“BME Cultural Competence in Mental Health” Workshop

Wednesday 12 June 2013
10.00am – 4.30pm
Malone House

This Event was funded by the Public Health Agency
Introduction:

The Belfast Trust worked in partnership with the other 4 HSC trusts and Aware Defeat Depression to organize the workshop in Malone House on 12 June 2013. The workshop was funded by the Public Health Authority (PHA).

The focus of the event was “Developing Cultural Competence when delivering Mental Health Services to Black & Minority Ethnic Communities (BME)”. Professor Rachel Tribe, School of Psychology University of East London provided a wealth of information and guidelines on how to deliver culturally competent services. Her inputs include:

- Culture and language in regards to mental health
- Culture and idioms of distress and presentation
- Explanatory health beliefs
- PTSD or normal reaction to abnormal events
- Guidelines on working with Interpreters

Orla Barron, Health & Social Inequalities Manager for the Trust provided the legislative background and context to the day and Ligia Parizzi, NI Health & Social Care Interpreting Services Manager presented guidelines on how to access and work effectively with Interpreters.

Geraldine McDonnell, Health Promotion Officer from the Northern Health & Social Care Trust presented recent research carried out into BME mental health and some of the barriers that needed to be addressed.

Feedback from the workshop participants indicated that this event was very worthwhile. Participants included interpreters, Health & Social Care Trust Mental Health staff and representatives from the Community and Voluntary sector. Aware Defeat Depression representatives wrapped up the event with the final remarks and the direction on developments for the future of this initiative.
Legislation and Context of the Workshop

Orla Barron, Health and Social Health and Inequalities Manager, BHSCT

**Legislative framework to providing culturally competent mental health services**

Orla Barron
Health & Social Inequalities Manager

**Race Relations (Northern Ireland) Order 1997**

Discrimination if you apply a criteria in the provision of health or social care that would put someone of ethnic origin, race, national origin at particular disadvantage

e.g. Failure to provide an interpreter

**Human Rights Act 1998**

- Article 2: Right to life
- Article 3: Right to be free from inhuman or degrading treatment
- Article 5: Right to liberty and security
- Article 6: Right to fair trial
- Article 8: Right to respect for family
- Article 10: Right to freedom of expression
- Article 14: Prohibition of discrimination (not freestanding)

**Article 12: International Covenant on Economic, Social & Cultural Rights**

- Right of everyone to the enjoyment of the highest attainable standard of physical and mental health
- Both freedoms and entitlements.
- Freedoms include the right to control one’s health, including the right to be free from non-consensual medical treatment and experimentation.
- Entitlements include the right for systemic health protection (i.e. healthcare and the underlying determinants of health that provide reasonable opportunity for people to enjoy the highest attainable standard of health).

**Other Key Considerations**

- Moral case: seeking to treat people fairly is the right thing to do
- Ethical Code of ethics: Person-centred care
- Governance: Fully informed consent
- Risk of misdiagnosis, misunderstanding, mistreatment
- Risk of harm
- Litigation
- Business case: best use of resources

**Mental Capacity Legislation**

- Help to protect the dignity and human rights of people with a mental illness or learning disability and people who cannot make decisions for themselves.
- Bamford — Principles of Autonomy and Justice
- Transforming Your Care — Concepts of Independence and Personalisation — people with mental health problems can be treated with appropriate tailored support
BME Cultural Competence in Mental Health

Professor Rachel Tribe, School of Psychology, University of East London 21/06/2013

1. CONTEXTUAL FACTORS
In the UK almost everyone historically is a migrant

Notion of migration contained in the literature and politics

Working party on Mental Health and Migration set up by the World Psychiatric Association


Cultural competence in mental health

Contextual variables - Different groups may have different needs

Many asylum seekers and refugees report feeling that they were "alienated" or their voices were "taken away from them" by political regimes which did not allow for multiple accounts or voices which satisfied criticism prior to their seeking asylum. This talking about their problems with a health professional may feel difficult, issues of trust may have become compromised.(Tribe, 2010).
2. **Culture: language: mental health?**

What do we mean by mental health/wellbeing?

Definitions?

Mental health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO, 2011)

Mental health problems are usually defined and classified to enable professionals to refer people for appropriate care and treatment. But some diagnoses are controversial and there is much concern in the mental health field that people are too often treated according to or described by their label. This can have a profound effect on the quality of life (Mental Health Foundation, 2013).

**Summerfield (2002: 248)**

- "Diagnostic Statistical Manual (DSM) and International Classifications of Diseases (ICD) are not, as some imagine, atheoretical and purely descriptive nosologies with universal validity. They are western cultural documents, carrying ontological notions of what constitutes a real disorder, epistemological ideas about what counts as scientific evidence, and methodological ideas as to how research should be conducted."

**Statistics of concern in relation to BME communities**

- Black ethnic mental health
- Diagnosed as schizophrenia
- Compulsorily detained under Mental Health Act
- Admitted as 'Offender Patient'
- Held by police under Section 136 of Mental Health Act
- Transferred to locked wards
- Not referred for "talking therapies"


What barriers to mental health support for members for BME communities might there be?

**Culture and language in regard to mental health.**

Additional barriers:

- Stigma and fear around mental health may be influenced by different cultural formulations and models (Bhugra, 2009)

- Mental health services have been found to be underused. Eshu Irohin & Iyiola (in their review of NHSCT (2013) – who to go to, where, what help available, family, stigma, gender, language

- Services seen as inaccessible or inappropriate by BME community members (Patel, 2000; Lago, 2011).
3. Idioms of distress/explanatory health beliefs

- What does it take to build and sustain a migrant sensitive health system in respect of mental health particularly?

4. Building cultural competence and accessible and appropriate services, community and service level engagement.

- Where to start or develop?
- Individual worker, team, agency/trust, commissioners
- How to start, develop and maintain cultural competence
- The following are indicative of things to consider only

Culture bound or concept bound “syndromes”

- Syndromes which are specific to a particular culture or area

- Idea that much of mental health/psychology/psychiatry been built around a set of assumptions located in the west, which may not always be permissible.

Cultural Competence in Mental Health

Understanding diversity - multicultural cube applies to everyone

“An individual practitioner may strive admirably to understand the contribution of their client’s culture to the conversation created between them ……, but will rarely give the same scrutiny to the role of their own culturally-determined belief system”. Patal et al (2000)
Individual

Spend some time considering the meeting/consultation, you may find it helpful to find out some information about the country and culture from the country of origin/their heritage of the potential service user, but remember culture is individual and mediated by many factors. It is not a unitary concept. There are numerous helpful websites. You are not the expert on this, if in doubt ask your service users, they are an expert.

Find out the appropriate form of address and asking about the correct pronunciation of their name.

When relevant, ask about language proficiency and what is their first language/mother tongue.

Team and Health Trust

What is the demographic make up of your geographical work area? Undertake an audit.

Managers may need to take the lead to ensure this is on the agenda.

Are there any groups represented who are not using services? Consider why this might be the case.

Does your team provide a place where BME issues of diversity can be discussed? If not plan some reserved time for this.

5. Issues to consider when building and sustaining a health system sensitive to the needs of BME communities in respect of mental health.

Does your agency provide an environment that is welcoming to members of BME Communities, if so how does it do this, if not what can be done to address this?

Are BME members represented on the staff? Is information/advertising available in other languages?

Should you consult with local BME organisations? This needs to be a two way street though with learning from both sides, not a pseudo consultation (See Lao & Tribe, 2010)

Are you monitoring usage of services?

The language used needs careful consideration as can be stigmatising.

Diversity/cultural awareness training

Commissioners or the People developing services

Commissioning Mental Health Services for Vulnerable Adult Migrants – Guidance for Commissioners (Mind, 2013)
Ethnocentric assumptions that fail to adequately account for culture

**Community engagement**
Implementing NICE guidance

1. It provides a practical guide for health professionals on community engagement with underrepresented communities and builds upon the NICE (2008) guidance on Community engagement.

2. It offers a four stage process model of community consultation/engagement.

3. It encourages the representation of marginalised communities in the planning and provision of health and care services.

6. Guidelines on working with interpreters

   Guidelines for psychologists working with interpreters produced by Prof R. Tribe & Dr K Thompson available free from the BPS.

   + Guidelines available from rtribe@unil.ac.uk
   + Free DVD & brief guidance notes available from new or the DVD at www.youtube.com/search?hl=en&as国籍
   + More information and articles on interpretative and mental health at www.nice.org.uk/psychiatry/2013/01/25/mehd-tribe-interpretation-
**Nuts and Bolts of Working in Partnership Engaging an Interpreter**

**Before the Meeting/Consultation**

- Try and spend some time considering the implications of working with an interpreter, ideally with an interpreter if not with an experienced colleague.
- Working with an interpreter as a conduit makes you dependent on another person, and this can change the dynamic of the meeting. You may well find that you need to be extremely clear about the objectives of the meeting and the strategy you use to ensure this is adhered to.
- What options does your trust offer, (in-house, agency, health advocates/link workers, etc.)?

**Meeting with the Interpreter in Advance of the Session**

- Discuss with the interpreter the aims of meeting and check again they speak the correct language/dialect of language.
- Ensure that your interpreter is treated with respect within the trust.
- Explain what kind of role you wish the interpreter to take.
- Brief the interpreter about anything you feel is relevant. Ask the interpreter about anything unclear which might come up, remember as well as being an excellent linguist they are likely to be a natural expert.
- Plan for what to do in case something goes wrong - can the interpreter ask for a break?
- Think about seating arrangements.
- Specialist language (prisoners are full of special terms so is the area of mental health).

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**Nuts and Bolts of Working During the Interview**

- Introductions
- Explain to the client why the interpreter is there and how you will be working.
- Reiterate confidentiality.
- Explain that the role of the interpreter is to remain impartial.
- Allow for a longer session than usual.
- Listen to the client rather than the interpreter.
- Use shorter sentences and speak more slowly.
- Keep to the point.
- Check regularly that you have been understood.

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**Nuts and Bolts of Working After the Interview**

- Sum up the time sheet or relevant paperwork.
- Check on any misunderstandings.
- Check how the interpreter found working with you.
- Debrief about anything that happened in the session that went particularly well or badly (duty of care - avoid causing traumatization).
- Check on any cultural questions.
- Check how the interpreter is feeling.
- Check about using the interpreter for further sessions with the same client, perhaps even telephone the interpreting service.
Working Well With Interpreters
Ligia Parizzi, NIHSCIS Manager, BHSCT

The Role of a Community Interpreter
Challenges – Mental Health setting

NIHSCIS specialises in registered interpreters in Mental Health cultural and linguistic aspects
- Specialised accredited Training, QQI Level 4, in the 4 main areas of Health Interpreting including Mental Health
- Professional Development Sessions and Seminars on Mental Health specific topics (e.g. Seminar SfHCT 30th, introduction to Mental Health for Interpreters and SfHCT)
- Collaboration with Hamilton Mental Health Interpreting and a Mentored Curriculum by Dr. Robert Findlater, Department of Psychiatry at the University of Northumbria

NIHSCIS/Health & Social Inequalities Unit Contact Details
NI Health & Social Care Interpreting Service
Health & Social Inequalities Team
1st Floor, Graham House.
Knockbracken Health Care Park
Saidbrook Road, Belfast BT8 7DH
Tel 02890660304
Email: interpreting@nihscis.bhsct.nhs.uk

Telephone Interpreting
The Big Word Telephone Interpreting Service
0800 757 7053

Telephone Interpreting should be used only:
- In an emergency
- When an interpreter is available in person
- For routine tasks such as setting up an appointment
- Short 5-10 minute appointments
- Where it is used in telephone interpreting:
- 247 access
- Conversation in an interpreter in several:
- Cost effectiveness for simple and quick appointments
Barriers to Accessing Mental Health Services Research
Geraldine McDonnell, Health Promotion Officer, NHSCT

Context
- Northern HSC Trust Mental Health Service staff wanting to know more about BME communities and what might be preventing them from coming into, or using, mental health services.
- Strong existing partnership between Ballymena Inter-Ethnic Forum and NHSCT in jointly identifying and addressing issues.
- Funding available from the Public Health Agency to undertake work relating to BME communities.

Methodology
- Independent researcher employed
- 100 residents from BME communities responded to survey
- 8 focus groups – 45 participants
- BIEF provided bi-lingual advocates to promote survey, recruit respondents and translate
- Mental Health Support Information and training provided to advocates

Findings – Culture
- Increased stigma within BME communities
  - “It is ingrained that any issues are caused by one within the family”
- Tradition of seeking help within family
- Not acceptable to seek help from outside the family
- Reluctance to talk alone with someone from the opposite sex

Accessing Services
- Lack likely to be registered with a doctor
- Preference to travel home for treatment
- Type of work – difficult to get time off to attend appointments
- Lack of awareness of services available

Language
- Perceived and real difficulty conveying feelings and emotions to Doctor through an Interpreter
- Perception that Interpreter is not translating verbatim
- Lack of awareness of NHS Clinical interpreting services
- Free Interpreting not available globally to voluntary and community support agencies
- Reliance on family to interpret

Building Cultural Capability
- Targeted advertising to reduce stigma and increase awareness of mental health issues
- Sensitive use of terminology
- Increased awareness of services available
  - Mental Health Services – all service
  - Interpreting
- Cultural awareness training
  - “It is very important that [staff] are aware of the culture of the person they are dealing with because if you are not aware, you cannot really understand that person’s response”

For Further Information
Please contact:
Geraldine McDonnell
Northern HSC Trust
Tel: 028 6936 4853
Email: geraldine.mcdonnell@northerntrust.hsc.ni

Key Message
Ballymena Inter-Ethnic Forum
Tel: 028 6936 4853
Email: admin@beaf.org.uk
Suggestions of next steps from the workshop
Andrea Kearns, Aware Defeat depression

- Standard Model – Best practice models
- Awareness
- Dos and don’ts
- Cultural Barriers
- Use of interpreters
- Effective Training/Education
- Overcoming Barriers
- Forensic Issues
- Asylum seeker/networking
- Legislation/best practice/legal
- Aging
- Improving co-operation
- Services – stigma
- Engaging better ways
- Resources
- How to access services/interpreter
- Sign languages, different languages
- Increase our knowledge
- Tool kits
- How to work in crisis/outside trust/voluntary agencies
- Difficulties staff face – model for professionals
- Young people
- Capacity building
- Services
- Trauma
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<th>1. PROGRAMME AIMS</th>
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<td>b. Did the programme achieve its aims?</td>
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Please comment on your scores:

- Very good, useful.
2. PROGRAMME CONTENT

a. How relevant were the subjects covered?

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b. Were the subjects covered in enough depth?

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c. What do you believe are the most valuable learning points from this programme?

- Legislative backdrop - some discussion re good working practice. Cultural competence examples.
- Accessing interpreters and how best to conduct interview. Interpreting training should be made mandatory.

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d. How will you apply the knowledge/ skills you have acquired back into the workplace and your team?

- Will consider all areas when developing work within BME community. Opportunity to build intercultural
- competency into one organisation. Use learning to support staff to work with BME users and carers.
- Knowledge gained will be used as about to commence work with Polish community. Share all information.

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3. PROGRAMME DELIVERY

a. Quality of slides and handouts

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b. Pace of delivery

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c. Response to questions

Excellent  6  (15)  5  (9)  4  (1)  3  (1)  2  1  Poor

d. Facilitator rapport with participants

Excellent  6  (18)  5  (6)  4  (1)  3  2  1  Poor

4. PROGRAMME ADMINISTRATION

a. Pre-programme Information and Notification

Very Satisfied  6  (11)  5  (12)  4  (2)  3  2  1  Not at all Satisfied

5. OVERALL ASSESSMENT

a. Bearing in mind the general objectives of the programme, what is your overall assessment?

Excellent  6  (12)  5  (12)  4  (1)  3  2  1  Poor

6. GENERAL OBSERVATIONS

In addition to your scoring we would welcome any comments you may wish to make e.g. suggestions for improvement.

Open discussion about impact of advocacy of telephone interpreting in future on individuals presenting to frontline staff. Could be in services according to specific therapy, should be rolled out to wider community voluntary sector. Under TYC make interpreting services available to voluntary sector. Make available next year. Should be a regular training day maybe 2 yearly.
## Participants List

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation / group</th>
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<tbody>
<tr>
<td>Ada Mo</td>
<td>NIHSCIS Interpreter</td>
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<tr>
<td>Aidan Best</td>
<td>Belfast HSC Trust</td>
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<td>Aisling Laws</td>
<td>Belfast HSC Trust</td>
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<tr>
<td>Andrea Kearns</td>
<td>Aware Defeat Depression</td>
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<td>Anna Smolinska-Howie</td>
<td>NIHSCIS Interpreter</td>
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<td>Anne McCart</td>
<td>South Eastern HSC Trust</td>
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<td>Assia El-Zarruk</td>
<td>NIHSCIS Interpreter</td>
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<td>Brian Simpson</td>
<td>Western HSC Trust</td>
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<td>Bronagh Clark</td>
<td>NIHSCIS Interpreter</td>
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<td>Claire Hamilton</td>
<td>Belfast HSC Trust</td>
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<td>Claire Smyth</td>
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<tr>
<td>Colette Sloan</td>
<td>Northern HSC Trust</td>
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<td>Colin Loughran</td>
<td>Action Mental Health</td>
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<td>Elaine Harrison</td>
<td>Belfast HSC Trust</td>
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<tr>
<td>Felice Kiel</td>
<td>NI Council For Ethnic Minorities</td>
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<td>Geraldine McDonnell</td>
<td>Northern HSC Trust</td>
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<td>Helen Morgan</td>
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<td>Janine Gillespie</td>
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<td>Julie Archibald</td>
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<td>Karen Bradbury</td>
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<td>Karen Bradley</td>
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<td>Karolina Winiecka-Morgan</td>
<td>Barnardos Taur Ceatha Project</td>
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<td>Laurence Evansi</td>
<td>Southern HSC Trust</td>
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