COMMUNITY ENGAGEMENT PROJECT
The CSIP Mental Health Programme

Report of the Community Led Research Project Focussing on Knowledge and Perceptions of the use of Compulsory Powers in Mental Health among Black & Minority Ethnic communities

By Dorset Mind
Community in
Bournemouth, Poole & East Dorset

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Chi Ming Cheung
Elena Chtereva
Lulu Dajani
Timon Hughes-Davies
Lisa Male
Ebi Sosseh

March 2007

Funded by the Care Service Improvement Partnership
and managed and supported by
The Centre for Ethnicity and Health, University of Central Lancashire.

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Care Services Improvement Partnership CSIP

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Authors: Daniel Bassiouni, Chi Ming Cheung, Elena Chtereva, Lulu Dajani, Timon Hughes-Davies, Lisa Male & Ebi Sosseh

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Project team

Daniel Bassiouni

Born in the Sudan. In the Sudan, I worked as a travel agent for airlines, oil companies and the UNHCR. In the U.K, I work with Bournemouth Social Services, Children's Services. I work with disadvantaged and fostered children. Some children and some parents have mental health problems. From this working background and my different ethnic and cultural background, I joined the CEP project to connect and engage with and help raise the awareness of the local ethnic communities about Mental Health issues. Working on the CEP, raised my own awareness and understanding of the Mental Health situation. Working with people for people is one of my strengths.

Chi Ming Cheung

I was born and nourished in Hong Kong. I had worked for about 25 years in a few public organizations as a manager in the general administration. I moved to the UK in August 2004. My wish is that my children would have a better educational environment to grow up and that I would lead a lesser stressful life allowing myself some space to grow.

My eldest daughter suffered from bipolar when she was 18. It took me more than half a year before I stopped denying she was mental unwell. During the long process of her recovery, I witnessed her pain due to mood swing and psychiatric stigma in various forms from people around her. Like a few other people really loving her, I experienced despair, self-guilt, anxiety, and depression along with her illness. With this background, I fully enjoyed the mental health workshops conducted by UCLAN and the CEP. Both have stimulated me to rethink about issues relating to stigma and racism attached to mental patients.

Besides, I enjoyed very much the data collection process. During questionnaire interviews, I have opportunity to contact people from my community and discuss with them issues relating to mental health.

I feel honoured to be able to work with other team members. Sometimes, due to our different perspectives, we have a lot of meaningful and memorable discussion.

Elena Chtereva

I came from Bulgaria about eight years ago and since then I have settled down in Poole. In Bulgaria I worked as a Primary school teacher for twelve years. However, my last working position at school was Child Developer.
Four years ago I decided to change my career and began to study psychology in the Open University. It is always good to link theory with practice that is why I became a volunteer befriender for Dorset Mind charity. I found that working with people with mental health problems is challenging and very beneficial. Taking part in the CEP increased my awareness about mental health and made me realising how important is to inform people about mental health issues especially among people with BME background.

Lulu Dajani

I was born in Jordan, and I am married. I have a specific Interest in the research project, as I am from an ethnic minority myself with a strong interest in the mental health field. I trained as a mental health nurse in 1998. I previously worked on open acute wards, low secure unit, in a patient detoxification unit and I am now trained as a community mental health nurse.
There is limited number of individuals accessing mental health services despite the growing population of individuals from the BME communities settling and living in Dorset.
I am particularly interested in exploring the outcome of research and its proposal to explore whether the mental health act itself is a deterrent for individuals preventing them from accessing services.

Timon Hughes-Davies

I was born in London, and grew up in Wiltshire. I have previously worked as a teacher and as an engineer, before becoming involved with Dorset Mind in 1998.

Lisa Male

Lisa Male, 32. I have a keen interest in mental health issues and come from a counselling background, where I completed my training 4 years ago. I currently work for Children's Services in Dorset empowering young people with behaviour difficulties. I come from a culturally mixed background as my mother is from Nicaragua. I decided to get involved in this project as I believe all people, whatever their race, should have a voice and because I believe in making a difference.

Ebi Sosseh

Ebi, founder of Baobab Consultancy has been working within the Black and Ethnic Minority sector for the past 5 years in Dorset. During this time, E.B has carried out Consultations, Race Awareness training, BME Community Engagement Project work,

Mentoring/Befriending work, Policy work as well as caring for his daughters, two wives ("one of which, I hasten to add, is my beloved Liverpool FC").

Acknowledgements

This project would not have been possible without the support of local communities and service providers, the Local Area Action group for Delivering Race Equality, who kindly agreed to act as a Steering Group for the project, the Care Services Improvement Partnership and the University of Central Lancashire.

The team would particularly like to thank the support team and tutors from UCLAN, including Joanna Hicks, Alia Syed, Manjit Bola, Ravi Bola and Pam Howard. We would also like to thank Mark Patterson from CSIP.

The members of the steering group have always been available with guidance: the team would like to thank Roger Browning, Jane Elson, Rosemary Shaylor, Julia Reid, Sue Newell, Jo Kiff, Sally-Ann Webb, Steve Collins, David Shire, Gemma Genco, Damaris Mwangi, Alex Wiggins and Stewart Harrison.

Local communities which have supported the project include the Al-Amani Pre-School, the Evergreen Fellowship and the Sacred Heart Church. Individuals include the managers of the Roundhouse Café and the Perola Café in Boscombe and Tomasz Podpora.

We are also grateful to David Shire of Dorset REC and Dawn Bevan of Neighbourhood Management for practical support with accommodation and advice; Ann Khambatta for help with training; Katie Brace for support with preparing the application; Tim Hollingbery, Caroline Rachael Helmsley, Stephanie Wheeler and members of the Dorset Research Ethics Committee for their guidance and support in obtaining ethical approval; and Neil Sanyal for his support.

We would like to thank all the individuals from local communities and service providers who took part in the research.

Finally, all the team members would all like to thank the friends and family members who have supported us personally throughout the project.

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1 Executive summary

Background

The Dorset Mind Community Engagement Project is part of Delivering Race Equality in Mental Health Care (DRE). The DRE document was published following the Independent Inquiry into the Death of David Bennett, and included the Government's formal response to the findings of the Inquiry, and an action plan to improve mental health services for Black & Minority Ethnic Communities.

The three building blocks for Delivering Race Equality are:

- more appropriate and responsive services;
- increased community engagement; and
- better quality information, more intelligently used.

This project was one of a number of projects set up by the University of Central Lancashire's Centre for Ethnicity & Health in partnership with the Care Services Improvement Partnership (previously the National Institute for Mental Health, England), to help deliver increased community engagement within local communities.

The University of Central Lancashire (UCLan) had previously developed a model of community engagement which had been used successfully in a number of fields, including substance misuse, criminal justice and sexual health.

Community organisations were invited to apply for up to £20,000 in funding to carry out community research into areas related to the Delivering Race Equality agenda. Dorset Mind successfully applied for funding in 2006.

The UCLan Model for Community Engagement

The UCLan Model for Community Engagement requires three key elements:

- A host organisation with links to local communities
- A defined research task
- Appropriate support and guidance

Dorset Mind had existing links to Black & Minority Ethnic organisations, including faith communities, and was well placed to carry out research into mental health issues with local communities in Bournemouth, Poole & East Dorset.

UCLan provided appropriate support and guidance to the project. In addition to the funding, UCLan provided seven full days of training to all the workers involved in the project. A support worker from UCLan visited the project every two weeks, and was also available by telephone and email with advice and guidance.

The Local Area Action Group for DRE, which included senior representatives and diversity leads for local authorities and NHS trusts, as well as community and voluntary sector representatives, acted as the steering group for the project, and provided support to the team.

The project was also supported by the Care Services Improvement Partnership Race Equality Lead.

The Dorset Mind Research Focus

Among the characteristics of a reformed services set out in the Delivering Race Equality action plan are:

- less fear of mental health care and services among BME communities and BME service users;
- a reduction in the disproportionate rate of admission of people from BME communities to psychiatric inpatient units; and
- a reduction in the disproportionate rates of compulsory detention of BME users in inpatient units.

Dorset Mind felt it to be appropriate, given the emphasis within the DRE action plan on in-patient services, to look at community perceptions about these services, and to focus upon the use of compulsory powers in treating people with mental health problems. It was thought that fear and ignorance about the use of such powers might be a significant reason that people from BME communities were unwilling to engage with mental health services. The aim of the project was to test this hypothesis.

In addition to the research carried out with local BME communities, a second strand of the research looked at the perceptions and attitudes of professionals towards the effect of compulsory powers on people from BME communities.

The Research Team

A team of six local researchers were recruited from BME communities in Bournemouth, Poole & East Dorset. The researchers came from a variety of backgrounds, including Chinese, Jordanian, Gambian, Sudanese, Nicaraguan and Bulgarian: the intention was that the research team would reflect the diversity of the local population, and that the project would engage with a number of BME communities.

The Research

In order to test the hypothesis with local BME communities, it was decided that semi-structured interviews be carried out with a target of 100 participants. The interviews were based upon a questionnaire.

The questionnaire was designed by the Research Team, and refined over several versions. Piloting the questionnaire helped to point out questions which were ambiguous or poorly worded, and care was taken to eliminate bias, leading questions

and questions which were irrelevant to the research focus. When appropriate, direct questions were used.

Once the research focus and methodology had been established, the project was submitted to UCLan for ethical approval, which was received in November 2006. Once ethical approval was received, the community research stage of the project was undertaken.

The research was carried out with five target communities:

- African-Caribbean
- Arabic Speaking
- Chinese
- Polish
- Portuguese

100 interviews were carried out.

The interviews started by looking at mental health awareness, and asked how respondents would act if they were suffering from a mental health problem such as depression. The interview examined awareness of the nature and extent of compulsory powers. Respondents were then asked about levels of fear and confidence in in-patient mental health services. Finally, respondents were invited to suggest ways in which mental health services could be improved for people from BME communities.

Research was also carried out with five groups of professionals involved in the use of compulsory powers. These were:

- Psychiatrists
- Mental Health Nurses
- General Practitioners
- Approved Social Workers
- Police Officers

These respondents were sent a questionnaire for self completion. 24 completed questionnaires were returned.

Findings & Conclusions

Research with members of BME communities

- There were significant variations in the level of awareness of mental health between difference communities. The African-Caribbean community showed the greatest awareness of mental health conditions, as well as of statutory powers.
- BME communities placed a high value on family and friends as sources of support when suffering from mental health problems
- Most respondents recognised that GPs were the first point of contact and were willing to engage with them

- Relatively few respondents would turn to their religious leaders for support
- Respondents expressed high levels of fear of entering mental hospital. Respondents cited uncertainty, fear of other patients and stigma as sources of fear.
- When asked about individual factors which might be sources of fear, respondents showed a low level of confidence in medication; in staff's understanding of cultural issues; and in doctors. They also expressed fear of being treated forcibly.
- About a quarter of respondents overall thought that staff would discriminate against them in hospital
- Respondents identified language issues and training as the main ways of improving mental health services for people from BME communities

Research With Service Providers

- Professionals identified language, fear and not being understood as the main barriers to people from BME communities accessing mental health services
- Few of the mental health professionals responding had undertaken race equality training
- Professionals did not see racism and discrimination as major barriers to people accessing services
- Professionals did not think there was a disproportionate number of people from BME communities detained under the Mental Health Act locally

Recommendations

I The findings from this report – particularly the high levels of fear within BME communities – should be passed on to clinical staff working in local mental health services.

II Robust mechanisms must be put in place to ensure that all clinical staff – including psychiatrists – receive race equality and cultural awareness training tailored to mental health.

III Local mental health services should promote a positive image by organising community events and open days.

IV Information about mental health services should be provided in easy to read formats and in other languages.

V Local BME communities should be empowered by training and supporting 'Community Champions' to act as channels for accurate and up-to-date information.

2 Introduction

2.1 The Centre for Ethnicity and Health's Model of community engagement

Background to the community engagement model

We often hear the following words or phrases:

- Community consultation
- Community representation
- Community involvement/participation
- Community empowerment
- Community development
- Community engagement

Sometimes these terms are used inter-changeably; sometimes one term is used by different people to mean different things. The Centre for Ethnicity and Health has a very specific notion of community engagement. The Centre's model of community engagement evolved over several years as a result of its involvement in a number of projects. Perhaps the most important milestone however came in November 2000, when the Department of Health (DH) awarded a contract to what was then the Ethnicity and Health Unit at the University of Central Lancashire (UCLan) to administer and support a new grants initiative. The initiative aimed to get local Black and minority ethnic community groups across England to conduct their own needs assessments, in relation to drugs education, prevention, and treatment services.

The DH had two key things in mind when it commissioned the work; first, the DH wanted a number of reports to be produced that would highlight the drug-related needs of a range of Black and minority ethnic communities. Second, and to an extent even more important, was the process by which this was to be done.

If all the DH had wanted was a needs assessment and a 'glossy report', they could have commissioned researchers and produced yet another set of reports that may have had little long term impact. However this scheme was to be different. The DH was clear that it did not want researchers to go into the community, to do the work, and then to go away. It wanted local Black and minority ethnic communities to undertake the work themselves. These groups may not have known anything about drugs, or anything about undertaking a needs assessment at the start of the project; however they would have proven access to the communities they were working with, the potential to be supported and trained, and the infrastructure to conduct such a piece of work. They would be able to use the nine-month process to learn about drug related issues, and how to undertake a needs assessment. They would be able to benefit and learn from the training and support that the Ethnicity and Health Unit would provide, and they would learn from actually managing and undertaking the work. In this way, at the end of the process, there would be a number of individuals left behind in the community who would have gained from undertaking this work. They would have learned about drugs, and learned about the needs of their communities, and they would be able to continue to articulate those needs to their local service providers, and their local Drug Action Teams (DATs). It was out of this project that the Centre for Ethnicity and Health's model of community engagement was born.

The model has since been developed and refined, and has been applied to a number of areas of work. These include:

- Substance misuse
- Criminal justice system
- Policing
- Sexual health
- Mental health
- Regeneration
- Higher education
- Asylum seekers and refugees

New communities have also been brought into the programme: although Black and minority ethnic communities remain a focus to the work, the Centre has also worked with:

- Young people
- People with disabilities
- Service user groups
- Victims of domestic violence
- Gay, lesbian and bi-sexual and trans-gender people
- Women
- White deprived communities
- Rural communities

In addition to the DH, key partners have included the Home Office, the National Treatment Agency for Substance Misuse, the Healthcare Commission, the National Institute for Mental Health in England, the Greater London Authority, New Scotland Yard and Aimhigher.

The key ingredients of the model

According to the Centre for Ethnicity and Health model, a community engagement project must have the community at its very heart. In order to achieve this, it is essential to work through a host community organisation. This may be an existing community group, but it might also be necessary to set up a group for this specific purpose of conducting the community engagement research.

The key thing is that this host community organisation should have good links to the defined target community[1], such that it is able to recruit a number of people from the target community to take part in the project and to do the work (see section on task below).

[1] The target community may be defined in a number of ways – in many of the community engagement projects it has been defined by ethnicity. We have also worked with projects where it has been defined by some other criteria, such as age (e.g. young people); gender (e.g. women); sexuality (e.g. gay men); service users (e.g. users of drug services or mental health service users); geography (e.g. within a particular ward or estate) or by some other label that people can identify with (e.g. victims of domestic violence, sex workers).

[2] This is not always possible, for example, where potential participants are in receipt of state benefits and where to receive payment would leave the participant worse off.

It is important that the host community organisation is able to co-ordinate the work and provide an infra-structure (e.g. somewhere to meet; access to phones and computers; financial systems) for the day-to-day activities of the project. One of the first tasks that this host community organisation undertakes is to recruit a number of people from the target community to work on the project.

The second key ingredient is the research task that the community undertakes. According to the Centre for Ethnicity and Health model, this must be something that is meaningful, time limited and manageable. Nearly all of the community engagement projects have involved communities in undertaking a piece of research or a consultation exercise within their own communities. In some cases there has been an initial resistance to doing 'yet another piece of research', but this misses the point. As in the initial programme run on behalf of the DH, the process and its outcomes have equal importance. The task or activity is something around which lots of other things will happen over the lifetime of the project. Individuals will learn and new partnerships will be formed. Besides, it is important not to lose sight of the fact that it will be the fist time that these individuals have undertaken a research project.

The final ingredient, according to the Centre for Ethnicity and Health's model, is the provision of appropriate support and guidance. It is not expected that community groups offer their time and input for free. Typically a payment in the region of £15-20,000 will be made available to the host organisation. It is expected that the bulk of this money will be used to pay people from the target community as community researchers[2]. A named member of staff from the community engagement team is allocated as a project support worker. This person will visit the project for at least half a day once a fortnight. It is their role to support and guide the host organisation and the researchers throughout the project. The University also provides a package of training, typically in the form of a series of accredited workshops.

The accredited workshops give participants in the project a chance to gain a University qualification whilst they undertake the work. The support workers will also assist the group to form an appropriate steering group to support the project[3].

The steering group is an essential element of the project: it helps the community researchers to identify the community they are engaging with, and can also facilitate the long term sustainability of the projects recommendations and outcomes. The community researchers undertake a needs assessment or a consultation exercise. However the steering group will ensure that the work that the group undertakes sits with local priorities and strategies; also that there is a mechanism for picking up the findings and recommendations identified by the research. The steering group can also support individuals' career development as they progress through the project

The community engagement team

[3] Very often we will have helped groups to do this very early on in the process at the point at which they are applying to take part in the project.

The community engagement team comprises of senior support workers, support workers, teaching and learning staff, administration team and a communications officer. They work across a range of community engagement areas of specialisation, within a tight regional framework.

<table>
<tr><td colspan="4">National Programme Directors</td></tr>
<tr><td colspan="2">Northern Team | Midlands Team</td><td>Southern Team</td><td rowspan="2">Senior Programme Advisors</td></tr>
<tr><td colspan="2">Senior Support Worker</td><td>Senior Support Worker</td></tr>
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Programme outcomes

Each group involved in the Community Engagement Programmes is required to submit a report detailing the needs, issues or concerns of the community. The qualitative themes that emerge from the reports are often very powerful. Such information is key to commissioning and planning services for diverse and 'hard to reach' communities. Often new partnerships between statutory sector and hard to reach communities are formed as a direct result of community engagement projects.

In 2005-06 the Substance Misuse Community Engagement Programme was externally evaluated. This concluded that:

- the Community Engagement Programme had made very significant contributions to increasing awareness of substance misuse and understanding of the substance misuse needs of the participating communities. It also raised awareness of the corresponding specialist services available and of the wider policy and strategy context.
- the Community Engagement Programme had enabled many new networks and professional relationships to be formed and that DATs appreciated the links they had made as a result of the programme (and the improvements in existing contacts) and stated their intentions to maintain those links.
- most commissioners reported that they had gained useful information, awareness and evidence about the nature and substance misuse service needs of the participating organisations.
- all DATs reported positive change in their relationship with the community organisations. They stated that the Community Engagement Programme reports would inform their plans for the development of appropriate services in the future.

- A significant number of the links established between DATs and community organisations as part of the Community Engagement Programme were made for the first time.
- The majority of community organisations reported their influence over commissioners had improved.
- Training and access to education was successful and widely appreciated. 379 people went through an accredited University education programme.
- A third of community organisations in the first tranche reported that new services had been developed as a result of the Community Engagement Programme.
- The vast majority of participants and stakeholders expressed high levels of satisfaction with the project.

The capacity building of the individuals and groups involved in the programme is often one of the key outcomes. Over 20% of those who are formally trained go on to find work in a related field.

2.2 The focus of this report

Since 2000 over 200 community groups have taken part in one or other of the Centre for Ethnicity and Health's Community Engagement Programs. The reason for performing research in the area of mental health was initiated by a number of important documents aiming to improve the quality of mental health services for people from BME communities.

One report that raised a number of issues relating to Black African and Caribbean paitents' experience within mental health services was *Breaking the Circles of Fear* (Sainsbury Centre for Mental Health, 2002). This was followed by *Inside Outside* (NIMHE 2003), which proposed a number of reforms in Mental Health Care to enable achievement of equality in treatment for people from BME background. The key objectives were:

- to reduce and eradicate ethnic inequalities in mental health service;
- to develop cultural competence and understanding; and
- to engage the community in building better mental health services.

Delivering Race Equality in Mental Health Care (Department of Health, 2004) includes an action plan to tackle discrimination in mental health services and to provide the same quality of care to everybody in the U.K. regardless of ethnic background.

Delivering Race Equality also included the Government's response to the report of Independent Inquiry into the Death of David Bennett. David Bennett was a patient in a medium secure psychiatric unit. Following an incident, he was restrained by the staff and held in a prone position for more than 20 minutes: this led to his death. The report suggested important changes in the way mental health services should be delivered to people from BME backgrounds and included the three main objectives from Inside Outside. The action plan sought to deliver appropriate and responsive services to people from BME backgrounds. The involvement of BME communities with service providers and delivering appropriate information about the ethnic population in a particular area were also important elements of the action plan.

Reactions to *Inside Outside* were available in *Real Voices*, which pointed out that BME communities were not satisfied with the quality of mental health services. It seemed that mental health staff did not take into account the cultural differences and values of BME communities. Discrimination was one of the problems which service users from BME communities experienced. Evidence for that claim was cited in *Delivering Race Equality*. Therefore, appropriate training, such as race equality training, should be offered in order to tackle discrimination and to improve the quality of mental health services for the people of BME communities (Department of Health, 2004 p.13). The document also called for more research in order to identify ways of improving services.

There were number of research already done in the area of delivering race equality in mental health care. *Needs not Number*s was a report written by Gemma Genco on the perceptions, experiences and hopes and fears of mental health services in East Dorset for the local Black and Minority Ethnic population. The report identified the major factors for delivering race equality for people from different ethnic minorities. Among them

were: language barriers, racism, lack of information and understanding about mental issues, hospital fears, stigma associated with mental health problems, fear of being misunderstood, lack of interpreters and seeing mental health as a private matter. It has been pointed out the lack of data and information about local BME population. At the same time the tendency of rising migration was registered, especially migrants from Eastern Europe. Thus, it was important to improve mental health services by making them more accessible.

In order to provide more information about BME population in Bournemouth, Poole and East Dorset and the major factors that stop people from that population seeking help in March 2006 another research began.

The Community Engagement Project in East Dorset was carried out by Dorset Mind. The aim of the study was to find out what were people's attitudes, perception and knowledge about mental health and mental health services in the area. A particular interest was paid on the use of compulsory powers. In order to investigate those themes one hundred people from five communities in Bournemouth, Poole and East Dorset were interviewed. Those communities were:

- African-Caribbean
- Arabic speaking
- Chinese
- Polish
- Portuguese

These groups were chosen as being representative of BME groups in the area. Furthermore, inward migration continuous to increase the population in Poole, Bournemouth and East Dorset and it is a pattern which will probably persist in the future.

A separate self-completed questionnaire was prepared for 24 service providers: psychiatrists, police officers, psychiatric nurses, approved social workers and general practitioners. This part of the study focused on the attitudes and perception about the use of compulsory powers under the Mental Health Act and to provide a different perspective from professionals involved in enforcing the Act.

Thus, it would help to identify some of the reasons why people from BME communities were less likely to seek help if they had any mental problems and why they were more likely to be detained and treated compulsorily.

As part of the whole national project for delivering race equality in Mental Health Care, Dorset Mind aimed:

- to improve the quality of the services;
- to reduce inequalities among service users from BME communities as much as possible;
- to reduce the level of fear of mental health services in the area, and
- to challenge the existing stigma about mental illness for future generations.

The Dorset Mind Community Engagement Project has given the local BME population an opporunity to influence existing service provision and to challenge it by expressing their feelings, experiences and suggestions for improvement. The researchers in Dorset Mind team were from local BME communities in the studied areas which further contributed to workforce development as suggested by *Delivering Race Equality* (Department of Health 2004).

2.3 The Local Population

The area covered by this project includes the boroughs of Bournemouth and Poole and the surrounding area. This region approximates to the areas covered by Bournemouth and Poole Unitary Authorities, and East Dorset and Christchurch District Councils.

Poole and Bournemouth form an effectively single connurbation, with a total estimated 2006 population of 310,000 (Office of National Statistics, 2004). Its main economic activities are financial services, tourism and leisure and manufacturing (Government Office of the South West, 2001).

There are areas of high deprivation within Bournemouth, with one area having an index of multiple deprivation within the bottom 5% nationally (neighbourhood.statistics.gov.uk, 2007). The rate of schizophrenia in Bournemouth is close to three times the national average (Goldacre et al., 2005)

East Dorset and Christchurch are mainly rural areas, including the market towns of Christchurch, Wimborne, Verwood and Ferndown. The estimated 2004 population of the two District Council areas was 140,000 (Dorset County Council 2005).

Table 1: Statistics of Population from 2001 Census in Bournemouth, Poole and East Dorset & Christchurch District Council areas (Genco, 2007)

Ethnic Origin	Bournemouth	Poole	Christchurch	East Dorset
White				
% White British	92.49	95.98	96.83	97.16
%White – Irish	0.96	0.62	0.72	0.53
%Any other white	3.23	1.6	1.37	1.30
Mixed				
%White & Black Caribbean	0.26	0.15	0.10	0.12
%White & Black African	0.17	0.08	0.04	0.07
%White & Black Asian	0.39	0.25	0.18	0.20
%Any other mixed background	0.37	0.19	0.12	0.12
Asian/British Asian				
% Indian	0.30	0.23	0.10	0.11
%Pakistani	0.06	0.04	0.03	0.03
%Bangladeshi	0.13	0.13	0.06	0.05
%Any other Asian background	0.21	0.12	0.06	0.04
Black or Black British				
%Caribbean	0.13	0.06	0.05	0.02
%African	0.25	0.10	0.06	0.03
%Any other Black background	0.04	0.02	0.02	0.01
Chinese or Other Ethnic Group				
%Chinese	0.44	0.25	0.16	0.14
%Any other ethnic group	0.57	0.18	0.11	0.08

Table 1 (Genco, 2007) shows the 2001 Census data for the four local authority areas. This data shows very low levels of BME population within East Dorset: 97.2% of the population is White British, with a further 1.83% White Irish and White Other. Other communities make up just 1.01% of the population. Christchurch has a similar population, with 97.16% White British, 0,53% White Irish and 1.37% White other.

Poole has a total of 95.98% White British, 0.62% White Irish and 1.6%White other. Other communities make up 1.8% of the population.

Bournemouth has the largest BME population of the four local authority areas included: the largest single category after White British is White Other, with 3.23% of the population.

3 Methodology

3.1 Research Team

Six researchers were recruited to carry out the project. The team of three men and three women had a variety of backgrounds, including the Sudan, Bulgaria, Jordan, Nicaragua, Hong Kong and Gambia.

It was a requirement that community researchers be members of, or have close connections to, local BME communities. It was also required that researchers be available for training, and have the time available to carry out the project. In addition, researchers needed to have an interest in mental health; be committed to working with local communities to develop and improve services; and to have well developed inter-personal and communication skills.

Advertisements for the posts were circulated to local community groups, and placed in local BME media.

A regular team meeting was held weekly, in addition to the work carried out by researchers in the community and at home. A worker from UCLan, who visited the project fortnightly, supported the team.

3.2 Research Design

The research focused upon the question:

Is fear or ignorance about the use of compulsory powers a significant reason why people from BME communities are unwilling to engage with MH services?

In order to test the research focus with local BME communities and service providers, the research tool chosen was a questionnaire. This was felt to have a number of key advantages: questionnaires are a more resource-effective way of reaching a large sample than alternative techniques such as focus groups. The relative privacy of a one-to-one interview allows people to raise and discuss sensitive issues related to mental health, which they might be more reluctant to disclose in a focus group setting. Furthermore, questionnaires can be used to gather both quantitative and qualitative data.

There were two strands of the research: with members of BME communities and with service providers.

3.3 Research with Members of Black & Minority Ethnic Communities

In order to test the hypothesis, it was decided that semi-structured interviews be carried out with 100 participants from BME communities in Bournemouth, Poole and East Dorset. The interviews were based upon a questionnaire.

The Research Team designed the questionnaire. The first questions were designed to determine the level of mental health awareness of the participants. Other questions related to knowledge about, and attitudes towards, the use of compulsory powers. There were also specific questions relating to possible concerns about treatment for mental health problems.

The questionnaire was refined over several versions. Piloting the questionnaire helped to point out questions which were ambiguous or poorly worded, and care was taken to eliminate bias, leading questions and questions which were irrelevant to the research focus. When appropriate, direct questions were used.

The questionnaire included both closed and open questions, with both quantitative and qualitative data being gathered.

The complete questionnaire is reproduced in Appendix 1.

3.3 Research with Service Providers

A second strand of the research looked at attitudes and perceptions among professionals involved in implementing the Mental Health Act. As service providers would have an understanding of the issues involved, a self-completion questionnaire, including both closed and open questions, was used as the research tool.

The complete questionnaire is reproduced in Appendix 2

3.4 Research Participants

Five target communities were selected for the research with members of local BME communities:

- African-Caribbean
- Arabic Speaking
- Chinese
- Polish
- Portuguese

These communities were felt to reflect the diversity of the BME population within Bournemouth, Poole and East Dorset. The above groups have significant populations within the local area. Smaller groups would present practical difficulties in accessing sufficient respondents to reach the target number of 20 respondents per group.

Although the possibility of building on existing links with the Bournemouth Islamic Centre was originally considered, it was decided that the Islamic community within

Bournemouth, Poole and East Dorset was too diverse, with people from over forty countries regularly attending Friday prayers. On the other hand, it was decided that it would be difficult to identify a single nationality which would be large enough to provide sufficient respondents for the study. For this reason, 'Arabic speaking' was chosen as a category, although it is not, strictly speaking, an ethnic group, covering as it does communities from North Africa, the Arabian peninsula and the Middle East.

For the service provider research, five professional groups, each with a role in administering the Mental Health Act, were chosen:

- Psychiatrists
- Police
- GPs
- Approved Social Workers
- Psychiatric Nurses

The target number for each group was 4 respondents.

3.5 Sampling

Respondents for the Community research were recruited through a variety of methods. A cluster technique, using existing community groups and organisations, including faith communities, was the main sampling technique. Others were recruited through the research team's community contacts and personal networks. Some respondents assisted by providing further contacts, in a snowballing technique.

Respondents for the Service Provider research were recruited through local contacts.

3.6 Materials

The questionnaires used are reproduced in Appendices 1 & 2

3.7 Procedures

The research procedure for the Community Research was reviewed by the Steering Group and submitted to UCLAN for ethical approval before the data collection phase of the project started. The Ethical Approval and consent form are reproduced in Appendices 3 & 4. The questionnaire was administered to a target of 100 respondents from five communities.

Researchers worked in male-female pairs, with each target ethnic group allocated a pair. In general, one researcher undertook the interview, while the second researcher took notes. Interviews were held in public and community venues, and in some instances, at the respondents' homes. This was

Interviews were carried out over the period November 2006 to January 2007.

The Service Provider research required separate ethical approval from the Dorset NHS Research Ethics Committee. Following agreement to participate, respondents were given an information sheet and asked to sign a consent form. Questionnaires were given to respondents for self-completion. Completed questionnaires were returned in sealed envelopes on an anonymous basis.

3.8 Data Analysis

Quantitative data from the questionnaires was entered into custom Microsoft Excel™ spreadsheets for numerical analysis, while qualitative data was entered into a custom Access database for thematic analysis.

Each possible answer to the quantitative questions in the questionnaires was assigned a number, which was printed next to the answer box (see Appendices 1 & 2). When entering the data, researchers simply entered the numbers of the boxes which had been ticked, without needing to reference the answer against the question: this made data entry quicker and allowed frequencies and percentages for each question, broken down by ethnic group or, in the case of service providers, by profession, to be extracted.

Answers to open questions were entered into a custom Microsoft Access™ form. Answers were transcribed from researchers notes, in the case of the data from interviews carried out with members of BME communities, or from the answers entered into self-completion questionnaires by service providers.

Qualitative data was analysed thematically: for each question, answers were analysed for recurrent themes, which are included in tables below.

4 Results

4.1 Part I – Research with Members of Black & Minority Ethnic Communities

Question 1
Have you heard of the following mental health conditions?

Table 2 a) Anxiety

Table 2	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	16	100%	16	80%	23	92%	17	77%	15	88%	87	87%
No	0	0%	4	20%	2	8%	5	23%	2	12%	13	13%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

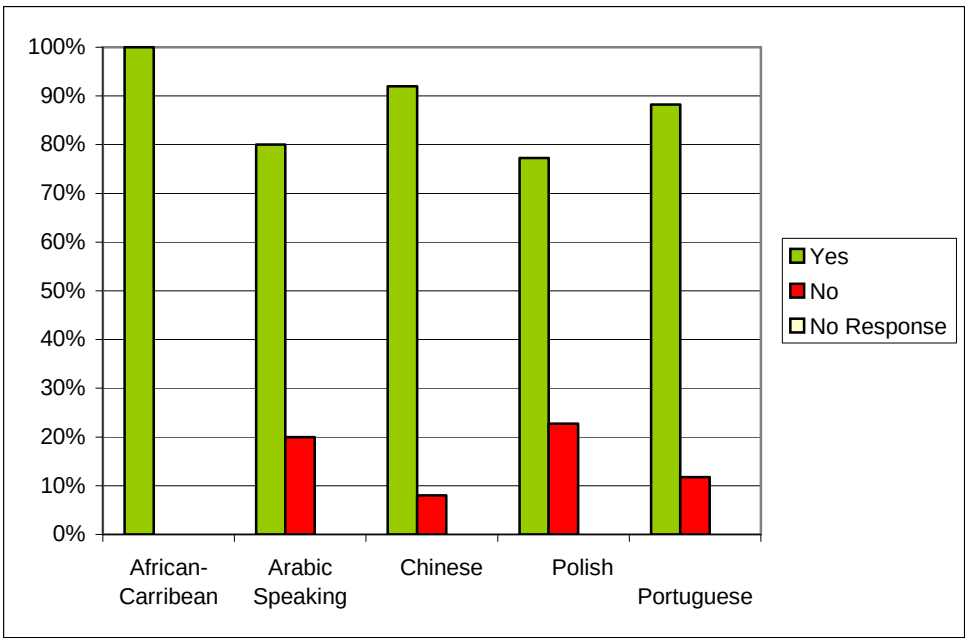

Figure 1 - 1 a) Anxiety

Table 3 - b) Depression

Table 3	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	16	100%	20	100%	24	96%	19	86%	17	100%	96	96%
No	0	0%	0	0%	1	4%	3	14%	0	0%	4	4%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 4 - c) Anorexia

Table 4	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	15	94%	13	65%	16	64%	19	86%	16	94%	79	79%
No	1	6%	7	35%	9	36%	3	14%	1	6%	21	21%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 5 - d) Schizophrenia

Table 5	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	16	100%	14	70%	16	64%	18	82%	12	71%	76	76%
No	0	0%	6	30%	9	36%	4	18%	5	29%	24	24%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

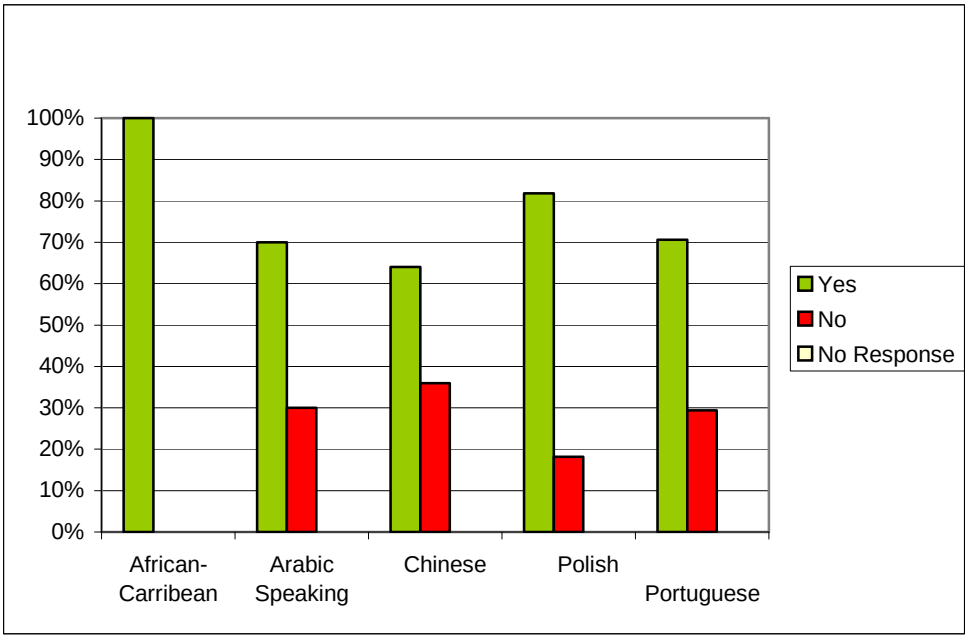

Figure 2 - 1 d) Schizophrenia

Table 6 - e) Manic depression

Table 6	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	15	94%	13	65%	13	52%	13	59%	12	71%	66	66%
No	1	6%	7	35%	12	48%	9	41%	5	29%	34	34%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 7 - f) Post-natal depression

Table 7	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	15	94%	16	80%	19	76%	13	59%	15	88%	78	78%
No	1	6%	4	20%	6	24%	9	41%	2	12%	22	22%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 8- g) Dementia or Alzheimers

Table 8	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	15	94%	17	85%	16	64%	20	91%	14	82%	82	82%
No	1	6%	3	15%	9	36%	2	9%	3	18%	18	18%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

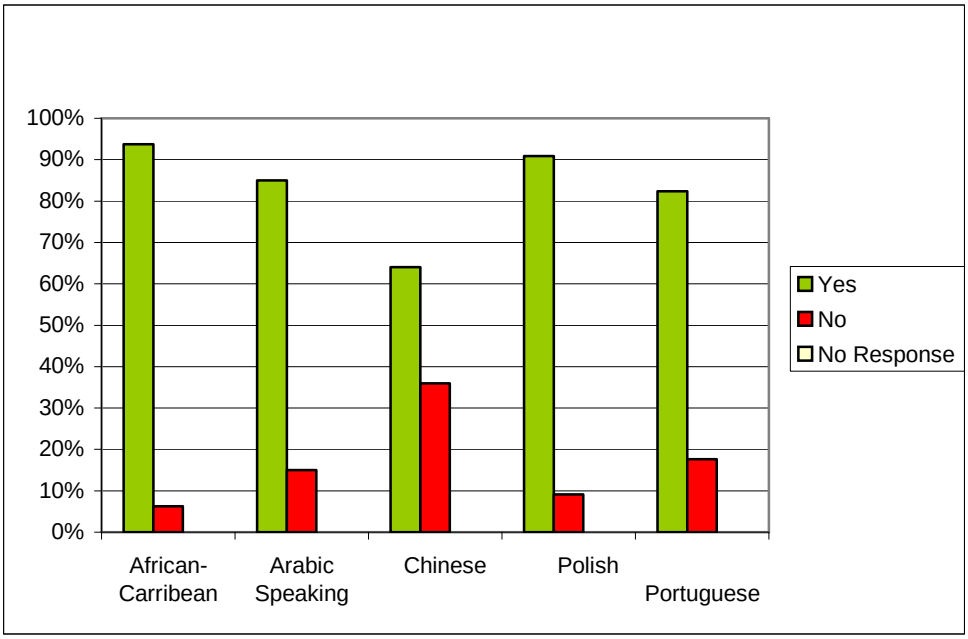

Figure 3 - 1 g) Dementia or Alzheimers

Table 9 - h) Obsessive-compulsive disorder

Table 9	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	15	94%	12	60%	16	64%	16	73%	15	88%	74	74%
No	1	6%	8	40%	9	36%	6	27%	2	12%	26	26%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Question 2
Do you think that any of the following conditions could possibly happen to you?

Table 10 - a) Anxiety

Table 10	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	11	69%	9	45%	8	32%	10	45%	9	53%	47	47%
No	5	31%	5	25%	11	44%	10	45%	5	29%	36	36%
Don't Know	0	0%	5	25%	6	24%	2	9%	3	18%	16	16%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 11 - b) Depression

Table 11	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	11	69%	14	70%	10	40%	7	32%	11	65%	53	53%
No	5	31%	3	15%	13	52%	10	45%	5	29%	36	36%
Don't Know	0	0%	2	10%	2	8%	5	23%	1	6%	10	10%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 12 - c) Anorexia

Table 12	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	5	31%	2	10%	3	12%	2	9%	5	29%	17	17%
No	11	69%	14	70%	18	72%	20	91%	9	53%	72	72%
Don't Know	0	0%	3	15%	4	16%	0	0%	3	18%	10	10%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 13 - d) Schizophrenia

Table 13	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	6	38%	1	5%	1	4%	0	0%	5	29%	13	13%
No	8	50%	15	75%	20	80%	16	73%	5	29%	64	64%
Don't Know	2	13%	3	15%	4	16%	6	27%	7	41%	22	22%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 14 - e) Manic depression

Table 14	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	7	44%	2	10%	3	12%	0	0%	4	24%	16	16%
No	8	50%	11	55%	18	72%	19	86%	7	41%	63	63%
Don't Know	1	6%	6	30%	4	16%	3	14%	6	35%	20	20%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 15 - f) Post-natal depression

Table 15	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	5	31%	3	15%	2	8%	3	14%	6	35%	19	19%
No	10	63%	8	40%	17	68%	14	64%	5	29%	54	54%
Don't Know	1	6%	9	45%	6	24%	5	23%	6	35%	27	27%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 16 - g) Dementia or Alzheimers

Table 16	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	10	63%	3	15%	4	16%	3	14%	7	41%	27	27%
No	4	25%	8	40%	17	68%	13	59%	5	29%	47	47%
Don't Know	2	13%	9	45%	4	16%	6	27%	5	29%	26	26%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

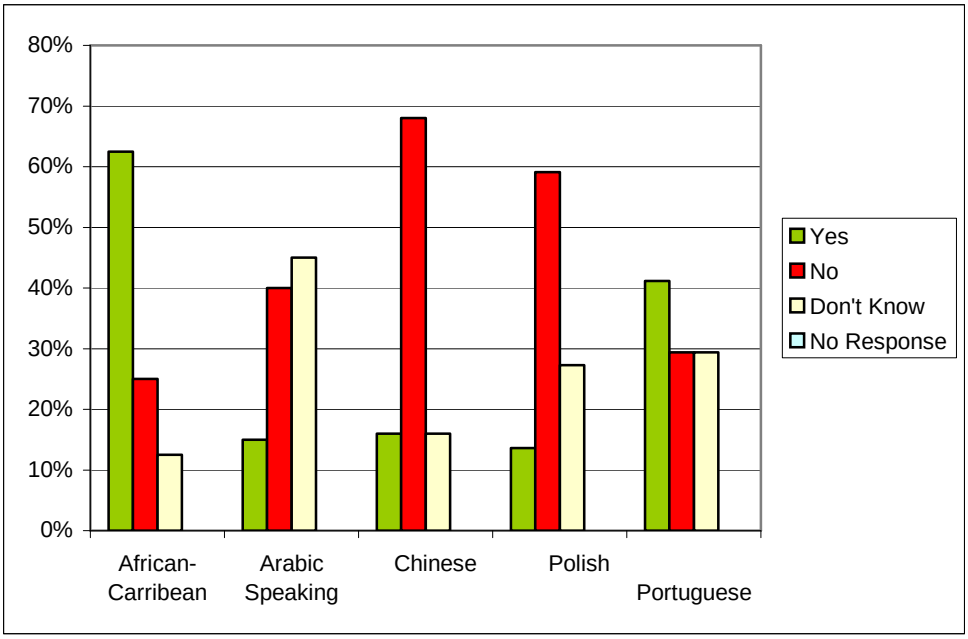

Figure 4 - 2 g) Dementia or Alzheimers

Table 17 - h) Obsessive-compulsive disorder

Table 17	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	7	44%	0	0%	0	0%	1	5%	6	35%	14	14%
No	7	44%	14	70%	20	80%	17	77%	6	35%	64	64%
Don't Know	2	13%	6	30%	5	20%	4	18%	5	29%	22	22%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 18 - Question 3 - If you were suffering from a depression would you to talk your doctor (GP) about it?

Table 18	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	10	63%	13	65%	18	72%	18	82%	12	71%	71	71%
No	6	38%	5	25%	3	12%	2	9%	3	18%	19	19%
Don't Know	0	0%	2	10%	4	16%	2	9%	2	12%	10	10%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

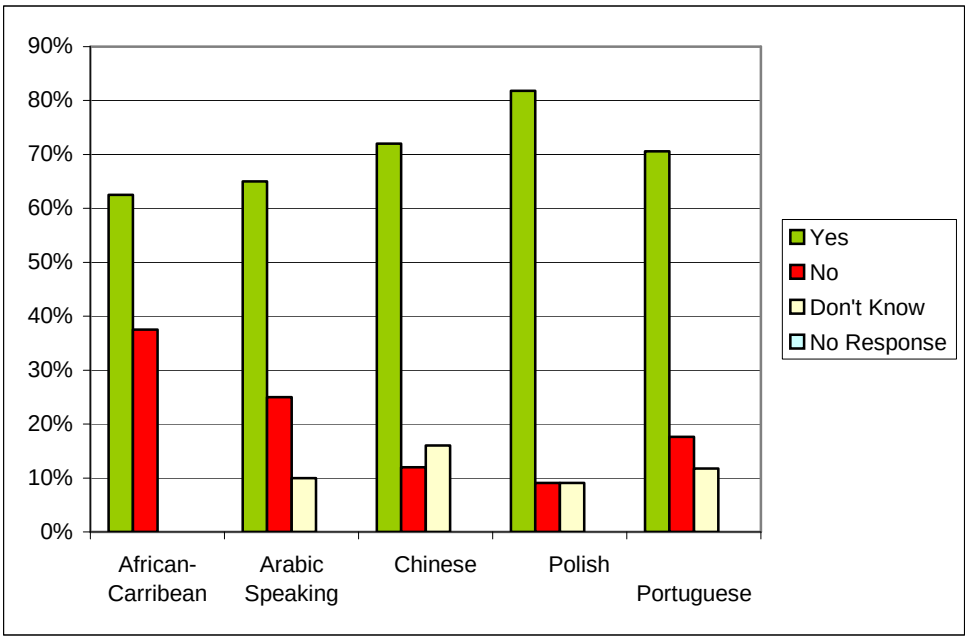

Figure 5 - 3 If you were suffering from a depression would you to talk your doctor (GP) about it?

Table 19 - Why?

Table 19	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Help; Professional advice	6	11	8	15	3
Someone to talk to	0	0	0	2	0
Private matter	2	2	1	0	0

Selected comments

'Yes. I will because I can get help before it gets worse.'

'He/she is an expert, the best person to talk to and to get good advice.'

'No. The GP is a stranger who you meet for 10 minutes. It is a very short time to build up trust and to develop any good communication.'

'No. Because I was born with a brain - I can think for myself.'

'Don't know. I am not an open person. I do not share. I deal on my own with my problems.'

'Think he is best person, but he doesn't know so much as he told me to take 15 minutes alone each day and to take Paracetamol'

Table 20 - a) If yes, would you prefer to talk to:

Table 20	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Your Doctor	0	0%	3	15%	8	32%	1	5%	1	6%	13	13%
Doctor from your ethnic background	2	13%	3	15%	2	8%	6	27%	1	6%	14	14%
Either	10	63%	7	35%	10	40%	11	50%	10	59%	48	48%
No Response	4	25%	7	35%	5	20%	4	18%	5	29%	25	25%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

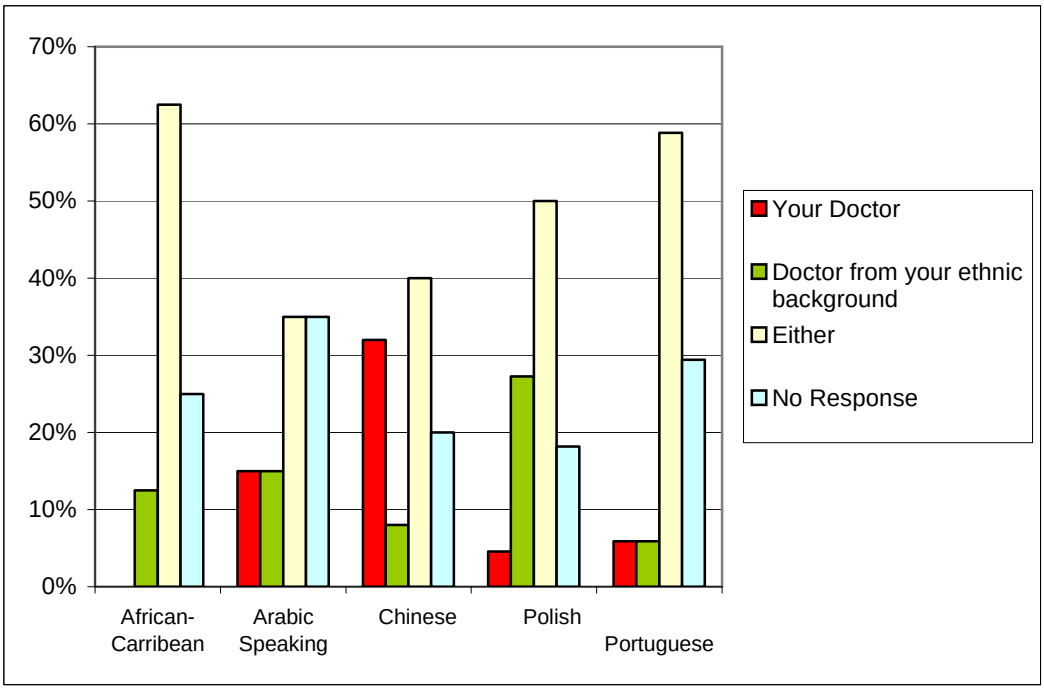

Figure 6 - 3 a) If yes, would you prefer to talk to:

Table 21 - Why?

Table 21	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Does not matter; Doctor is professional	0	7	8	9	10
Understanding, language & cultural background	0	3	2	6	0

Selected comments

'My doctor because I know him/her and she/he knows me.'

'I trust my GP'

'A doctor from my ethnic background can understand me deeper and more.'

'A doctor from my ethnic background. I'll understand him/her better.'

'Either. My ethnic background is not that important. I'll go to somebody who is a good professional.. I do not have language barriers, but some people have.'

'As long as doctor can provide me with a service and confidentiality it doesn't matter its sufficient. No matter what his background is'

'Is the same, a doctor is a doctor'

Question 4
If you were suffering from depression would you:

Table 22 - a) Go to hospital

Table 22	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	2	13%	3	15%	4	16%	3	14%	5	29%	17	17%
No	13	81%	12	60%	7	28%	13	59%	10	59%	55	55%
Maybe	1	6%	5	25%	14	56%	6	27%	2	12%	28	28%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

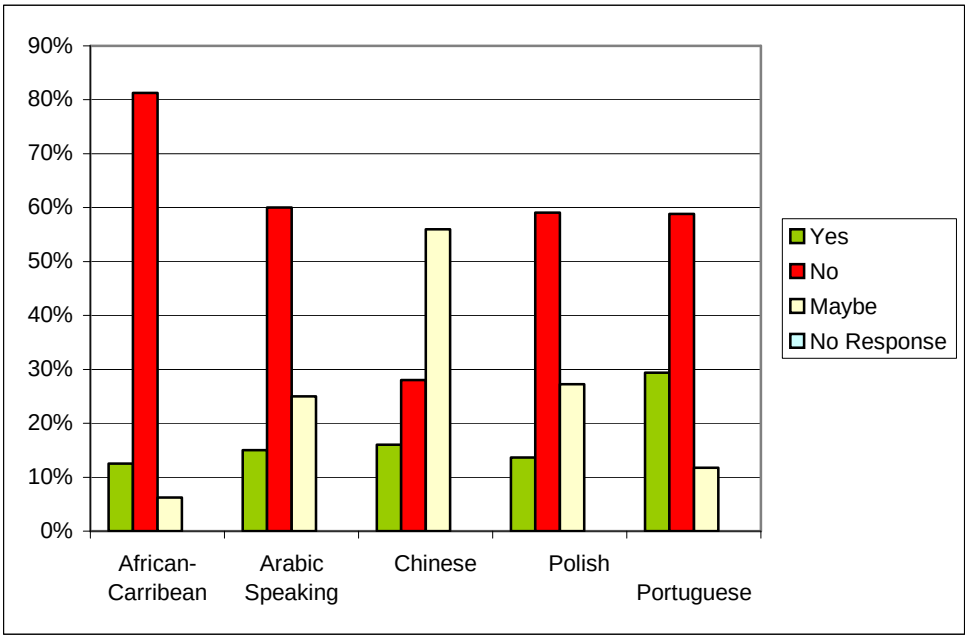

Figure 7 - 4 a) Go to hospital

Table 23 - Why?

Table 23	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Right place	1	2	0	2	5
Not appropriate	13	7	0	5	0
Prefer GP	0	3	0	2	0
Prefer family or self help	0	2	0	5	0

Selected comments

'Yes. If my condition is severe at the final stage I will.'

'If it was serious yes, no waiting I would be seen immediately, doctor might take weeks and hospital provide good service in my experience.'

'No. Only if it is a physical problem that I would go to hospital but not for depression.'

'No. This is not a reason to go to hospital.'

'Maybe. Depends on my sickness.'

'Depend how I felt. If extremely depressed, the best way to do is go to hospital'

Table 24 - b) Tell family member

Table 24	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	12	75%	19	95%	17	68%	18	82%	13	76%	79	79%
No	3	19%	1	5%	2	8%	1	5%	3	18%	10	10%
Maybe	1	6%	0	0%	6	24%	3	14%	1	6%	11	11%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

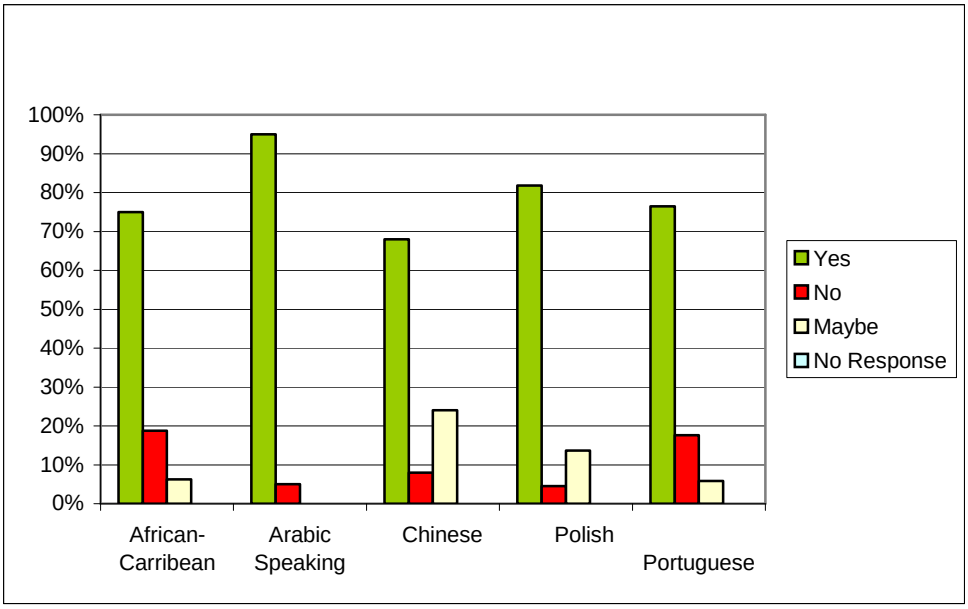

Figure 8 - 4 b) Tell family member

Table 25 - Why?

Table 25	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Support, advice & help	8	19	9	0	8
Private matter	3	0	0	0	1
Difficult to talk about	0	0	1	1	0

Selected comments

'Yes. In our tradition and culture family support is high.'

'Yes. It is good to get help from relatives before from services because they can provide better support.'

'Yes. Talking to my family provides support and help'

'Sometimes, it is easier to tell to family member, but it can be difficult too. It all depends on circumstances.'

'Maybe. Sometimes is difficult to tell somebody or communicate. If they are close to me they will see it.'

'No. Nobody.'

Table 26 - c) Tell religious leader

Table 26	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	2	13%	4	20%	8	32%	5	23%	1	6%	20	20%
No	13	81%	13	65%	9	36%	12	55%	13	76%	60	60%
Maybe	1	6%	2	10%	8	32%	5	23%	3	18%	19	19%
No Response	0	0%	1	6%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	101%	25	100%	22	100%	17	100%	100	100%

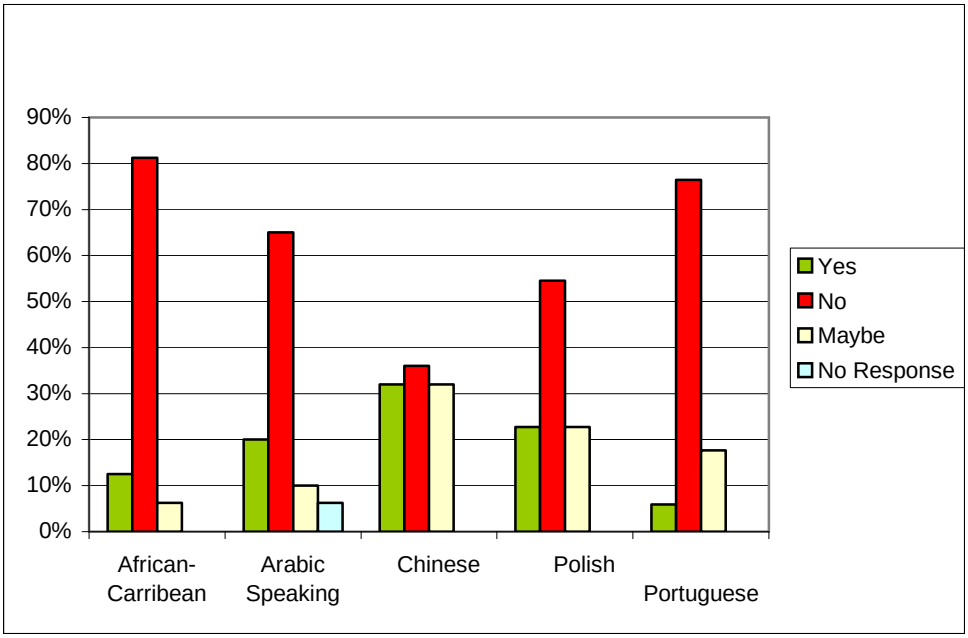

Figure 9 - 4 c) Tell religious leader

Table 27 - Why?

Table 27	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Would be able to help	2	4	2	1	0
Not appropriate/would not help	13	4	0	0	2
Not religious	0	2	3	0	2
Private matter	0	4	0	2	0
Do not trust religious leader	0	0	0	2	0

Selected comments

'Emotional and spiritual support and also practical support from them.'

'Yes. Religious life is very important to me.'

'They might be the cause absolutely no use.'

'I do not have a religious leader, there is nobody between me and God.'

'Maybe. Depends on the personality of the priest.'

'Maybe. Only if I know religious leader very well, trust him. He/she can give me some help.'

Table 28 - d) Ask friend for help

Table 28	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	12	75%	12	60%	13	52%	14	64%	12	71%	63	63%
No	4	25%	2	10%	3	12%	5	23%	3	18%	17	17%
Maybe	0	0%	6	30%	9	36%	3	14%	2	12%	20	20%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

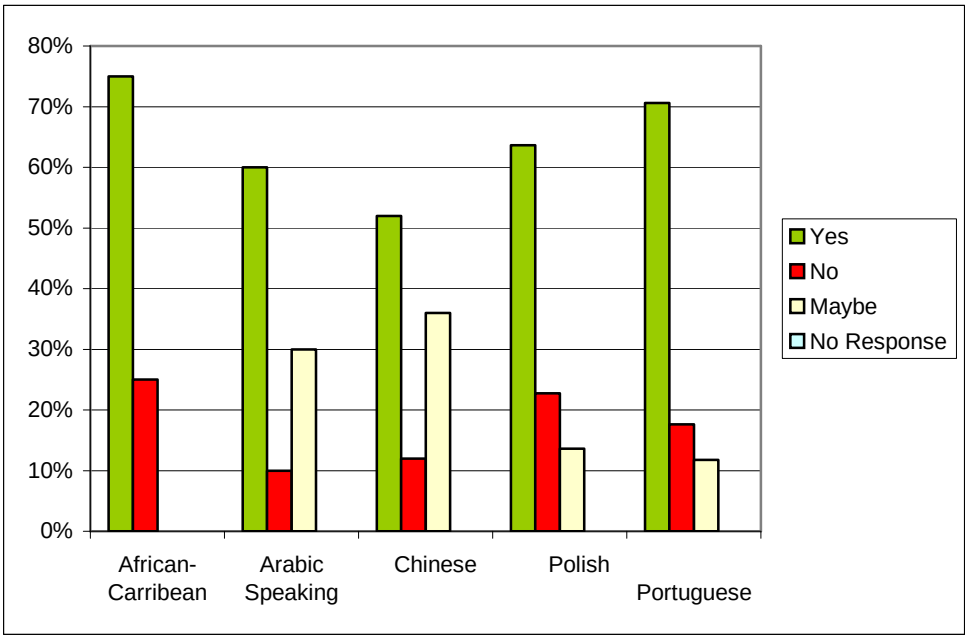

Figure 10 - 4 d) Ask friend for help

Table 29 - Why?

Table 29	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Support & help	8	8	0	8	0
Trust	4	3	0	3	0
Someone to talk to	0	0	0	1	3
Private matter	4	2	0	2	0
No friends in UK	0	0	1	0	1

Selected comments

'Yes, there are some things I can say to friends that I can't say to family.'

'It would be good to express feeling to an understanding friend.'

'Maybe. If the friend is aware about the subject. He/she would give help at your own pace, not to push you when you are not ready.'

'Maybe. If I had a very good friend here I would have told him/her. He/she could understand me.'

'Don't have many friends here, so I am lost here.'

'No. Because I would keep it a secret.'

'Be embarrassed - friends have big mouths and they would tell others.'

Table 30 - e) Keep it secret

Table 30	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	4	25%	4	20%	3	12%	4	18%	2	12%	17	17%
No	10	63%	10	50%	16	64%	14	64%	14	82%	64	64%
Maybe	1	6%	6	30%	6	24%	4	18%	1	6%	18	18%
No Response	1	6%		0%		0%		0%		0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

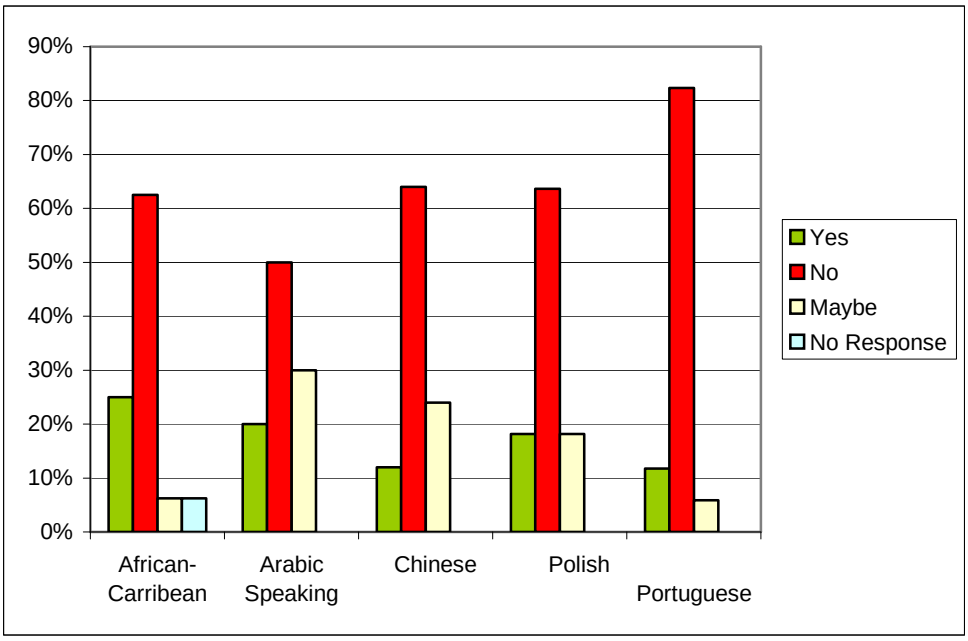

Figure 11 - 4 e) Keep it secret

Table 31 - Why?

Table 31	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Good to talk	0	1	1	0	0
Would need help	0	5	0	8	0
Private matter	0	2	0	3	0
Lack of insight	1	0	0	0	1
Stigma	0	2	1	0	0

Selected comments

'Yes. There is stigma about mental illness. In our culture it is bad, evil thing.'

'Yes. I did keep it as a secret and I cut off my family and friends. I did not have any confidence in myself. I did not like myself.'

'Maybe for a little bit, but when I start losing the ability to do things I think I would do something.'

'Maybe. If it is something which is not serious it will pass. There is no need to shout about my problems.'

'Maybe. Because some people are not thinking about you in a good way.'

'No. It can get worse.'

'No. I will tell somebody who could provide professional help. The person must have the same cultural background.'

Table 32 - f) Nothing

Table 32	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	2	13%	3	15%	1	4%	1	5%	0	0%	7	7%
No	9	56%	15	75%	12	48%	19	86%	14	82%	69	69%
Maybe	2	13%	2	10%	8	32%	2	9%	1	6%	15	15%
No Response	3	19%	0	0%	4	16%	0	0%	2	12%	9	9%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

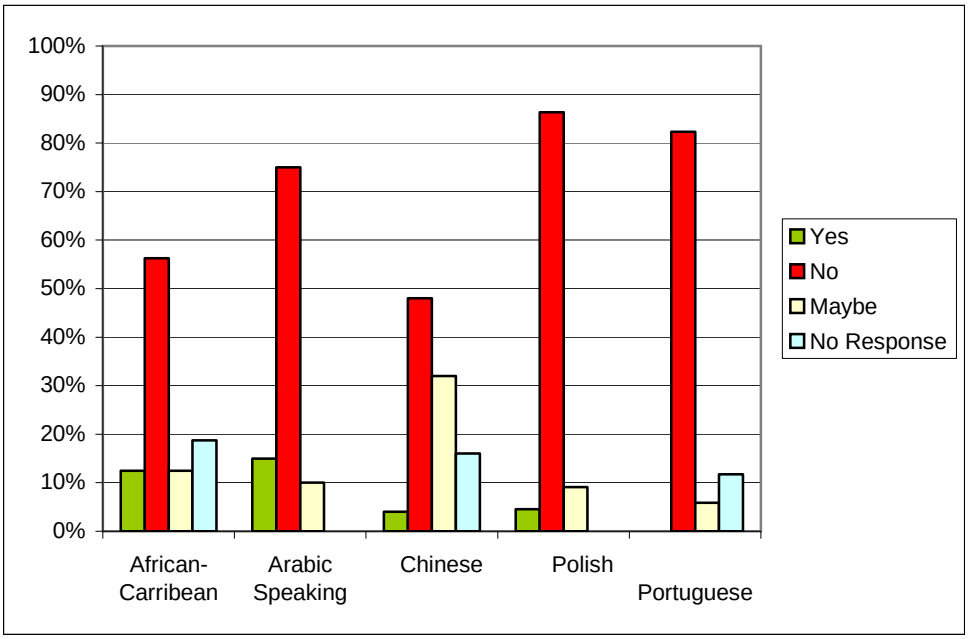

Figure 12 - 4 f) Nothing

Table 33 - Why?

Table 34 - Themes	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Deal with it myself	0	2	0	0	0
Denial or lack of insight	1	1	0	0	0
Might get worse	0	1	0	0	0
Would need help	1	11	4	15	0

Selected comments

'Maybe. I might deal with it and it might go.'

'No. I'll go to a GP, hospital or talk to my friends.'

'No. I would do things to occupy my time.'

'Ignorance is the worst disease.'

'Yes. If you are mentally ill you are not functioning as normally. Probably you will not be aware that things went too far.'

'No. Depression can lead to severe changes in personality: suicide, break families- it is mental illness.'

g) Others (please specify)

African Caribbean

'I would talk to my family or doctor.'

'Maybe a helpline – anonymous.'

'Alternative stuff like a counsellor, healer, private system - alternative therapies.'

'No medicine is an automatic cure and is given too freely. Counselling or a type of therapy better.'

'Counselling.'

Arabic speaking

'Most of this depression can be due to the person. It is individual perception. Maybe they do not communicate very well, they do not learn and do not listen.'

'Support help line.'

'Sometimes I felt that if I had the right Health Visitor or support to pick upon my depression I would have been getting better more quickly.'

Chinese

'Relevant organisation specialised in dealing with mental health, e.g. Chinese Mental Health Association in London.'

Polish

[No responses]

Portuguese

'Get more information - find out what others went through and what I could learn from them.'

'If I had depression I don't want to see anyone and stay at home.'

Table 35 - 5 If you are suffering from mental illness, which professionals can help you?

Table 35	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese	Total
Doctor/GP	6	10	7	13	7	43
Psychiatrist	5	7	4	8	1	25
Psychologist	2	4	2	11	1	20
Counsellor	2	3	4	0	0	9
Religious/Spiritual leader	0	1	1	2	1	5
Hospital doctor or specialist	2	0	2	0	1	5
Voluntary sector/support groups	0	0	0	2	1	3
Social services/ social worker	1	1	1	0	0	3
Nurse	0	0	0	1	0	1
Other	0	3	0	4	2	9

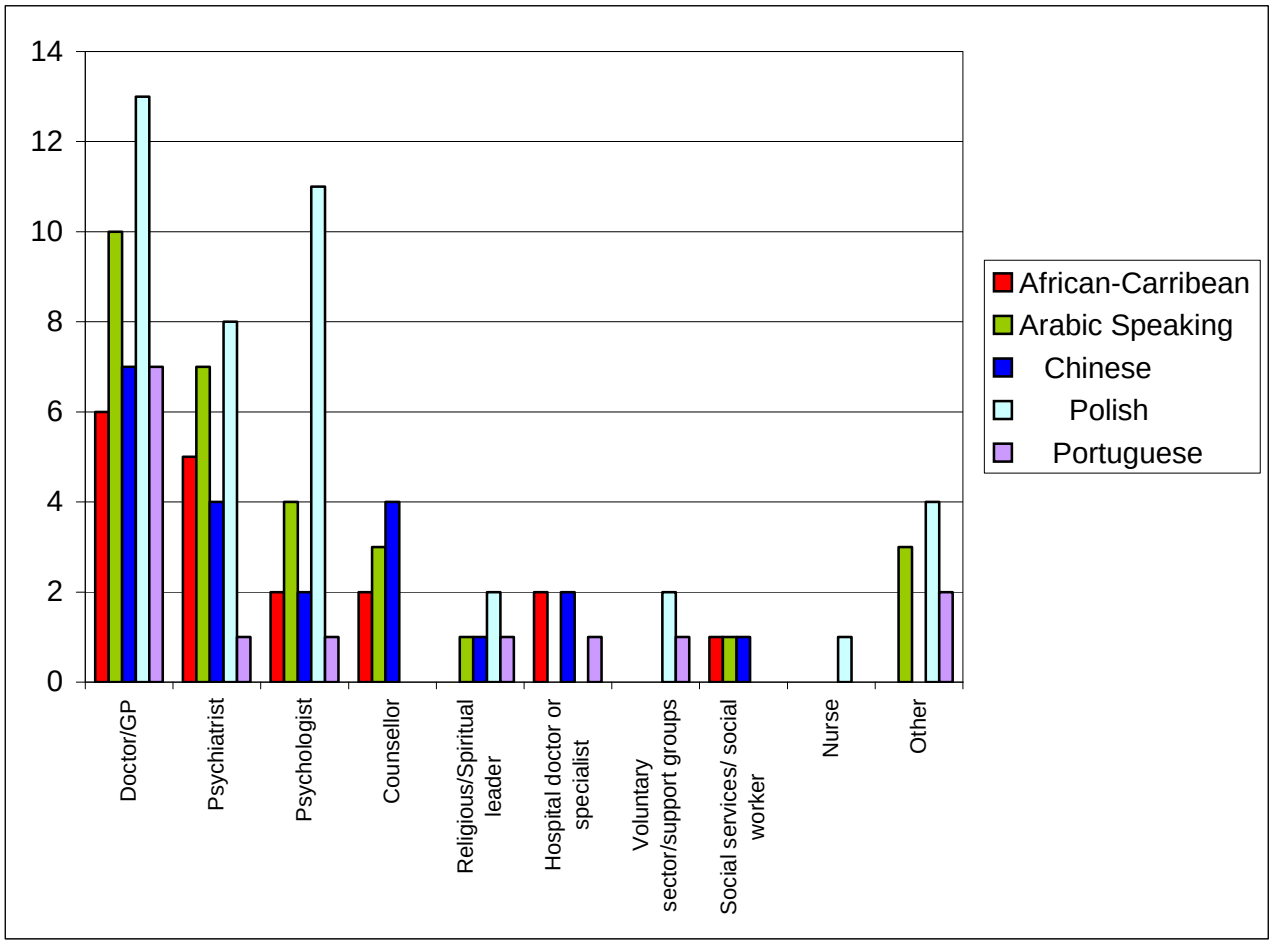

Figure 13 - 5 If you are suffering from a mental illness, what professionals can help you?

Table 36 - 6 Do you know any mental health (support) services in Bournemouth, Poole & East Dorset?

Table 36	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	10	63%	10	50%	6	24%	5	23%	7	41%	38	38%
No	6	38%	10	50%	19	76%	17	77%	10	59%	62	62%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

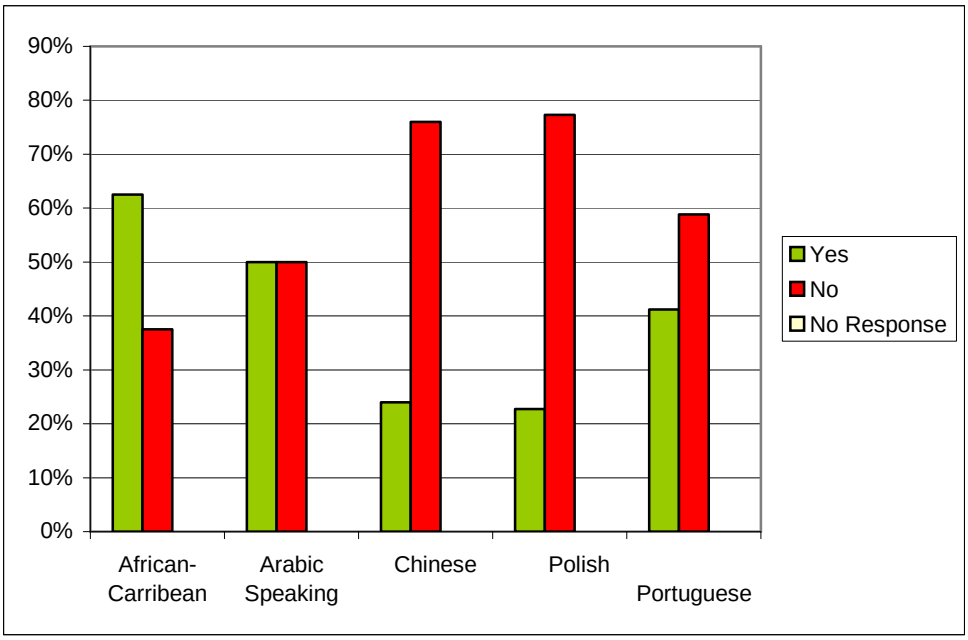

Figure 14 - 6 Do you know any mental health (support) services in Bournemouth, Poole & East Dorset?

If Yes, please specify.

African Caribbean

'St Ann's, residential place near Triangle'

'"Together with us" - national organisation residential'

'Don't know names right now but do know about them.'

'St Ann's'

Arabic speaking

'Yes. I worked for a company which installed windows. I was at Monticute School for mentally handicap children. There was a project for 3 months. I have seen a lot! MH in Dorchester is a place for mentally ill people.'

'Yes. St Ann's hospital.'

'Yes. St. Ann's- Gemma Genco. There are other three people who are coming here and they are very professional.'

'Yes. "Cedar House", a place in Ferndown, "Lawrance".'

'Yes. Mental healthcare Trust, GP practice'

'Yes. St. Ann's hospital. I was really nervous there because I was scared, but I was nicely surprised. They allowed people to pray there. Different levels of mental staff came and go to visit me- it was nice to see it. Although there was sometimes a lack of education.'

"Hanamon house", St. Ann's hospital.'

'Mind'

'Yes. St. Ann's hospital'

'Yes. Help Lines, Information from TV, "Hanoman House".'

Chinese

'Mind, GP'

'Dorset Mind, St Ann's Hospital'

'St Ann Hospital'

'I'm not sure. I heard one in Dorchester something called 'Hanosom Hospital'.'

'Dorset Mind'

'Fourway Health Centre, community nursing'

Polish

'Yes. Mind, GP practice, Psychologist, Psychiatrist.'

'Yes. I know how to get them- mental health team.'

'Brockenhurst college.'

'Yes, go to hospital and get information from there.'

'Yes. I can't remember the name.'

Portuguese

'NHS building, Hahnemann House, St Ann's.'

'Until now no, Dorset Mind. Lack of information. Mental illness doesn't happen to everyone, but there is a definite lack of info and education.'

'St Ann's, Dorset mind, I know there are more, but I can't name others but I would look into it if needed.'

'Mental hospital in Poole.'

'Alma Road Medical Centre for doctor.'

Question 7
Please say whether the following are true or false:

Table 37 – 7 a) The police can remove you from your home if you appear to be mentally ill.

Table 37	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
TRUE	9	56%	4	20%	6	24%	4	18%	7	41%	30	30%
FALSE	4	25%	11	55%	11	44%	13	59%	5	29%	44	44%
Don't Know	3	19%	5	25%	8	32%	5	23%	5	29%	26	26%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

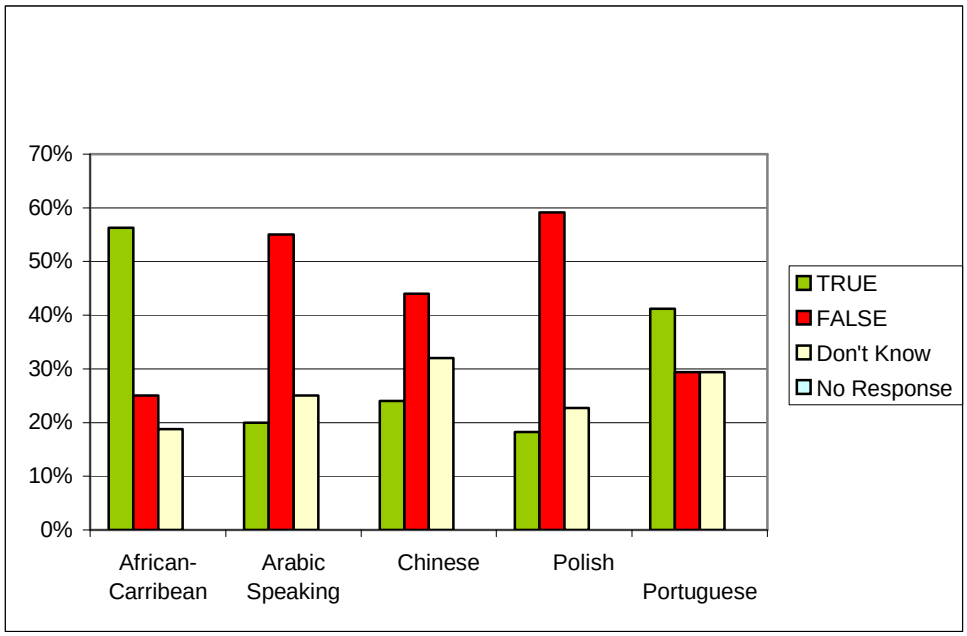

Figure 15 - 7 a) The police can remove you from your home if you appear to be mentally ill

Table 38 – 7 b) The police can remove you from a public place if you appear to be mentally ill.

Table 38	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
TRUE	11	69%	13	65%	18	72%	15	68%	12	71%	69	69%
FALSE	4	25%	3	15%	4	16%	4	18%	0	0%	15	15%
Don't Know	1	6%	4	20%	3	12%	3	14%	5	29%	16	16%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 39 – 7 c) People can be detained against their will if they are mentally ill.

Table 39	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
TRUE	11	69%	11	55%	15	60%	8	36%	10	59%	55	55%
FALSE	4	25%	3	15%	5	20%	9	41%	2	12%	23	23%
Don't Know	1	6%	6	30%	5	20%	5	23%	5	29%	22	22%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 40 – 7 d) People can be forced to take medication in a mental hospital.

Table 40	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
TRUE	8	50%	12	60%	9	36%	15	68%	11	65%	55	55%
FALSE	4	25%	3	15%	7	28%	3	14%	4	24%	21	21%
Don't Know	4	25%	5	25%	9	36%	4	18%	2	12%	24	24%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

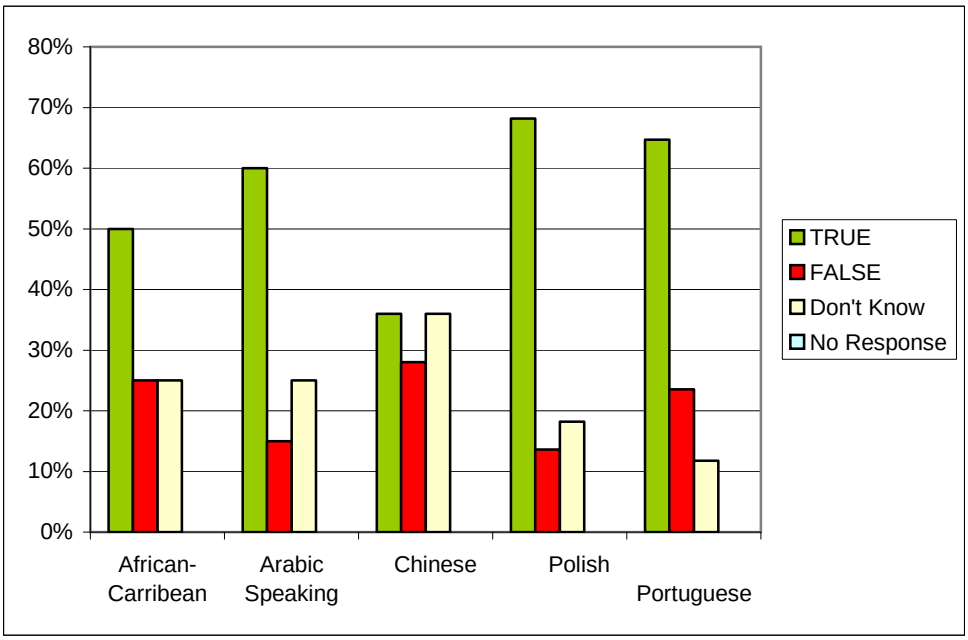

Figure 16 - 7 d) People can be forced to take medication in a mental hospital

Table 41 - 8 Have you heard of the term 'sectioning'?

Table 41	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	14	88%	6	30%	9	36%	1	5%	6	35%	36	36%
No	2	13%	14	70%	16	64%	20	91%	11	65%	63	63%
No Response	0	0%	0	0%	0	0%	1	5%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

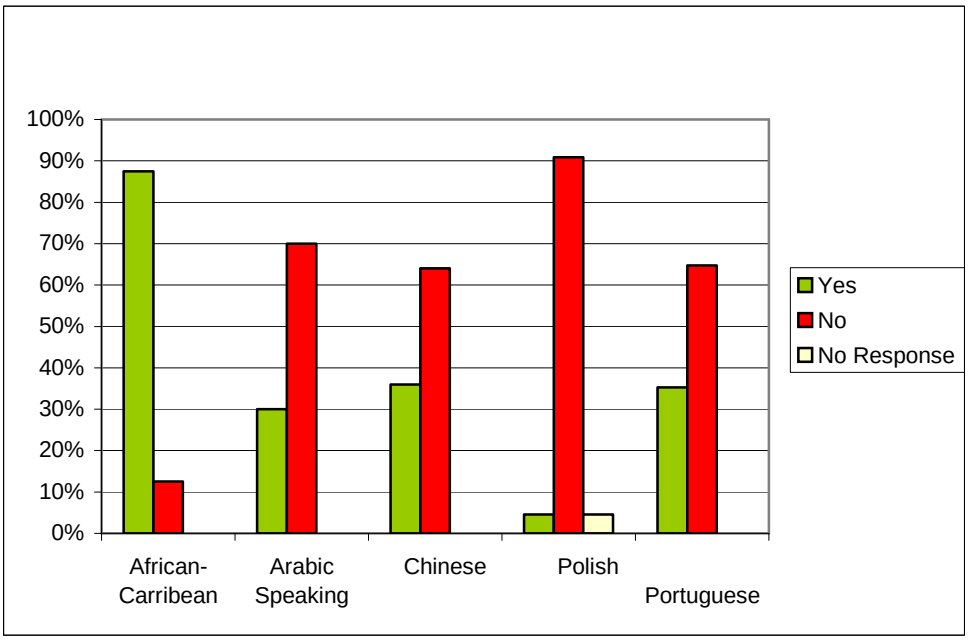

Figure 17 - 8 Have you heard of the term 'sectioning'?

If 'Yes', what would happen if you were sectioned?

African Caribbean

'You get sectioned to the hospital and they keep you in and put you on medication.'

'Image of guys in white coats taking me to mental institution making a mental assessment.'

'Something gets signed - family member can sign you over to mental health services and you get taken into the system. They have lots of control over you administer drugs, and I don't know how long that lasts.'

'Is when you are beyond restraint, when they put a life jacket. You will definitely harm somebody and you will be assessed by a psychiatric doctor. You have to be violent before you can be sectioned.'

'Taken to hospital for 3/6 months and detained. Police can only take you if you are at risk of harm to self or others.'

'You would have limitations on where you can go and what you can do (i.e. hospital).'

'You would be kept away for certain amount of time for assessment and treatment.'

Arabic speaking

'Yes. You will be observed under isolation or in a ward in a hospital.'

'Yes. If somebody comes to my house and takes me away to a mental hospital and locks me in a room because I am not mentally ok.'

'Yes. Detaining somebody suffering from mental illness under a section of the law.'

'Yes. By law would be locked up in a mental hospital.'

'Yes. It is to take away somebody in a different room in hospital I would not like it but if I am dangerous to the others maybe I have to be taken to mental hospital.'

'Yes. To put you in hospital and to observe you and help you if there is danger to you.'

Chinese

'Isolate the persons from others.'

'Helpless'

'Under Section III, the person will be detained in the mental hospital for 28 days, etc. Under Section II, ….(?). The power is according to Mental Health Act 1988.'

'Taken to a hospital and looked after whilst receiving treatment.'

'Prevent contact from public.'

'Locked in a room away from other people.'

'Sent to a mental hospital?'

'Detained in mental hospital until doctors satisfying that the conditions of the patient is fit for discharge but the hospital must inform the patient's relatives.'

Polish

Yes. It is part of my work.'

Portuguese

'Taken into a mental institution. You would stay there until doctor sees you are fit to come out.'

Table 42 - 9 a) - Would you contact a doctor/GP if someone very close to you were suffering from a mental illness?

Table 42	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	8	50%	13	65%	18	72%	16	73%	12	71%	67	67%
No	5	31%	2	10%	2	8%	1	5%	2	12%	12	12%
Maybe	3	19%	5	25%	5	20%	5	23%	3	18%	21	21%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

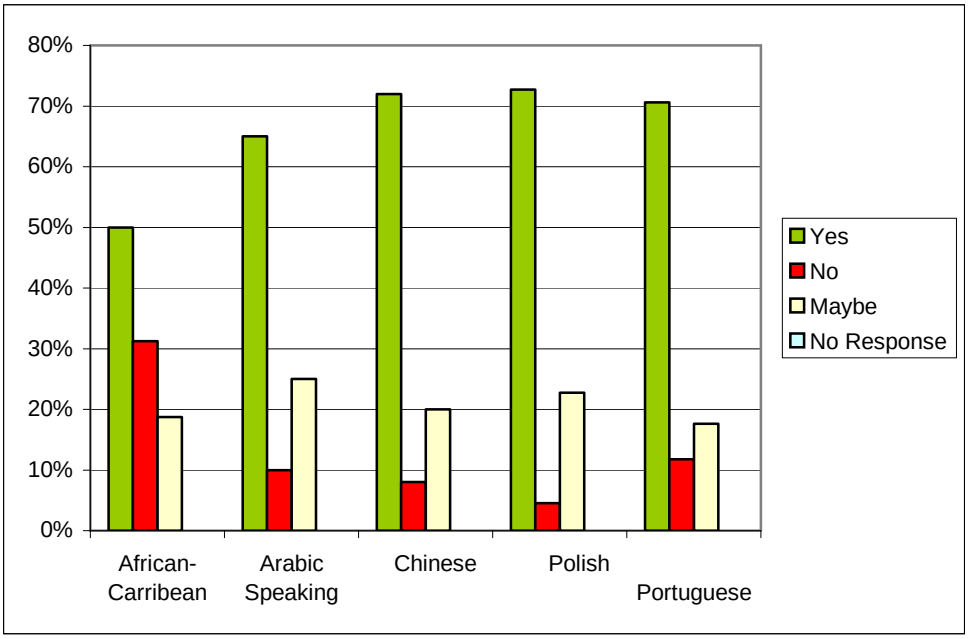

Figure 18 - 9 a) Would you contact a doctor/GP if someone very close to you were suffering from a mental illness?

Table 43 - Why?

Table 43	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
To get help, support & advice	3	14	4	14	3
To stop things getting worse	0	0	1	0	0
Personal matter	0	2	1	1	0
Try other ways of helping	1	0	0	1	0

Selected Comments

'Yes! Your doctor is your stage one.'

'Yes. I will contact a GP to find out what kind of condition my friend has. More information will help me to understand better her/him and to give support.'

'Yes. If the person does not want to go to seek help, I will go to contact a GP for advice.'

'Maybe. If they really need it and there is no other choice or option.'

'Maybe, depending on the condition.'

'In Portugal yes but here no. I would be scared.'

'No. It is a personal thing. If the person asks me than I will do something to help, otherwise I will not.'

Table 44 - 9 b) Would you want the police to be involved if someone very close to you were suffering from a mental illness?

Table 44	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	5	31%	3	15%	2	8%	4	18%	5	29%	19	19%
No	10	63%	16	80%	15	60%	16	73%	10	59%	67	67%
Maybe	1	6%	1	5%	8	32%	2	9%	2	12%	14	14%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

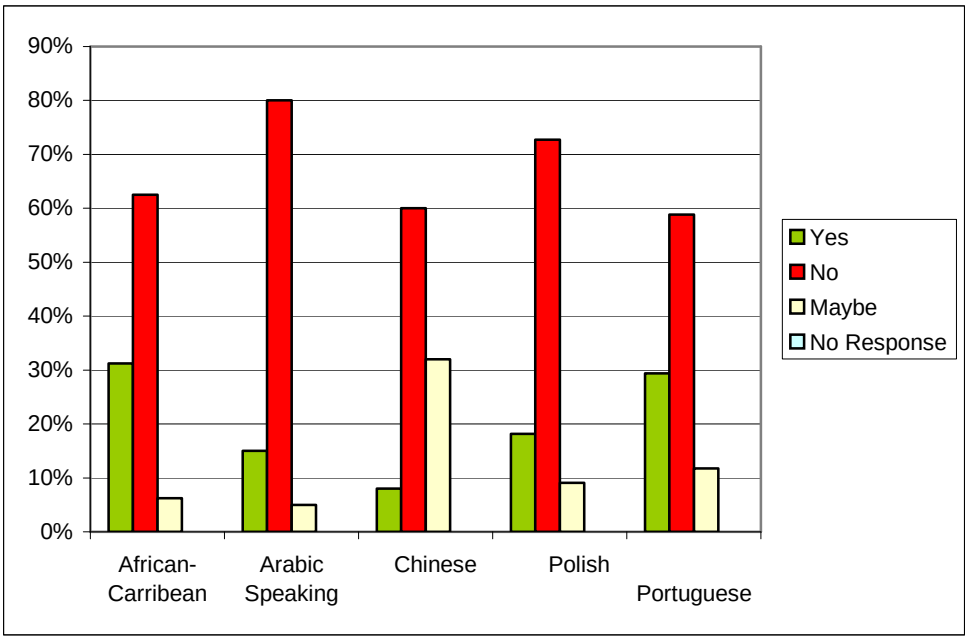

Figure 19 - 9 b) Would you want the police to be involved if someone very close to you were suffering from a mental illness?

Table 45 - Why?

Table 45	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Not a police matter	1	6	1	6	4
If a danger or violent	3	4	5	5	3

Selected comments

'Yes, if they appear to harm themselves or others.'

'Once it goes to police I associate it with criminality - would want to keep in the health arena rather than criminal justice system.'

'Yes. If they are going to be a danger to themselves or to their children.'

'Maybe. Only if we cannot sort it out.'

'Maybe, depends on the behaviour. If the person is violent - yes, to protect others.'

'No. It's not the Police's problem or job.'

'In this situation I would want someone with expertise, medical training, police don't have mental health training so they cannot help.'

Table 46 - 9 c) Would you want someone very close to you to be treated in a mental hospital if they were mentally ill?

Table 46	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	8	50%	9	45%	12	48%	13	59%	13	76%	55	55%
No	3	19%	5	25%	3	12%	2	9%	1	6%	14	14%
Maybe	5	31%	5	25%	10	40%	7	32%	3	18%	30	30%
No Response	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

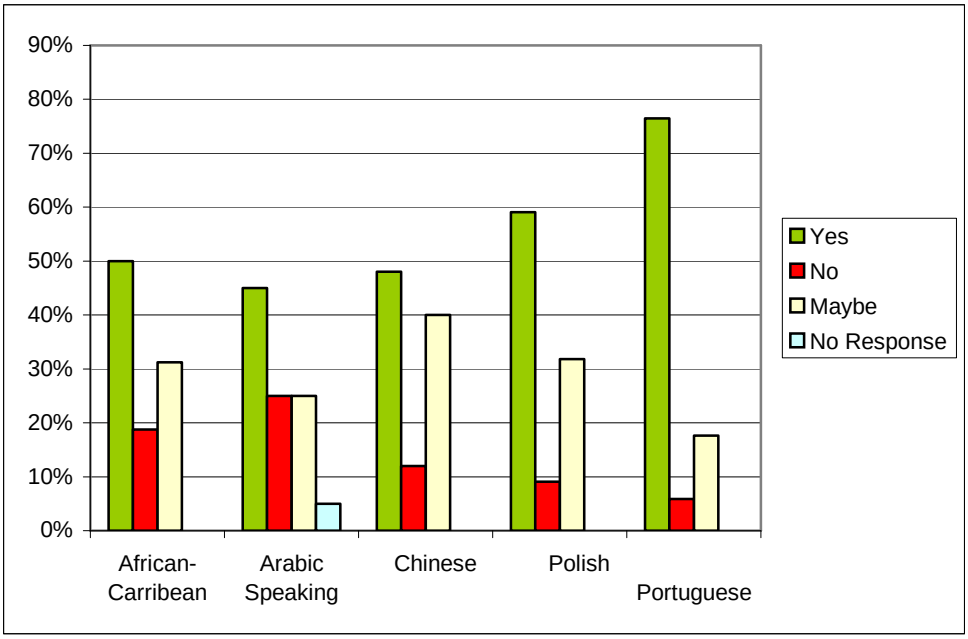

Figure 20 - 9 c) Would you want someone very close to you to be treated in a mental hospital if they were mentally ill?

Table 47 - Why?

Table 47	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Source of help	3	8	6	12	4
Should be treated at home	0	2	0	2	0
Last resort	0	1	0	2	0
Mistrust or fear of hospital	1	0	1	3	1

Selected comments

'Yes. The best place to go to have professional treatment.'

'Yes. After therapy people can get better and improve.'

'Maybe. 1) I'll try to help 2) I'll ask GP for help 3) The final step will be to go to hospital.'

'Maybe. If they are not very well and are seriously ill and there is a danger to become even more unwell I will try to help and I will go with them to the hospital.'

'No. The mental hospital will be the last place to go to. It is traumatic to go there and to deal with the people there. It also breaks the trust in the relationship between very close people. Failing to provide help before sending the person to a mental hospital.'

'No. I think people can be treated at their homes if the right medications and support are provided.'

Table 48 - 9 d) Would you want social services (Community Mental Health Services) to be involved if someone very close to you were mentally ill?

Table 48	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	8	50%	12	60%	18	72%	14	64%	8	47%	60	60%
No	4	25%	3	15%	0	0%	1	5%	4	24%	12	12%
Maybe	4	25%	5	25%	7	28%	7	32%	4	24%	27	27%
No Response	0	0%	0	0%	0	0%	0	0%	1	6%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

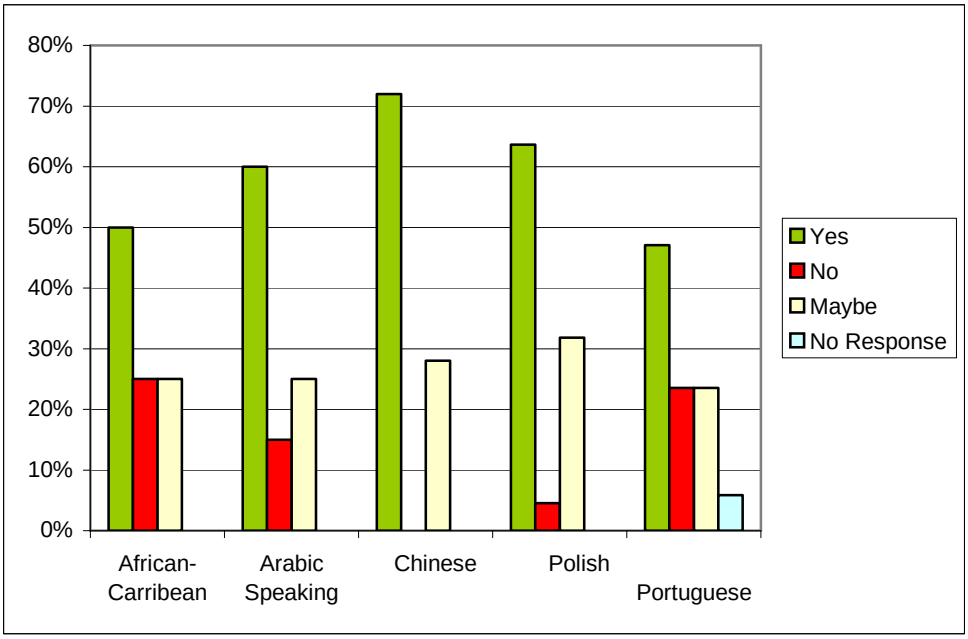

Figure 21 - 9 d) Would you want social services (Community Mental Health Services) to be involved if someone very close to you were mentally ill?

Table 49 - Why?

Table 49	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Source of help	0	8	8	12	0
Expertise in mental health	0	5	2	0	2
Do not know enough about social services	2	0	0	2	5
Mistrust or fear of social services	1	2	0	0	0

Selected comments

'Social services are much better now than before.'

'Yes. There are organizations created especially for these problems- their job is to deal with these issues.'

'Yes. Because they are working closely with a lot of experts in the area, they have a lot of information.'

'Maybe. I will help first, but if I can't help then I will contact Social Services.'

'Need to know more before making a decision, need to know what they are providing.'

'No. I do not like social services at any time. They interfere too much.'

'No. No need if the person gets help from Psychiatrist, GP.'

Table 50 - 10 Would you have any fears about going into mental hospital?

Table 50	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	13	81%	13	65%	12	48%	15	68%	13	76%	66	66%
No	1	6%	5	25%	4	16%	6	27%	4	24%	20	20%
Don't Know	2	13%	2	10%	9	36%	1	5%	0	0%	14	14%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

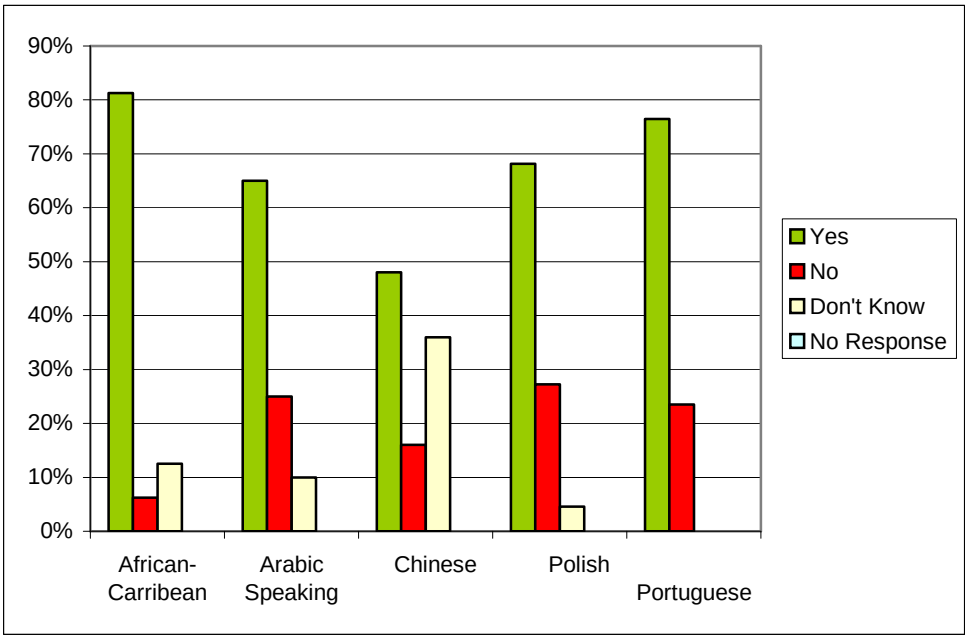

Figure 22 - 10 Would you have any fears about going into mental hospital?

Table 51 - Please expand on your answer.

Table 51	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Being locked up	1	1	3	0	2
Fear of unknown	1	3	3	4	0
Fear of other patients	0	2	3	6	0
Fear of losing family	0	0	0	0	1
Bad image or reputation	1	3	1	3	0
Medication	3	0	0	1	0
Lack of trust	0	2	0	2	0

Comments (Note: all comments are included)

African Caribbean

'I'd be scared.'

'Like a chemical lobotomy - people might never be same again. Scared of staff and the way they treat me.'

'I have a stereotype of a hospital, have a friend who works in St Ann's so I know a little about it and this lessens my fear but I would need assurance.'

'If I was in that position my fear is not about going in there my fear is about what is wrong with me and how I'm going to be cured, no fear I'm not conscious of it. Being in a strange environment would be weird.'

'In some ways, yes. Not many black people in Bournemouth (more black peers in London) will be more difficult here, needs more education for cultural needs here.'

'Fear that they take away your identity and medication would make you worse.'

'Being locked up is a fear of mine, fear of medications that I might be given.'

Arabic speaking

'Yes. I am frightened because sometimes doctors make a mistake with the treatment. Different culture is another factor: they use things which are not needed. Sometimes people need different treatment than Western one.'

'Definitely. Because I was brought up to believe that mental hospital is the worst place a human being can be in.'

'Yes. Mental hospitals have different cases: some are severe, some are minor, but they are all mixed up, not separated.'

'Yes. Unpredictable, not having full control there. I would be scared because I would not know what would happen to me.'

'Yes. mental hospitals have bad reputation. I do not know what they do there with individuals.'

'Yes. Same reasons as above - stigma.'

'Yes. I could be stabbed by other severely mentally disturbed patients.'

'Yes. I would be scared because I do not know what actions will be taken there.'

'Yes. I do not know what will happen there. I am scared that they are not going to tell me what is wrong with me and what they are going to do with me.'

'Yes. I went to Kings Park and it was scary there. I felt trapped in there. Everywhere was locked and I could not move from one place to another without asking somebody to open the door for me. I felt alone there.'

'Yes. It depends how they will treat me.'

'Yes. I would not trust hospital. There is a bad practice: in some hospitals staff experiments with some people and treat them as guinea pigs. (it is in my country) I am also scared from the crazy people there.'

'Yes. The name of the hospital is even scary "mental".'

'No. They might understand my problem and there may be people who had the same problem as me and they can help. But people should not be forced against their will.'

'No. I am not frighten of mental services. I would go if I had a problem.'

'No. I would want somebody to help me. Probably I have to take some medicines.'

'No. Because I have a degree (Doctor) and I know how to deal with a mental problem. I know there would be professional help.'

'No. I would be cared for in a mental hospital.'

Chinese

'Because I saw some films.'

'This means a complete out of control and be away from your home.'

'When I stepped into the mental hospital, they might be other patient who had worst mental sickness. I might be very scared.'

'If a person had a mental illness, they definitely not willing to receive treatment from the mental hospital.'

'Fear about everything, yourself, family, in-patients; on the other hand, it is safe to stay in mental hospital.'

'I have not had any experience.'

'Do not know what they specifically do, the treatments available, the exposure to other patients, the condition of the hospital.'

'Hope to receive assistance, cares under the professional services. Staff and doctors are knowledgeable and experienced. Everything will be under supervision.'

'Don't know what to expect.'

'Not being let out after going in.'

'Unknown environment.'

'I may be held against my will and not return home for a long time.'

'Fear of the unexpected.'

'How the illness affecting me; how other patients' conditions may worsening my condition.'

Polish

'Yes. I would be scared from the people who are already there.'

'Yes. I do not know what to expect there. Everybody will know that I am there and I am ill. Then people will think that I am different.'

'Yes. I have no information what is in mental hospital. I am scared of the people there- they are crying, shouting and behave strangely. I will not trust anybody there.'

'Yes. I will be afraid, the doctor deciding which medicines I should take when I might not need them. I'm afraid to be drugged until I am unconscious. I do not trust them.'

'Yes. I have a general feeling that mental hospitals do not approach each case individually.'

'Yes. Maybe they will not help me and my problem will become deeper.'

'Yes. Because sometimes the staff is not qualified enough, can restrain without need or overdose sometimes. Sometimes it happens.'

'Yes. People who are there are ill. I've got bad feeling about going to mental hospitals because I'll have bad image. There is stigma. Everybody treats you as different afterwards.'

'Yes. In my country mental hospitals have very bad image because only crazy people go there. Sometimes criminals are kept there. I do not want to be in a same place with them.'

'Yes. A friend of mine was in a mental hospital. I was scared by the mental people. Even here in Britain I will be scared.'

'Yes due to lack of information - not being reported in media and newspapers.'

'Yes. Any unknown brings fear. I'm afraid of abuse.'

'Yes. I'm worried about what other people might think/talk about me. It is a pressure for me, I'll try to deal with it on my own.'

'Yes. I don't know what will happen to me there, who is going to see me, is the doctor good. Some people (patients) there scare me too.'

'Yes. I heard that some people had bad experience while being in a mental hospital.'

'I do not know. I saw a movie with Jack Nicholson and it scared me - how the patients were treated.'

'No. Not at the moment.'

'No, I know that the hospital can help me.'

'No. Professional help will make the difference to achieve my goals in the future.'

'No. Not at all.'

'No. If something is wrong with me it is better to go to hospital.'

'No. In a hospital there are people who can help you.'

Portuguese

'Been there before, you cant see outside and you see people doing strange things, being watched 24/7, being controlled I would feel trapped, feel like prison.'

'I would be reluctant, unsure of what they would do to me, might get locked up in a room. Mental illness can be seen as a threat.'

'Yes but I believe in the system, if its necessary I wouldn't mind but I would be wary.'

'Might lose my family.'

'Fear to be mentally ill, to do something wrong, to hurt another person. I feel alone in the UK, no family no one to help and support me.'

'Don't trust doctors so I don't know what they would do.'

'No, if I need it I have to go.'

'Past experience in Portugal was bad so I would not do this here if you say one word bad and you have a problem.'

Question 11
Imagine this scenario; you are a patient in a psychiatric hospital. What is your response to the following questions?

Table 52 - 11 a) What would be your level of confidence in the medicines given to you?

Table 52	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Confidence	3	19%	5	25%	3	12%	4	18%	3	18%	18	18%
Low Confidence	8	50%	9	45%	9	36%	9	41%	5	29%	40	40%
High Confidence	3	19%	0	0%	5	20%	4	18%	6	35%	18	18%
Total Confidence	0	0%	2	10%	3	12%	2	9%	0	0%	7	7%
Don't Know	2	13%	4	20%	5	20%	3	14%	2	12%	16	16%
No Response	0	0%	0	0%	0	0%	0	0%	1	6%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

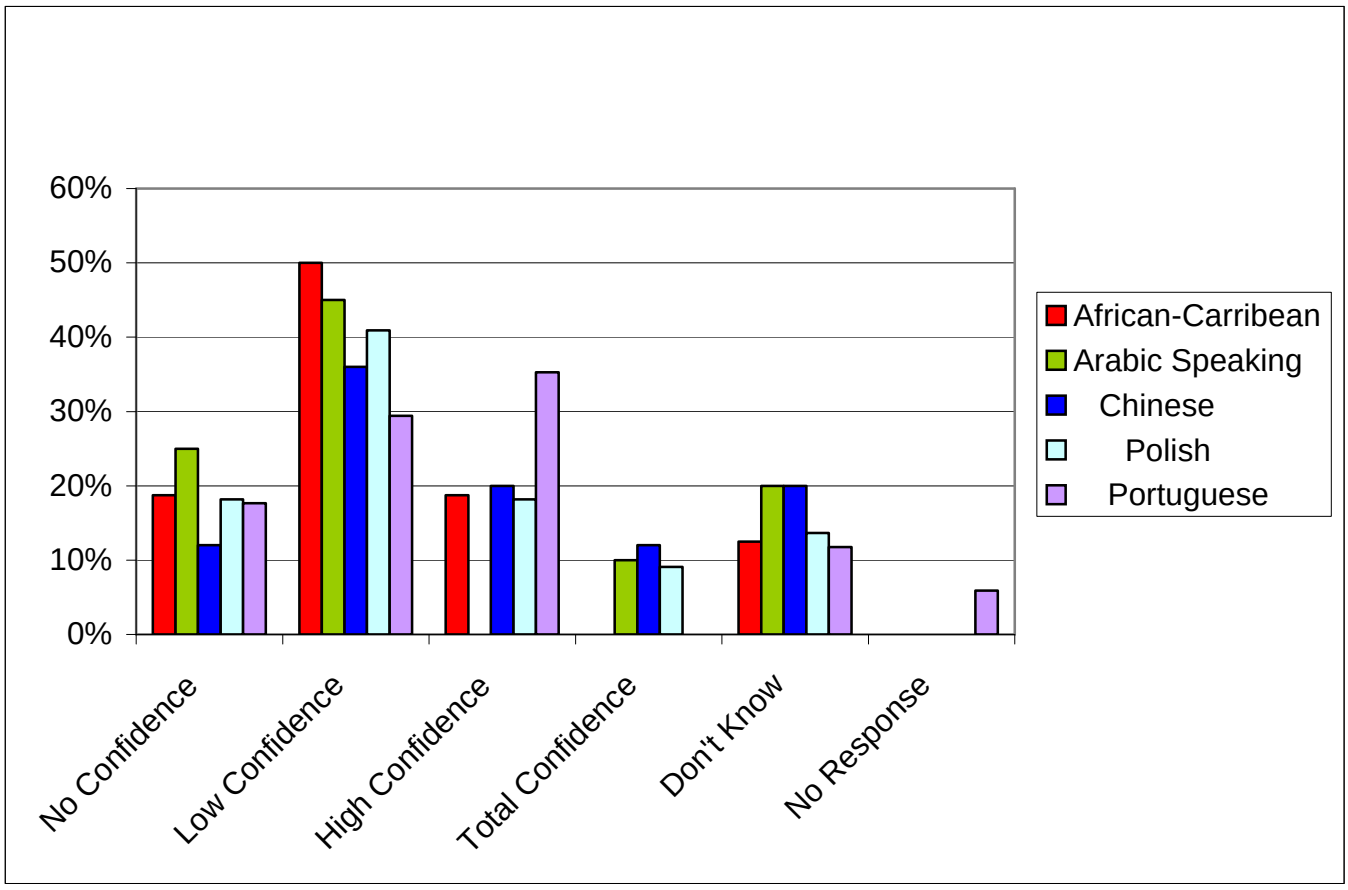

Figure 23 - 11 a) What would be your level of confidence in the medicines given to you?

Table 53 - 11 b) What would be your level of confidence that you would be treated with dignity and respect?

Table 53	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Confidence	3	19%	3	15%	3	12%	2	9%	0	0%	11	11%
Low Confidence	9	56%	5	25%	10	40%	4	18%	5	29%	33	33%
High Confidence	2	13%	5	25%	3	12%	12	55%	11	65%	33	33%
Total Confidence	0	0%	1	5%	6	24%	0	0%	1	6%	8	8%
Don't Know	2	13%	6	30%	3	12%	4	18%	0	0%	15	15%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

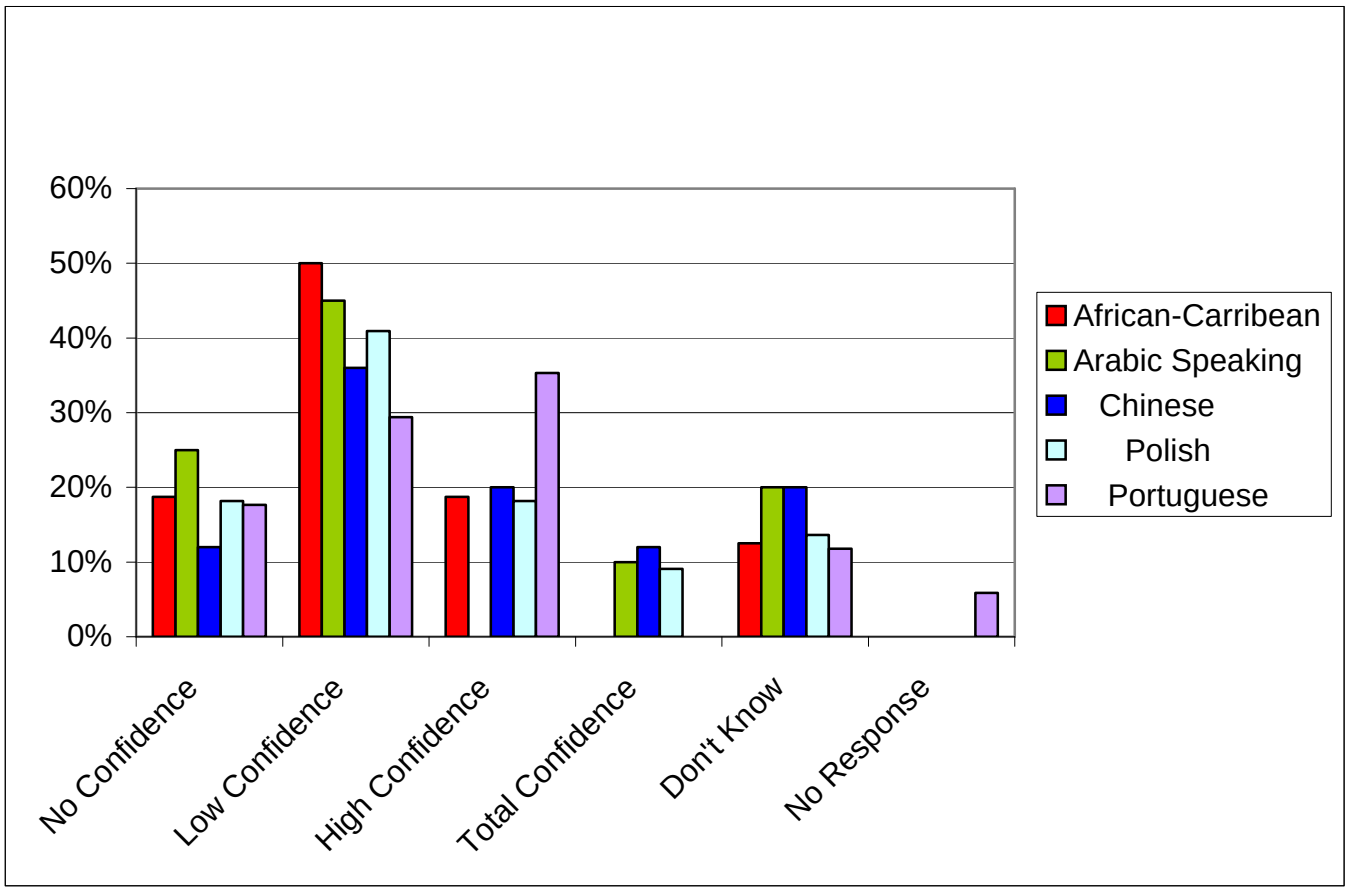

Figure 24 - 11 b) What would be your level of confidence that you would be treated with dignity and respect?

Table 54 - 11 c) What would be your level of confidence that staff would understand your cultural needs?

Table 54	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Confidence	5	31%	6	30%	6	24%	3	14%	0	0%	20	20%
Low Confidence	8	50%	4	20%	5	20%	7	32%	8	47%	32	32%
High Confidence	1	6%	4	20%	5	20%	8	36%	6	35%	24	24%
Total Confidence	0	0%	1	5%	4	16%	2	9%	1	6%	8	8%
Don't Know	2	13%	5	25%	5	20%	2	9%	2	12%	16	16%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

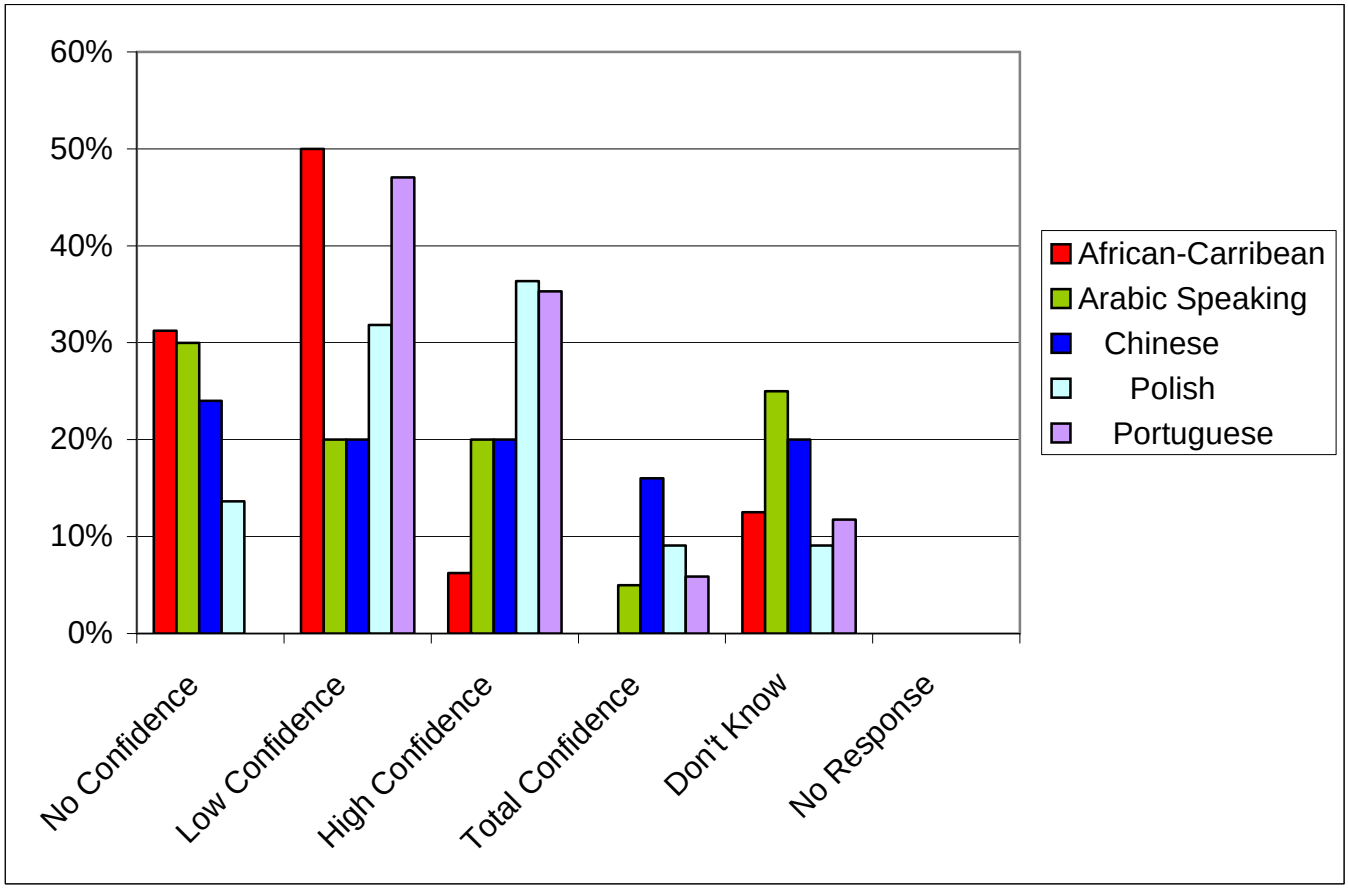

Figure 25 - 11 c) What would be your level of confidence that staff would understand your cultural needs?

Table 55 - 11 d) What would be your level of fear that doctors would not understand what is wrong with you?

Table 55	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Fear	0	0%	3	15%	2	8%	1	5%	3	18%	9	9%
Low Fear	7	44%	4	20%	3	12%	6	27%	4	24%	24	24%
High Fear	8	50%	6	30%	8	32%	10	45%	8	47%	40	40%
Total Fear	1	6%	2	10%	2	8%	2	9%	2	12%	9	9%
Don't Know	0	0%	3	15%	10	40%	3	14%	0	0%	16	16%
No Response	0	0%	2	10%	0	0%	0	0%	0	0%	2	2%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

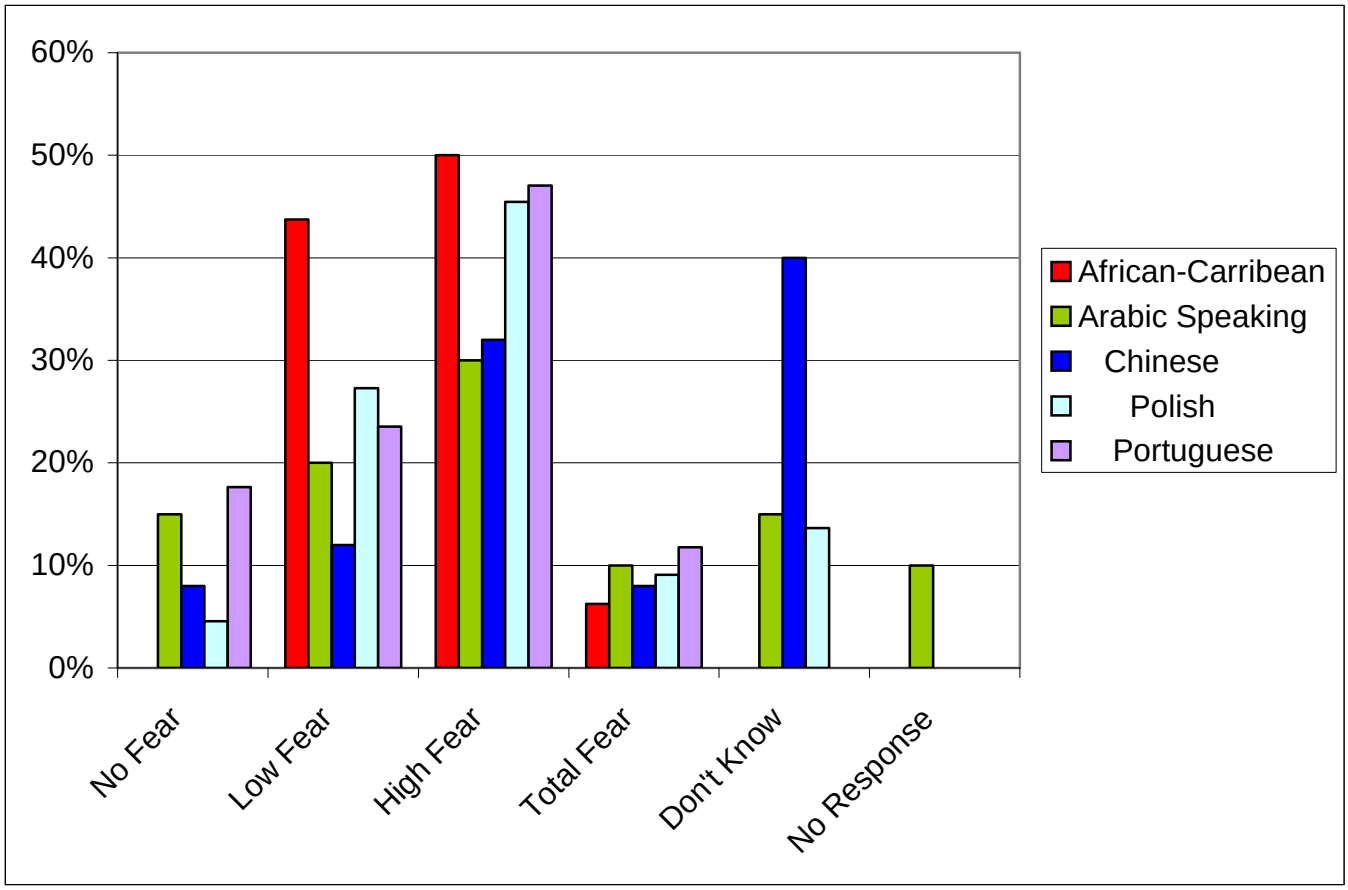

Figure 26 - 11 d) What would be your level of fear that doctors would not understand what is wrong with you?

Table 56 - 11 e) What would be your level of fear that you would be treated with unnecessary physical force?

Table 56	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Fear	0	0%	4	20%	1	4%	0	0%	0	0%	5	5%
Low Fear	6	38%	0	0%	3	12%	8	36%	9	53%	26	26%
High Fear	7	44%	11	55%	12	48%	9	41%	5	29%	44	44%
Total Fear	2	13%	3	15%	5	20%	3	14%	2	12%	15	15%
Don't Know	1	6%	2	10%	4	16%	2	9%	0	0%	9	9%
No Response	0	0%	0	0%	0	0%	0	0%	1	6%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

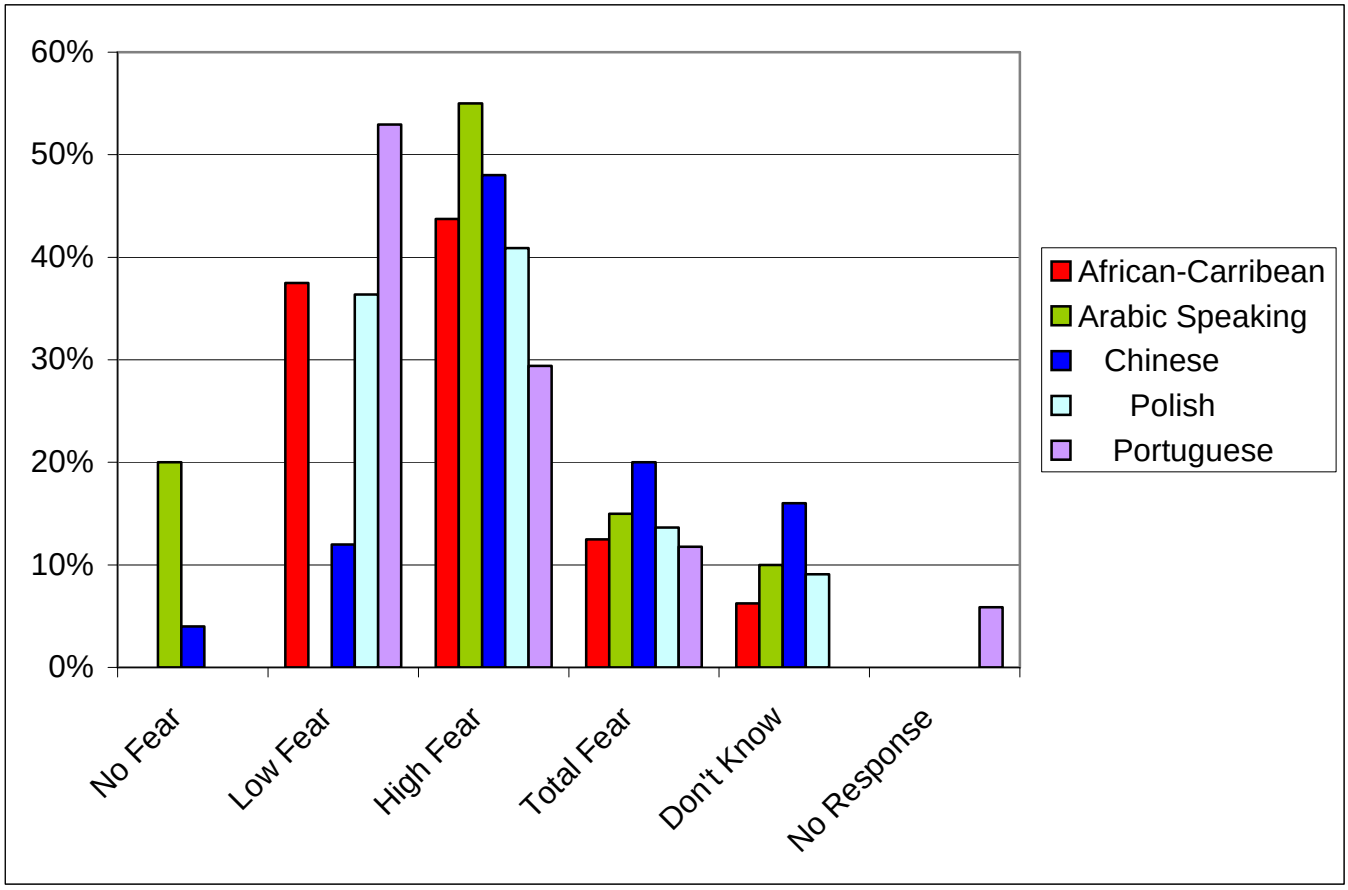

Figure 27 - 11 e) What would be your level of fear that you would be treated with unnecessary physical force?

Table 57 - 11 f) What would be your level of fear that you would not come out at all?

Table 57	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
No Fear	1	6%	2	10%	1	4%	1	5%	2	12%	7	7%
Low Fear	3	19%	2	10%	5	20%	8	36%	1	6%	19	19%
High Fear	8	50%	6	30%	6	24%	4	18%	8	47%	32	32%
Total Fear	3	19%	9	45%	9	36%	7	32%	4	24%	32	32%
Don't Know	1	6%	1	5%	4	16%	2	9%	1	6%	9	9%
No Response	0	0%	0	0%	0	0%	0	0%	1	6%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

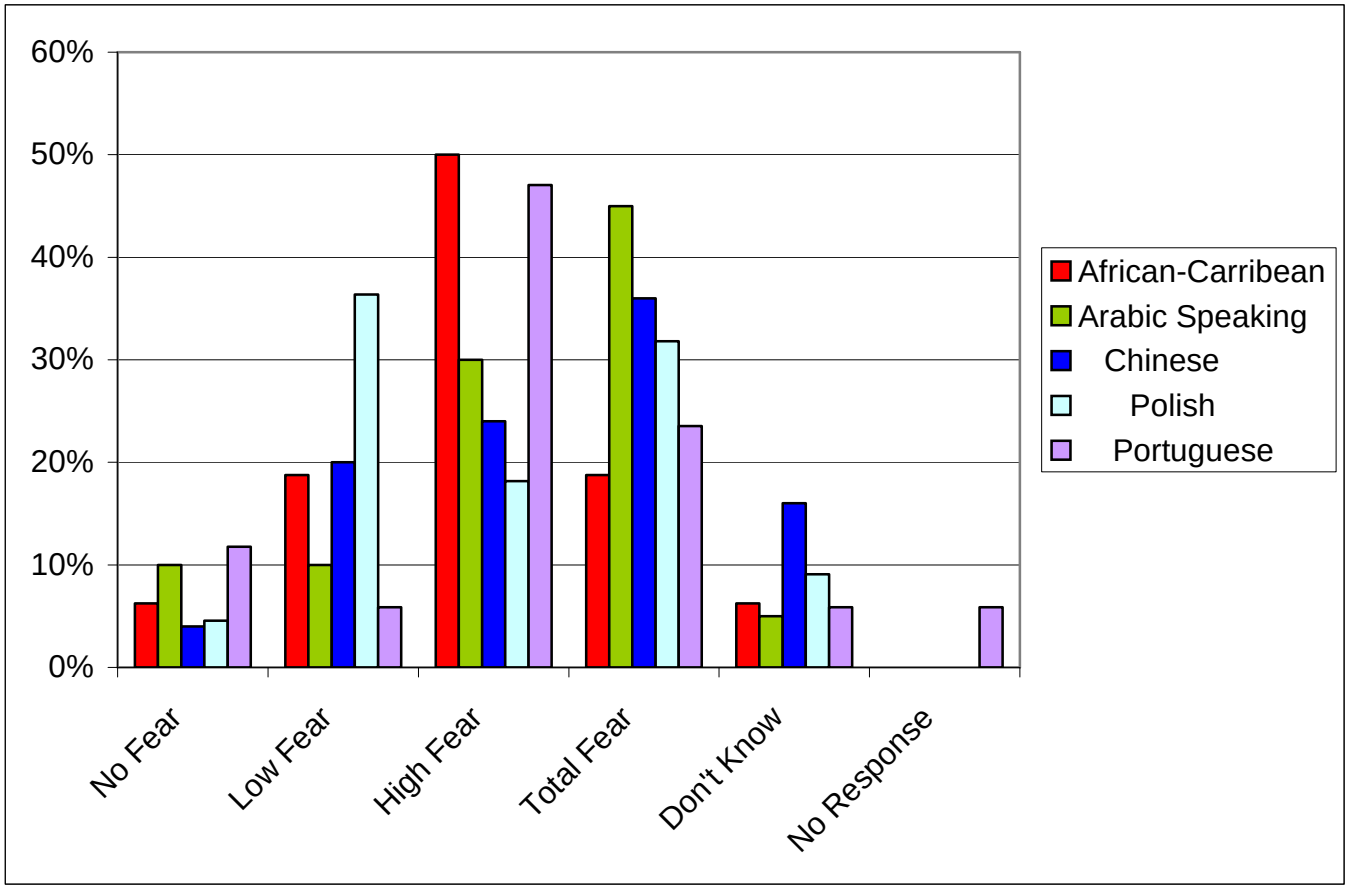

Figure 28 - 11 f) What would be your level of fear that you would not come out at all?

Table 58 - 11.1 If you were in a psychiatric hospital, do you think staff would discriminate against you because of your ethnic background?

Tabl e 58	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	8	50%	7	35%	5	20%	3	14%	1	6%	24	24%
No	1	6%	8	40%	5	20%	4	18%	7	41%	25	25%
Maybe	6	38%	4	20%	12	48%	8	36%	6	35%	36	36%
Don't Know	1	6%	1	5%	3	12%	7	32%	2	12%	14	14%
No Response	0	0%	0	0%	0	0%	0	0%	1	6%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

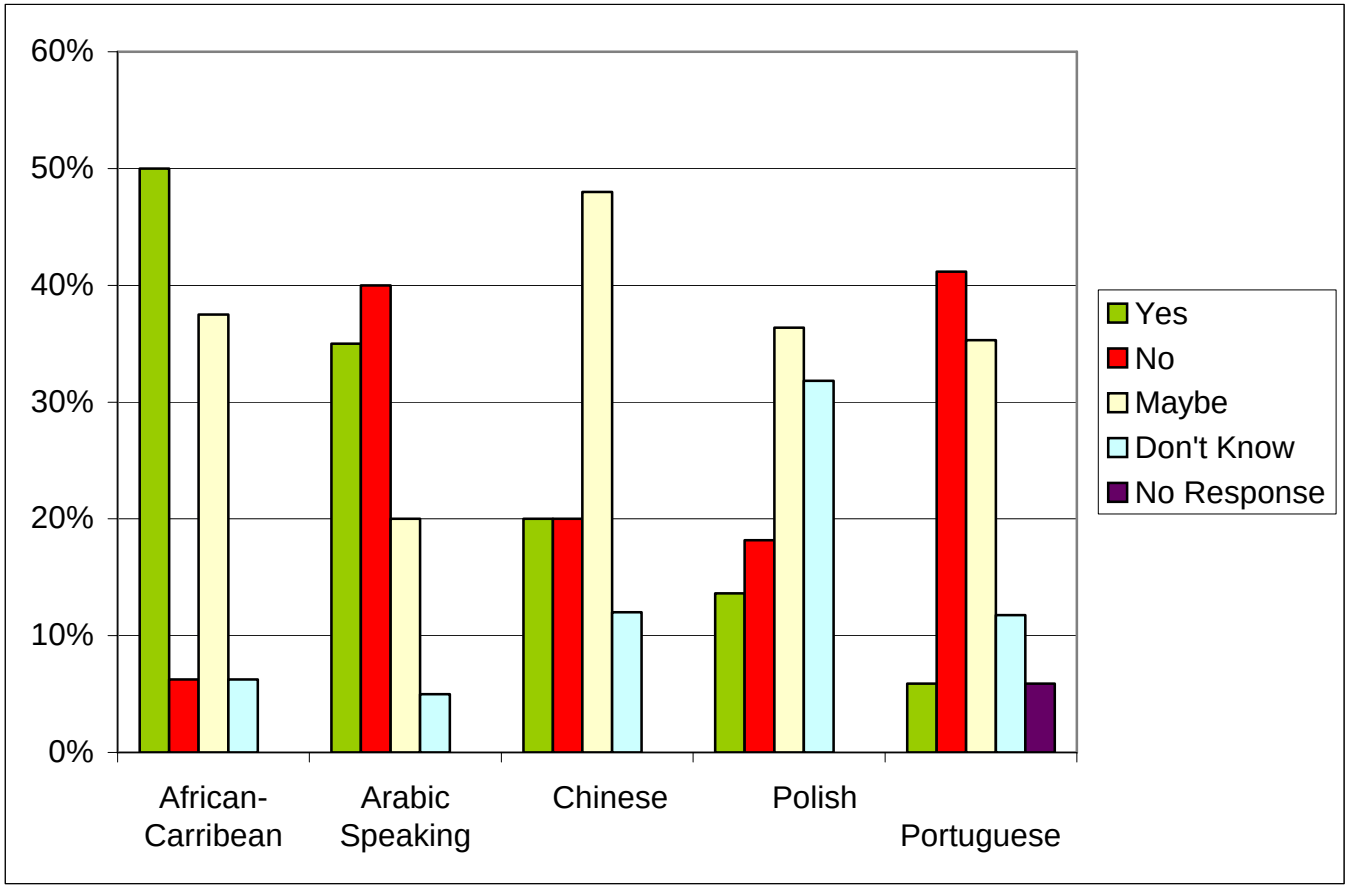

Figure 29 - 11.1 If you were in a psychiatric hospital, do you think staff would discriminate against you because of your ethnic background?

Table 59 - 12 Do mental hospitals need improving for people from minority ethnic backgrounds? If so, how can they be improved?

Table 59	African-Caribbean	Arabic Speaking	Chinese	Polish	Portuguese
Translation/Interpreters	0	2	6	8	2
Cultural awareness & race equality	3	8	3	3	2
Tackle stereotyping	2	0	0	0	0
More home or community treatment	1	1	0	0	0
Advocacy	1	0	0	0	0
Diverse staff	1	2	1	1	0
Non medical treatments	0	1	1	1	0
More information	0	1	0	2	0
Patient centred treatment	1	1	1	3	0

African Caribbean

'Generally speaking people from Bournemouth hold a stigma around a variety of nationalities. Holding pre-conceived stereotypes can be unconscious but still affects what goes on.'

'Yes. The image and name is institutional, there is fear of institutions and institutionalised. Need to become less institutionalised. Treatment not live in people should be able to go home or another place would make it more accessible , don't know enough.'

'Yes. Have to enforce race equality stuff, depends on management and how seriously they take it but good management would put it right.'

'Yes, education, education, education. Education of staff, professionals. Communication with service users. Let service users have more advocates let them have more say - human rights.'

'Yes. Possibly from understanding more about these people's backgrounds all people are different and they need to understand this. Have less pre-conceived ideas about people from these backgrounds.'

'Yes, having more diverse staff having people who understand other peoples cultural backgrounds. Having more outside help with what's going on inside for patients.'

'Don't know. My nephew has been in a psychiatric hospital and was treated like everyone else.'

Arabic speaking

'Yes. To adjust to a certain way of dealing with particular patient: to meet their individual needs.'

'Yes. It is important to know about ethnic minorities. Short courses, professional training, even watching movies about different religions and culture will be helpful. Doctors and nurses have to know more about cultural background of their patients.'

'Yes. It is important somebody to speak many languages and to understand different culture: Muslim, Jew, Christian. It is important to understand other religious habits, for example what people eat or how to deal when somebody dies. Then the person can be treated in a right way. It is very important to establish a good communication.'

'Definitely. My own experience. Neither me or my friends are treated enough. The staff there should be specially trained to understand different culture and religion. There can be a Muslim lady (doctor) - cultural awareness. Everybody thinks in a different way- doctors have to be specialized.'

'Yes. If MH can gain deep insight into ethnic & cultural background the treatment for patients would improve/get better. Employing staff from different ethnic background.'

'Yes, of course. Absolutely- 100%. Because we have racial discrimination in the UK anyway. Mental hospitals are not an exception.'

'I was surprised that my friend could practise her religion there, she was allowed to go to the shops. That was good. I really do not know what can be improved in mental hospital.'

'Yes. Continuous improvement is important.'

'Yes. Attaining their cultural needs, understanding their cultural background. Once a person feels that the professional understands them that is half way of opening the communication. Sometimes you have to understand their religion to be able to understand- clashes of two different civilizations. '

'Yes. But also for everybody in this country, from all backgrounds.'

'Maybe the staff to have a special training for people with different ethnic backgrounds. To provide translators if somebody does not understand English. It will be good if more information where to go and study English is available.'

'I do not know. Probably to offer more educational programmes and more training to the staff. Supervision is also very important! Nurses and doctors should be watched carefully to make sure they treat people in a right way because a patient cannot do anything and they are so vulnerable. Patients should not be forced to do things against their will.'

'Yes, respect the cultural and religious differences.'

'Yes. Definitely. They should have staff from other cultures. Even if they are British they should have diversity training to be able to understand people from ethnic minorities. I went to visit somebody in St. Ann's hospital - I would prefer to die than to go there and to be treated like her. People should be treated with dignity and make sure that they take medicines regularly and to be given support to recover at home if possible. Counselling would help a lot. Medicines or drugs may make the problem worse. Boosting the self-esteem and self-confidence can help a lot. Activities (sport and community openness) can help. People usually suffer in silence and this could be helped by talking and taking people out to do different activities. People should not be forced to take medications. Even if they take medications they also have to receive an alternative help.'

'Yes. They have to understand about cultural differences. Staff have to be trained to deal with people from different background. I am Muslim: a man should not touch me or a woman should not touch a man.'

Chinese

'They need translation facility.'

'The language is the main barrier. It may be helpful to have some minorities group staff or an understanding translator with training in mental health.'

'They need to know the patient first, then get treatment correctly. Make sure that the patient has confidence before taking the treatment.'

'Having interpreter helping the patients; consider ethnic difference when caring for minority ethnic people.'

'Refer to Q10. I don't know enough about what goes on in a mental hospital therefore I cannot answer this question sufficiently. I would suggest that the hospital should be no discriminate in the first place.'

'To arrange interpreter; to arrange a regular visitor from the ethnic background; to assure that there is no different in ethnic minority - treat everyone equally.'

'Translator'

'Staff need to be informed about different needs of ethnical background. They will need to be educated about family structure and complexity.'

'More understanding of ethnic culture.'

'Interpreting services should be provided.'

'Psychologically, communication, counselling from the same ethnic backgrounds will be more effective, e.g. the amount of prescription appropriate for a white person is different from those for a Chinese.'

Portuguese

'Yes, they should educate people - staff, all of them including administrators. Provide info, less paperwork and bureaucracy, more direct with services, educate all people on illnesses. So people have more knowledge, need to be more open minded.'

'Yes, I think they should, language barrier, translators, people from my background who could understand my needs.'

'Yes, all the world speaks English but here many people don't, so we need translators for people who don't speak English as there are many foreigners here.'

'Yes but I don't now how.'

'I don't know how they operate but I am sure they are improving. I know some young people who go to St Ann's and I never heard anything bad about it (one is Portuguese and one is English) and they have been treated fine.'

'Don't know. From what I know its OK. My experience they treat everyone the same no discrimination.'

Polish

'Yes. To be closer to patients. Doctors and staff in these hospitals should not be employed for their diploma or certificates but how good they interact and deal with patients. They have to have empathy and sensitiveness.'

'In Poland mental hospitals are not good. I do not know here how good mental hospitals are, neither do they need any improvement.'

'Yes. Translators, Interpreters - If the people do not understand they will experience fear. Language barrier.'

'Yes. Staff to better understand the patients. Language barrier. Cultural background.'

'Yes. The hospital should have staff from other countries.'

'Yes. Improvement is always a good thing, especially now when more foreigners are coming to the UK. Staff have to understand that people have different need. Basically to treat everybody with respect.'

'Yes and no. Actually sometimes people need support from religious leader. However, sometimes family have to talk for specific needs to the stuff. They have to inform the doctor for patient's needs.'

'Somebody to speak polish language because mental health needs to be understood and I need to explain what I feel.'

'If I have to suggest improvement for mental health in my country -yes but in the U.K. I do not know. I think maybe -yes, because there are not a lot of money for mental health services. Patients need good care and better rooms to stay in, some physical activities etc. Not only to be drugged. A good translator with a medical knowledge for people who do not speak English well.'

'Yes. Somebody who speaks the same language have to be available.'

'Yes, translation and interpreting services. '

'Yes. Different leaflets with different information in different languages should be provided.'

'Somebody who can speak Polish language. More information to be available about services.'

'Yes. I do not know about this country. I have not been in a mental hospital. I have seen a TV programme. Mental hospitals should have separate female and male wards. Separate wards for severely ill and less ill patients.'

'Yes. Same level of care should be given for everybody.'

'I really do not know, but most probably yes. The hospital staff need to understand the patients background and cultural needs.'

Table 60 - 13 How old are you?

Table 60	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
<15	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
16-18	0	0%	0	0%	1	4%	0	0%	0	0%	1	1%
19-21	0	0%	0	0%	1	4%	2	9%	3	18%	6	6%
22-24	1	6%	0	0%	1	4%	5	23%	0	0%	7	7%
25-29	4	25%	3	15%	4	16%	9	41%	3	18%	23	23%
30-39	6	38%	8	40%	4	16%	3	14%	6	35%	27	27%
40-49	5	31%	2	10%	7	28%	2	9%	2	12%	18	18%
>50	0	0%	7	35%	7	28%	1	5%	3	18%	18	18%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 61 - 14 What is your Gender?

Table 61	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Male	10	63%	8	40%	14	56%	11	50%	5	29%	48	48%
Female	6	38%	12	60%	11	44%	11	50%	12	71%	52	52%
Transgender	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 62 - 15 How would you describe your Ethnicity?

Table 62	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
White British	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
White Irish	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
White Other	0	0%	0	0%	0	0%	20	91%	16	94%	36	36%
Mixed White-Black Caribbean	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Mixed White-Black African	1	6%	1	5%	0	0%	0	0%	0	0%	2	2%
Mixed Other	0	0%	2	10%	0	0%	0	0%	0	0%	2	2%
Asian-Indian	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Asian-Pakistani	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Asian-Bangladeshi	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Asian-Other	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
Black-Caribbean	9	56%	0	0%	0	0%	0	0%	0	0%	9	9%
Black-African	6	38%	6	30%	0	0%	0	0%	0	0%	12	12%
Black-Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Chinese	0	0%	0	0%	25	100%	0	0%	0	0%	25	25%
Other	0	0%	10	50%	0	0%	2	9%	1	6%	13	13%
Total	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 63 - 16 Were you born in the UK?

Table 63	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	9	56%	1	5%	4	16%	0	0%	1	6%	15	15%
No	7	44%	19	95%	21	84%	22	100%	16	94%	85	85%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 64 - 17 If no, how long have you lived here?

Table 64	African-Caribbean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
< 1 Year	0	0%	1	5%	1	4%	4	18%	2	12%	8	8%
1-5 Years	1	6%	5	25%	5	20%	14	64%	5	29%	30	30%
6-10 Years	3	19%	4	20%	4	16%	3	14%	5	29%	19	19%
11 Years or more	7	44%	10	50%	15	60%	1	5%	4	24%	37	37%
No Response	5	31%	0	0%	0	0%	0	0%	1	6%	6	6%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 65 - 18 Are you a:

Table 65	African-Carribean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
British Citizen	12	75%	14	70%	20	80%	0	0%	5	29%	51	51%
Refugee	1	6%	0	0%	0	0%	0	0%	0	0%	1	1%
Asylum Seeker	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	3	19%	6	30%	3	12%	22	100%	11	65%	45	45%
No Response	0	0%	0	0%	2	8%	0	0%	1	6%	3	3%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 66 - 21 What is your religion?

Table 66	African-Carribean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
None	8	50%	1	5%	7	28%	0	0%	7	41%	23	23%
Christianity	4	25%	0	0%	17	68%	21	95%	3	18%	45	45%
Buddhist	0	0%	0	0%	1	4%	0	0%	0	0%	1	1%
Hindu	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Jewish	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
Muslim	3	19%	17	85%	0	0%	0	0%	0	0%	20	20%
Sikh	0	0%	1	5%	0	0%	0	0%	0	0%	1	1%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No Response	1	6%	0	0%	0	0%	1	5%	7	41%	9	9%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 67 - 22 How would you describe your sexuality?

Table 22	African-Carribean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Lesbian/Gay Woman	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Homosexual/Gay man	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual	14	88%	19	95%	16	64%	20	91%	16	94%	85	85%
Bisexual	1	6%	0	0%	0	0%	1	5%	0	0%	2	2%
No Response	1	6%	1	5%	9	36%	0	0%	1	6%	12	12%
Other	0	0%	0	0%	0	0%	1	5%	0	0%	1	1%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

Table 68 - 23 Do you have a disability?

Table 68	African-Carribean		Arabic Speaking		Chinese		Polish		Portuguese		Total	
Yes	0	0%	2	0%	1	4%	1	5%	0	0%	0	0%
No	16	100%	18	90%	24	96%	21	95%	17	100%	96	96%
No Response	0	0%	0	10%	0	0%	0	0%	0	0%	4	4%
TOTAL	16	100%	20	100%	25	100%	22	100%	17	100%	100	100%

4.2 Part II – Research with Service Providers

Table 69 - 1 What is your job?

Table 70	Psychiatrist	GP	Nurse	Approved Social Worker	Police Officer	Total
Number	7 29%	4 17%	4 17%	5 21%	4 17%	24 100%

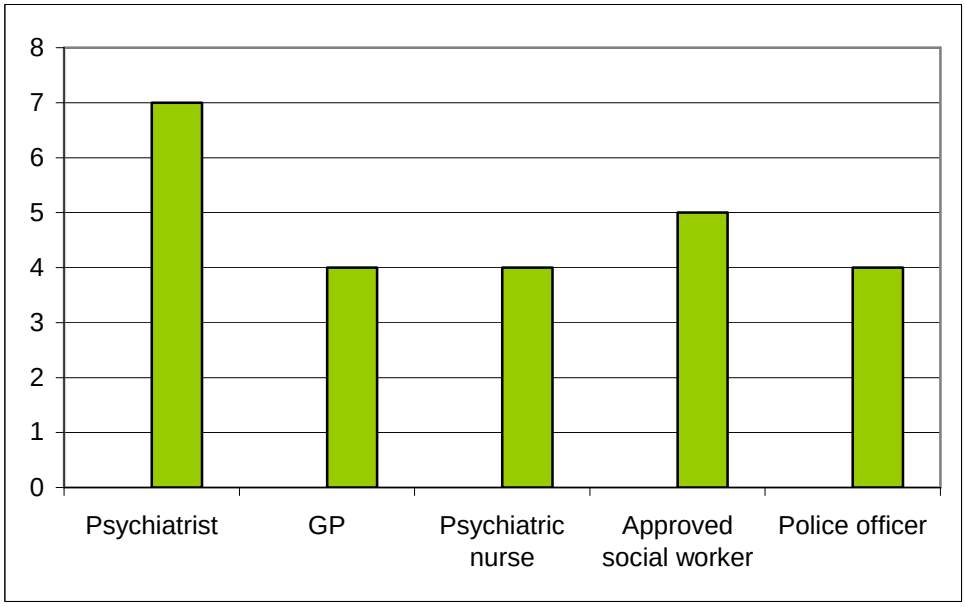

Figure 30 - 1 What is your job?

Table 70 - 2 Have you had any direct professional experience, in Dorset, with people from ethnic minorities in relation to mental illness?

Table 71	Psychiatrist		GP		Nurse		Approved Social Worker		Police Officer		Total	
A Lot	1	14%	0	0%	0	0%	0	0%	0	0%	1	4%
Some	3	43%	1	25%	4	100%	2	40%	2	50%	12	50%
A little	3	43%	3	75%	0	0%	3	60%	2	50%	11	46%
None	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

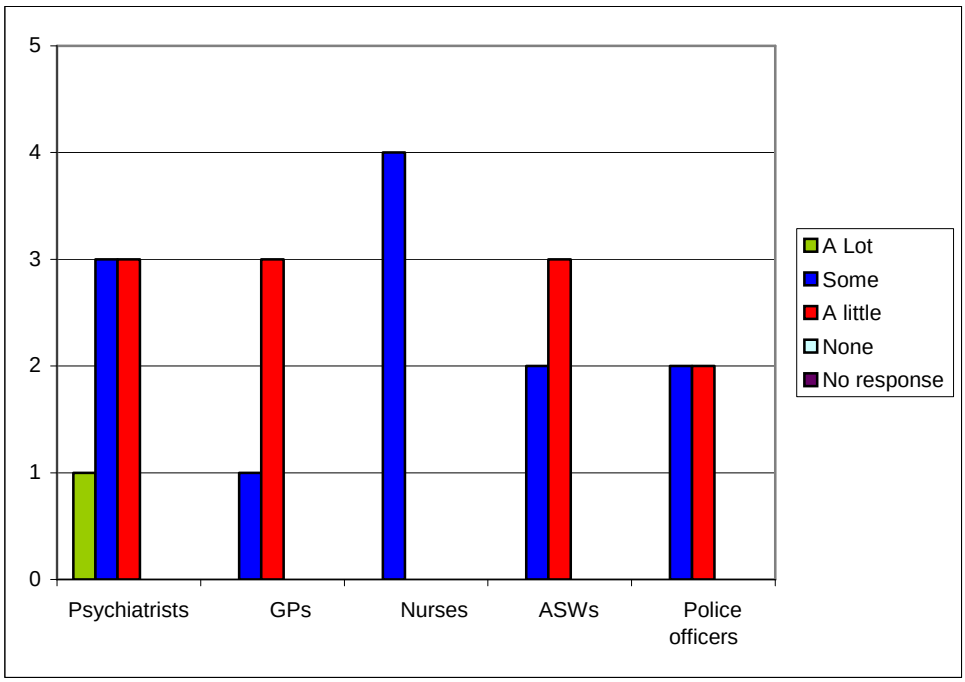

Figure 31 - 2 Have you had any direct professional experience, in Dorset, with people from ethnic minorities in relation to mental illness?

Table 71 - 3 Have you ever been professionally involved in the sectioning process of a person from an ethnic minority?

Table 72	Psychiatrist		GP		Nurse		Approved Social Worker		Police Officer		Total	
Yes	4	57%	0	0%	2	50%	5	100%	3	75%	14	58%
No	3	43%	4	100%	2	50%	0	0%	1	25%	10	42%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

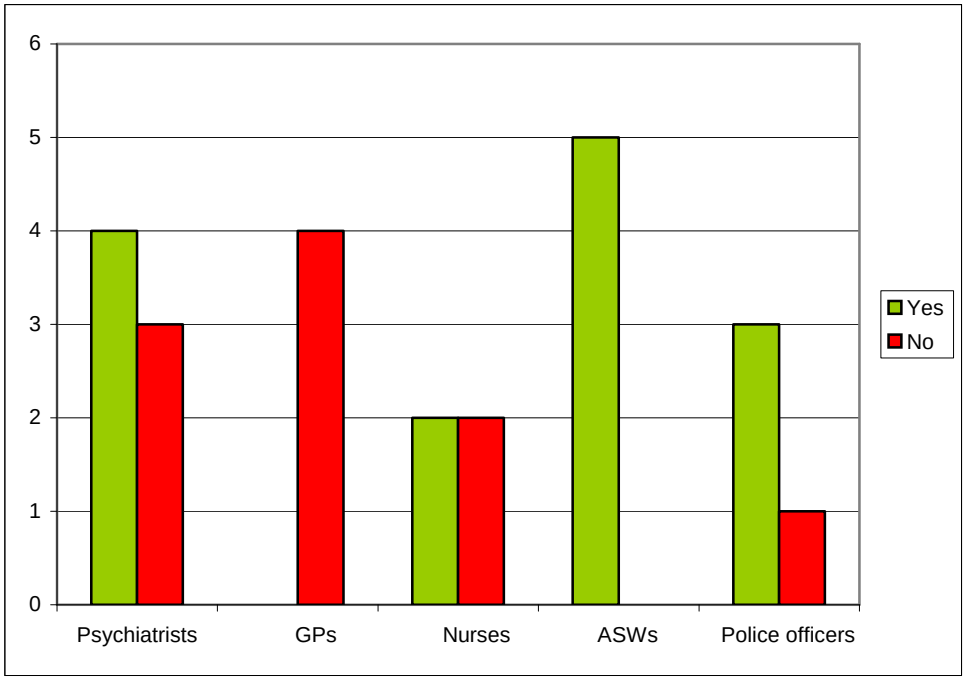

Figure 32 - 3 Have you ever been professionally involved in the sectioning process of a person from an ethnic minority?

Table 72 - 3b If YES, Which sections were you involved in? Please tick all that apply

Table 73	Psychiatrists		GP		Nurse		ASW/SW		Police		Total	
Section 2	4	57%	0	0%	2	50%	5	100%	0	0%	11	46%
Section 3	3	43%	0	0%	0	0%	1	20%	1	25%	5	21%
Section 135	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Section 136	1	14%	0	0%	0	0%	2	40%	2	50%	5	21%
Section 5	1	14%	0	0%	0	0%	0	0%	0	0%	1	4%

Note: respondents could tick as many answers as appropriate, so totals do not add up to 100%

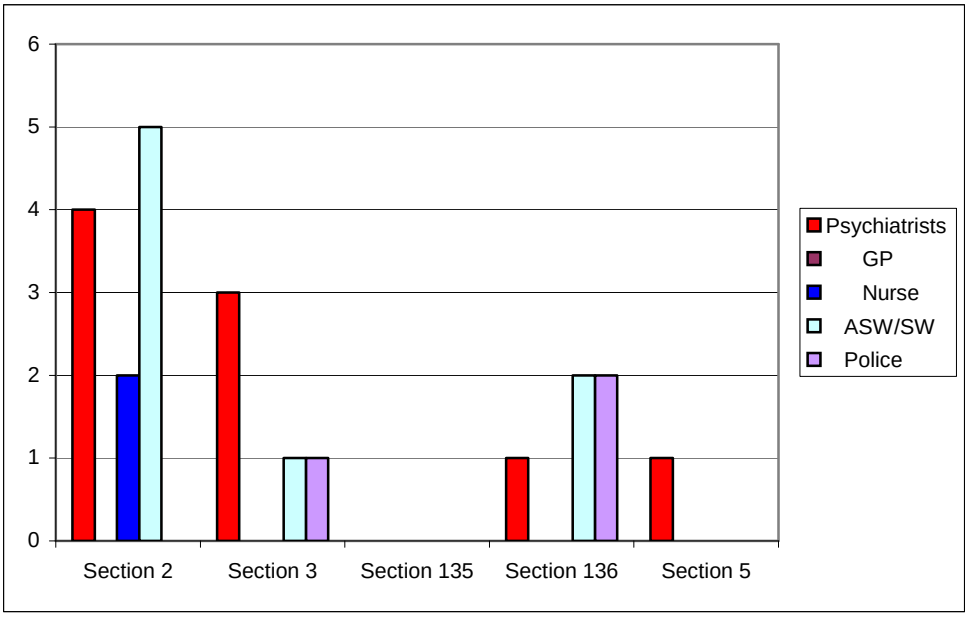

Figure 33 - 3b If YES, Which sections were you involved in?

Table 73 - Please tell us what was your involvement.

Table 74	Psychiatrist	GP	Nurse	Approved Social Worker	Police Officer	Total
Assessment	1	0	0	3	0	4
Medical recommendation	3	0	0	0	0	3
Detaining under s. 136	0	0	0	0	1	1
Referral for assessment	0	0	1	0	0	1
Risk assessment	0	0	0	0	1	1
Translation	0	0	1	0	0	1
Other	1	0	0	1	0	2

Table 74 - 4 a) Which of the following factors are barriers for people from ethnic minorities in accessing your services?

Table 75	Psychiatrist		GP		Nurse		Approved Social Worker		Police		Total	
Language	5	71%	3	75%	4	100%	5	100%	4	100%	21	88%
Fear	6	86%	1	25%	2	50%	4	80%	4	100%	17	71%
Not being understood	5	71%	3	75%	2	50%	3	60%	2	50%	15	63%
Lack of Knowledge	5	71%	0	0%	1	25%	5	100%	3	75%	14	58%
Bad experiences	4	57%	2	50%	3	75%	1	20%	4	100%	14	58%
Lack of Information	4	57%	0	0%	2	50%	4	80%	3	75%	13	54%
Lack of Trust	3	43%	2	50%	1	25%	2	40%	4	100%	12	50%
Immigration status	1	14%	2	50%	1	25%	2	40%	2	50%	8	33%
Discrimination	1	14%	0	0%	3	75%	1	20%	2	50%	7	29%
Racism	2	29%	0	0%	1	25%	1	20%	2	50%	6	25%
None	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%

Note: respondents could tick as many answers as they wished, so totals do not add up to 100%

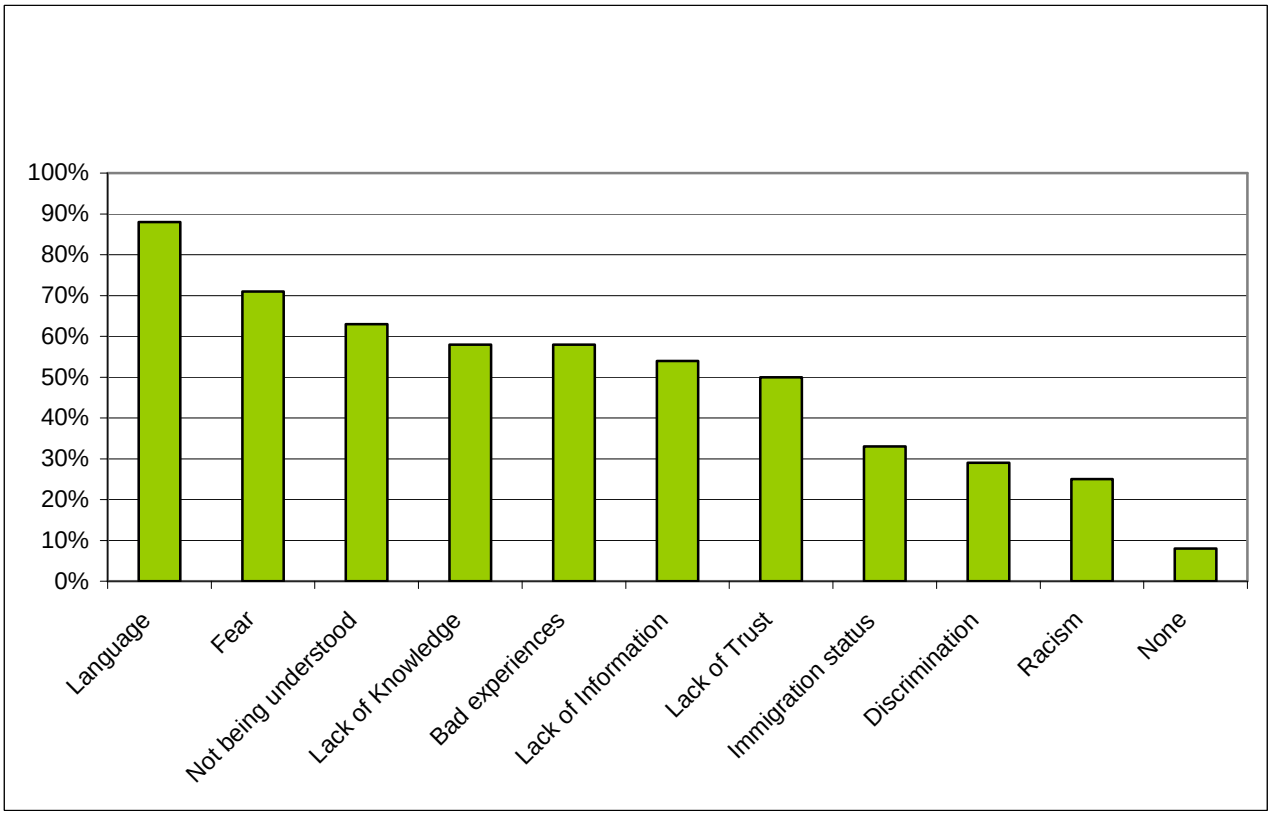

Figure 34 – 4 a) Which of the following factors are barriers for people from ethnic minorities in accessing your services?

Table 75 - b) Do you think any of these factors are significant in making a person from an ethnic minority more likely to be sectioned than treated voluntarily?

Table 76	Psychiatrists		GP		Nurse		ASW		Police		Total	
Yes	5	71%	1	25%	3	75%	2	40%	4	100%	15	63%
No	2	29%	2	50%	1	25%	3	60%	0	0%	8	33%
No Response	0	0%	1	25%	0	0%	0	0%	0	0%	1	4%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

Table 76 - If yes, please state which factors.

Table 77	Psychiatrists		GP		Nurse		ASW/SW		Police		Total	
Language	5	71%	1	25%	1	25%	0	0%	3	75%	10	42%
Fear	4	57%	1	25%	0	0%	0	0%	1	25%	6	25%
Lack of Knowledge	2	29%	1	25%	1	25%	0	0%	1	25%	5	21%
Bad experiences	2	29%	1	25%	1	25%	1	20%	4	100%	9	38%
Racism	2	29%	1	25%	0	0%	0	0%	1	25%	4	17%
Lack of Trust	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%
Lack of Information	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%
Immigration status	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%
Discrimination	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%
Not being understood	1	14%	1	25%	0	0%	0	0%	0	0%	2	8%
None	0	0%	0	0%	0	0%	1	20%	0	0%	1	4%

Note: respondents could tick as many answers as they wished, so totals do not add up to 100%

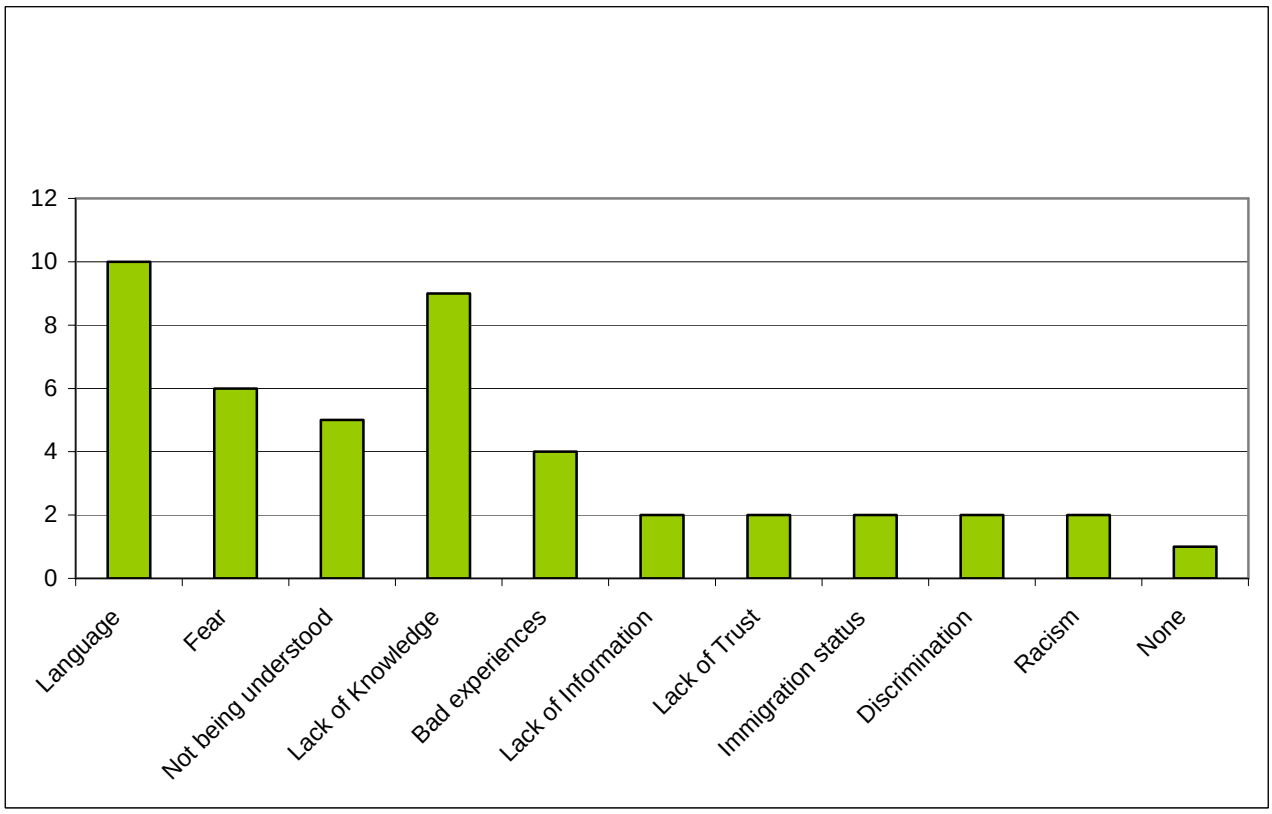

Figure 35 - 4 b) Do you think any of these factors are significant in making a person from an ethnic minority more likely to be sectioned than treated

voluntarily?

Selected Comments

'I think they could all contribute to delay in seeking/ getting help which could allow their health to deteriorate to the point of requiring sectioning' (GP)

'Professionals lack of knowledge regarding cultural/religious customs and practices' (Nurse)

'Language, barriers, unusual behaviours which is the norm in their country, bad experiences causing unusual behaviour due to fear and bad experiences' (Police Officer)

'All of the above, possible language difficulties and fear of consultation outcome. Being seen as mad would delay factors in seeking help and preventative action. Presentation in crisis adds to the probability of the individual being sectioned.' (Psychiatrist)

'I would like to think no. ASW undertaking an assessment, one would endeavour to interview in a suitable manner, that would include use of interpreters; trying to inform the person to increase their knowledge of the whys and wherefores of the assessments, in the limited time available trying to gain the persons trust and to seek the least restrictive course of action.' (Approved Social Worker)

Table 77 - 5 In relation to mental health, have you ever undertaken race equality training?

Table 78	Psychiatrist		GP		Nurse		ASW		Police		Total	
Yes	1	14%	0	0%	2	50%	5	100%	1	25%	9	38%
No	6	86%	4	100%	2	50%	0	0%	3	75%	15	63%
No Response	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

Figure 36 - 5 In relation to mental health, have you ever undertaken race equality training?

Table 78 - 5 b) If yes, how has this training impacted upon your work with people from ethnic minorities?

Table 79	Psychiatrists	GP	Nurse	ASW	Police
Greater awareness of cultural differences	1	0	0	3	0
Improved understanding	0	0	1	1	1

Selected Comments

'Reminding me to be mindful of cultural differences when assessing need and planning care.' (Nurse)

'Better understanding how a person might feel due to different culture and traditions' (Police)

'Training increased my awareness of cultural issues that may be barriers when working with people from BME. Careful consideration is given to alternatives to admission, use of trained interpreters if necessary and gender issues.' (Approved Social Worker)

Table 79 - 6 Do you think there are a disproportionate number of detained people from ethnic minorities in psychiatric hospitals in Dorset?

Table 80	Psychiatrists		GP		Nurse		ASW/SW		Police		Total	
Yes	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No	6	86%	2	50%	4	100%	4	80%	0	0%	16	67%
No Response	1	14%	2	50%	0	0%	1	20%	4	100%	8	33%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

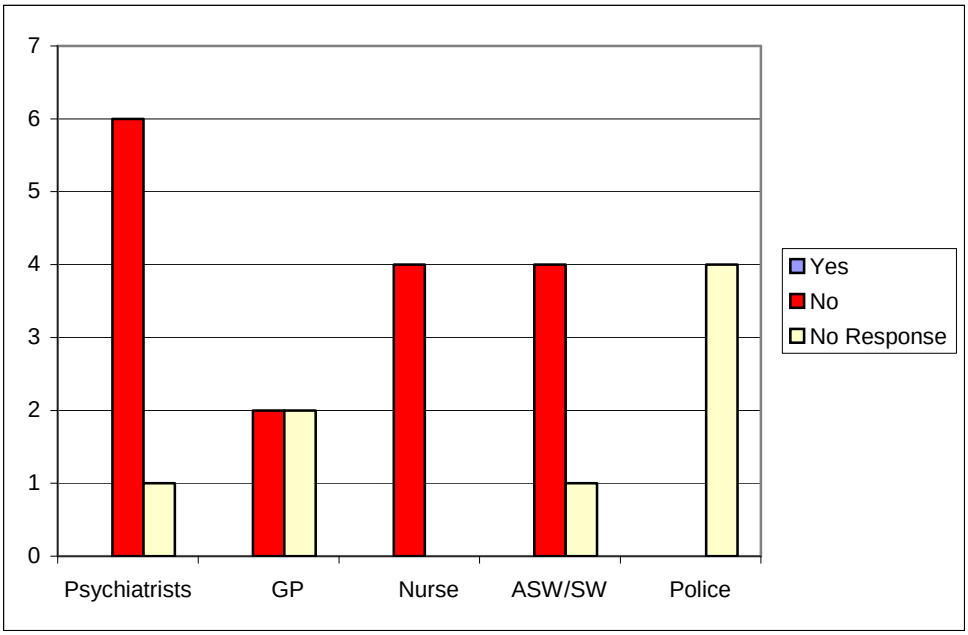

Figure 37 - 6 Do you think there are a disproportionate number of detained people from ethnic minorities in psychiatric hospitals in Dorset?

Table 80 - 7 In your experience what proportion of staff working in local psychiatric hospitals treat people from ethnic minorities with dignity and respect?

Table 81	Psychiatrist		GP		Nurse		ASW		Police		Total	
All	2	29%	0	0%	0	0%	1	20%	0	0%	3	13%
Most	5	71%	0	0%	3	75%	4	80%	0	0%	12	50%
About half	0	0%	0	0%	1	25%	0	0%	0	0%	1	4%
Less than half	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
None	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No Response	0	0%	4	100%	0	0%	0	0%	4	100%	8	33%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

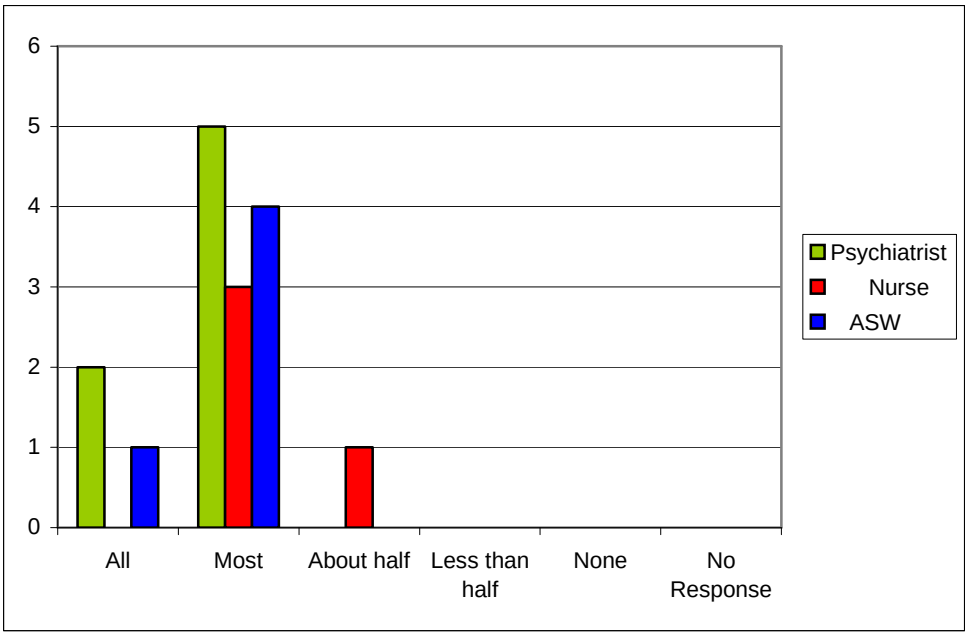

Figure 38 - 7 In your experience what proportion of staff working in local psychiatric hospitals treat people from ethnic minorities with dignity and respect?

Table 81 - 8 Please say whether you agree or disagree with the following statement.

"Fear or ignorance about the use of compulsory powers is a significant reason why people from ethnic minorities are unwilling to engage with mental health services."

Table 82	Psychiatrist		GP		Nurse		ASW		Police		Total	
Agree	2	29%	0	0%	0	0%	2	40%	1	25%	5	21%
Disagree	2	29%	1	25%	1	25%	1	20%	0	0%	5	21%
Neither agree nor disagree	3	43%	3	75%	3	75%	2	40%	3	75%	14	58%
TOTAL	7	100%	4	100%	4	100%	5	100%	4	100%	24	100%

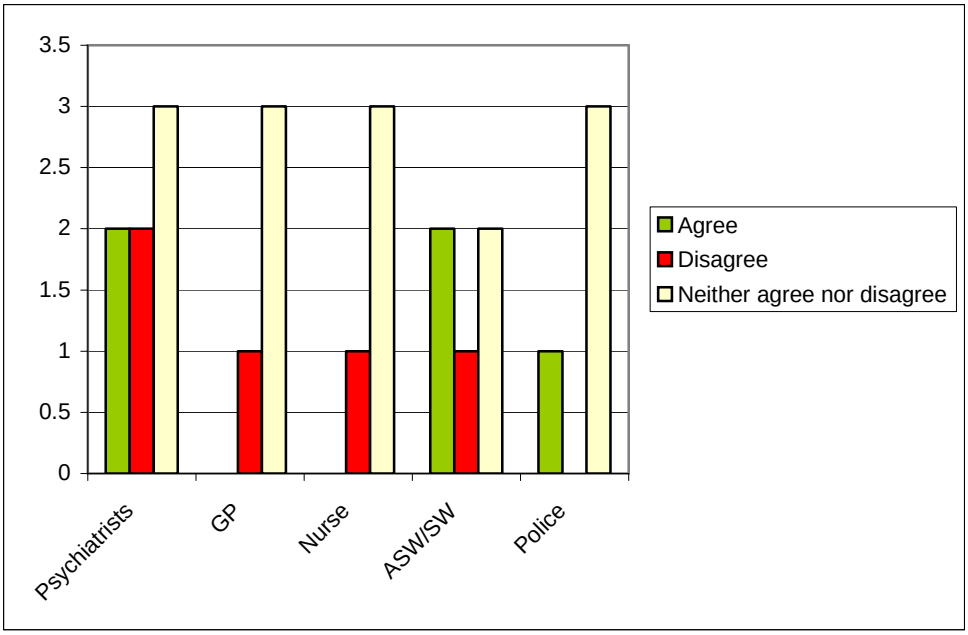

Figure 39 - 8 Please say whether you agree or disagree with the following statement:

"Fear or ignorance about the use of compulsory powers
is a significant reason why people from ethnic minorities are unwilling to engage with mental health services."

Please expand upon your answer. [all comments included]

'I have so far not been involved with the use of compulsory powers and I have never worked in Dorset mental health services. As a GP, I don't think people are afraid to attend the surgery any more than non-ethnic minorities' (GP)

'Not enough personal experience of knowledge to comment one way or another' (GP)

'Do not have sufficient experience in treating ethnic minority patients with mental health issues and am therefore unable to give an opinion' (GP)

'I feel that a percentage of BME persons will distance any agent of whatever services is attempting to engage with that person, whether mental health or police. I would use language line if appropriate to facilitate easier and more relaxing communication between myself and BME with mental health issues.' (Police)

'The patients I have seen have all been very willing to engage with me and mental health services. However, the vast majority of my patients are white British so I do not have much experience of working with ethnic minorities.' (Psychiatrist)

'Same as question 4. In addition stigma, fear of losing earnings and fear of repatriation are issues.' (Psychiatrist)

This applies to everyone, not just people from BME' (Psychiatrist)

'I think this would apply to some people of all backgrounds rather than only those from ethnic minorities.' (Psychiatrist)

'Sometimes this can be the case, but it is very dependent on country of origin. In general in Dorset, we do not see a lot of people from other ethnic backgrounds. I think the fear and ignorance can lead to lack of engagement with psychiatric services which often are considered stigmatised and unacceptable, rather than anything specially to do with compulsory powers.' (Psychiatrist)

'Because statistically they are more likely to be compulsorily detained (country wide) as I understand it.' (Approved Social Worker)

'Most people who are unwell share fear and ignorance regarding mental health services.' (Approved Social Worker)

'This statement could be valid in relation to people from BME. The use of compulsory powers is not generally understood by the public, many people fear use of such powers and early engagement with services can avoid such use. Therefore increased awareness and interventions suitable for BME should be available.' (Approved Social Worker)

'I wonder whether fear and ignorance about mental health is a great fear. As with the population as a whole - rather than the use of compulsory powers. To quote a client (B.M.E) 'it's a double whammy being stigmatised because of mental ill health and being stigmatised because of being mixed race.' (Approved Social Worker)

'Fear of mental health systems, the power of the legislation.' (Approved Social Worker)

5 Discussion

5.1 Part I – Community Research

Question 1
Have you heard of the following conditions?

Generally all communities showed a high level of awareness of mental health conditions. The African and Caribbean communities were the most informed about mental health issues, particularly about schizophrenia (100% recognition). The lowest recognition level was 52% of Chinese community who had not heard of manic depression. The most recognised condition was depression: 96% across all communities that took part in the study. The least recognised condition was manic depression, with 66% across all BME communities.

The reasons that awareness of mental health issues – which is reflected elsewhere in the results (see responses to Questions 6 and 8) - is much greater within the African and Caribbean communities are well worth further exploration. It may be that it reflects a greater degree of familiarity with the Western model of mental health, owing to longer residence within the U.K. and more members of this community having English as a first language.

Alternatively, given the greater use of compulsory powers within the African and Caribbean communities, it may be that this has led to a greater awareness of mental health conditions, particularly the more serious conditions.

Question 2
Do you think the following conditions could happen to you?

Generally most of the respondents did not think they would have any mental health problems with 13% regarded themselves with risk of schizophrenia and 16% risk of manic depression. Only 27% thought they might be at risk of Alzheimer's or dementia. The African and Caribbean communities showed a higher level of acceptance that they might suffer from manic depression, with 44% against an average of 16% for all sample communities. The highest level was for depression (53%) and the lowest level for schizophrenia (13%) across all communities.

The number of respondents who felt that they might suffer from Alzheimer's or dementia was low, and might reflect culturally different approaches to older persons within the family and community.

Question 3
If you were suffering from a depression would you to talk your doctor (GP) about it?

Most of the respondents would talk to their GP. The community at least likely to contact a doctor was the African and Caribbean community (63%), and the most likely to talk to a doctor was the Polish community (88%). It seemed that most of the respondents did not mind what kind of ethnic background the GP had as long as he/she was a professional, caring and understanding person with whom was easier to communicate (African and Caribbean community: 63%; Portuguese: 59%; Arabic speaking community: 35%). However, the Polish community showed the highest level of preference for a doctor from the same ethnic background, which could be because the sample was drawn from a population which was recently arrived in the UK.
An interesting finding was that African and Caribbean community showed the same % for contacting their own doctor or a doctor from their ethnic background. That might show that if a person had a good relationship with the GP he/she would not prefer to contact another doctor. On the other hand if a person found difficult to establish communication with her/his GP than she/he would prefer to talk to a doctor from their own ethnic background. However, other reasons to bear in mind were language barrier and cultural understanding.

Question 4 – If you were suffering from depression, would you:
a) Go to Hospital; b) Tell family member; c) Tell religious leader; d) Ask a friend for help; e) Keep it secret; f) Nothing; g) Others

As might be expected, people from BME communities placed a high value on the support of family and friends when dealing with mental health issues, with 90% across all communities answering 'Yes' or 'Maybe' to the question 'would you tell a family member'. Asking a friend was almost as popular, with 83% answering 'Yes' or 'Maybe'. One of the reasons given for not talking to a friend was that the respondent did not have a friend with whom they might share such an issue: this reflects a degree of social isolation within BME communities which may be a cause of mental health problems in itself.

Although most respondents would contact their GP (see responses to Question 3), most said 'No' for going to hospital when suffering from depression. An exception was shown by Chinese community where only 28% would not go hospital if had depression. Some people felt that hospital was not an appropriate place to go for treatment of depression. However, there might be other reasons, such as the way mental health services are offered or provided in their country of origin.

In general, most people would not turn to their religious leader for help with a mental health problem, with 6% of the Portuguese community responding 'Yes' to this question. The Chinese community (33%) were the most likely to talk to a religious leader. This result may challenge some views about the role of religious leaders within BME communities, and it should be borne in mind when developing strategies for community engagement in Bournemouth, Poole & East Dorset.

64% across all communities indicated that they would need some support even if it was not professional (family, friends). Relatively few respondents (7%) would do nothing to deal with their depression. This is an encouraging result, which indicates that people recognise that they may need help to deal with mental health problems.

Relatively few respondents suggested any other ways of dealing with depression, which is a surprising result: it might be expected that traditional or alternative medicine would be suggested. None of the respondents in the Polish or Chinese communities suggested any alternative possibilities, while those suggested by the 3 respondents from the Arabic Speaking community included help/advice line and talking to a Health Visitor.

Question 5
If you are suffering from mental illness, which professionals can help you?

There was quite a high level of understanding and acceptance of the Western Model of treatment of mental health problems. Virtually all respondents identified appropriate professionals, including psychologists, psychiatrists, GPs and counsellors. Other responses included alternative therapists.

Question 6
Do you know any mental health (support) services in Bournemouth, Poole & East Dorset?

35% of the studied communities knew of local mental health services with the highest level of awareness shown by the African and Caribbean community (63%), and the lowest by the Polish community (9%). Of those responding, most correctly identified local mental health services, although some identified learning disability services as mental health services.

The greater awareness of mental health issues among the African and Caribbean communities has already been commented on. The low level of awareness within the Polish community probably reflects the more recent arrival within the UK of most of the respondents.

Question 7
a) The police can remove you from your home if you appear to be mentally ill.
b) The police can remove you from a public place if you appear to be mentally ill.
c) People can be detained against their will if they are mentally ill.
d) People can be forced to take medication in a mental hospital.

The fact that the police can remove a person from his/her home under warrant or if delegated by an approved social worker was not widely known: the community with highest correct response "True" was the African and Caribbean community (56%) and the lowest was the Polish community (18%). This is not one of the more widely used or well known sections of the Mental Health Act, and uncertainty about this police power is not surprising.

On the other hand, there was generally good awareness of the police power to remove a person from a public place under section 136 of the Mental Health Act, with 69% believing it to be true across all communities. There was relatively little variation across the communities: 65% to 72%.

Most of the people that took part in the study believed that people could be detained, with an average of 55% correctly stating that it was true; the same percentage correctly stated that people could be forced to take medication in hospital.

Question 8
Have you heard of the term 'sectioning'?

Again, there was a high level of awareness within the African and Caribbean community, with 88% having heard of 'sectioning'. Most of those responding 'yes' showed a correct understanding that it was a process of detention for people with mental disorders. Awareness was lowest in the Polish community, with 5% having heard of the term. This may reflect the more recent arrival in the UK of these respondents. About one third of respondents from other groups had heard of the term.

Question 9
a) Would you contact a doctor/GP if someone very close to you were suffering from a mental illness?
b) Would you want the police to be involved if someone very close to you were suffering from a mental illness?
c) Would you want someone very close to you to be treated in a mental hospital if they were mentally ill?
d) Would you want social services (Community Mental Health Services) to be involved if someone very close to you were mentally ill?

Overall, respondents recognised that primary services, such as the GP, and secondary services, either in the community or in hospital, were appropriate for someone suffering from mental health problems. There was some uncertainty about the role of Social Services.

When asked about involving the Police, two thirds of respondents said 'No', they would not want the police to be involved, with reasons given including that it was not their role to deal with mental illness, and that they might make matters worse. Those responding 'Yes', included referrals to violence and protecting the community and the person involved.

Question 10
Would you have any fears about going into mental hospital?

This question referred to going into hospital as a patient, rather than as a visitor, and this was made clear to respondents. Overall, two-thirds of respondents expressed fear about going into a mental hospital, with the highest level of fear – 81% - expressed by the African-Caribbean respondents. A variety of reasons were cited: fear of other patients; uncertainty about treatment; stigma or the bad reputation of mental hospitals; fear of being locked up; of not being allowed to leave; and of medication:

> *'Yes. I do not know what will happen there. I am scared that they are not going to tell me what is wrong with me and what they are going to do with me.' (Arabic speaking)*

> *'I do not know. I saw a movie with Jack Nicholson and it scared me - how the patients were treated.' (Polish)*

> *'Being locked up is a fear of mine, fear of medications that I might be given.' (African-Caribbean)*

> *'Yes. I will be afraid, the doctor deciding which medicines I should take when I might not need them. I'm afraid to be drugged until I am unconscious. I do not trust them.' (Polish)*

These fears cover a variety of reasons, some of which are more valid than others. One of the main reasons cited was uncertainty, and this is something which should be addressed.

Question 11 - Imagine this scenario; you are a patient in a psychiatric hospital. What is your response to the following questions?

a) What would be your level of confidence in the medicines given to you?
b) What would be your level of confidence that you would be treated with dignity and respect?
c) What would be your level of confidence that staff would understand your cultural needs?
d) What would be your level of fear that doctors would not understand what is wrong with you?
e) What would be your level of fear that you would be treated with unnecessary physical force?
f) What would be your level of fear that you would not come out at all?

Of the six possible issues, the one in which respondents showed most concern was that they might be treated with un-necessary physical force, with 69% of respondents expressing high or total levels of fear. Next most significant was a fear that they might not be released, with 64% expressing high or total fear. Least concern was expressed about being treated with dignity and respect, with 44% expressing no or low confidence.

There were differences between the different groups, with the African-Caribbean respondents expressing most concern about staff understanding their cultural needs; the Arabic speaking and Portuguese respondents both most concerned about not being released; Chinese repsondents expressed most concern about being treated with unnecessary physical force; and Polish respondents most concerned about medication. However, there were high levels of concern across all categories, with an average over all communities of 56%.

Question 11.1
If you were in a psychiatric hospital, do you think staff would discriminate against you because of your ethnic background?

Overall, 60% responded 'Yes' or 'Maybe' to this question, with the highest proportion from African-Caribbean respondents, with 88% answering 'Yes' or 'Maybe'. The community least likely to think that staff would discriminate against them was the Polish, with 41% answering 'No'

Question 12
Do mental hospitals need improving for people from minority ethnic backgrounds? If so, how can they be improved?

Most respondents, from all communities, did make suggestions to improve mental hospitals for people from BME backgrounds, with recurrent themes of staff training and language support.

> *'Yes, education, education, education. Education of staff, professionals. Communication with service users. Let service users have more advocates let them have more say - human rights.' (African-Caribbean)*

> *'Yes. It is important to know about ethnic minorities. Short courses, professional training, even watching movies about different religions and culture will be helpful. Doctors and nurses have to know more about cultural background of their patients.' (Arabic speaking)*

> *'Yes. Translators, Interpreters - If the people do not understand they will experience fear.*

There were some positive comments from respondents:

> *'I know some young people who go to St Ann's and I never heard anything bad about … they have been treated fine.' (Portuguese)*

> *'I was surprised that my friend could practise her religion there, she was allowed to go to the shops. That was good. I really do not know what can be improved in mental hospital.' (Arabic speaking)*

Others with personal experience were less positive, with one respondent who had visited St Ann's commenting that:

> *'I went to visit somebody in St. Ann's hospital - I would prefer to die than to go there and to be treated like her.' (Arabic speaking)*

A further recurrent theme was for patient centred care:

> *'Yes. Possibly from understanding more about these people's backgrounds all people are different and they need to understand this. Have less pre-conceived ideas about people from these backgrounds.' (African-Caribbean)*

> *'Doctors and staff in these hospitals should not be employed for their diploma or certificates but how good they interact and deal with patients.' (Polish)*

> *'Staff have to understand that people have different need. Basically to treat everybody with respect.' (Polish)*

> *'They need to know the patient first, then get treatment correctly. Make sure that the patient has confidence before taking the treatment.' (Chinese)*

5.2 Part II – Service Provider Research

Question 1
What is your job?

Respondents were chosen from five categories: psychiatrists, GPs, psychiatric nurses, social workers and the police. These reflect the professions with statutory powers and roles under the Mental Health Act 1983. The numbers of respondents in each category were:

Psychiatrists	7 respondents
GPs	4
Psychiatric nurses	4
Approved social workers	5
Police officers	4

Question 2
Have you had any direct professional experience, in Dorset, with people from ethnic minorities in relation to mental illness?

All respondents had some experience of working with people from ethnic minorities, although only one respondent, a psychiatrist, had 'a lot' of experience. 50% overall had 'some' experience, with 46% replying that they had 'a little'. This is probably due to the relatively low BME population within Bournemouth, Poole & East Dorset.

Question 3
Have you ever been professionally involved in the sectioning process of a person from an ethnic minority?

None of the GPs had been professionally involved in sectioning a person from an ethnic minority, but there was significant experience in all other categories, with more than half answering 'yes'. All the approved social workers had professional experience, which reflects their principal professional role.
The sections of the Act in which different professionals were involved tended to reflect their different roles, with psychiatrists providing medical recommendations and approved social workers involved in sections 2 and 3. Two of the police officers had detained a person from an ethnic minority under section 136 (Mentally disordered persons found in public places).

Question 4
a) Which of the following factors are barriers for people from ethnic minorities in accessing your services?
b) Do you think any of these factors are significant in making a person from an ethnic minority more likely to be sectioned than treated voluntarily?

Professionals generally saw communication issues – language (88%), not being understood (63%) and lack of knowledge (58%) – featuring as barriers to people from ethnic minorities accessing services. However, fear (71%) and bad experiences (58%) also featured strongly, suggesting that professionals recognise these as significant factors. Racism (25%) and discrimination (29%) were not seen as major barriers to people accessing mental health services.

Professionals saw these issues as significant in increasing the rate of detention, as opposed to voluntary treatment: 63% overall responded 'yes'. Again, issues around understanding, knowledge and communication were seen as key.

Question 5
In relation to mental health, have you ever undertaken race equality training?

Although none of the GPs or police officers had undertaken race equality training related to mental health, this was not unexpected. It was surprising that so few psychiatrists had undertaken race equality training, and that 50% of nurses had no race equality training, particularly given that this training is mandatory. All approved social workers had undergone training as part of their professional qualification.
When asked about the impact of training, most respondents referred to improved understanding and awareness of cultural issues. Given the importance, in the view of professionals, of understanding in mental health services, this demonstrates the importance of training .

Question 6
Do you think there are a disproportionate number of detained people from ethnic minorities in psychiatric hospitals in Dorset?

None of the respondents answered 'yes' to this question, although 8 (33%) did not respond.

Question 7
In your experience what proportion of staff working in local psychiatric hospitals treat people from ethnic minorities with dignity and respect?

Of those with direct experience of local mental health services – psychiatrists, nurses and approved social workers – 3 responded 'all' and 12 (75%) answered 'most'. One (25%) of the nurses – who would have the most direct experience of how patients are treated in hospital – answered 'about half'.

Question 8
Please say whether you agree or disagree with the following statement.
"Fear or ignorance about the use of compulsory powers is a significant reason why people from ethnic minorities are unwilling to engage with mental health services."

Most respondents (58%) neither agreed or disagreed with the statement, with equal percentages – 21% - agreeing and disgreeing. When asked to comment further, a number of respondents noted that they did not have enough experience of working with people from ethnic minorities to be able to give an answer. Others noted that fear or ignorance about the use of compulsory powers was not a BME specific issue. One psychiatrist noted that:

> *'The patients I have seen have all been very willing to engage with me and mental health services. However, the vast majority of my patients are white British so I do not have much experience of working with ethnic minorities.' (Psychiatrist)*

5.3 Conclusions

Research with members of BME communities

- There were significant variations in the level of awareness of mental health. between difference communities. The African-Caribbean community showed the greatest awareness of mental health conditions, as well as of statutory powers.
- BME communities placed a high value on family and friends as sources of support when suffering from mental health problems.
- Most respondents would seek help in some form if they were suffering from a mental health problem.
- Most respondents recognised that GPs were the first point of contact and were willing to engage with them.
- Most respondents would be willing to engage with community mental health services if someone close to them were suffering from a mental health problem.
- Relatively few respondents would turn to their religious leaders for support
- Respondents expressed high levels of fear of entering mental hospital. Respondents cited uncertainty, fear of other patients and stigma as sources of fear.
- When asked about individual factors which might be sources of fear, respondents showed a low level of confidence in medication; in staff's understanding of cultural issues; and in doctors. They also expressed high levels fear of being treated forcibly and of being detained indefinitely.
- About a quarter of respondents overall thought that staff would discriminate against them in hospital.
- Respondents identified language issues and training as the main ways of improving mental health services for people from BME communities.

Research With Service Providers

- Professionals identified language, fear and not being understood as the main barriers to people from BME communities accessing mental health services.
- Few of the mental health professionals responding had undertaken race equality training.
- Professionals did not see racism and discrimination as major barriers to people accessing services.
- Professionals did not think there was a disproportionate number of people from BME communities detained under the Mental Health Act locally.

5.4 Reflection

The project took place within a short time-scale – nine months from the first training workshop to submission of the final report – and this has meant a steep learning curve for all of us: we were supported by Joanna, our support worker from UCLan, and by the tutors at the training workshops we attended in Exeter and Portsmouth. There was also a support group facilitated by CSIP, which met quarterly. However, it would have been supportive for the team members to have formed closer links with other members of other Community Engagement Project teams within the South-West.

As members of a team which came from very diverse backgrounds, we felt that we worked well together, and we formed friendships which we hope will last beyond the project. There were moments of dispute, which at one point threatened to have an effect upon the project, but the team came together to handle such issues.

Designing the research tools – the first such experience for most of us – took us much longer than we originally thought it would: this was in part due to the difficult subject matter. Piloting and discussing the research with more experienced researchers led to major changes to our approach at a later stage of the research project than we would have wished.

Getting in touch with and engaging with local communities and individuals was, perhaps, the part of the project which posed the least practical problems. Virtually all people we approached were only too willing to help, and gave freely of their time.

One issue that was not anticipated was the necessity to receive ethical approval from the local NHS ethics committee for the service provider phase of the project. This approval was needed in addition to the approval received from UCLan for the research carried out with local BME communities. The NHS approval procedure added a significant extra burden to the project.

7 Recommendations

I The findings from this report – particularly the high levels of fear within BME communities – should be passed on to clinical staff working in local mental health services.

It appears from this research that there is a 'perception gap' between members of local BME communities and service providers, and it is important that service providers are aware of the findings of this project.

II Robust mechanisms must be put in place to ensure that all clinical staff – including psychiatrists – receive race equality and cultural awareness training tailored to mental health.

It is current policy for all staff working in mental health in the local area to receive race equality training. However, it is clear that this policy is not being implemented, and that a significant number of mental health professionals – particularly psychiatrists – are not receiving this training. This is a matter which needs attention.

III Local mental health services should promote a positive image by organising community events and open days.

Mental health services – particularly in-patient services – have done little to promote a positive image of themselves, either on a national or local basis. This report shows considerable levels of fear regarding secondary mental health and in-patient services, and this is something which should be addressed.

IV Information about mental health services should be provided in easy to read formats and in other languages.

Issues around language, understanding and communication were highlighted by both members of BME communities and service providers as barriers to access to services. These barriers should be addressed by providing local information in appropriate formats.

V Local BME communities should be empowered by training and supporting 'Community Champions' to act as channels for accurate and up-to-date information.

A further way of improving the quality of information and communication between service providers and local communities would be to support community members to act as 'Community Champions', with access to support and training.

Appendix 1

1.1 Community Questionnaire

Dorset Mind Community Engagement Project

1 Have you heard of the following mental health conditions?

	Yes		No	
Anxiety	☐	001	☐	002
Depression	☐	003	☐	004
Anorexia	☐	005	☐	006
Schizophrenia	☐	007	☐	008
Manic depression	☐	009	☐	010
Post natal depression	☐	011	☐	012
Dementia or Alzheimer's	☐	013	☐	014
Obsessive Compulsive Disorder	☐	015	☐	016

2 Do you think that any of the following conditions could possibly happen to you?

	Yes		No		Don't Know	
Anxiety	☐	017	☐	018	☐	019
Depression	☐	020	☐	021	☐	022
Anorexia	☐	023	☐	024	☐	025
Schizophrenia	☐	026	☐	027	☐	028
Manic depression	☐	029	☐	030	☐	031
Post natal depression	☐	032	☐	033	☐	034
Dementia or Alzheimer's	☐	035	☐	036	☐	037
Obsessive Compulsive Disorder	☐	038	☐	039	☐	040

3 If you were suffering from a depression would you to talk your doctor (GP) about it?

Yes	☐	041
No	☐	042
Don't know	☐	043

Why?

_____

_____

a) If yes, would you prefer to talk to:

Your doctor	☐	044
A doctor from your ethnic background	☐	045
Either	☐	046

Why?

_____

_____

4 If you were suffering from depression would you:

a) Go to hospital

Yes	☐	047
No	☐	048
Maybe	☐	049

Can you tell me more?

_____

_____

b) Tell family member

Yes	☐	050
No	☐	051
Maybe	☐	052

Can you tell me more?

_____

_____

c) Tell religious leader

Yes	☐	053
No	☐	054
Maybe	☐	055

Can you tell me more?

_____

_____

d) Ask friend for help

Yes	☐	056
No	☐	057
Maybe	☐	058

Can you tell me more?

_____

_____

e) Keep it secret

Yes	☐	059
No	☐	060
Maybe	☐	061

Can you tell me more?

_____

_____

f) Nothing

Yes	☐	062
No	☐	063
Maybe	☐	064

Can you tell me more?

_____

_____

g) Others (please specify)

_____

_____

_____

5 If you are suffering from mental illness, what professionals can help you?

_____

_____

6 Do you know any mental health (support) services in Bournemouth, Poole & East Dorset?

Yes	☐	065
No	☐	066

If yes, please specify:

_____

_____

7 Please say whether the following are true or false:

a) The police can remove you from your home if you appear to be mentally ill.

True	☐	067
False	☐	068
Don't know	☐	069

b) The police can remove you from a public place if you appear to be mentally ill.

True	☐	070
False	☐	071
Don't know	☐	072

c) People can be detained against their will if they are mentally ill.

True	☐	073
False	☐	074
Don't know	☐	075

d) People can be forced to take medication in a mental hospital.

True	☐	076
False	☐	077
Don't know	☐	078

8 Have you heard of the term 'sectioning'?

Yes	☐	079
No	☐	080

If 'Yes', what would happen if you were sectioned?

_____

_____

9 a) Would you contact a doctor/GP if someone very close to you were suffering from a mental illness?

Yes	☐	081
No	☐	082
Maybe	☐	083

Why?

_____

_____

b) Would you want the police to be involved if someone very close to you were suffering from a mental illness?

Yes	☐	084
No	☐	085
Maybe	☐	086

Why?

_____

_____

c) Would you want someone very close to you to be treated in a mental hospital if they were mentally ill?

Yes	☐	087
No	☐	088
Maybe	☐	089

Why?

_____

_____

d) Would you want social services (Community Mental Health Services) to be involved if someone very close to you were mentally ill?

Yes	☐	090
No	☐	091
Maybe	☐	092

Why?

_____

_____

10 Would you have any fears about going into mental hospital?

Yes	☐	093
No	☐	094
Don't know	☐	095

Please expand on your answer.

_____

_____

_____

_____

11 Imagine this scenario; you are a patient in a psychiatric hospital. What is your response to the following questions?

a) What would be your level of confidence in the medicines given to you?

No confidence	☐	096
Low confidence	☐	097
High confidence	☐	098
Total confidence	☐	099
Don't know	☐	100

b) What would be your level of confidence that you would be treated with dignity and respect?

No confidence	☐	101
Low confidence	☐	102
High confidence	☐	103
Total confidence	☐	104
Don't know	☐	105

c) What would be your level of confidence that staff would understand your cultural needs?

No confidence	☐	106
Low confidence	☐	107
High confidence	☐	108
Total confidence	☐	109
Don't know	☐	110

d) What would be your level of fear that doctors would not understand what is wrong with you?

No fear	☐	111
Low fear	☐	112
High fear	☐	113
Total fear	☐	114
Don't know	☐	115

e) What would be your level of fear that you would be treated with unnecessary physical force?

No fear	☐	116
Low fear	☐	117
High fear	☐	118
Total fear	☐	119
Don't know	☐	120

f) What would be your level of fear that you would not come out at all?

No fear	☐	121
Low fear	☐	122
High fear	☐	123
Total fear	☐	124
Don't know	☐	125

11.1 If you were in a psychiatric hospital, do you think staff would discriminate against you because of your ethnic background?

Yes	☐	126
No	☐	127
Maybe	☐	128
Don't know	☐	129

12 Do mental hospitals need improving for people from minority ethnic backgrounds? If so, how can they be improved?

_____

_____

_____

_____

_____

_____

_____

13 How old are you?

15 or under	
16 – 18	☐ 130
19 – 21	☐ 131
22 – 24	☐ 132
25 – 29	☐ 133
30 – 39	☐ 134
40 – 49	☐ 135
50 +	☐ 136

14 What is your Gender?

Male	☐ 137
Female	☐ 138
Transgendered or transsexual	☐ 139

15 How would you describe your Ethnicity?

White	British	☐ 140
	Irish	☐ 141
	Other (please specify) _____	
Mixed	White and Black Caribbean	☐ 142
	White and Black African	☐ 143
	White and Asian	☐ 144
	Other (please specify) _____	
Asian or Asian British	Indian	☐ 145
	Pakistani	☐ 146
	Bangladeshi	☐ 147
	Other (please specify) _____	
Black or Black British	Caribbean	☐ 148
	African	☐ 149
	Other (please specify) _____	
Chinese	Chinese	☐ 150
Other	Other (please specify) _____	

16 Were you born in the UK?

Yes	☐ 151
No	☐ 152

17 If no, how long have you lived here?

Less than 1 year	☐ 153
1 – 5 years	☐ 154
6 – 10 years	☐ 155
11 years or more	☐ 156

18 Are you a:

- British Citizen ☐ 157
- Refugee ☐ 158
- Asylum Seeker ☐ 159
- Other (please specify) _____

19 What is your first language?

Spoken: _____

Written: _____

20 Which languages are you fluent in?

Spoken: _____

Written: _____

21 What is your religion?

- None ☐ 160
- Christianity ☐ 161
- Buddhist ☐ 162
- Hindu ☐ 163
- Jewish ☐ 164
- Muslim ☐ 165
- Sikh ☐ 166
- Other (please specify) _____

22 How would you describe your sexuality?

- Lesbian or gay woman ☐ 167
- Homosexual or gay man ☐ 168
- Heterosexual or straight ☐ 169
- Bisexual ☐ 170
- Do not wish to answer ☐ 171
- Other (please specify) _____

23 Do you have a disability?

- Yes (please explain)_____
- No ☐ 172

Appendix 2

2.1 Service Providers Questionnaire

Dorset Mind Community Engagement Project

This questionnaire relates to the Dorset area only.

Delivering race equality in mental health care (DRE) describes minority ethnic status as including "Irish or Mediterranean origin and east European migrants" (Department of Health, 2005).

1. What is your job?

_____

2. Have you had any direct professional experience, in Dorset, with people from ethnic minorities in relation to mental illness?

A lot	☐	501
Some	☐	502
A little	☐	503
None	☐	504

3. Have you ever been professionally involved in the sectioning process of a person from an ethnic minority?

Yes	☐	505
No	☐	506

If YES, Which sections were you involved in? Please tick all that apply.

Section 2	☐	507
Section 3	☐	508
Section 135	☐	509
Section 136	☐	510

Any other sections (please specify)

_____

Please tell us what was your involvement.

_____

_____

4. a) Which of the following factors are barriers for people from ethnic minorities in accessing your services?

Language	☐	511
Fear	☐	512
Lack of knowledge	☐	513
Bad experiences	☐	514
Racism	☐	515
Lack of trust	☐	516
Lack of information	☐	517
Immigration status	☐	518
Discrimination	☐	519
Not being understood	☐	520
None	☐	521

Other (please specify)_____

b) Do you think any of these factors are significant in making a person from an ethnic minority more likely to be sectioned than treated voluntarily?

Yes	☐	522
No	☐	523

If yes, please state which factors.

_____

_____

5. In relation to mental health, have you ever undertaken race equality training?

Yes	☐	524
No	☐	525

If yes, how has this training impacted upon your work with people from ethnic minorities?

_____

_____

_____

6. Do you think there are a disproportionate number of detained people from ethnic minorities in psychiatric hospitals in Dorset?

Yes	☐	526
No	☐	527

If YES, why do you think this is?

_____

_____

_____

7. In your experience what proportion of staff working in local psychiatric hospitals treat people from ethnic minorities with dignity and respect?

All	☐	528
Most	☐	529
About half	☐	530
Less than half	☐	531
None	☐	532

8. Please say whether you agree or disagree with the following statement:

"Fear or ignorance about the use of compulsory powers is a significant reason why people from ethnic minorities are unwilling to engage with mental health services."

Agree	☐	533
Disagree	☐	534
Neither agree nor disagree	☐	535

Please expand upon on your answer.

Thank you for your time.

Appendix 3

3.1 Ethical Approval Submission to UCLan

Name of Group	Dorset Mind/UCLAN Community Engagement Project
Address	11 Shelley Road, Bournemouth
Name of Support Worker	Joanna Hicks
Date	3rd August 2006

What type of work does the group intend to do as part of the project?	To carry out community research into attitudes and perceptions of the use of statutory powers in mental health among the BME community. This will be based on the 12 characteristics identified in the DH Delivering Race Equality in mental health care document (p19). In particular, the work will seek to explore issues of fear, with a view to feeding in to strategies which may reduce fear of MH services in the future. The key question to be asked in this study is: ***Is fear or ignorance about the use of compulsory powers a significant reason why people from BME communities are unwilling to engage with MH services?*** The project will talk to people from BME communities and people who provide mental health services to BME communities

How do they intend to do this?	A Community Research The work will be carried out through structured interviews, following a questionnaire format. The majority of questions will be closed, with some open questions to allow for deeper exploration of certain topics. 4 key themes will be explored: What do people know about the mental health act? What do people think might happen under it? Does it stop people seeking help for mental health problems? What types of condition does it cover? 100 respondents from target groups will be interviewed, using questionnaires for completion with a trained researcher. B Service Providers 20 service providers will be questioned, using self completion questionnaires. In addition, one-to-one interviews may be arranged.
Who will the respondents be?	A Community Research Respondents will be from BME communities in Bournemouth, Poole & Dorset. The aim of the research is to find out about attitudes within the communities as a whole, so users of mental health services will not be targetted. This method has been discussed with and approved by the steering group, which includes local mental health commissioners, as well as the Race Equality Lead. Respondents will be over 18. Owing to the nature of the target area, groups of 20 from five specific BME backgrounds will be interviewed, to include people born in the UK and elsewhere. The communities to be targetted are Polish, African-Caribbean, Portuguese, Arabic speaking and Chinese. B Service Providers These will be GPs, the police, psychiatrists, psychologists, psychiatric nurses and specialist teams. They will be accessed through local contacts. We have approached the local NHS trusts regarding ethical approval.

Who will they get to do the work?	The work will be carried out by the CEP team. These are six people from local BME communities, who have received training in Community Research and Mental Health. The workers' backgrounds include Jordan, Sudan, Gambia, Nicaragua, Bulgaria and Hong Kong.
Where will they undertake the work?	The work will be carried out in public and community venues in Bournemouth, Poole & Dorset. Venues will be preferably those which are already used by or are easily accessible to members of BME commmunities, such as community centres. Other venues may be used as appropriate, but home visits will not be undertaken. Venues used will be assessed for suitability, bearing in mind considerations of risk, privacy and the need for confidentiality and access.
How will those who are doing the work be supported and supervised?	The CEP Team is led by the Executive Officer for Dorset Mind, under the management of the responsible Trustee. The CEP Team meets weekly with the Team Leader, who is also available for other meetings with team members as required. All members of the CEP Team will receive full training from UCLAN, as well as induction training from Dorset Mind. CEP Team members are paid £11.00 per hour while working on the project, as well as travel and subsistence expenses as appropriate. As staff members for Dorset Mind, CEP Team members will have managerial supervision and access to counselling, if required. The support worker visits the project on a fortnightly basis.
How will they ensure that participants in the project have given consent? You should have an information sheet about the project which is read out and given to potential participants which explains to them (a) what the project is about (b) that participation is voluntary (c) what will happen to the information that they provide (d) that they can stop the	An information sheet will be prepared covering these points

interview at any time and (e) that they do not have to answer any questions that they do not want to.	
Please enclose the information sheet and confirm that it addresses issues (a), (b),(c), (d) & (e) above	Attached. Confirm points a-e covered.
How will the project ensure confidentiality? Note: you will not usually need to know (or collect) the names and addresses of respondents? If you know them already, or if you are going to ask people their names as a matter of courtesy, these should not be recorded on the questionnaires or the notes that relate to the interview. Note: you cannot guarantee confidentiality to anyone taking part in a focus group. You can request that people keep things within the group, but you cannot guarantee that they will. This must be made clear to people who agree to participate in the focus groups.	Names and addresses of respondents will not be recorded, nor any other information (such as post-codes) which might inadvertently reveal a persons identity. Data from the interviews will be analysed and presented in such a way as to preserve anonymity. If qualitative information relating to an individual is used, care will be taken to preserve anonymity. Particular attention will be paid to information which may reveal a person's identity without giving their name: given the nature of the target areas, it is possible that anonymised information, such as locality, age and ethnicity may inadvertently disclose a person's identity, and care will be taken to ensure that such information is not disclosed. Respondents asking for further information, feedback or a copy of the final report will be invited to provide their name and address separately for inclusion on a mailing list. Team members will be given training in Dorset Mind's confidentiality policy. No focus groups will be conducted as part of this project.
How will data generated by the project be handled and stored?	Interview records will be kept in Dorset Mind's office, in a locked cabinet, for the duration of the project. CEP Team members will keep their field notes and interview records securely until they can be transferred to this location. Data from the project will not be passed to any third party. All data from the project will be destroyed, using the NHS confidential waste system, upon completion of the project.

What risks are there? How will risks be identified and managed?	Risks to Team Members. Personal safety: all team members will receive training and guidelines on safe working in the community: this will include breakaway training; issue of alarms; and a checking system to ensure that workers return safely. Team members will not undertake community work on their own: members will work in male-female pairs when undertaking research: this will also provide some protection against allegations from respondents. All research will be carried out in public or community venues: no home visits will be carried out. All venues will be risk assessed before any research is carried out. Where possible, research will be carried out in daylight/office hours. Clinical supervision, on a counselling model, is made available to all staff members at Dorset Mind: this will also be made available for team members, who will also have access to peer support.
Note: you need to think about risks to researcher and volunteers and risks to participants. For some people, simply taking part in the research may be a risk (e.g. if the parent of a young Muslim woman finds out that she has been talking to someone about drugs). For others, particular situations may be risky (e.g. if you are using ex-drug users to work on the project, are you putting them at risk of relapse by asking them to go back into situations where drugs are being sold or used? If something gets stolen from an office, will they get blamed for it< (regardless of whether or not they did it) because everyone knows they are a drug user? Are the interviewees particularly vulnerable or frail? Are interviewers likely to be	Risks to Respondents The team members will ensure that all respondents are fully aware of the nature and scope of the research before volunteering to participate. Respondents will have a written statement of their right to end the interview at any time, their right not to answer any individual question; as well as background to the project; the ground rules to the interview process; and their right to complain to Dorset Mind. Interviewing will be according to a pre-determined set of questions, to avoid raising questions that may provoke an adverse response in respondents. The project will not be targetting service users: however, current or previous service users will not be excluded. Team members will be trained to recognise signs of discomfort or unwillingness to continue with the interview, and how to proceed in those circumstances. In the event that respondents become distressed, Dorset Mind will provide signposting to appropriate follow up services. Team members will discuss the scope and nature of the interview with community representatives to ensure that any cultural issues are raised before starting any interviews in that community.

vulnerable to allegations of misconduct?	Dorset Mind carries full employers' liability and public liability insurance.
Are the risks of carrying out or participating in individual interviews different from those of taking part in or running a focus group? They probably are, and you need to show that you have thought about and addressed this.	No focus groups being conducted as part of this project.
THIS IS ONE OF THE MOST IMPORTANT SECTIONS OF THE FORM. YOU MUST THINK CAREFULLY ABOUT WHAT THE POSSIBLE RISKS ARE AND WHAT STEPS CAN BE TAKEN TO REDUCE AND MANAGE THEM. THE ETHICS COMMITTEE UNDERSTAND THAT IT IS USUALLY IMPOSSIBLE TO ERADICATE EVERY RISK, BUT THE ETHICS COMMITTEE MUST BE SATISFIED THAT ANY	Other Risks: Addressed above

RISKS ARE REASONABLE AND THAT STEPS HAVE BEEN TAKEN TO MINIMISE THEM.	
Please confirm the makeup of the steering group?	The steering group includes: Project support worker from UCLAN; Representatives from Social Services; Trustee, Team Leader and CEP Team members from Dorset Mind; Diversity Lead and CDW from local NHS Trust; Race Equality Lead; Director of Dorset REC; and CVS representatives.
How often does the steering group meet? It needs to meet often enough to both guide the research and keep it on track, and to pick up on any ethical issues that may arise.	1st Thursday of each month
Is the steering group clear that it has a responsibility for helping to manage the ethical issues that may arise as a result of running this project?	Yes.

Appendix 4

4.1 Information & Consent Form

Dorset Mind
Community Engagement Project

Information & Consent Form

This questionnaire is part of a Community Engagement Project being carried out by Dorset Mind funded and supported by the Care Services Improvement Partnership and the Centre for Ethnicity & Health at the University of Central Lancashire.

Dorset Mind is a registered charity that provides community based mental health services to people in Bournemouth, Poole and East Dorset. Dorset Mind has been established for 60 years.

Aims of the Project

This project targets people from different ethnic minorities and we want to find out about your views on these areas of mental health:

- If there is fear or ignorance around compulsory powers
- And if this is one of the main reasons that people don't use mental health services

By this research, Dorset Mind aims to:

- Improve the quality of services
- Reduce inequalities as much as possible
- Reduce fear of mental health services among ethnic minorities
- Challenge stigma for this and future generations

If you would like any more information about this project, please contact Dorset Mind on 01202 392910

Consent Form

This section should be read to all respondents.

1 We, Dorset Mind, are conducting a community engagement project looking at people's perceptions, attitudes and knowledge about mental health. We are also interested in the use of compulsory powers. We are talking to people from different ethnic and cultural backgrounds.

2 The project is run by Dorset Mind, which is a local charity dealing with mental health issues. The project is funded by the Care Services Improvement Partnership.

3 Taking part in this research is voluntary. You do not have to participate, but we would appreciate it if you would.

4 You can stop this interview at any time. If there is a question you do not want to answer you do not have to do so.

5 Anything you say will only be shared between the researchers directly involved in the project. However, if you tell us something that suggests that either you or someone else is at risk of serious harm (including child abuse) we cannot guarantee confidentiality as we will want to try to prevent or stop the harm.

6 The information you give us will be used to write a report which will be presented to service providers and other agencies. Nothing in the report will enable any individual who has participated to be identified.

I confirm that the above information has been read to me and I have understood and had an opportunity to discuss the conditions of the research project. ☐ (please tick)

I consent to take part in the research project. ☐ (please tick)

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