

AFRO-CARIBBEAN MENTAL HEALTH PROJECT

BACKGROUND - THE NEED FOR THE PROJECT

In general, services for people with mental health problems are scarce although Central District Health Authority has developed an outward looking Department of Psychiatry over the last few years. There are new day-patient, out-patient and a full range of psycho-geriatric facilities on the M.R.I. site but people needing in-patient treatment have to go to Cheadle Royal Hospital. The Social Services Department has Social Workers in Area 3, Area 4, and at M.R.I. who are specifically to help people with mental health problems. There is one local authority day centre and two hostels in the District. In addition there is access to a small range of non-statutory facilities. The picture overall is no worse and, in comparison, sometimes a lot better than in other areas.

Workers in the services provided, service users and the Afro-Caribbean Community in general feel, however, that the picture is of a service staffed primarily by white people, dependent on white values and aimed at a white community. There is evidence that members of the Afro-Caribbean Community receive a different service from that received by members of the white community. Several studies have shown that Afro-Caribbean people are more likely to be admitted to hospital under a compulsory order, more likely to be diagnosed as schizophrenic and more likely to be transferred to secure hospital unit, than are their white counterparts. There is no reason to believe that this is not happening in Central Manchester as much as in other parts of the country. A bibliography of research references, completed by Dr P Thomas, is attached.

In addition, the health and local authority statutory psychiatric services can be judged to be inappropriate and insensitive to the needs of Afro-Caribbean people. Value judgements based on ignorant or stereotyped thinking are made; the strengths of the community are ignored or seen as weaknesses. The picture is not entirely bleak but all involved in discussions are conscious of the need for the services to alter. There are issues of recruitment, training, attitude and information to tackle. Misunderstanding exists on both sides and the dialogue between the Afro-Caribbean Community and the statutory services must be a two-way process.

Recently a service user who had been in hospital followed by a local authority hostel and is now living independently and attending the local authority day centre briefly described her experience of the services. Mostly she reported the process as one where professionals did things to her but rarely talked to her and seldom if ever offered choices or information. In another discussion, a member of the Afro-Caribbean Community described the community and family resources which exist and expect to provide support for community members in contrast to the more institutionalised approach evident in the way help is offered in this country.

A group of people drawn from the Afro-Caribbean Community, the non-statutory sector and the local health and social-services facilities has been meeting in Central District for almost two years now. It is the discussion held by this group which has led to the production of this document and the recommendation that there is need for an Afro-Caribbean Mental Health project in Central Manchester.

AIMS AND OBJECTIVES

- 1) To make the existing health and local Authority statutory psychiatric services more appropriate, more accessible and more sensitive to the needs of the Afro-Caribbean Community in Central Manchester. This will need an ongoing positive commitment from the said statutory services to co-operate in examining and changing practice and provision in order to promote anti-racist practice and plan services to meet the needs of the Afro-Caribbean Community.
- 2) To fully integrate relevant race issues and a consistent anti-racist approach throughout all the activities of the existing health and local authority psychiatric services.
- 3) To stimulate debate and discussion in existing voluntary groups such as MIND so that more groups become relevant and open to the needs of the Afro-Caribbean Community and able to campaign more effectively on their behalf if necessary.
- 4) To explore ways whereby the Afro-Caribbean Community can discuss and explore mental health issues so that the Community can bring its needs and strengths to the service providers and take part in planning future services and changing these provided if necessary.
- 5) To establish a two-way exchange of information/education/attitude. Members of the Community have a right to know more about their own health and health and social service workers need to know more about the Community. A dialogue needs to be established on a broad front and on an individual level.

- 5) To promote and initiate self-help group within the Afro-Caribbean Community which will be of assistance to those members of the community who are having or have had problems with their mental health.
- 6) To monitor and evaluate the work of the project in the achievement of the first four aims as set out above.

PROJECT ADVISORY AND MONITORING GROUP

The project will be advised, supported and monitored by a Project Advisory and Monitoring Group drawn from the following:-

1. Afro-Caribbean Community.
2. Afro-Caribbean service users.
3. Manchester Social Services Department.
4. Central District Health Authority - Department of Psychiatry.
5. Appropriate local Afro-Caribbean non-statutory organisations.
6. Greater Manchester Probation and After-Care Service, local office.

It is suggested that numerically the membership of the Project Advisory and Monitoring Group should be dominated by members from groups 1., 2., and 5., and the group should be formally constituted.

The Project Advisory and Monitoring Group will elect the usual officers from amongst it's membership on an annual basis. Membership of the Project Advisory and Monitoring Group will be by consultation with the relevant groups detailed above.

The Project Advisory and Monitoring Group will meet formally at least once a month but it is expected that the membership will also be involved on an ongoing, informal level.

The Project Advisory and Monitoring Group will have responsibility for the following tasks:

- 1) Advise on the appointment of workers in consultation with the wider local Afro-Caribbean Community.
- 2) Support of the project workers in achievement of the five aims and objectives.
- 3) Advise on the use of funds made available to the Project (except for project workers wages).

PROJECT WORKERS

There will be four project workers, all drawn from the Afro-Caribbean Community. Preferably there will be two men and two women but this is not absolutely essential. Detailed job descriptions need to be compiled but there follows a brief indication of each worker's role.

1. Administration and Secretarial This worker will have responsibility for all the essential office jobs of typing, answering the telephone, taking messages, sorting the incoming and outgoing post and general administrative duties.
2. Liaison, Referral and Developmental This workers will have primary responsibility for acting as a referral/liaison point between the statutory psychiatric services and the Afro-Caribbean Community. Individuals from the statutory services and from the Afro-Caribbean Community should be able to gain advice information and assistance from the worker who will not however offer an individual casework service. The main aims will be to influence attitudes and practices within the Voluntary Sector and the statutory services. This worker should be involved in any Joint Health and Social Services Planning Groups within the District.

3. Monitoring Research and Educational. This worker will attempt to evaluate existing services as they appear to service users from the Afro-Caribbean Community. Recommendations based on such studies will be made to the existing services and follow-up monitoring should show whether the recommendations have been implemented and to what effect. The worker will also be available in a training/educational capacity when appropriate.

4) Self help Development and Planning. This worker will be concerned with enabling the Community strengths to be built on with regards to those with mental health problems. There will need to be a budget provided which will enable the worker to do this successfully. A first task would be to study pre-existing schemes elsewhere in the county. A second task would be community consultation.

As regards all four workers, the following points will need to be satisfactorily agreed.

1. They will be employed by the local Authority and outposted with the Afro-Caribbean Mental Health Project. The workers will be managed by an officer of the Social Services Department who will also be a member of the Project Advisory and Monitoring Group. It is hoped that the management of the workers could be as flexible, innovative and sensitive as the workers themselves will be expected to be.

2. The workers should be paid on equivalent salary scales to local government workers e.g. S.O. 1/2 scale.

3. If at all possible, the use of temporary contracts should be avoided.

PREMISES AND FINANCE

The project will need to operate from a community base and not from health service or social services premises. As needs change, the project will change and it may need to become more easily accessible to the general public. For this and other reasons, it would seem best if the project was housed in local authority accommodation in the Moss Side/Whalley Range area; a small Housing Department managed miscellaneous property would be ideal. Such a base could minimise running costs but initial security costs could be high.

Initial equipment costs could be quite high because, with only 4 workers, new technology will be vital to help maximise their impact. In addition to the usual office and staff facilities, equipment should also include the provision of a micro-computer, word processor and ansaphone facility. Capital funding for the Project will therefore amount to approximately £ but it is hoped that the health Service, Local Authority and Probation Service could combine forces to meet this cost.

It has been estimated that the running costs of the Project would be approximately £75,000. Of this amount £50,000 would be for wages and, if Section II finance is granted, the Local Authority would need to find £37,000 per annum from its mainstream budget. Detailed costings are still to be made but it is unlikely that costs could be substantially reduced.

At this stage the group which has initiated this proposal needs some indication of commitment from the Local Authority, the Health Service and the Probation Service. In the meantime the group itself will concentrate on the following tasks:-

1. Formally constituting itself into the Project Advisory and Monitoring Group.
2. Drawing up job descriptions and person specifications.
3. Drawing up an initial training and orientation programme for the workers.

Mary R Watson

AFRO-CARIBBEAN MENTAL HEALTH PROJECT - SECOND DRAFT

BACKGROUND - THE NEED FOR THE PROJECT

In general, services for people with mental health problems are scarce although Central District Health Authority has developed an outward looking Department of Psychiatry over the last few years. There are new day-patient, out-patient and a full range of psycho-geriatric facilities on the M.R.I. site but people needing in-patient treatment have to go to Cheadle Royal Hospital. The Social Services Department has Social Workers in Area 3, Area 4, and at M.R.I. who are specifically to help people with mental health problems. There is one local authority day centre and two hostels in the District. In addition there is access to a small range of non-statutory facilities. The picture overall is no worse and, in comparison, sometimes a lot better than in other areas.

Workers in the services provided, service users and the Afro-Caribbean Community in general feel, however, that the picture is of a service staffed primarily by white people, dependent on white values and aimed at a white community. There is evidence that members of the Afro-Caribbean Community receive a different service from that received by members of the white community. Several studies have shown that Afro-Caribbean people are more likely to be admitted to hospital under a compulsory order, more likely to be diagnosed as schizophrenic and more likely to be transferred to secure hospital unit, than are their white counterparts. There is no reason to believe that this is not happening in Central Manchester as much as in other parts of the country

In addition, the health and local authority statutory psychiatric services can be judged to be inappropriate and insensitive to the needs of Afro-Caribbean people. Value judgements based on ignorant or stereotyped thinking are made; the strengths of the community are ignored or seen as weaknesses. The picture is not entirely bleak but all involved in discussions are conscious of the need for the services to alter. There are issues of recruitment, training, attitude and information to tackle. Misunderstanding exists on both sides and the dialogue between the Afro-Caribbean Community and the statutory services must be a two-way process.

Recently a service user who had been in hospital followed by a local authority hostel and is now living independently and attending the local authority day centre briefly described her experience of the services. Mostly she reported the process as one where professionals did things to her but rarely talked to her and seldom if ever offered choices or information. In another discussion, a member of the Afro-Caribbean Community described the community and family resources which exist and expect to provide support for community members in contrast to the more institutionalised approach evident in the way help is offered in this country.

A group of people drawn from the Afro-Caribbean Community, the non-statutory sector and the local health and social-services facilities has been meeting in Central District for almost two years now. It is the discussion held by this group which has led to the production of this document and the recommendation that there is need for an Afro-Caribbean Mental Health project in Central Manchester.

AIMS AND OBJECTIVES

- 1) To make the existing health and local Authority statutory psychiatric services more appropriate, more accessible and more sensitive to the needs of the Afro-Caribbean in Central Manchester. This will need an ongoing positive commitment from the said statutory services to co-operate in examining and changing practice and provision.
- 2) To stimulate debate and discussion in existing voluntary groups such as MIND so that more groups become relevant and open to the needs of the Afro-Caribbean Community and able to campaign more effectively on their behalf if necessary.
- 3) To explore ways whereby the Afro-Caribbean Community can discuss and explore mental health issues so that the Community can bring its needs and strengths to the service providers and take part in Planning Future Services and changing these provided if necessary.
- 4) To establish a two-way exchange of information/education/attitude. Members of the Community have a right to know more about their own health and health and social service workers need to know more about the Community. A dialogue needs to be established on a broad front and on an individual level.

5) To promote and initiate self-help group within the Afro-Caribbean Community which will be of assistance to those members of the community who are having or have had problems with their mental health.

6) To monitor and evaluate the work of the project in the achievement of the first four aims as set out above.

PROJECT MANAGEMENT

The project will be managed and supported by a Management Community drawn from the following groups.

1. Afro-Caribbean Community.
2. Afro-Caribbean service users.
3. Manchester Social Services Department.
4. Central District Health Authority - Department of Psychiatry.
5. Appropriate local Afro-Caribbean non-statutory organisations.

It is suggested that numerically the membership of the Management Committee should be dominated by members from groups 1., 2., and 5.

The Management Committee will elect the usual officers from amongst it's membership on an annual basis. Membership of the Management Committee will be by consultation with the relevant groups detailed above.

The Management Committee will meet formally at least once a month but it is expected that the membership will also be involved on an ongoing, informal level.

The Management Committee will have responsibility for the following tasks:

- 1) Appointment of workers in consultation with the wider local Afro-Caribbean Community.
- 2) Support of the project workers in achievement of the five aims and objectives.
- 3) Responsibility for the correct administration and use of the Project's finances (except for project workers wages).

PROJECT WORKERS

There will be four project workers, all drawn from the Afro-Caribbean Community. Preferably there will be two men and two women but this is not absolutely essential. Detailed job descriptions need to be compiled but there follows a brief indication of each worker's role.

1. Administration and Secretarial This worker will have responsibility for all the essential office jobs of typing, answering the telephone, taking messages, sorting the incoming and outgoing post and general administrative duties.

2. Liaison, Referral and Educational This workers will have primary responsibility for acting as a referral/liaison point between the statutory psychiatric services and the Afro-Caribbean Community. Individuals from the statutory services and from the Afro-Caribbean Community should be able to gain advice and information from the worker but the worker will not offer an individual casework service. The main aims will be to influence attitudes and practices within the Voluntary Sector and the statutory services. This worker should be involved in any joint Psychiatric Services Planning Groups within the District.

3. Monitoring Research and Development. This worker will attempt to evaluate existing services as they appear to service users from the Afro-Caribbean Community. Recommendations based on such studies will be made to the existing services and follow-up monitoring should show whether the recommendations have been implemented and to what effect.

4) Self help Development and Planning. This worker will be concerned with enabling the Community strengths to be built on with regards to those with mental health problems. There will need to be a budget provided which will enable the worker to do this successfully. A first task would be to study pre-existing schemes elsewhere in the county. A second task would be community consultation.

As regards all four workers, the following points will need to be satisfactorily agreed.

1. They will be employed by the local Authority but seconded to the Afro-Caribbean Mental Health Project if Section II finance is used. Otherwise, they will be employed directly by the Project Management Committee; this will have obvious implications for the Management Committee. In either case, the workers will be accountable to the Project Management Committee.

2. The workers should be paid on equivalent salary scales to local government workers e.g. S.O. 1/2 scale.

3. If at all possible, the use of temporary contracts should be avoided.

PREMISES AND ADDITIONAL FINANCE

The project will need to operate from a community base and not from health service or social services premises. This will probably therefore entail rental of office space, perhaps in the Moss Side Precinct. This will need consultation with all the appropriate agencies and departments, statutory and non-statutory. Access to the general public is not a major requirement since the project will not provide casework service but the exact requirements in terms of accessibility need further thought.

The usual facilities will be needed - desks, chairs, typewriters, telephone, tape-recorder, stationery - although the project could also use some of the more specialised facilities that already exist in the area. Some of these costs will be ongoing, as will costs for lighting and heating. We will need further advice before doing final costings. Some capital funding may be available from the Health Service. Equipment such as a micro-computer and an ansaphone would be useful.

As mentioned above in the section on Project Workers, there will also need to be a budget for enabling the setting up of self help projects. There is great likelihood that the budget will need to expend as time goes on.

Mary R. Watson

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