

***Irish Mental Health in Birmingham:  
Implications for health service  
provision and practice  
Responses to the reports***

**Friday 27<sup>th</sup> June 2008**

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## Setting the context

- **Explore the reports in the context of DRE Programme**
- **Explore the similar findings, recommendations and narratives of the projects for providers and commissioners to take on board**
- **Focus on the DRE Community engagement project journey**
- **Next Steps**

# Delivering race equality in mental health care (2005)

Five year action plan (2005-2010)

## **Building Blocks**

### **Community engagement**

*500 Community Development Workers; 80 community engagement projects*

### **Better information**

*Ethnicity monitoring, better dissemination, Count Me In census, intelligently using the data to design services*

### **Appropriate and responsive services**

*Organisations and workforce development, improving clinical services, working in-depth with specific groups, improving primary care and aversive pathways to care.*

## **DRE response to the reports:**

- **Highlighted very important findings and key recommendations for providers and commissioners to take on board:**
- **CEP report on Irish older people:**
- **Awareness raising and fighting stigma of mental illness and mental health problems**
- **discrimination, racism and negative stereotyping**
- **Better understanding of emigration,**
- **Better understanding of the social isolation facing men and women in the community**
- **Better understanding of the housing needs of this client group – links to the isolation**

## **DRE response to the reports:**

- Birmingham City University report:**
- Touched on very similar issues however key differences:**
  - Assessment of Irish clients should include specific questions that focus on health patterns and trends of Irish people**
  - Irish members being used as interpreters or advocates – should be effectively recognised within the organisation**
  - Professionals should aim to present more balanced view of Ireland and changes in Republic of Ireland and Northern Ireland**
  - Children of Irish migrants should be regarded as a separate group**

## **DRE response to the reports: key narratives**

- **Emigration, isolation and manual labour – key quote:**
- **“People don’t understand about Ireland and what it was like there, there was no work and so many things going on that affected peoples mental health...For me, coming here was difficult because of the constant work, moving from town to town to find work. I was working in the pipelines, the conditions were rough with small pay and long hours. There was a lot of Irish people doing the same thing. We used to go to the pubs to relax and get rid of the monotony and have a break”**
- **Personal narrative from the Community led research project on mental health needs of Irish older people, (IWIC/DRE; 2007)**

## DRE response to the reports: key narratives West Midlands Development Centre

- **Improving services for Irish older adults – key quote on poor access, experiences and poor outcomes for Irish older adults:**

**“My doctor only talks to me about my alcohol problem, he never wants to deal with the depression”**

**“My Doctors very good, but he only advises me on how to cut down drinking. I know alcohols a depressant, but I didn’t choose to be a alcoholic, things just happened in my life that caused it”**

- **Personal narrative from the Community led research project on mental health needs of Irish older people, (IWIC/DRE; 2007)**

## DRE response to the reports: key narratives

- **Improving services for Irish older adults – key quote on improving access to engaging older Irish adults:**

**“..the Irish are very proud. They won’t talk to their doctors or friends. If you start promoting mental health services, people won’t come, you need to offer something else first and then introduce the mental health side of things more slowly once you’ve got them to come along and they know and trust you”**

**Personal narrative from the Community led research project on mental health needs of Irish older people, (IWIC/DRE; 2007)**

# The Journey of the CEP Project Team

- Individual learning for Community researchers;
- Team development and learning
- Host organisational learning and leadership
- A multi agency approach to the work – IWIC, Focus Futures, Irish Federation, ICAP, Birmingham University, Birmingham City University.

## •**Key Outcomes:**

- Community Researchers looking to secure employment in the wider field of mental health care and health and social care

Completed UCLAN qualifications

Led to research on mental health needs of Irish women's led by Focus futures

## Recommendations and action taken:

- Better information on Irish service users – **Count Me in Census**
- Better and more responsive information to the needs of Irish service users – **Community Development workers and Mental Health Promotion specialists**
- Systematic inclusion of the Irish community in the BME mental health agenda – **continue effort in the DRE Programme**
- Greater sensitivity and competency in the relevant agencies – ie via Cultural competency training – **RECC**
- Building capacity of CVS – **Core priority for DRE Programme now until 2010**
- A dedicated CDW for Irish Community – **CDW with Focus futures; however pursue CDW working with Irish older people**

## Recommendations and action taken:

- New services to be culturally appropriate and provide professional mental health care via community venues
- Explicit recognition of the needs of Irish older adults incorporated in PCT and Local Authority commissioning
- Core to the **World Class Commissioning agenda**; Local Area Agreements; ‘Our health, our Care, our say’ and the DRE programme; also core to newly forming Foundation Trusts!
- Better Investment in integrated services around dual diagnosis for Irish older adults – feed into above and highlight to provider trusts
- Engagement of Irish older people in developing their skills – CDWs to lead on this work as Capacity builders, innovators and change agents

## Next Steps for both reports

- Linking recommendations to Provider Trusts and PCTs in the West Midlands to work to implement
- Both reports highlight key findings of **national significance and learning – to be disseminated widely**
- Feed into DRE Regional mechanisms with CSIP, SHA and Government Office/DH in the West Midlands
- Working with regional Mental Health Commissioners to implement the recommendations
- Community Development Workers to take forward and build on key recommendations