

INCLUSION NEWS

*The Newsletter of the Equalities and Diversity Department
of Central and North West London NHS Foundation Trust, including
FIS News, the Newsletter for CNWL's Focussed Implementation Site Project.*

Bringing you examples of good practice, information and updates on
developments within Equalities and Diversity.

Issue No. 5, May 2007

Inclusion News is now into its second year and we are expanding this issue to eight pages. This is due to the amount of activity taking place within Equalities and Diversity that we want to keep staff up-to-date with. There has been a restructuring of Equalities and Diversity within the Trust. The Equalities and Diversity Committee has been replaced by an Equalities and Diversity Group. This Group reports to the Corporate Governance Committee. The Equalities and Diversity Group will concentrate on operational processes, with a primary focus on implementing and monitoring the Trust's various Equality Schemes, whilst also providing a Forum for sharing and promoting 'Good Practice'. Minutes of the Equalities and Diversity Group will be published on Trustnet.

In this issue

We include an update on what we are achieving against targets in the Trust's current race equality Scheme, information about the Trust's Faith Mapping Report which has mapped faith and spirituality provision across the Trust, the mapping of translated leaflets, the 'Diversity in the Workplace' e-Learning module that is being implemented Trust-wide, changes to the Trust's Ethnic Monitoring Report, Focussed Implementation Site update, a Focus on ... The Deaf Community, an update on sexual orientation legislation, two 'Good Practice' items, an article addressing mental health issues amongst asylum seekers and updates to the Equalities and Diversity section of Trustnet.

'Diversity in the Workplace' — e-Learning module

We all have a responsibility to promote equal opportunities in the workplace and the good relations between diverse groups that are enshrined within Equalities and Diversity legislation. The Trust is currently implementing an e-learning module to contribute to ensuring that we meet our obligations under Equalities and Diversity legislation. This package, commissioned from Marshall ACM, will be the first e-learning package implemented Trust-wide. It will address all the key areas of Equalities and Diversity legislation in the context of the workplace under a range of subject headings:

- Why has diversity become such an important topic?
- Legislation
- The Race Relations (Amendment) Act 2000
- Sexual Discrimination
- Sexual orientation
- Race
- Disability
- Age
- Harassment and Bullying
- Stereotyping and Prejudice
- Consequences of discrimination
- Your role as a member of staff
- Summary and Conclusion

The module will be rolled out in stages across the Trust and you will be informed by managers when it is available for you to access. All staff will be expected to undertake this training. Guidance will be posted on Trustnet. Members of the Trust Board are currently undertaking the 'Diversity in the Workplace' e-Learning package.

Additionally, the Trust is considering other training formats to address cultural competency and other Equalities and Diversity issues. Information will be cascaded as it becomes available. We welcome your comments and suggestions.

Race Equality Scheme 2006/8 – Interim Report

The Trust is required to report annually on its Equality Schemes. An annual interim report on the Trust's Race Equality Scheme is currently being written. This will be posted on Trustnet at:

<http://trustnet/CNWL/trustwide/3913.htm>

Whilst some of the actions points are still being worked on, a number have been achieved, and some ahead of the timescale we set ourselves. We wanted to highlight some of the areas in which the Trust has achieved its goals:

- CNWL Harassment and Bullying Policy is in place and monitoring for racially motivated harassment and bullying is undertaken
- Systems are in place for monitoring racially motivated bullying, harassment and violence.
- Annual Ethnic Monitoring Report published and used to identify and address ethnic under- and over-representation within services.
- Equalities and Diversity Training Needs Assessment in process
- Trust wide interpreting service in place

- Establishing of a Faith and Spirituality Implementation Group and the production of a Faith Mapping Report which includes recommendations for faith and spirituality provision Trust-wide
- Faith calendars displayed with more Faith Festivals being observed at in-patient sites
- Provision of Equality Impact Assessment Training and establishing related management systems
- Establishing an Equalities and Diversity Newsletter
- Poster campaign to publicise staff duties under the Race Relations (Amendment) Act 2000 to promote race equality
- 'Diversity in the Workplace' on-line training package commissioned
- Formation of links to 17 specific community groups through the Trust's Focused Implementation Site Project that were previously not being engaged with
- Programmes of Cultural Competency training are being undertaken in response to local needs

Faith Mapping Report

The role of Faith and Spirituality in the process of recovery from mental health problems is well documented. *From Values to Action: The Chief Nursing Officer's review of mental health nursing*⁽¹⁾ highlights an earlier NIMHE/MHF statement that says:

There has been increasing recognition recently of the importance and the potential relevance of service user spirituality or religion in mental health care, an often neglected issue in practice. There is also a growing body of research on how a personal sense of meaning and identity keep people healthy and help them to recover their health (NIMHE/MHF, 2003)⁽²⁾.

The Trust's *Faith and Spirituality Implementation Group*, which has been meeting since early in 2007, has undertaken a mapping of faith and spirituality provision across the Trust. This includes reference to what is available under the following headings:

- Needs Assessment
- Faith Visiting
- Faith Rooms
- Training
- Observance and Involvement
- Community
- Other local Faith/Spiritual initiatives

The findings are contained in a Report that has a number of recommendations for developing Faith and Spirituality provision and these are currently under consideration. The Faith Mapping Report can be viewed at: <http://trustnet/CNWL/trustwide/6513.htm>

¹ Department of Health (2006) *From values to action: The Chief Nursing Officer's review of mental health nursing*

² NIMHE/Mental Health Foundation (2003) *Inspiring Hope: Recognising the Importance of Spirituality in a Whole Person Approach to Mental Health*, DH, London. www.mentalhealth.org.uk/html/content/spirituality_project.pdf

Ethnic Monitoring

The Trust produces an annual Ethnic Monitoring Report. This covers both staffing and service users. It ensures that we meet our obligations under race legislation to monitor the ethnicity of staff and various Human Resources processes, for instance the ethnic balance within the workforce both as a whole and within departments and directorates, recruitment, access to training, disciplinaries and grievances.

We monitor the ethnicity of service users to enable the Trust to identify areas of under- and over-representation and to inform service development to address this. The current

Ethnic Monitoring report for 2005/6 is available on Trustnet at:
http://trustnet/CNWL/PDF/CNWL_Ethnic_Monitoring_Report_2005-6_FINAL.pdf

For the Ethnic Monitoring Report 2006/7 we will be changing the format so that each service area will have all of its service user data within its own section. This should make it easier to use and refer to, and will mean that there will be a section that can be extracted and used where necessary in relation to commissioning and other community processes.

Translated leaflets mapping

A mapping of translated leaflets has recently been undertaken in order to ascertain which leaflets have been translated for use at particular sites and services within CNWL. This was intended to be a first step towards ensuring that there is not any unnecessary duplication of translation across the Trust, and to enable different areas of the Trust to draw from material already translated elsewhere. Currently, however, it would appear that only a few services have

arranged for the their own leaflets to be translated. The current listing is available at:
<http://trustnet/CNWL/trustwide/8108.htm>
Please let us know if there is additional material to be added.

We also plan to check what translated material is available from other sources with a view to creating a database of this material. We will keep you up-to-date on progress with this.

Focussed Implementation Site Project Update

The CNWL FIS PROJECT is

1. developing more appropriate and responsive services
2. increasing community engagement
3. collecting better quality information and using it more intelligently

What have we done for you lately?

1. Mind in Harrow and the Chinese National Healthy Living Centre in Soho were the two of the eight community groups that were successful in gaining funding (a potential £20,000 per applicant of research funding on the needs of BME communities from the University of Lancaster's Community Engagement Programme in January 2007) that the FIS Project assisted in the applications process.
2. The FIS Project in partnership with Brent Mental Health Services and the Brent

Multi-Faith Forum hosted an event on 'Listening to Faith Communities in Brent on the 28th March 2007. 11 different faith communities attended. A report on the recommendations from the event is currently under discussions with the Brent Management Team

The FIS Project is focusing specifically on five of the twelve key characteristics of a reformed service as defined by the Department of Health's action plan for tackling inequalities for service users from Black and Minority Ethnic communities, Delivering Race Equality in Mental Health. These are listed below with the CNWL FIS Project's targets in bold. What is important to remember is that all mental health services need to be mindful of all twelve of these characteristics and of working towards achieving them.

- o less fear of mental health care and services among BME communities and BME service users

- increased satisfaction with services
- **a reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units**
- **a reduction in the disproportionate rates of compulsory detention of BME users in inpatient units**
- fewer violent incidents that are secondary to inadequate treatment of mental illness
- a reduction in the use of seclusion in BME groups
- the prevention of deaths in mental health services following physical intervention
- an increase in the proportion of BME service users who feel they have recovered from their illness
- **a reduction in the proportion of prisoners from BME communities**
- a more balanced range of effective therapies such as peer support services, psychotherapeutic and counselling treatments, as well as pharmacological interventions that are culturally appropriate and effective
- **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**
- **a workforce and organisation capable of delivering appropriate and responsive mental health services to BME communities.**

Focus On... The Deaf Community

Sign and the *Mental Health Foundation* have drawn attention to the fact that there are almost 9 million deaf and hard of hearing people in the United Kingdom (RNID, 2005¹). They make reference to an estimate of up to 40% of deaf and hard of hearing people experiencing a mental health problem at some point in their lives – well over 3 million people – who are therefore likely to have contact with health and social services (Hindley, 1994)².

The Department of Health recommends that 'consideration be given to conducting local Needs Assessments on the mental health of Deaf people', and the provision of 'Deaf awareness training... for all front line staff'.³ This is an underrepresented group of people amongst NHS mental health services and the Trust needs to ensure that it provides services that Deaf and hard of hearing people can access.

Members of the Deaf and hard-of-hearing communities also form part of the Trust's workforce and we all need an appreciation of what is helpful to ensure effective communication, bearing mind that communication is a

two-way process and not simply the responsibility of the deaf or hard-of-hearing person to find a solution to.

Deafness and hearing are on a continuum. Few people have perfect hearing, and few people have total deafness. However, certain words are used to describe people along this continuum and which may also relate to how deafness has arisen.

Deaf - Many deaf people whose first or preferred language is British Sign Language (BSL) consider themselves part of the Deaf Community. They may describe themselves as Deaf with a capital D to emphasise their Deaf identity. As many Deaf people will have been so from birth they may have been educated at a school specifically for Deaf children. For this group of people hearing aids and hearing loops may be of no use.

Profoundly Deaf - Within this group there will be people who will use and prefer signing, some may not. Hearing Aids and Hearing loops may be of some limited use, it will depend very much upon the degree of deafness.

Hearing Impaired - a term not often used within the Deaf community and based on an assumption that hearing loss is an impairment or that hearing was present but then became impaired. For people who are born deaf this is not an appropriate term to use.

¹ Hindley, P Hill, P, McGuigan, S and Kitson, N (1994) *Psychiatric disorder in deaf and hearing impaired children and young people: a prevalence study. Journal of Child Psychology and Psychiatry.* 55.5: 917-934

² RNID (2004) *A simple cure.* London

³ *Department of Health (2005) Mental health and Deafness: Towards Equity and Access. Department of Health, London*

Hard-of-hearing - This refers to a person who has experienced hearing loss, often in relation to natural processes of ageing. They may well use a hearing aid and hearing loop, depending on the degree of their hearing loss. For this group of people, speech will be the preferred means of communication.

Deafened – This refers to a person who has lost their hearing, or their hearing has been impaired, as a result of a trauma of some kind, or over exposure to loud noises.

Many deaf and profoundly deaf people will have been so from birth and may have been educated at a school specifically for deaf children

There are a number of ways of facilitating communication. British Sign Language (BSL) is the language of the Deaf community and should be thought of as such. BSL signers can facilitate communication between the hearing and deaf person who uses signing. However, it is not the responsibility of the Deaf person to bring their own interpreter, which is often the expectation.

Some people may prefer to use Lipspeakers who repeat what is being said to a deaf person in a way that will enable the deaf person to understand what is being said. Lipspeakers can be a helpful option for deaf people who do not sign.

Palantypists type the words being spoken in real time, and these words are directly transmitted to a screen that the deaf person is then able to read from. This can be extremely helpful in meetings, particularly where there might be noise that can disrupt the effectiveness of Hearing Aids.

Having someone to take notes of what is being said, either for the deaf person to read at the time and/or so that they can take them away can also be helpful.

Deaf awareness training is being locally commissioned in some areas of the Trust and this needs to be developed and extended further. The Trust is currently extending Hearing Loop provision for those who use hearing aids and require this facility. Guidance in relation to communicating with members of the Deaf and hard-of-hearing communities is currently being worked on by the Trust.

Equalities and Diversity 'Good Practice'

Gay Men's Therapy Group

A weekly Gay Men's Therapy Group, referred to as 'The Men's Group', is run at the Soho Alcohol Team in Westminster. Co-facilitated by CNWL staff and a staff member from a local non-statutory agency, the Alcohol Resource Centre (ARC). The group allows gay and bisexual men to explore common issues within an accepting, non-judgemental and confidential environment. Abstinence and returning to employment are common outcomes. Referrals are primarily from Hammersmith and Fulham, Kensington and Chelsea, and Westminster although it is open to referrals from other sectors.

The group is primarily an alcohol group with other secondary substance use i.e.: cocaine, ecstasy and ketamine plus other drugs. Dialogue in the group is not restricted to only substance use but is open to other issues. Members are also encouraged to bring social and personal or other pressing matters. Motivational Interview (MI) and Solution Based Practice interventions are used.

One of the co-facilitators of the group writes that 'Gay culture is disproportionately involved in substance use, alcohol and drugs⁴, whether it's in pubs, clubs, saunas or in other personal situations. A common theme in the group is how to socialise and meet others without the use of alcohol or drugs. Issues of self-esteem and relationships are also frequent.' He makes the important point that 'the wonderful thing about groups are their ability to question and encourage behaviour change via peer pressure. We have had instances where members have admitted the desire to use or behave chaotically but haven't "because I didn't want to come back to the group this week and let everyone else down by using".'

The group is open to referrals and staff are invited to send client referrals to the service.

⁴ Bloomfield, K. (1993) *A comparison of alcohol consumption between lesbians and heterosexual women in an urban population*. *Drug and Alcohol Dependence*, 33, (3), pp257-269.

Cultural Competence Training for Brent Psychology & Psychotherapy Staff

From Brent Psychology and Psychotherapy Service:

'Recently two Brent Psychology & Psychotherapy Service staff completed the Cultural Competence in Care Planning & Delivery training offered by Brent Mental Health Service. Klarita Velikova, Clinical Psychologist, then led the rest of the staff in further training during one of the service's on-going Continuing Professional Development sessions.

Ms Velikova, who is Bulgarian, and lived in South Korea for ten years before coming to London and joining the Brent team, trained the staff in stage models of Cultural Identity Development. She offered her own experiences in multicultural settings to illustrate the importance of considering not just the broad categories of ethnicity and diversity, but how each individual develops through stages of multicultural identifications. She also emphasised the tremendous relevance of this training within mental health services, as service providers need to start with their own awareness of their own cultural identity stages before they can become truly competent in working with clients from different backgrounds. Ms Velikova indicated how cultural competence training also involves looking in a culturally specific way towards individual symptoms, diagnosis and treatment approaches.

Therapists need to overcome their own ethnocentric views in their work. The relevancy of cultural competency training is not only for staff but also for service users - in order to address the awareness about the influence of the stages of cultural adaptation on the development and course of the mental health and problems connected with it.

Tez Tesfa-Michael, Consultant Clinical Psychologist and Operations Manager for Brent Psychology & Psychotherapy Service, attended and commented positively on the training. Making the point that with Brent having one of the most diverse populations in London, she commented on the importance of staff continuously upgrading their cultural competence in order to provide relevant and high quality services. Starting with an examination of one's own cultural identity, and viewing it within a developmental framework, should improve communications, understanding and ultimately treatment outcomes with service users.

Ms Tesfa-Michael added that many service users and providers come from mono-cultural backgrounds into the challenges of multi-cultural London. As a result, cultural competence training for staff and service users in Brent is a positive step towards addressing mental health needs.'

Sexual Orientation update

The Equality Act (Sexual Orientation) Regulations will be in force from April 30th 2007, following their successful passage through the Commons. These Regulations will make it unlawful for health and social care organisations to discriminate unfairly against lesbian, gay and bisexual (LGB) people in the provision of goods and services.

Similar protection on the grounds of gender identity is promised as part of the forthcoming single equality legislation which is expected to include transgender people.

The Green Paper should be out and consultation should begin in May.

Care of asylum detainees with severe mental health problems

Malcolm Alexander, Community Representative on the Trust's Equalities and Diversity Group

I thought the staff of the Trust would like to know about work I am involved in concerning the care and treatment of asylum seekers with severe mental health problems – some of whom are held in Colnbrook and Harmondsworth in West

London and therefore potentially patients of the Trust.

On April 20th I was a member of a team made up of a mental health nurse, an ex-detainee and two psychiatrists which met senior civil servants from the Border and Immigration Agency. The civil service team included Brian Pollett, Chair of the Clinical

Governance Committee that monitors care provided in detention centres.

The meeting was arranged because of the persistent reports of inadequate mental health care for asylum seekers in detention and the continuing misery caused to those who suffer deterioration of their mental health through detention. These reports suggest that those suffering from post-traumatic stress disorder (PTSD), depression, psychosis and self-harm frequently receive primary and secondary care that does not meet the basic standards usually offered in the NHS and that the statutory requirements of the Mental Health Act may not be complied with. We also highlighted the failure of the Border and Immigration Agency to carry out health assessments prior to detention, to screen out people with severe mental health problems.

The background to our meeting was the report produced by Her Majesty's Inspector of Prisons (HMIP) Ann Owers, on Yarlswood detention centre in Bedford and our demand was that the Border and Immigration Agency should implement her excellent recommendations on mental health issues and that the Border and Immigration Agency should implement its own rules on the care of people with mental health problems. Our main objectives were to seek assurances that those with mental health problems should be released and that there should be appropriate clinical governance of mental health care for any detainees who cannot be released.

We argued that despite official guidance that "the mentally ill . . . should only be detained in very exceptional circumstances", that nevertheless there are dozens of detainees with serious mental health problems and on suicide watch across the detention estate. We strongly expressed the view that if there is a diagnosis of depression with ideas of self harm, or suicidality or psychotic illness, these people should not be detained. We also sought assurances that the quality of clinical care offered to detainees with mental health problems who are admitted to hospital should be reviewed in light of the repeated reports of inappropriate and inadequate assessment and care. We asked for evidence to demonstrate that the mental

health care of detainees is adequately monitored and supervised. We also sought assurances that restraints (e.g. handcuffs) would not be used for the transfer of patients with mental health problems when they were transported to hospital.

Part of our discussion centred on the care of detainees who have severe mental health problems where a decision has been made for the person to be detained on Section 48 of the MHA. We argued that once a decision is made to detain under this section, the detainee should be transferred to hospital immediately and then benefit from Section 117 care and the care programme approach. What happens in practice is that people may remain in the detention centre, may never be transferred to hospital and may not receive adequate and appropriate mental health care. In the absence of aftercare the person might be released and become destitute.

Lastly, we discussed the recommendation that the clinical staff should be trained and regularly supervised in relation to diagnosing post traumatic stress disorder (PTSD) and the effects of rape and torture on the detainee's mental health. We explained to the civil servants that there is a serious problem with the assessment and treatment of people with these conditions in detention and that this is often compounded by the continuing failure to exclude from detention centres people with a history of torture despite rules that they should not be detained.

The Border and Immigration Agency appeared to be unaware that the failure to diagnose and treat PTSD can lead to 'traumatogenic psychosis' and long term disability. We proposed the development of contracts between Border and Immigration Agency and NHS hospitals so that expert diagnosis and treatment of detainees with PTSD was available. NICE guidelines specifically recommend the screening of asylum seekers and refugees for PTSD because detention centres are inherently unsuitable environments to treat PTSD.

I will provide a further note on this work as negotiation with the Border and Immigration Agency develops.

Trustnet Update

We continue to update and expand the Equalities and Diversity Trustnet pages, and welcome your suggestions for Reports or Web sites that we can link to from the Equalities and Diversity section of Trustnet.

Multicultural Matters

Multicultural Matters issues are added each month and are available at:

<http://trustnet/CNWL/trustwide/4031.htm>

Recent issues have had a particular focus on the following communities: May 2007 (Buddhist Community), April 2007 (Yemeni Community) March 2007 (Estonian Community)

Gender

The Trust's Gender Equality Scheme 2007/10 has now been published and can be accessed on Trustnet at:

<http://trustnet/CNWL/trustwide/7554.htm>

Paper copies are also being printed off and are available from the Equalities and Diversity section.

Disability

The Trust also has [Guidance on Access to Work for people with disabilities](#). The JobCentre Plus website can also be accessed for further information where there is a specific page giving more background information on the [Access to Work scheme](#) for supporting disabled people in the workplace.

<http://trustnet/CNWL/trustwide/6445.htm>

Faith Festival Posters

A range of Faith Festival posters have been produced by Brent Mental Health Services.

<http://trustnet/CNWL/trustwide/7866.htm>

These are being used to promote awareness and celebration of these different Festivals and periods of religious observance within CNWL sites. On this page we are building up a listing of these posters so that other CNWL services can make use of them as well. Please note that not all Festivals are on the same date each

year and use of these posters may therefore require amendment of the date.

LGBT

Further information about the Department of Health's work on [sexual orientation and gender identity](#) can be accessed, including guidance on the implications of the Civil Partnership Act 2004 and the Equality Bill 2006. Information can also be accessed at the [LGBT History Month website](#).

A range of leaflets are available from the Department of Health website:

- [An introduction to working with lesbian, gay and bisexual people: information for health and social care staff](#)
- [An introduction to working with transgender people: information for health and social care staff](#)
- [A guide for young trans people in the UK](#)
- [Bereavement: A guide for transsexual, transgender people and their loved ones](#)
<http://www.dh.gov.uk/en/Policyandguidance/Equalityandhumanrights/Sexualorientationandgenderidentity/index.htm>

These leaflets, published 30 April 2007, form a package of resources to help healthcare organisations improve the quality and uptake of health services for LGB and transgender people.

<http://trustnet/CNWL/trustwide/4086.htm>

<http://trustnet/CNWL/trustwide/4088.htm>

Asylum Seekers and Refugees

Presentations from the 2nd National Conference for Nurses and Health Visitors Working with Asylum Seekers and Refugees, held in Birmingham in April 2007, can be accessed at:

<http://trustnet/CNWL/trustwide/6375.htm>

Aware that not all staff have access to Trustnet, we encourage managers to make available paper copies of *Inclusion News*, new reports and other Equalities and Diversity information on Trustnet to staff.

To receive a copy, provide feedback, or to suggest topics for future issues of ***INCLUSION NEWS*** contact:

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A large print version of this Newsletter is available

An electronic version and back copies are available at <http://trustnet/CNWL/trustwide/5449.htm>