

# 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. 7, November 2007

## In this issue

The main area of focus at the moment within Equalities and Diversity is the Trust's Single Equality Scheme and we update you on the consultation processes we are embarking on in this issue of *Inclusion News*. We also include an article on Black History Month, providing information as to its origin and purpose together with some examples from within the Trust of how it has been celebrated.

We have a focus on Hidden Disability as well, which can range across a variety of conditions and can present a particular set of difficulties simply because the disability in question is not immediately obvious.

Another often 'hidden' issues is that of stigma in relation to mental health problems, and how this can affect people within different cultures. Themes from a recent presentation on stigma are included in this issue. Also included is a brief report on the Commission for Race Equalities final report: *A lot done, a lot to do*.

Once again we also have an update on the Focussed Implementation Site initiative, training, a legal update, and developments in the Equalities and Diversity section of Trustnet.

Contents	
The Equality and Human Rights Commission opens its doors	1
Preparing for the Trust's Single Equality Scheme	2
Staff Disability Survey	2
Black History Month	2
'A lot done, a lot to do' – CRE Report	3
Focus on ... Hidden Disability	3
Training Update	4
FIS Project Update	5
Presentation on Stigma	6
Legislative Update	7
Equalities and Diversity Good Practice	7
Trustnet Update	8

## The Equality and Human Rights Commission opens its doors

The new Equality and Human Rights Commission opened its doors on 1 October 2007, replacing the Equal Opportunities Commission, the Commission for Racial Equality, and the Disability Rights Commission. The new commission brings together the work of these three previous equality commissions and also takes on responsibility for the other aspects of equality: age, sexual orientation and religion or belief, as well as human rights.

'The new commission is working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society The new commission is building on their legacy to achieve change to benefit some of the most disadvantaged and voiceless people in our society.

The Equality and Human Rights Commission acts not only for the disadvantaged, but for everyone in society, and can use its new enforcement powers where necessary to guarantee people's equality. It also has a mandate to promote understanding of the Human Rights Act.<sup>1</sup>

<sup>1</sup> From the Equality and Human Rights Commission website: <http://www.equalityhumanrights.com>

## Preparing for the Trust's Single Equality Scheme

Further to the information given in the last issue of Inclusion News, a series of questionnaires (for staff, service users, community groups and Foundation Trust members) seeking views on Trust priorities have been produced which can now be accessed on Trustnet at:

<http://trustnet/CNWL/trustwide/9026.htm>

The responses from the questionnaires will contribute to identifying key areas of priority for the Trust to respond to as both an employer and service provider.

There will also be focus groups organised for staff and local services are encouraged to run their own focus groups with service users to provide opportunities for further contribution to the contents of the *Scheme*. If you would be interested in arranging a focus group, please contact the Equalities and Diversity section.

Once we have a first draft of the *Single Equality Scheme*, this will also be available on the above Trustnet page and all staff will be informed.

## Staff Disability Survey

By now all staff should have received the Staff Disability Survey questionnaire. We do wish to encourage all staff to complete the questionnaire. If you have not received

yours, it can be accessed on Trustnet at <http://trustnet/CNWL/trustwide/8494.htm> Please only complete and submit the questionnaire once.

## Black History Month

Black History Month aims to promote knowledge of the history, culture and heritage of black people and their positive contributions to British Society, and heighten the confidence and awareness of black people in relation to their cultural heritage.

The following is taken from the Black History Month website<sup>2</sup>:

'The origins of Black History Month go back to 1926 when Carter G Woodson, editor for thirty years of the Journal of Negro History, established African Caribbean celebrations in America. It is still celebrated there in February each year.

Black History Month was established in the UK in 1987 and is held between the 1st and the 31st October, although we are now seeing a growth in events starting now from mid-September till mid-November.

The concern in the UK about the children, our future generation, was crucial to our decision-making. October is more or less the beginning of the school year, young

people have had a long summer break, their minds are refreshed, and they are not saddled so much with homework or examinations. That was why October was chosen.

October is also very significant within the African Cultural calendar - the period of the Autumn equinox in Africa - is consecrated as the harvest period, the period of plenty, the period of the Yam festivals. Apart from that, October is a period of tolerance and reconciliation in African; it is a period of the coming together of the various bodies that entailed the African societies, the Kingdoms. Black History is therefore a reconnection with our source, hence the chosen symbol of Sankofa - learning from the past, with the benefit of hindsight.

In Britain, Black History Month has now grown to over 6,000 events (updated October 2007, its 20th anniversary).<sup>1</sup>

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Within CNWL Black History Month has been celebrated in many ways over the years and here we include reports on some events that have taken place in 2007:

<sup>2</sup> From the Black History Month website:  
[http://www.black-history-month.co.uk/about\\_bhm.html](http://www.black-history-month.co.uk/about_bhm.html)

## Westminster

The Community Day Service organised an event on 25/10/07 in a local venue, to show a culturally appropriate film, followed by an African/Caribbean meal. There was also a Sierra Leonean traditional dance presented by Evelyn Nyandemo, who organised the event. It was well attended by most of the service's clients and feedback was very positive.

The Community Day Service runs a weekly Black and Asian drop-in in South Westminster and a monthly Black peoples outing group in the north of the borough, but the Black History Month event was open to all service users.

## Brent

At the Brent Black History Month celebration there were a range of information stalls, including Brent Mental Health Service, Brent User Group, Brent

Mind and Brent Carers Centre. There was an extensive display of black history celebrating Black History Month, and the event also included Senegal musician Kouyate Kadialy playing the 'Kora' (Harp) and a display of self-defence used in Brazil incorporating many elements of African culture including dance and music acrobatics.

The Belvedere Day Hospital had activities throughout the October Month. These included:

- African Drumming
- Biography of some Black Personalities
- Exhibition of photographs, books, carvings etc.
- Watching videos
- Story telling
- 31 October, Finish with Party - Music and Black Cuisine.

## “A lot done, a lot to do” – CRE Report

The Commission for Race Equality published its last report in September, entitled *A lot done, a lot to do: our vision for an integrated Britain*, prior to it being replaced by the new Equality and Human Rights Commission. In this hard-hitting summary of the state of race relation in Britain, with numerous recommendations for future actions, issues are addressed that include: young people, health and social care, education, criminal justice.

The point is made at the start that 'we live in a society where people may live side by side, occupy the same spaces and schools and shop in the same high streets, but too often they lead parallel lives that never meet'. The Report places great stress on the need to work towards greater

integration, and builds its strategy upon four main areas of priority for change:

- developing and enforcing existing and new powerful legal tools to promote racial, and religious, equality;
- reducing racism and extremism;
- tackling racial inequalities in education, health, criminal justice, housing and employment; and
- promoting interaction between people of all ages and backgrounds and increased participation in local community work by people from all ethnic groups.

The full report can be accessed on Trustnet at:

<http://trustnet/CNWL/trustwide/4084.htm>

## Focus On... Hidden Disability

Continuing with our 'Focus On...' series looking at different areas of disability, in this issue we are considering *Hidden Disability*. The majority of disabled people have what are sometimes known as 'hidden disabilities', which simply means that a person's disabling condition is not

obviously apparent or visible. So it is quite possible that you have colleagues, or service users in treatment, who have a disabling condition but who may not immediately be recognised as having so.

Hidden disabilities can include some people with visual impairments and those

with dexterity difficulties such as repetitive strain injury. It may also include those who are deaf or hard of hearing, or who have mental health difficulties.

The list of medical conditions that may be regarded as hidden disabilities is very long and the effects of these different conditions are many and varied. It can include people with epilepsy, diabetes, sickle cell condition, chronic fatigue syndrome or ME, cystic fibrosis, cancer, HIV and AIDS, and heart, liver or kidney problems. The conditions may be

- short term or long term
- stable or progressive
- constant or unpredictable and fluctuating
- controlled by medication or another treatment, or untreatable.

Disabling medical conditions can often have a considerable impact on a person's everyday life. They may cause fatigue or pain and this may be continual or intermittent. They can cause sleep problems, seizures, incontinence or dizziness. The impact of hidden disabilities on daily life and activities in the workplace can be considerable: they often interfere with concentration and stamina, as can the medications that are used to treat them. People with hidden disabilities may be well and coping one week and unable to attend work or treatment services the next.

People with certain hidden disabilities may have difficulties meeting deadlines or participating in group work. Because of the variation in symptoms it is not possible to generalise about how hidden disabilities may affect performance in the work place. But a person whose hidden disability meets the definition of a disability under legislation (Disability Discrimination Acts 1995 and 2005) will be entitled to be protected under law against discrimination and provided

with 'reasonable adjustments' where possible.

Not everyone discloses hidden disabilities for a variety of reasons, which can include fear of discrimination, not considering their condition to be a 'disability', or fearing that their condition might be misunderstood.

What often arises as a concern for members of this group of people is the sense that others might doubt the severity of their condition. Where there is no visible evidence of the condition this can leave people feeling that they might be judged or their condition not treated seriously.

There can also be issues of confidentiality. Some people with hidden disabilities may wish for colleagues and staff to know about their medical condition and may be willing to discuss it openly. Others may want their privacy protected and may want discretion and confidentiality.

For CNWL, mental health problems are the main type of Hidden Disability that staff will come into contact with. One particularly difficult aspect of mental health as a hidden disability is the stigma that can be associated with this. Professor Peter Thorneycroft's *Actions Speak Louder... Tackling discrimination against people with mental illness* is a helpful publication and can be downloaded from [http://www.mentalhealthcare.org.uk/download/stigma/ActionsSpeakLouder\(Oct2006\).pdf](http://www.mentalhealthcare.org.uk/download/stigma/ActionsSpeakLouder(Oct2006).pdf)

Being sensitive to the particular needs of friends, colleagues and service users who may have a hidden disability requires us all to be aware that a person's health and well-being cannot be defined solely by appearance.

## Training update

### Cultural Competency Training for Managers

A further one-day workshop has been arranged at Trust HQ, Greater London House on Monday 10<sup>th</sup> December 2007, and further dates are to be arranged throughout 2008. These dates will be available soon and will be publicised on

Trustnet and in the Trust's 2008/9 Training Directory. For more information contact Richard on 020 3214 5769, [richard.bryant-jefferies@nhs.net](mailto:richard.bryant-jefferies@nhs.net) or David on 020 3214 5771, [david.truswell@nhs.net](mailto:david.truswell@nhs.net)

### [‘Diversity in the Workplace’ — e-Learning module](#)

The e-Learning package continues to be implemented across the Trust. Feedback continues to be encouraging.

### [Use of Interpreter Training](#)

We are planning training sessions for staff to familiarise themselves with best practice with regard to working through interpreters. We would welcome your views on what would be most helpful as part of this training. Please contact the Equalities and Diversity section with your suggestions.

### [Disability Awareness Training](#)

We are in process of developing two contrasting approaches to disability awareness training. Firstly, we are working on developing our own e-Learning package that will address specific disability-related issues. Secondly, we are planning a

‘reasonable adjustment’ training half-day for managers. This latter training is probably going to be case study based (the format that we are successfully using for the Cultural Competency for Managers training). We will, however, continue to explore other options as well.

### [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 who are responsible for managing services, developing services, policies, protocols etc need to attend this training. Next training date is: 2.00pm to 4.00pm Friday 14<sup>th</sup> December at Trust HQ, Greater London House. To book email: [richard.bryant-jefferies@nhs.net](mailto:richard.bryant-jefferies@nhs.net) or call 020 3214 5769

## **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

### **FIS Clinical Trailblazer Network**

The FIS Project made a successful application to become one of the National Clinical Trailblazer sites. The FIS Project has identified Clinical Trailblazer projects that are linked to in the main to CNWL’s FIS targets.

The Clinical Trailblazer Projects are:

1. A Project to examine care pathways, length of stay and community alternatives to in-patient treatment for African and African-Caribbean patients in Brent and possibly Westminster that identifies good practice in the service that prevents admission and detention of Black service users. Clinical teams and BME service users will be involved in determining good practice interventions and design of a training module. Both these Boroughs have high BME populations.
2. Specific BME Groups/Projects are identified as partners for options to

develop test-bed schemes or do research to support ‘Alternatives to Custody’ and early release or resettlement schemes for BME offenders with mental health history.

### **Other Recent FIS Events**

The FIS Project and Chris Bumstead (Head of Patient and Public Involvement) jointly developed an event for World Mental Health Day on 10<sup>th</sup> October 2007 at the Essex Unitarian Church in Notting Hill that highlighted CNWL’s work on diversity by showcasing contributions from community groups associated with the FIS Project.

The following presentations have been given by the FIS Project:

- With Hillingdon CAMHS on *Delivering Race Equality and CAMHS* on 30<sup>th</sup> October to CAMHS North London Regional seminar organised by the London Development Centre.
- *Mental Health and Stigma in Minority Ethnic Communities* at the CNWL Medical Conference on 5<sup>th</sup> October and at Harrow Conference on Mental Health and Asian Community on 31<sup>st</sup> October.

FIS initiatives along with other race equality initiatives within the Trust will be reported on in relation to 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*.

We are currently mapping all services against these characteristics, which will also become the central focus within the Race Equality section of the Trust's Single Equality Scheme.

## Presentation on Stigma

In a presentation to delegates at the Trust's recent medical Conference, David Truswell (CNWL's Focused Implementation Site Manager) outlined some of the concerns that have been highlighted by the communities that he is working with:

- Better understanding of mental illness
- Better understanding of how to get access to mental health services
- More psychological treatments
- More use of complimentary therapies
- Help for carers
- Respect and understanding from service providers

David also described some of the effects of stigma in terms of the way mental health problems can be viewed and the effect that this can have on seeking professional help and the relationship with mental health services.

- Delays in seeking treatment, e.g. reluctance to see GP
- Search for less stigmatised alternative treatments, e.g. use of traditional healers or medicines
- Reluctance to engage/comply with treatment when accessed
- Idea of Family 'Curse'
- Social isolation of service user within ethnic community
- Concealment of problems and secrecy
- Somatic explanations for illness
- Culturally specific implications

Finally, David provided an overview of some of the *culturally specific implications* of stigma, drawing attention in particular to:

### **For many communities, the concern about family shame and dishonour is influential in the stigmatisation of mental illness**

These may include some or all of the following elements that will vary both between and within cultures:

- Cultural stereotypes of masculinity and femininity and coping behaviour (men may be expected to cope better than women)
- Expectations of care giving within extended family network (ill family members may be 'passed around' the extended family' or individual carers may begrudge having to provide a traditional care giving role)
- Specific faith practices (people may be permitted to defer some practices by their faith when ill (e.g. Judaism, Islam) yet at the same time wish to seek comfort from their faith congregations)
- Culturally normative care-giving behaviours (some cultural practices (e.g. food preparation, help with personal grooming) are a powerful emotional expression of care and support for ill family members. Prevention of these by a service or their withdrawal by family members can have substantial detrimental effects)
- Culturally acceptable states of mind (some states of mind (e.g. depression) are either not recognised as concepts in some cultures or are not expected to give rise to needing professional help)
- Impact on marriage prospects of service users and siblings (marriage prospects of siblings can be seen to be undermined)

## Legislative Update - Racial and Religious Hatred Act 2006

On October 1<sup>st</sup> 2007, the Racial and Religious Hatred Act 2006 came into force. This Act amends the Public Order Act 1986, and creates offences related to the stirring up of hatred against persons on

religious grounds. It has application both to the actions of individuals and to organisations. Further information can be found at: <http://www.opsi.gov.uk/acts/acts2006/20060001.htm>

## Equalities and Diversity 'Good Practice'

### Faith Training in Brent

Rehabilitation & Supporting People (RASPS), part of Brent Mental Health Service, has held its first faith training session. 17 staff attended the training on the Muslim Faith. The training was jointly facilitated with Brent Primary Care Trust with the session designed for front line mental health staff working within RASPS. The aim was to enable staff to be better informed and equipped to support service users from the Muslim faith community.

Yvonne Hines (Community Mental Health Worker and Faith & Spirituality Lead for RASPS) organised the event and delivered a presentation about the importance of recognising and supporting an individual's religious/spiritual need(s). Aisha Khan (Community Health Development Manager – Brent Primary Care Trust and Vice Chair for the Brent Multi Faith Forum) delivered training on the Muslim faith.

The participants had the opportunity to look at stereotypes, the important practices and observances that are important to an individual from the Muslim faith and how the Muslim faith informs an individual's lifestyle. Staff had ample time to ask questions. The areas that were found to be most helpful for workers, as identified by feedback, were: definition of Islam, 5 pillars of Islam, similarities with Christian religion, fasting and prayers.

### South Kensington & Chelsea English Group

Noted within South Kensington & Chelsea Adult Mental Health Services was the sudden rise in referrals of service users with English as a second language. In particular, detained patients on wards were unable to engage in the majority of the Occupational Therapy group programme offered as their inability to communicate was seen as a barrier to engagement. This difficulty was

also reflected in the community where it was noted that service users with English as a second language were being excluded from their local community. A majority of service users had been observed to lack confidence and the ability to access mainstream English courses at their local colleges therefore they remained unable to learn or develop any English language skills and became socially isolated in turn having a detrimental effect upon their mental state.

In meeting service demand, government and local initiatives combined with service users/carers needs funding was gained and the English Group started within the SK&C MHU in February 2007. It is currently open to all service users within SK&C inclusive of those who may be detained on the ward. Its main objectives include:

- To acquire the skill of reading, writing and speaking the English language within a safe and supported environment
- To promote the benefits of learning the English language.
- To enable service users to gain the necessary skills in order for them to engage in a local community college course and further their learning within a mainstream resource.
- To increase confidence in being able to communicate effectively.
- To provide structured activity as part of a weekly routine.
- Enable mental health monitoring in a non-threatening environment.
- To promote social inclusion.

Since the running of the group the outcomes have been overwhelmingly positive with service users indicating how beneficial they have found the group in enabling them to function at a more optimum level.

## Trustnet Update

### Disability

*UK Health Professionals with Hearing Loss* has been set up by doctors to provide information for, and create a network of, health professionals who have hearing loss. [www.hphl.org.uk](http://www.hphl.org.uk)

### Transgender

We would appreciate comments/ feedback from you on the draft Transgender Guidance mentioned in the last newsletter which is accessible on Trustnet at: <http://trustnet/CNWL/trustwide/7554.htm>

### Race

African and Caribbean Men and Mental Health - Race Equality Foundation Briefing paper, May 2007, can be accessed at <http://www.raceequalityfoundation.org.uk/hs/c/files/health-brief5.pdf>

### Asylum Seekers and Refugees

A recent report entitled Sexual health, asylum seekers and refugees has been added to the Asylum Seekers and Refugees page on Trustnet at: <http://trustnet/CNWL/trustwide/6375.htm>

### Embrace

*Embrace* is the official newsletter of the Kensington & Chelsea and Westminster BME Health Forum, an independent umbrella body funded by Westminster & K&C PCTs undertaking research with and providing support to BME community organisations within the two boroughs. *Embrace* aims to reflect the health issues, views and concerns of the BME communities in both boroughs. Copies are now available on Trustnet at: <http://trustnet/CNWL/trustwide/9041.htm>

### 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: September 2007 (Latvian), October 2007 (Thai) November 2007 (South African). We plan to collate the communities sections into a single document as an added resource.

### Sexual orientation

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

### Faith Festival Posters and Wall Charts

Faith festival posters produced by Brent Mental Health Services continue to be made available on Trustnet at <http://trustnet/CNWL/trustwide/7866.htm> Please use these as Faith festivals arise. Details of forthcoming Faith festival's can be found on the **Faith Walls Charts** that have recently been distributed. If your site does not yet have a Faith Wall Chart, contact the Equalities and Diversity section.

### Cultural Competency Statement

A copy of the Trust's Cultural Competency Statement can be accessed at: <http://trustnet/CNWL/trustwide/3913.htm>

### 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> We welcome suggestions for Reports or Web sites that we can link to.

**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.**

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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>