

INCLUSION NEWS

*The Newsletter of the Equalities and Diversity Team
of Central and North West London NHS Foundation Trust, incorporating
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. 8, February 2008

In this issue

The main area of focus at the moment within Equalities and Diversity continues to be the Trust's Single Equality Scheme. We update you on this in this issue of *Inclusion News*. We have moved the Trustnet Update to page 2 as feedback has indicated that this needs to be more visible within the newsletter.

We have articles on the way the Trust is planning to further develop addressing the Delivering Race Equality agenda, the Translated Patient Information Leaflet Database, headline figures from the Staff Disability Census.

We also give information about Induction (Hearing) Loops having recently published Guidance on this and the focus for our series of 'Focus On...' disability articles is on Blindness in which we give information specifically about 5 major conditions linked to blindness and sight-loss.

Once again we have an update on the Focussed Implementation Site initiative, Training, Equalities and Diversity Good Practice that focuses on Faith and translated Medicines Management leaflets.

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Single Equality Scheme

Further to the information given in the last issue of *Inclusion News*, a draft of the Trust's *Single Equality Scheme*, along with a series of questionnaires (for staff, service users, community groups and Foundation Trust members) seeking views on Trust priorities, can now be accessed on Trustnet at: <http://trustnet/CNWL/trustwide/9026.htm>. Please contribute your comments and feedback to the Equalities and Diversity section.

The responses from the questionnaires are contributing to identifying key areas of priority for the Trust to respond to as both an employer and service provider. There have also been a number of focus groups organised for staff and local services have been encouraged to run their own focus groups with service users to provide opportunities for further contribution to the contents of the *Scheme*. As well as informing the *Single Equality Scheme*, the feedback from the questionnaires and focus groups will be written up more fully as a separate report and published.

A draft of the *Single Equality Scheme* has also been posted on the Trust's public website for a consultation period throughout February: http://www.cnwl.org/equality_diversity.html. Comments and feedback from community groups and other stakeholders is being sought.

Trustnet Update

We have moved this section towards the front of *Inclusion News* as feedback has indicated that the information we draw attention to is particularly valued by readers.

Disability

Deafness and the Deaf Community Guidance has been written to

- enable staff to have an understanding of the Deaf community and hard-of-hearing people
- inform staff of the need to ensure that deaf or hard-of-hearing staff, service users and visitors are fully included within Trust processes
- ensure that staff are aware of helpful and appropriate communication options

It also contains a useful resources listing of organisations working with and for deaf people and is available on Trustnet at:

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

Guidance for Managers on 'Reasonable Adjustment' in the Application of the Trust's Disability Policy has also been produced to give managers an overview of disability legislation as it relates to 'reasonable adjustment' and a number of examples. This *Guidance* can be accessed on Trustnet at:

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

Multicultural Matters

The last issue (December 2007) had a focus on the South African community. This and previous issues are available at:

<http://trustnet/CNWL/trustwide/4031.htm> With effect from January 2008, Multicultural Matters is no longer being produced. Instead, a

monthly listing of Festivals (religious and national) with commentary on each is being produced and will be posted on Trustnet at:

<http://trustnet/CNWL/trustwide/9598.htm>

Substance Misuse

Presentations from the London Drug and Alcohol (LDAN) BME Network meeting 7 November 2007 - *BME Drug and alcohol use - are substance misuse services equipped to cope?* can be accessed at:

<http://trustnet/CNWL/trustwide/6260.htm>

Cultural Competency Statement

A copy of the Trust's Cultural Competency Statement can be accessed at:

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

Faith and Spirituality

'Keeping the faith' is a Mental Health Foundation report for commissioners, managers and clinicians working in mental health who are keen to meet the spiritual

needs of service users. This report says that spirituality - in the form of activities, including art creation, religious worship and yoga - can support the mental health and recovery of individuals. Read the report at

<http://www.mentalhealth.org.uk/publications/?EntryId=51514> and on Trustnet at <http://trustnet/CNWL/trustwide/4087.htm>

Printed copies have also been ordered and will be distributed to all Trust sites

'Making space for spirituality' offers front line staff practical advice on how to support and respond to the spiritual needs of people with experience of mental ill health. Read the booklet at

<http://www.mentalhealth.org.uk/publications/?EntryId=51515> and on Trustnet at <http://trustnet/CNWL/trustwide/4087.htm>

Printed copies are also being distributed to sites/services in the coming weeks.

Faith Festival Posters and Wall Charts

Faith festival posters produced by Brent Mental Health Services are available at <http://trustnet/CNWL/trustwide/7866.htm>

Please use these as Faith festivals arise.

Transgender

Transgender experiences – Information and support. This leaflet offers understanding of the experiences of trans people, their rights and their choices. It also helps healthcare staff to understand about their role when caring for trans people. It can be accessed on Trustnet at: <http://trustnet/CNWL/trustwide/4088.htm>

Sexual orientation

PACE is London's leading charity promoting the mental health and emotional wellbeing of the lesbian, gay, bisexual and transgender community. They make the point that 'discrimination, homophobia and heterosexism mean that gay men, lesbians, bisexuals and transgender people are more likely to have mental health issues than heterosexual people.' In addition, 'many LGBT (lesbian, gay, bisexual, transgender) people are reluctant to access mainstream services or unwilling to disclose their orientation in case they experience discrimination or are misunderstood. This can reduce the effectiveness of the support that they receive or lead to less positive outcomes.' See the PACE website: <http://www.pacehealth.org.uk>

The monthly LGBT History Month newsletters can be accessed directly at <http://www.lgbthistorymonth.org.uk/news/bulletin.htm> or from <http://trustnet/CNWL/trustwide/4086.htm>

Race

The Institute of Race Relations provide a weekly email alert of issues/news. To

subscribe go to: <https://www.irr.org.uk/cgi-bin/news/subscribe.pl>

Trustnet Index

Don't forget the hyperlinked index of contents on the Equalities and Diversity Trustnet opening page at: <http://trustnet/CNWL/trustwide/55.htm>

Ethnic Monitoring Report 2006/7

The Ethnic Monitoring Report for the period April 2006 to March 2007 has now been published. It provides data on the ethnicity of staff and service users, with comparisons with populations served. The service provision section has been re-formatted this year so that there are clearer sections for Borough's/ Directorates. It can be accessed at:

<http://trustnet/CNWL/trustwide/8363.htm>. In particular, the comparisons between staffing, services users and populations served are particularly interesting, showing clearly where the Trust is under-and over-represented by particular ethnic groups. The Report will serve to inform strategies both in relation to staffing and service provision.

Translated Patient Information Leaflets

The Trust's Patient Information Group has developed a listing of patient leaflets on mental health issues which are available in other languages and these lists are available on Trustnet at: <http://trustnet/CNWL/trustwide/9181.htm>

41 languages are included with leaflets ranging from information for patients on 'what is mental illness' to information on specific medications. Issues relating to CAMHS, substance misuse and eating disorders are also included. Most of the information listed is available free from the Internet so can be printed straight off for giving to a patient or carer. The leaflets have been produced by organisations such as MIND, the Alzheimer's Society, and the Royal College of

Psychiatrists as well as by several Australian mental health organisations.

Although the content of the leaflets has not been checked by CNWL, all of the information listed has an English version available so that the staff member will know exactly what information they are giving out. For the relatively few leaflets that are not available on-line, there are details within the 'Contact Information' document on the same Trustnet page as to how to order paper copies.

If you know of translated patient information that could be added to these lists then please contact Liz Osborne, Knowledge Services Manager on 020 3214 5883 or email Liz.Osborne@nhs.net to get them included.

Staff Disability Census

The data from the recent Staff Disability Census has been compiled and the initial analysis shows that there have so far been 1258 completed forms returned, with 91 staff members indicating that they had a disability or disabilities. We will need to further analyse

the data in terms of specific disabilities identified and against seniority. Those staff who indicated an interest in the Staff Disability Equality Group have been written to and invited to attend.

Training update

CNWL 2007/8 Training Manual

The Equalities and Diversity section of the 2008/9 Training Manual is reflective of the

growing number of training opportunities being developed within the Trust to address Equalities and Diversity issues.

Included are:

- Cultural Competency for Managers
- Cultural Competency for Doctors
- Diversity in the Workplace – e-learning
- Understanding Disability – e-learning (under development)
- Reasonable Adjustment for Managers
- Equality Impact Assessment Training

Cultural Competency Training for Managers

Dates for 2008 are: Thurs 14 Feb, Fri 25 Apr, Fri 6 June, Wed 24 Sept, Tues 28 Oct, Fri 5 Dec – all at Greater London House. For more information contact Richard on 020 3214 5769, richard.bryant-jefferies@nhs.net or David on 020 3214 5771, david.truswell@nhs.net

Cultural Competency for Doctors

Dates for 2008 are: Thurs 22 May Wed 10 July, both at Greater London House. Contact Richard or David for information.

Equality Impact Assessment Training

Equality Impact Assessment training is continuing to be run at Greater London

House, and at other CNWL sites on request. Undertaking Equality Impact Assessment on services, policies, protocols and procedures is a legal requirement. All staff with responsibility for managing services, developing services, policies, protocols need to attend this training. Next training date is: 2.00pm to 4.00pm Friday 1st Feb at Trust HQ, Greater London House. To book contact Richard (details above)

Reasonable Adjustment Training for Managers

Dates for 2008 are: Fri 27 June, Mon 22 Sept, Tues 25 Nov. For further information please contact Richard (details above) or George Taylor on 020 3214 5705 or email to george.taylor@nhs.net

Use of Interpreter Training

Training sessions on the use of Interpreters have been arranged for mid February. To book yourself onto a session or for more information, please contact Alison Devlin, CNWL Equalities & Diversity Co-ordinator on 020 3214 5770 or email ajdevlin@nhs.net Details of dates and locations on Trustnet at: <http://trustnet/CNWL/trustwide/9858.htm>

Focussed Implementation Site Project Update

The Final Year of the FIS Project

The FIS Project is due to conclude in December 2008 and this final year of the Project will be focused on mainstreaming within the Trust the lessons that have been learned over the past two years and identifying how the Trust will be taking forward the Department of Health's Delivering Race Equality Action Plan through to its completion in 2010. Key to the mainstreaming of the FIS work are the two Clinical Trail-blazer Project initiated in December 2007:

Improving The Black In-patients' Experience Clinical Trailblazer

Building on the FIS Project's analysis of the past 3 years of CNWL's 'Count Me In' Census showing some decrease in Section 3 detention for Black patients in Brent and Westminster, this two year project will look in detail at the care pathway into in-patient care and the in-patient experience in Brent and Westminster. A preliminary scoping exercise in Brent in December 2007 elicited a Process Map of the typical patient journey into and through in-patient services and current discussions are underway to develop a Steering Group and identify baseline data

parameters in Brent and Westminster for the Project

Court Diversion Clinical Trailblazer

Building from the initial FIS Court Diversion Monitoring Project the Trust has now developed Steering Group for National Pilot SLA set up and Andy Crowther continues progressing the Business Proposal for developing a new Court Diversion Service across Brent, Harrow and Hillingdon. FIS Clinical Trailblazer Project will be working with a voluntary organisation, PLIAS (Prison Liaison, Information and Advice Service), in Brent and Portsmouth University who are evaluating the National Pilot to do some detailed qualitative research on the experience of Black offenders and ex-offenders with mental health problems. This will include looking at their experiences in prison and in mental health services.

This research project will last over two years and is expected to inform how the new court diversion services are developed and explore how community based organisations can work to support local mental health services to provide services to this group of people.

'Bridging the Gaps' Update

With the appointment of Guilaine Kinouani to one of two new CDW posts in Westminster, the FIS Project Manager and Yemi Oloyede are working on a further 'Mental Health Training Day' for Community Groups in Westminster and Kensington & Chelsea March 2008. An information pack for has been developed for community groups with the support of Stephanie Cotgrove and Liz Osborne that will be piloted at this event.

UCLan (University of Central Lancaster) Funded Projects – Mental Health Needs of Minority Communities

Mind in Harrow Project is looking at mental health needs of older members of the Asian community in Harrow in partnership with CNWL's Older Adult services. Most of its

interviews with Asian elder's are completed and a first draft report is expected by March 2008. The Chinese National Health Living Centre's project on the mental health needs of older Chinese people in Westminster, Kensington & Chelsea and Brent is currently completing interviews in the Chinese Community. Hopscotch Project on Mental Health Needs of young Bangladeshi's in Haringey and Camden have completed their interviews and are collating the findings

An appropriate and responsive service – Training in Cultural Competency

The FIS Project Manager and Richard Bryant-Jeffries have now developed an informational manual to accompany their Managing Cultural Competency training. See Training Update for more information.

Delivering Race Equality

Previous issues of *Inclusion News* have highlighted the twelve characteristics of a reform-ed mental health service' as defined within the Delivering Race Equality agenda. As well as embedding this as a central focus within the Race Equality section of its Single Equality Scheme, the Trust has undertaken a mapping of Trust initiatives that are taking place to meet the twelve characteristics. This is being produced as a report, and will be available on

Trustnet once completed. It will be updated on a quarterly basis in on order to maintain a 'live' picture of what is taking place.

The Equalities and Diversity team welcomes your views on the contents of this report, and ideas you have for further developments in order to extend further the Trust's response to the Delivering Race Equality agenda.

Induction (Hearing) Loops

Guidance on the setting up of the fixed induction loops at Greater London House, and the portable hearing loops now available at many Trust reception areas, has been produced and is available on Trustnet at: <http://trustnet/CNWL/trustwide/9219.htm>

Technically referred to as an Induction Loop, this is a system whereby sound is picked up by a microphone connected to a receiver (with wires or without), and then transmitted directly to the person's hearing aid. Only sounds within the loop will be picked up, therefore

background noise is reduced or eliminated. It requires people to speak one-at-a-time to be most effective.

Induction loops are only of benefit to hearing aid users, who will need to change their hearing aid setting to a particular frequency to tune into the loop. It is important that where hearing loops are installed there are clear signs informing hearing aid users of this. Not all deaf people use hearing aids and therefore induction loop systems should not be expected to meet the needs of all deaf people.

Focus On... Blindness

The following is from the BBC website: <http://www.bbc.co.uk/health/conditions/blindness1.shtml>

A person who is blind has a high degree of vision loss. Only about 18 per cent of blind

people are totally blind - most can distinguish between light and dark. When someone is partially sighted, they have a less severe loss of vision.

Blindness can cause difficulty with everyday tasks such as cooking, dressing, reading and writing, shopping and going for a walk. The risk of physical and social isolation is greater for people who are blind or partially sighted as it can be difficult to get out and make new friends. Blindness can also be an expensive condition because of the cost of special equipment.

Accidents and disease are often responsible for blindness, while some people are born blind or partially sighted. Common causes include cataracts, age-related macular degeneration, glaucoma, diabetic retinopathy and retinal detachment.

Cataracts

Cataracts most commonly develop as people get older, though they can develop at any age. Smoking and exposure to UV radiation make them more likely to develop. Congenital cataracts are present from birth and are usually the result of exposure to infection, radiation or drugs before birth, or caused by a genetic problem. Left untreated, congenital cataracts can result in permanent visual loss. Other causes of cataracts include illnesses such as diabetes, certain drug treatments, long-standing inflammation and eye injury.

Men and women are affected equally, and in the UK it's estimated about one in three people over 65 has a cataract. Usually, one eye is more affected than the other. The symptoms of age-related cataracts develop gradually, getting worse over many years. Blurred and cloudy vision is common. It may be difficult to see in dim light and bright lights may appear more glaring. Colours may appear different and there may be a yellow tinge to vision.

Age-related macular degeneration (AMD)

The macula, located at the back of the eye at the centre of the retina, enables us to see fine detail and objects directly in front of us. It plays a vital role in helping people to read, write, drive and perform other detailed tasks. It also enables us to recognise faces and see colour. There are two types of AMD:

- Dry AMD is the most common form of the condition. Cells in the retina fail to function properly as a person gets older. Tiny abnormal deposits are left under the retina, making it uneven. In time, retinal cells degenerate and die causing sight loss. This occurs very gradually over many years.
- Wet AMD accounts for 10 to 15 per cent of cases. It often develops quickly and involves

the growth of new blood vessels behind the retina which are very fragile and so may leak fluid or blood. This results in scarring that causes rapid visual loss.

Both eyes are usually affected, although one eye may be affected before the other. The good eye usually compensates for the affected eye, disguising the problem. There is no pain or redness of the eyes. Because central vision is affected, people retain some residual vision at the periphery of their field of vision where images aren't in focus. Any activity that requires detailed, clear vision is compromised; in the late stages of the disease sight loss is so severe that patients are offered registration as partially sighted or blind.

In developed countries estimates are that one in 50 people over the age of 50 and up to one in five people over the age of 85 have AMD. A person is at greater risk of developing AMD if they smoke, have high blood pressure or have a relative with the condition.

Glaucoma

In glaucoma, the flow of fluid in and out of the eye is obstructed, causing pressure within the eye to increase. This damages the optic nerve and the nerve fibres in the retina, and can eventually lead to blindness. There are two common types, acute and chronic:

- *Acute* - mild attacks cause pain in the eyes and haloes around lights. Symptoms are relieved by sleeping. Full-blown attacks cause rapid deterioration of vision, intense eye pain, redness and watering of the eye, sensitivity to bright light, haloes around lights, nausea and vomiting. Acute glaucoma is more common in women.
- *Chronic* - often causes no symptoms until permanent damage has already occurred. Symptoms may then include loss of peripheral vision and, eventually, blurring of objects directly in front of the person.

There are also two rarer types of glaucoma: congenital glaucoma and glaucoma that's secondary to conditions such as uveitis or a side effect of medication. Glaucoma mainly affects people over the age of 60 and is more common with increasing age.

The following is from the RNIB website:

<http://www.rnib.org.uk>

Diabetic retinopathy

Diabetes can affect the eye in a number of ways. The most serious eye condition associated with diabetes involves the retina, and, more specifically, the network of blood

vessels lying within it. The name of this condition is diabetic retinopathy. Diabetic retinopathy is usually graded according to how severe it is. The three main stages are described below.

- *Background diabetic retinopathy* - This condition is very common in people who have had diabetes for a long time. Your vision will be normal with no threat to your sight.
- *Maculopathy* (described previously) - With time, if the background diabetic retinopathy becomes more severe, the macula area may become involved.
- *Proliferative diabetic retinopathy* - As the eye condition progresses, it can sometimes cause the blood vessels in the retina to become blocked. If this happens then new blood vessels form in the eye. This is called proliferative diabetic retinopathy, and is nature's way of trying to repair the damage so that the retina has a new blood supply.

Unfortunately, these new blood vessels are weak and in the wrong place – growing on the surface of the retina and into the vitreous gel. As a result, these blood vessels can bleed very easily and cause scar tissue to form in the eye. The scarring pulls and distorts the retina which, when pulled out of position, is called retinal detachment.

Proliferative retinopathy is rarer than background retinopathy.

Retinal detachment

Retinal detachments often develop in eyes with retinas weakened by a hole or tear. This allows fluid to seep underneath, weakening the attachment so that the retina becomes detached – rather like wallpaper peeling off a damp wall. When detached, the retina cannot compose a clear picture from the incoming rays of light and vision becomes blurred and dim. Retinal detachment is more frequent in middle aged, short sighted people. However, it is quite uncommon and only about one person in ten thousand is affected. It is rare in young adults.

The most common symptom is a shadow spreading across the vision of one eye. You may also experience bright flashes of light and/or showers of dark spots called floaters. These symptoms are never painful.

Many people experience flashes or floaters and these are not necessarily a cause for alarm. However, if they are severe and seem to be getting worse and you are losing vision, then you should seek medical advice. Prompt treatment can often minimise the damage to your eye.

LGB (Lesbian, Gay, Bisexual) Mental Health

The Trust has a duty under Equalities legislation to outlaw discrimination towards LGB people. The *Employment Equality (Sexual Orientation) Regulations 2003* outlaw discrimination (direct discrimination, indirect discrimination, harassment and victimisation) in employment and vocational training on the grounds of sexual orientation. *The Equality Act (Sexual Orientation) Regulations 2007* makes 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.

The NHS Briefing paper: *Mental health issues within lesbian, gay and bisexual (LGB) communities* (see Trustnet <http://trustnet/CNWL/trustwide/8792.htm>) indicates that 'although the majority of LGB people do not experience poor mental health, research suggests that some LGB people are at higher risk of mental disorder, suicidal behaviour and substance misuse.'

The Report indicates that 'increased risk of mental disorder in LGB people is linked to experiences of discrimination' and that 'LGB people are more likely to report both daily and lifetime discrimination than heterosexual people.'

The paper also indicates, based on research, that:

- 'Gay men and bisexual people are significantly more likely to say that they have been fired unfairly from their job because of discrimination.
- Lesbians are more likely to have experienced verbal and physical intimidation than heterosexual women.
- Discrimination has been shown to be linked to an increase in deliberate self-harm in LGB people.
- LGB people demonstrate higher rates of anxiety and depression than heterosexuals; lesbians and bisexual women may be at

more risk of substance dependency than other women.’

Although the risk for suicide attempts is highest during adolescence and young adulthood, research indicates that there is a

substantially increased risk of suicidal behaviours among adult gay men. Gay men appear to have complex concerns, including the presence of other factors such as anxiety disorders.

Equalities and Diversity ‘Good Practice’

Park Royal holds another Festival of Light

Inspired by Brent Council’s Diwali firework display in Barham Park, Park Royal Mental Health Centre, held its own ‘light party’ on 9th November based on a previous event held in 2006. Brent Mental Health Services’ Equality Action Plan aims to mark all major faiths represented among our service users. Light is common to many faiths including: Hinduism, Sikhism, Islam, Judaism and Christianity, and has a particular significance to those service users experiencing a dark period in their life.

Park Royal’s light festival firework display lasted approximately 35 minutes and was attended by over 30 service users and staff who enjoyed the fireworks, music and food which followed. Users from various faiths contributed items which spoke movingly of the significance of light in their religious and personal life and thoroughly enjoyed the music and party atmosphere which prevailed after the fireworks display.

Translated Medicines Management Leaflets

The Trusts’ pharmacy team have developed an updated series of 33 leaflets in English for service users about medicines used to treat mental illness. The leaflets aim to provide high quality, evidence-based, unbiased information to service users and carers. Service users have been involved in the content and design of these leaflets. They have been reviewed by

the Plain English Campaign and are designed to be easily understood.

Medicines patient information leaflets support people to make informed decisions about their medicines. They also promote concordance by ensuring people have an awareness of the benefits and risks of taking medicines.

These are now available via Trustnet and for use throughout the Trust. Pharmacy staff will ensure there are supplies of hard copies for every clinical setting where psychotropic medicines are prescribed, and will supply them to patients with all outpatient prescriptions.

In addition to the English version, these leaflets are available in the top 12 most common foreign languages on Trustnet: http://trustnet/CNWL/medical/medicines_mngmt/87.htm and there are 6 leaflets specifically designed for children.

- Albanian
- Arabic
- Bengali
- Farsi
- French
- Greek
- Gujarati
- Kurdish
- Tamil
- Turkish
- Somali
- Urdu

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:

Richard Bryant-Jefferies, Equalities and Diversity Manager

Tel 020 3214 5769 Email: richard.bryant-jefferies@nhs.net

A large print version of this Newsletter is available

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