organisation. There is a tendency to assume that the staff at ACCI are unskilled, incompetent and not confident in the services that are provided.
3. There are some key assumptions made by statutory agencies that the staff at ACCI have all the solutions' to all the issues faced by the African Caribbean communities and often forget that the interventions require key partnership engagement methods and approaches.
4. key issues such as risk assessment in the management of support to hard to engage clients by ACCI staff is often overlooked by statutory services; instead they review only the risks for them as NHS staff; not the risks that ACCI staff may encounter.
5. Very often partnership working with the PCT and statutory sector is based on working with individuals and not actually joined up as a system, which can at times prove problematic, when people move on.
6. ACCI is often viewed by the statutory sector as offering solutions to all the ills the communities face and often has to be the interface between statutory sector agencies and staff and the Black African Caribbean community. A recent example relates to the serious untoward incident in Wolverhampton, where the communities fears of accessing mental health services was put to the test and ACCI as a model and organisation was asked to support the PCT to develop effective mechanisms of reassurance and engagement with the communities and the service providers.
7. The model that ACCI advocates for is about true partnership working and ACCI aims to stand with the PCT to reassure the communities that

services can change, services can be challenged to change and communications and engagement is a two way process.

### **Outcomes**

The African Caribbean outreach support and community services provided by ACCI are monitored by the joint commissioning unit through a service specification. This specification is monitored and performance managed to ensure the following outcomes:

- To positively engage with the target audience (Black African Caribbean people) and marginalised groups such as women, lone parents) and the local community
  - To create a safe space for adults to engage in activities to improve their well being
  - Clients improve their status of mental health and avoid relapse
  - To improve the wellbeing of service users through a range of activities and support.
  - Increased number of people accessing education, employment and training opportunities
  - Increase access from marginalised groups to improve wellbeing and prevent ill-health
  - Improve the physical health of service users
  - Independence, choice and control
  - Contribute to effective and supportive assessments
  - Effective support to carers of African and Caribbean and dual heritage or those who care for individuals of African Caribbean origin
  - Ensure that the views of carers are represented in key forums.
- (Information from the Draft Service Specification for 2009-2010)

The organization is now formally involved in a new mental health awareness initiative with the Mental Health Tribunal Service, where new and existing recruits are now required to participate in awareness sessions involving BME service users and carers.

### **Common Themes**

The RDC has been unable to find examples of models of care for this group, that focus on Primary Mental Health Care and very Early Interventions. The models that have been highlighted here consider the needs of patients with identified secondary mental health needs.

The key theme that all these models highlight is the need to work in partnership across sectors to support improving the health and well being of patients. The models we have highlighted show engagement between NHS organisations, social care, and third sector organizations.

The challenges of working in partnership between statutory and third sector organizations have been highlighted by ACCI in our 4th model of care.

While we recognize that there is no one size fits all approach to providing good quality mental health care to Black African Caribbean communities, the principles from all of these models could be applied to any new service. The key principle for success appears to be well developed care pathways that engage all aspects of an individual's health and social care needs.

## **Recommendations**

Outlined above are four models of care working to engage with the Black African Caribbean perspective. Each model is unique in its own development, impact and outcomes; however the models outlined above are all models that are transferrable in their design and delivery which aim to offer mental health commissioners and providers a range of options and choices of approach in working to improve outcomes for Black African Caribbean communities.

Bibliography and reference section makes reference to a number of additional models of care working to engage Black African Caribbean communities; which commissioners may also want to explore.

### **Recommendation 1: Better information and the intelligent use of data**

Information and the intelligent use of the information is a key factor to ensuring a better understanding of the relationship between economics and service delivery.

The government's DRE Programme acknowledged information and the intelligent use of the information, as a key building block in working to deliver systemic changes in addressing mental health inequalities. (Delivering Race Equality in mental health care: DH, 2005. p18)

Commissioners should:

- Use the Workshop recommended in the Paper on the Costs of Race Inequality (2006) by Sainsbury Centre for Mental Health as a guide to enable trusts and commissioners to perform the analysis on comprehensive activity data on service take-up by ethnicity, and then benchmark against unit costs, to provide a better evidence base for ensuring value for money and cost effectiveness.
- Joint working with the Audit Department of PCT, Finance departments and Public Health Department of PCT with provider Trusts to ensure intelligent use of data. Additional data can be gained from the National Count Me In Census data and the Mental Health Minimum data set. Used together these overlapping datasets will provide rich data and a more comprehensive picture of the actual numbers and the costs involved within

the local area. Locally the Regional Public Health Observatory can provide information on the Mental Health Minimum Data set, there is regional information from Count me in Census data on the CQC website. Local trusts should hold their own data and some data should be available from the LIT reviews.

- The development of the EPIC Assessment co-audit tool is a tool which has been used within the EPIC sites and national studies; and has demonstrated key outcomes for service change and positive outcomes for Users and carers.

## **Recommendation 2: Equality Impact Assessment Framework**

Commissioners should:

- Use the organizations equalities frameworks as key tools to ensure that all aspects of equalities and human rights are central to the delivery of services and workforce development.

The implementation of the Equality Impact Assessment frameworks would support commissioners to ensure:

- that all aspects of any adverse and positive impacts of services and delivery are assessed and addressed through clear actions and evidence
- that all strategic planning, procuring services and monitoring and evaluation frameworks are delivered within the context of an equalities approach.
- That all planning and development is future proofed in identifying emerging trends and addressing socio-economic factors, key to addressing mental health inequalities
- That all planning and development addresses the cross cutting themes of equalities agenda from the service delivery and workforce development perspectives.

## **Recommendation 3: Contracting**

Commissioners should use:

- The NHS Contract (2008) for mental health providers outlines an equalities approach for commissioners to work to address in future contracts through the following areas:
  - schedule 5 – Clause 29 – Information requirements from Provider Trusts
  - The Data Quality Improvement Plan
  - Chapter 11 – Impact assessment;
  - Clause 54 – Equality of Access and No Discrimination
  - Care Planning

- Service Quality and Improvement Plans

The information from the NHS Contract can be used effectively within the Framework of the SCMH workbook.

## Conclusion

The models of care examples all aim to present a value for commissioners in developing a scope and evidence base for spending money differently; however it must be noted that;

*'new more appropriate services need to be developed **before** funds can be released from those in which Black people are currently over-represented....It cannot be achieved simply by disinvesting in existing service provision without first creating a radical transformation in the range of services on offer to Black people.'* (SCMH, 2006)

Improving the provision of services links in well to the current focus of the World class commissioning agenda on ensuring that competency 11 - ensuring efficiency and effectiveness of spending - will be assessed as a core competency. This will be important for assessing how effectively NHS commissioners spend their funding (HSJ, September 24<sup>th</sup> 2009)

Considerable local data is available to enable commissioners to evaluate service provision with their providers. A number of references to published audit tools are included in the references section of this report.

If you have any questions, or would like further advice please visit our website at [www.wmrhc.org.uk](http://www.wmrhc.org.uk)

## References & Bibliography

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Antenna Outreach Service, Haringey, London; [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk) (A search for the Antenna Outreach service via Google, will provide contact details for the service.

Birmingham and Solihull Mental Health Foundation Trust – Handsworth Outreach Team Model - [www.bsmhft.nhs.uk/our-services/adults-of-working-age/acute-care/assertive-outreach-teams](http://www.bsmhft.nhs.uk/our-services/adults-of-working-age/acute-care/assertive-outreach-teams)

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Further findings from the Costs of Race Equality (2006) can be found through two useful websites – [www.scmh.org.uk](http://www.scmh.org.uk) and the [www.cqc.org.uk](http://www.cqc.org.uk)

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Swaran, S et al (2003); '*Developing early intervention services in the NHS; a survey to guide workforce and training needs*', Psychiatric Bulletin (2003), 27, 254-258

## ***Other models of care and additional Information:***

### Sandwell

- Kuumba Centre – Sandwell African Caribbean mental health foundation
- Mary Seacole Centre, for African Caribbean older people in Sandwell
- African Caribbean Counselling service, Sandwell

### Bradford

- Sharing Voices, Bradford, Outreach and In-reach models for engaging with BME and specifically Black African Caribbean communities.  
[www.sharingvoices.org.uk](http://www.sharingvoices.org.uk)

### Birmingham

- Pattigift – African Centred mental health care model
- Servol Community Trust, Birmingham
- Harambee Care Cluster and African Caribbean Mental Health Association – see reference in articles by Sashidharan and Francis, E, *Black people in psychiatry in the uk – an alternative to institutional care* (1989) Psychiatric Bulletin, 13, p 432-485
- COPE Black Mental Health Foundation.

### London

- Cares for Life Programme, South London and Maudsley NHS Foundation Trust (SLaM) London – [www.slam.nhs.uk](http://www.slam.nhs.uk)
- Mellow Campaign - This is a pioneering project which is part of East London NHS Foundation Trust which addresses the complex range of factors that influence the mental health of young African and Caribbean men and their experience of mental health services. The Mellow Campaign provides a range of resources, service development support, pilot programmes, events and training to: raise awareness; find ways of reaching and engaging the target group so that they can obtain help earlier; and develop alternative therapeutic models/approaches what will enhance mental well-being. [www.eastlondon.nhs.uk](http://www.eastlondon.nhs.uk)
- Tower Hamlets African Caribbean Mental Health Organisation (THACMHO) Promotes the all-round health and well being of African and Caribbean people living or working in Tower Hamlets. They provide opportunities for members to develop using a holistic approach to health and encourage back-to-work activities, educational and community awareness programmes