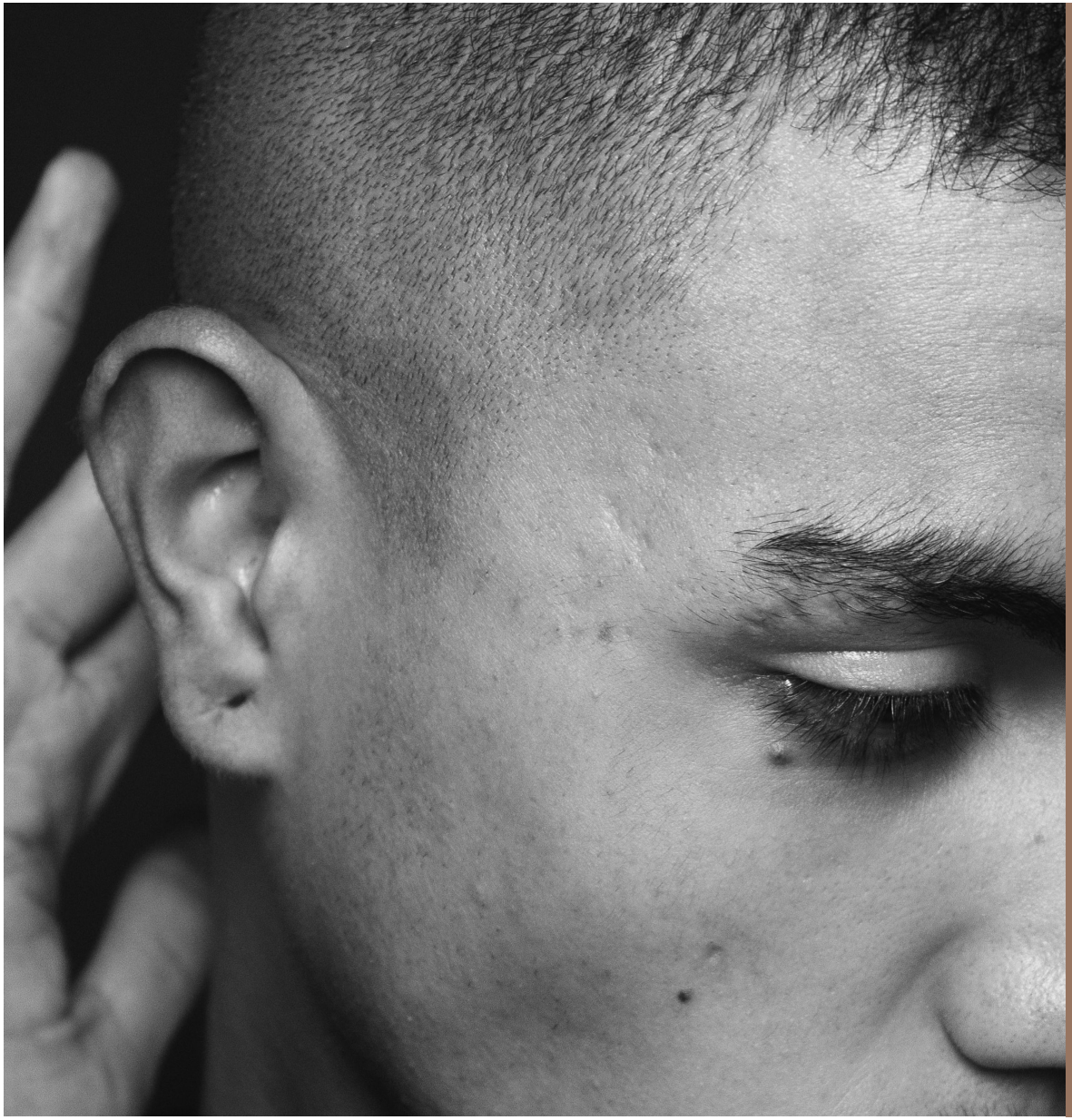
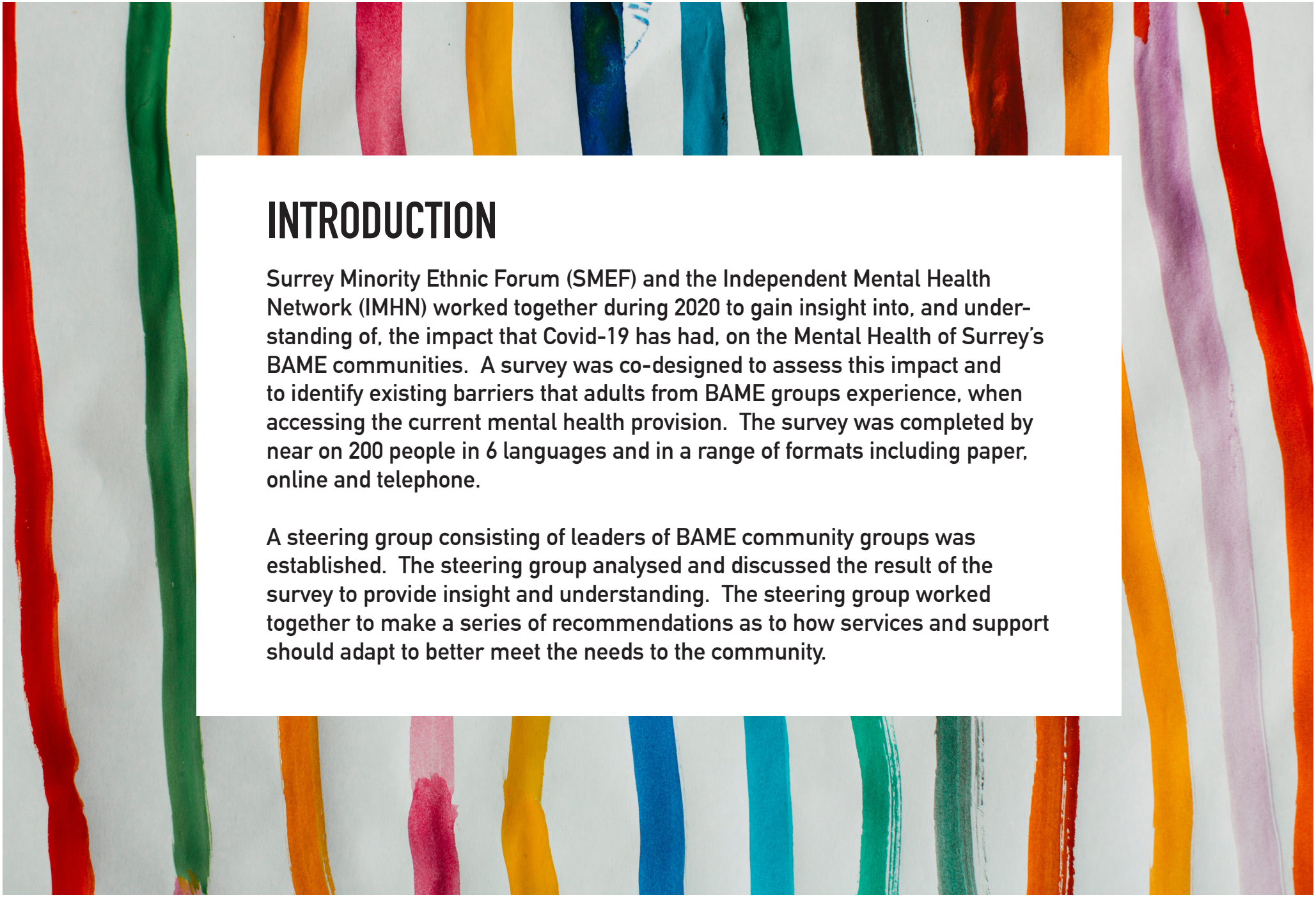


The Mental Health impact of Covid-19 on people from BAME groups and barriers to accessing services and support

IMHN

SURREY MINORITY ETHNIC FORUM • STRENGTHENING COMMUNITIES •



INTRODUCTION

Surrey Minority Ethnic Forum (SMEF) and the Independent Mental Health Network (IMHN) worked together during 2020 to gain insight into, and understanding of, the impact that Covid-19 has had, on the Mental Health of Surrey's BAME communities. A survey was co-designed to assess this impact and to identify existing barriers that adults from BAME groups experience, when accessing the current mental health provision. The survey was completed by near on 200 people in 6 languages and in a range of formats including paper, online and telephone.

A steering group consisting of leaders of BAME community groups was established. The steering group analysed and discussed the result of the survey to provide insight and understanding. The steering group worked together to make a series of recommendations as to how services and support should adapt to better meet the needs to the community.

OUR MAIN FINDINGS

1. Mental Health is still highly stigmatised. Whilst many contributors to this work were able to identify problematic symptoms that they were experiencing, they were not comfortable with identifying this as a mental health need/mental ill-health/ mental illness.

2. The Covid-19 pandemic has had a detrimental impact on the Mental Health of over a quarter of participants 26.5% of participants reported that their mental health has gotten worse during the pandemic. 24% of participants reported feeling more anxious and 20% reported feeling low in mood.

3. Faith and Community Leaders do not know what help and support is available, who it is for and where it can be accessed.

4. Awareness of national services (e.g. NHS 111 and the Samaritans) was much better than local offers (e.g. Healthy Surrey, Community Connections, IAPT).

5. The way services and support are advertised, creates barriers to access for many people from BAME groups, particularly in terms of translation, a lack of clarity around the cost of services and the lack of assurances around confidentiality.

6. Many services are perceived as inaccessible due to lack of translated resources, location of support services, lack of cultural awareness/appropriateness.

7. Digital exclusion was identified as a barrier to accessing services or support. Digital literacy and confidence were particularly highlighted (rather than device access).

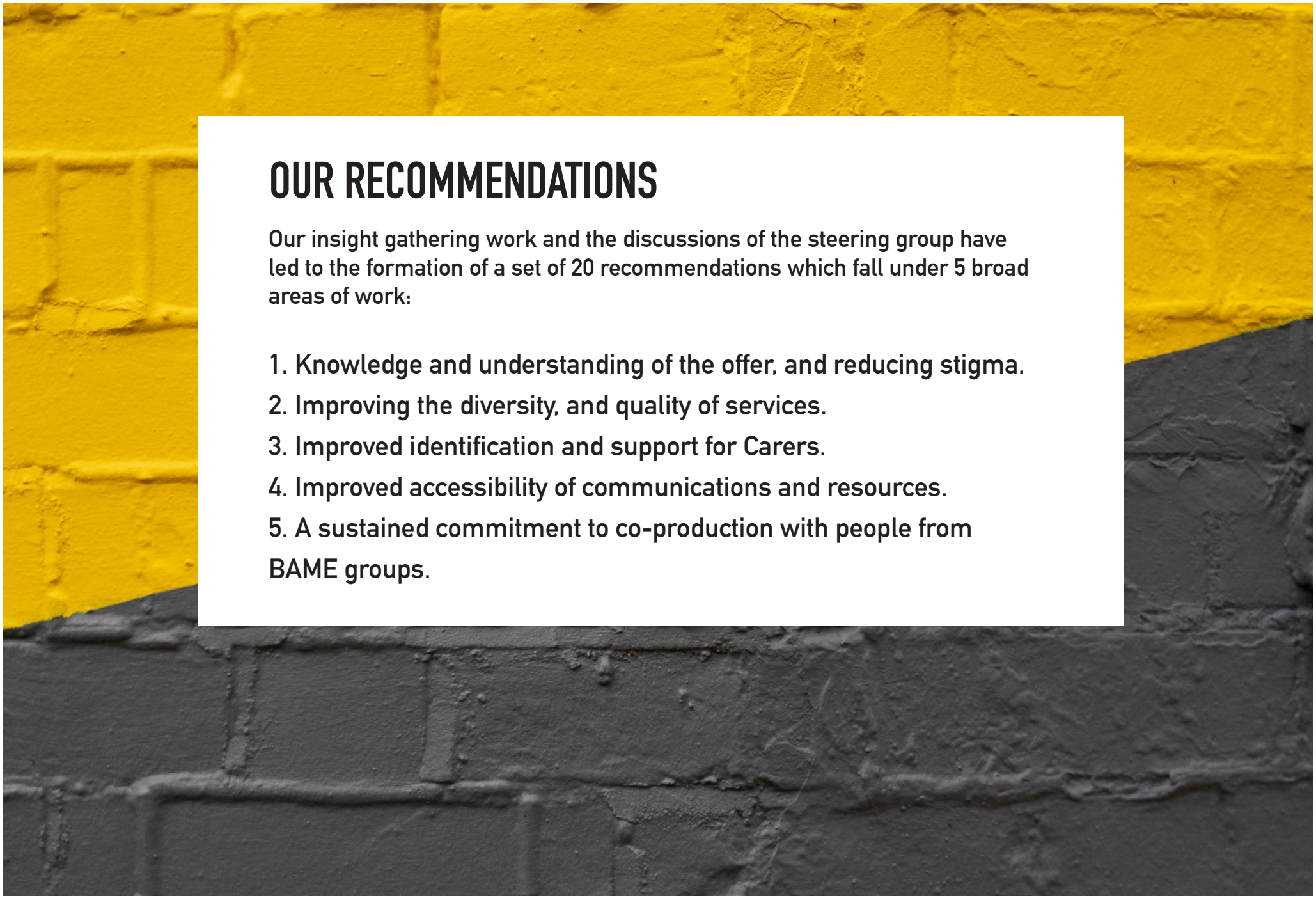
9. Many carers have not been identified and/or offered a carers assessment.

10. Mental Health Carer support and guidance is seen as an area that lacks accessible and appropriate provision.

11. Most people that contributed had a preference to get support on a one to one or single-sex group basis. The preference was for local support in a familiar environment.

12. 23% of respondents felt that they would need more information than they currently have about mental health support services before they would consider getting any help.

13. Community and Faith Leaders reported a lack of involvement in mental health services and a lack of opportunity to influence what is on offer.



OUR RECOMMENDATIONS

Our insight gathering work and the discussions of the steering group have led to the formation of a set of 20 recommendations which fall under 5 broad areas of work:

1. Knowledge and understanding of the offer, and reducing stigma.
2. Improving the diversity, and quality of services.
3. Improved identification and support for Carers.
4. Improved accessibility of communications and resources.
5. A sustained commitment to co-production with people from BAME groups.

Improved community knowledge of what support is on offer and decreasing the stigma surrounding Mental Health

1. Faith and Community Leaders should be offered support and training to recognise mental ill-health, to tackle stigma and to understand how to support their communities in seeking help.

2. The system should consider the role of Mental Health Navigator volunteers or champions (perhaps linked to the Time to Change Surrey campaign).

3. Navigator resources that clearly lay out the support available should be developed. Local BAME specific services and national BAME mental health support should be included. This package should include the 'mental health offer' in its broadest sense, including complimentary therapies and other services on offer.

Improve the diversity and quality of support and services that are on offer

4. The system should explore the provision of increased choice and provision of support groups, specifically aimed at people from BAME groups, working with the existing community and faith groups in operation.

5. Providers should consider increasing the diversity of the physical activity opportunities that they offer and review the location that these are held at.

6. The IAPT service should be specifically promoted to BAME communities. Faith and Community Leaders should be given more information about what is on offer from IAPT providers.

7. Digital inclusion outreach projects which are being trialled, should include a focus around translation apps and developing a training module to teach those who are digitally excluded how to use them.

8. GPIMHS (General Practice Integrated Mental Health Service) and MHICS (Mental Health Integrated Care Service) models should be expanded to cover the entire county, and that this service should be very well advertised to BAME communities through Faith and Community Leaders.

9. Future planning, for peer support groups, focuses on locations that are familiar to, and easily accessible by people from BAME communities.

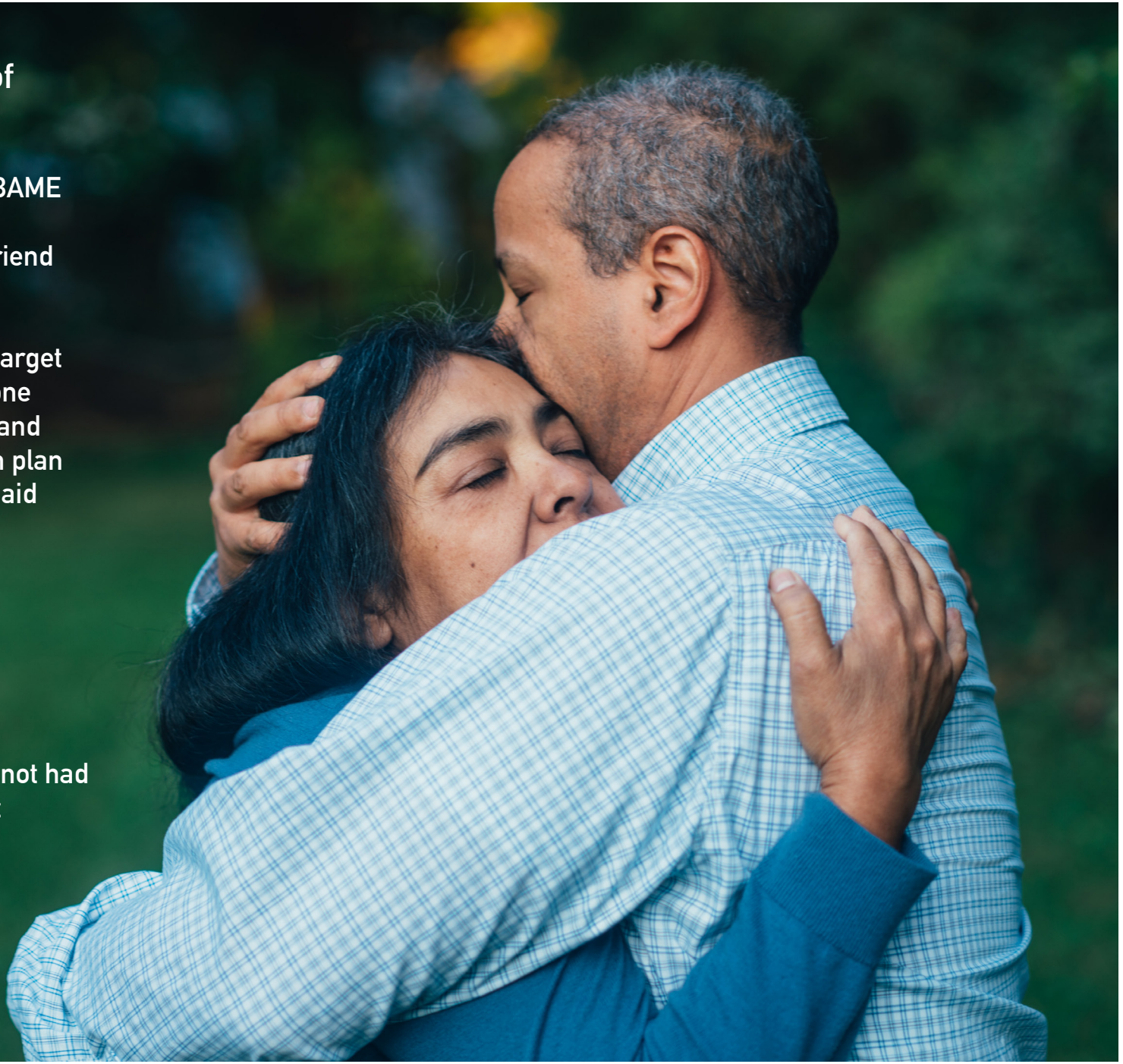
10. Health and care professionals should be invited to regularly increase their knowledge and cultural understanding. We would recommend that this work would be best delivered by local Faith and Community Leaders.

Improve the identification of and support for Carers

11. Peer support groups for BAME families/carers providing support to a family member or friend should be set up.

12. The system should set a target for carer assessments done with people from BAME groups, and work on a carers communication plan for people from BAME groups to aid carer self-identification and registration.

92% Of carers had not had an assesment



Improve the accessibility of communications and resources

13. Healthy Surrey's website content should be made available in the most spoken non-English languages in Surrey such as Nepalese, Bengali, Pakistani and Polish.

14. Communications work should always state that services are confidential.

15. Promotional material for services should highlight the diversity of the mental health professionals working across the system and within specific services.

16. Promotional material and messages should state that services are free or include their cost (for services delivered by partners where small charges occur).

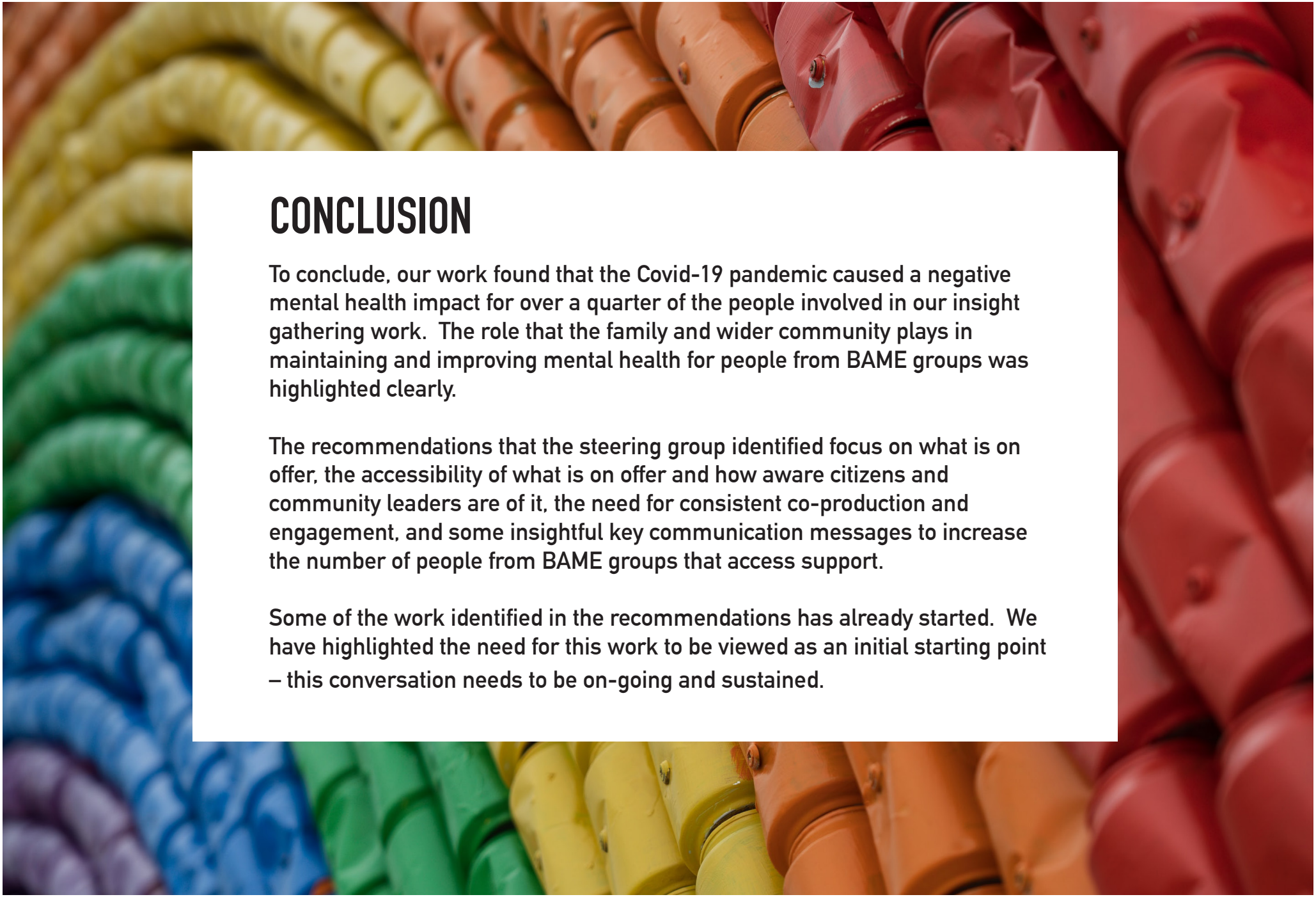
17. The visibility of communications campaigns should be improved by being linked to special functions like Gurkha Cup Football Competition, Nepali (Fete) Mela and Victoria Day Function, Diwali, and Eid Melas.

Make a system commitment towards sustained co-production

18. The Integrated Care System and all its partners should commit to on-going coproduction with BAME groups and communities. We recommend that providers should be asked to lay out their intentions to co-produce services, specifically with people from BAME groups, and should be held to account for doing so.

19. We recommend that this work (along with the BAME Rapid Needs Assessment completed as part of the Community Impact Assessment) be viewed as a starting point to build on. It is clear further exploration and understanding is required.

20. We recommend that SMEF/ IMHN conduct a survey with BAME communities at regular points in the year, to get a dynamic view of what is working for people and what is not.



CONCLUSION

To conclude, our work found that the Covid-19 pandemic caused a negative mental health impact for over a quarter of the people involved in our insight gathering work. The role that the family and wider community plays in maintaining and improving mental health for people from BAME groups was highlighted clearly.

The recommendations that the steering group identified focus on what is on offer, the accessibility of what is on offer and how aware citizens and community leaders are of it, the need for consistent co-production and engagement, and some insightful key communication messages to increase the number of people from BAME groups that access support.

Some of the work identified in the recommendations has already started. We have highlighted the need for this work to be viewed as an initial starting point – this conversation needs to be on-going and sustained.


“
It is not our differences that divide us.
It is our inability to recognise, accept
and celebrate those differences
”
- AUDRE LORDE