Appendix 2

1. Executive Summary

This project was funded by the National Institute for Mental Health in England and supported by the Central for Ethnicity and Health, University of Central Lancashire (UCLAN). This project is one of 29 projects around the country selected to research in the mental health needs of black and minority ethnic communities. This study was undertaken and managed by Spotlight Sahara Asian Women group (Middlesbrough) an organisation that support Asian women who are older, isolated and disabled. Sahara group engaged, identified and recruited 4 researchers from the local community. The training was provided by Centre for Ethnicity and Health, University of Central Lancashire UCLAN and the project took place between April 2006 and March 2007. Sahara Group decided to look into the experiences of South Asian women's use of Mental Health Services in Middlesbrough. What services and support they used and if those were appropriate and responsive to their needs, and what recommendations they could give to make mental health services more appropriate, accessible and culturally sensitive. Local Mental Health Services and Local Authority Social Care also supported this Theme. The Group preferred to use questionnaires to gather this information. The researchers carried out 107 face to face interviews with South Asian women.

It is widely recognised that BME communities experience social and material disadvantage and face barriers in their access to statutory support services. Social exclusion is a symptom and product of institutional racism and stereotypes. Within a health context social exclusion and institutional racism have contributed towards significant differences in health outcomes for BME communities including Muslim communities.

The key findings are

- That the participants defined mental wellbeing as being comfortable, relaxed, happy and safe in their environment. They feel that racism poses a threat to their mental wellbeing and that this has increased since the recent terror attacks and 9/11.

- Support of family and friends and those in similar situations is of great comfort.

- A significant proportion of the participants are suffering from mental health related problems and receiving treatment for this.

- Medication is the most frequent form of treatment, yet the women express the need for more therapies such as counselling.

- Awareness of services in the area is relatively low. Awareness of mental health issues could be increased by providing information on the symptoms but also services available. Information can be provided in a number of locations including the GP surgery and local community centres.

- Barriers to accessing services include language problems, lack of awareness, services not being culturally appropriate. The research grouped the findings into themes some of which are discussed below:

What does mental well being means to you?

However after 9/11 there has been change in the political situation that has effected communities' mental well being.
Confidentiality /Lack of trust /Choices
Some quotes about treatments.

In order to help maintain mental well being women relied on prayers, family and friends support. This shows that future development of services could focus on the spiritual and community side of peoples lives instead of focusing on medicine to make people better.

Beliappa (1991) highlighted the fact that the lack of awareness of existing local support services meant that many coped with their distress by using internal mechanisms such as praying, crying and hard work.

"I don't feel safe walking on the road with my veil on."
"After 9/11 I feel living in Middlesbrough has had an effect on my mental state as there is now a certain amount of fear in me".
"I don't have a problem living in Middlesbrough, we have a big community which I enjoy."
"*Help was inaccessible at the time, I was afraid in case anyone found out. I later sought help when confidentiality was affirmed."*
"Didn't feel comfortable talking to a stranger."
"Medication, not appropriate, fear of addiction".
"*Prescribed antidepressants – helped for a little while but underlying problems were still present."*
"Medication is not a permanent solution."

Language barriers/Information/Cultural and Gender Specific/Safe Spaces Recommendations

The results of the research suggest the following recommendations. These recommendations are based on key research findings and are targeted at local decision-makers. This research has highlighted the gaps in mental health service provision for South Asian women living in Middlesbrough. These recommendations seek to address these gaps in service provision.

1. To increase awareness of services in the local area for South Asian women with mental health issues

- Agencies can work together to create this information, a resource directory could be put together to include all the services available, the referral criteria and means of accessing the services.

- The information should be made available in different formats concerning common mental health problems and what services are available and how to access them.

- Leaflets should be available in GP surgeries, Sure Start, community groups like Sahara group, local community centres and places of worship.

• Mental health awareness events should also be run in local community centres to further increase the awareness of mental health issues and service providers.

2. Members of the South Asian Community are used to provide cultural competency training for health professionals

"If they don't understand my culture they won't know where I am coming from – can't get to the root of the problem."
"We want a place people can go to without fear"
"*safer places to go to. Drop in centre so you have somewhere to go and meet".*
"get together for old age people".
"Services should be bilingual as we can't express our feelings"
"More Asian women workers make us more comfortable".".

• Cultural competency training that looks at the mental health needs of this community and including both cultural and religious aspects needs to be given to mental health professionals.

• A more active role for BME communities and BME service users in the training of professionals, in the development of mental health policy, and in the planning and provision of services from managers to grass root mental health service provision.

3. Employing culturally competent gender specific BME/Bilingual Asian workers and Aalims, Aalimas to meet cultural and religious needs.

• To employ a range of support workers who would work to develop person centred services that promote mental well-being and enable individuals and families to cope with mental health crisis i.e. a relative, partner, parent and or sibling.

• Resources should be made available to employ from local community Aalims/Aalimas (male and female religious scholars) based within the community.

• To employ BME workers so that support is received directly from someone of their own community. This would put the women at ease and ensure they are understood properly.

• Ensure that all those whose first language is not English has a language needs assessment at first appointment. Raise awareness that South Asian women are entitled to ask for an interpreter if the health professional does not speak their language.

4. Ensure that South Asian women suffering mental health problems are offered 'talking therapies' which are culturally sensitive to their needs as alternatives to medication.

• The women should be made aware that they are entitled to a choice of treatments.

• More talking therapies such as counselling would be beneficial as a treatment option of their mental health difficulties.

- Offering choices to BME people in Middlesbrough includes provision of above as well as Faith-based Resources.

5. All services assure confidentiality.

- Addressing the issues of confidentiality in service provision.
- Building the confidence of white workers. Breaking down fear faced by some Asian females.

6. Ensure that South Asian women have access to a female health professional

- The women should be able to request an appointment with a female GP or other appropriate health professional. Support from the south Asian community would help improve understanding and remove the language barrier.
- Provision of competent confidential interpretation service should be provided. The service needs to publicise in the surgery and should be available on request in GP surgery.

7. Drop in services and social support for Asian women

- Community/Day/Drop in Centre Facilities: Safe spaces in both statutory services and in the community should be developed and promoted.

- Working jointly with public, local and community organisation to pool resources could help to achieve this.

- Creating gender specific leisure opportunities e.g. swimming all females including female lifeguards.

8. Strategic Planning and Implementation

- This report and its recommendations be included in the FIS action plan which ought and will cut across all agencies that are interested in enabling people living in mental distress to recover.

Conclusion

This study and the themes that emerge are not new, they reaffirm much of what is known already. “In 1999 and 2002 the Health Survey for England, indicated that in women, depressive episodes were most common among Indian and Pakistani respondents, Pakistani women 6.3 per cent and Indian women 5.7 per cents. Nazroo, J, King M. (2002)”. In addition, Teesside University has carried out a similar research in 2003 and 2004 and Asian women highlighted almost identical issues concerning language, information gender specific worker etc. The Nisaa Project 2004. The study will only be of value if the recommendations proposed are taken forward and implemented and a time scale for reporting back the outcome to the community is set in motion.