



Social Impact Report

Improving Mental Health through
Advocacy and Community Development



LCDS is a partnership between:



Mersey Care
NHS Foundation Trust



Contents

Section 1: What is impact reporting?	Page 3
Section 2: Who we are	Page 4
Section 3: Why is this service important?	Page 5
Section 4: Who we work with and how we work	Page 6
Section 5: What we've achieved this year	Page 8
Section 6: Spotlight on 'What's Your Story'	Page 13
Section 7: Spotlight on International Women's Day	Page 14
Section 8: What stakeholders and beneficiaries say about us	Page 15



Section 1: What is impact reporting?

At PSS, we're committed to helping people change their lives for the better.

We want to provide services that strengthen communities and empower individuals, and we're always on the hunt for new ways we can help create real improvements in society. To make sure we're doing this, we need to measure how many people we reach, how effective we are at what we do, and the value of the services we deliver. This will show us our social impact.

We prioritise social impact reporting because:



We often hear stories of the changes we have helped make in the lives of our service users. We shine a light on these stories as part of our impact reporting process, helping to make them clearer and allowing them to show us what we're doing well and what we need to do better for our service users. This social impact report looks at the work done by the Liverpool Community Development Service which is delivered by a partnership consisting of Merseycare, PSS and Mary Seacole House. The service aims to improve the levels of access to mental health services across Liverpool by people from Black and Minority Ethnic Communities. This is achieved through both advocacy and support, as well as development work within BME communities.

The ultimate aim of this report is to look at what we do and be able to answer the question - **are we doing any good?**

Section 2: Who we are



About the Liverpool Community Development Service (LCDS)

LCDS is a partnership between Merseycare, PSS and Mary Seacole House and was commissioned by Liverpool CCG from August 2015. The main aim of the service is to reduce barriers faced by members of Black and Minority Ethnic (BME) communities who need to access support for mental health issues.

Who is the service for? LCDS is aimed predominately at people from BME communities with mental health issues, as well as the organisations, professionals and services who work with them and can provide support.

How do people access the service? People can self-refer to the service at any of the location we work from, including our drop-ins. They can also be referred by other agencies.

How do we provide support?



Representation & Advocacy

The service works to ensure that there is input from BME communities in the development of Mental Health services, as well as being a representative voice with health and social care organisations and other parts of the BME community. This ensures that the issues faced by BME people in their awareness, access and use of mental health services remains a priority on the agenda. The service also advocates on behalf of individuals with other agencies on a range of issues.



Signposting and Publicising

The service builds relationships with other agencies and groups, and provides effective signposting and publicity to improve BME communities access to mental health services at the earliest possible stage. This includes making BME communities aware of the services that are available, and for the partnership to forge links with both statutory and non-statutory providers who can provide support.



Community Development

The service aims to identify community groups, organisations and champions working in this area and provides support, publicity and explores ways to ensure they are sustainable in the long-term. Encouraging proactive action within BME communities is one way of ensuring this sustainability in the long-term.



Training and Education

The service aims to support people with mental health issues, as well as the professionals and individuals working with them, ensuring they are aware of the challenges and issues they face. This includes specific cultural awareness of the issues for BME communities as well as specific support around mental health and wellbeing. Mentoring and Support can be provided, as well as learning from what works.

Section 3: Why is the service important?

Ideally, mental health is something that should be addressed throughout a person's life, covering before birth, early years, adolescence, adulthood and into older age. In each geographical area, there are different challenges, as well as opportunities, to intervene and support good mental health.

In an era of continuing public sector austerity, scarce resources and high thresholds to receive statutory services – accessing these kinds of mental health interventions is not always easy. Many people often don't recognise the signs of mental ill-health, and when they do – they aren't always sure how to access advice, support or treatment.

What does the research tell us about BME communities?

There has not been a significant amount of cohesive research done on the specific issues facing BME communities when it comes to mental health. There is no systematic review available which can conclusively indicate that BME communities are likely to experience poorer mental health than non-BME individuals. This very lack of data is one of the problems that the system currently faces – meaning that the overall mental health and wellbeing of BME communities is an unknown factor. However there have been a number of individual studies undertaken which do present evidence which indicates the following:

- Small studies have shown that depression is more prevalent among black women, and panic disorder appears to be more prevalent among women in black, Asian and mixed or other ethnic groups ².
- People from black ethnic minority backgrounds have been shown to have a higher prevalence of psychosis compared with the white majority population, after adjustment for socioeconomic status ³.
- Black females are more likely to experience sexual assault and associated Post-Traumatic Stress Disorder ⁵; however they are also less likely to report or seek help for assaults or trauma ⁶.
- Disproportionate rates of people from BME populations have been detained under the Mental Health Act 1983, due to higher rates of mental health conditions and poorer levels of social support within their communities ⁷.

Black and Black British women are **8.4%** more likely to have a common mental health condition than a White British woman¹.

A further study has shown that **women of Pakistani and Bangladeshi origin are at an elevated risk of schizophrenia** after adjustment for socioeconomic status ⁴.

Therefore there are some clear challenges facing BME communities when it comes to accessing mental health support and how this then manifests in poor mental health and being sectioned under the Mental Health Act.

LCDS exists to understand why these barriers exist within BME populations and to build relationships with communities and professionals to widen access to mental health support, as well as help people to understand and recognise mental health issues as early as possible.

Section 4: Who we work with and how we work

LCDS work with people from BME communities including Black and Black British people, Asian and Asian British people, refugees, asylum seekers and Traveller and Roma communities. We work in various locations including the Kuumba Imani Millennium Centre, Mary Seacole House and Merseycare as well as being available at drop ins (e.g. at Asylum Link) and other community locations.

How we work

In the community...

Events and Meetings

We attend and host events and meetings in the community to promote awareness of LCDS and our agenda.

Building Links

We build links with other organisations to help us signpost to them and make the most of resources.

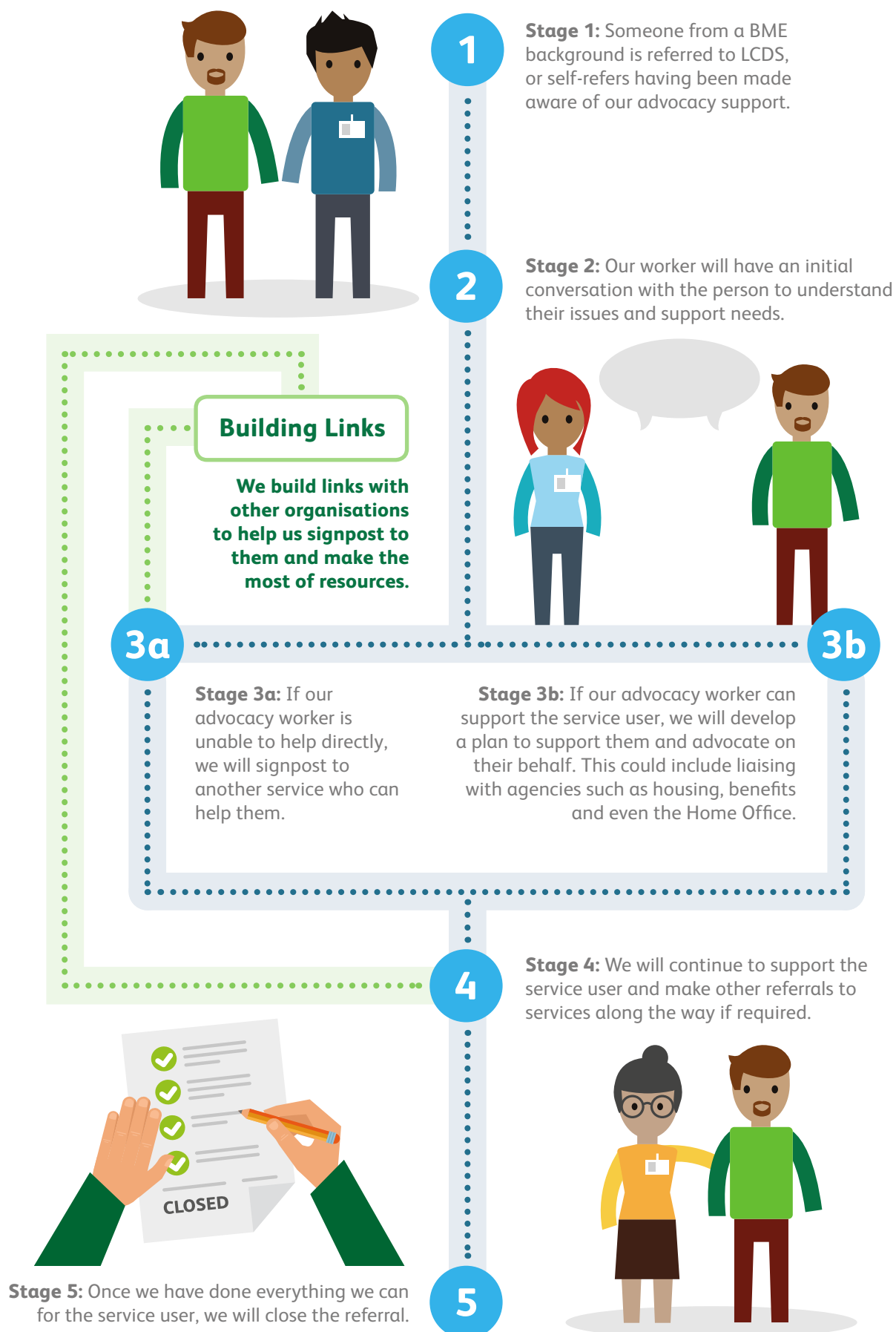
Training

We provide training for organisations and communities to help people be culturally aware and self-aware of mental health issues.

We do a lot of work within communities to build capacity, promote awareness and ensure that mental health in BME communities is high on the agenda. This helps people to help themselves: however often people come to the service requiring 1-2-1 advocacy support.



With individuals – the service user's journey...



Section 5: What we've achieved this year

Improving community networks and promoting access

Research has long indicated many of the difficulties faced by BME organisations and communities including a lack of resources, limited access to support, low levels of involvement in civic activity and racism and discrimination.

Building capacity within communities should involve people directly affected by these kinds of issues, who are motivated by their personal involvement and commitment to the issues. Capacity building can be targeted at the individual, organisational and community level. While a lot of BME-focused organisations can deliver excellent outcomes, research has also shown that they feel 'used by mainstream and statutory agencies to deliver the latter's goals and targets rather than being fully involved in strategic policy discussion'⁸. Therefore an important objective of LCDS is improving community networks on the ground through education, as well as being a voice for BME communities and contributing to policy and strategy at the local level.

Inputs from LCDS from December 2016 until November 2017

- Held 20 cultural awareness training sessions.
- Attended and facilitated 36 community events.
- Attended 136 meetings on behalf of service users.
- Attended 17 consultation events to represent BME communities.

Stakeholder

Outcome and Value added

Individuals

- 327 individuals were signposted to other organisations for support.
- 56 individuals were directly befriended as a result of the interventions.
- Individuals within the BME community spoke as part of cultural awareness training sessions about their own experiences, making this real for the listeners and prompting positive feedback.

Organisational

- 189 individuals working in organisations supporting people with mental health were trained on cultural competence.
- 97% of attendees at the sessions indicated an improved level of knowledge and understanding of the topic following delivery⁹. Therefore these staff in mental health have reported increased confidence in working with BME service users in an appropriate way.

Community

- Submitted 27 different reports to groups and meetings for consideration.
- Attended neighbourhood meetings, statutory provider meetings, BME faith leader meetings.
- The WHO report on the prevention of mental disorders indicates that "mental health promotion when aiming to enhance positive mental health in the community may also have the secondary outcome of decreasing the incidence of mental disorders"¹⁰.
- Established a service user forum so that users of mental health services can discuss their experiences, both good and bad, contributing to organisational learning and improvement.

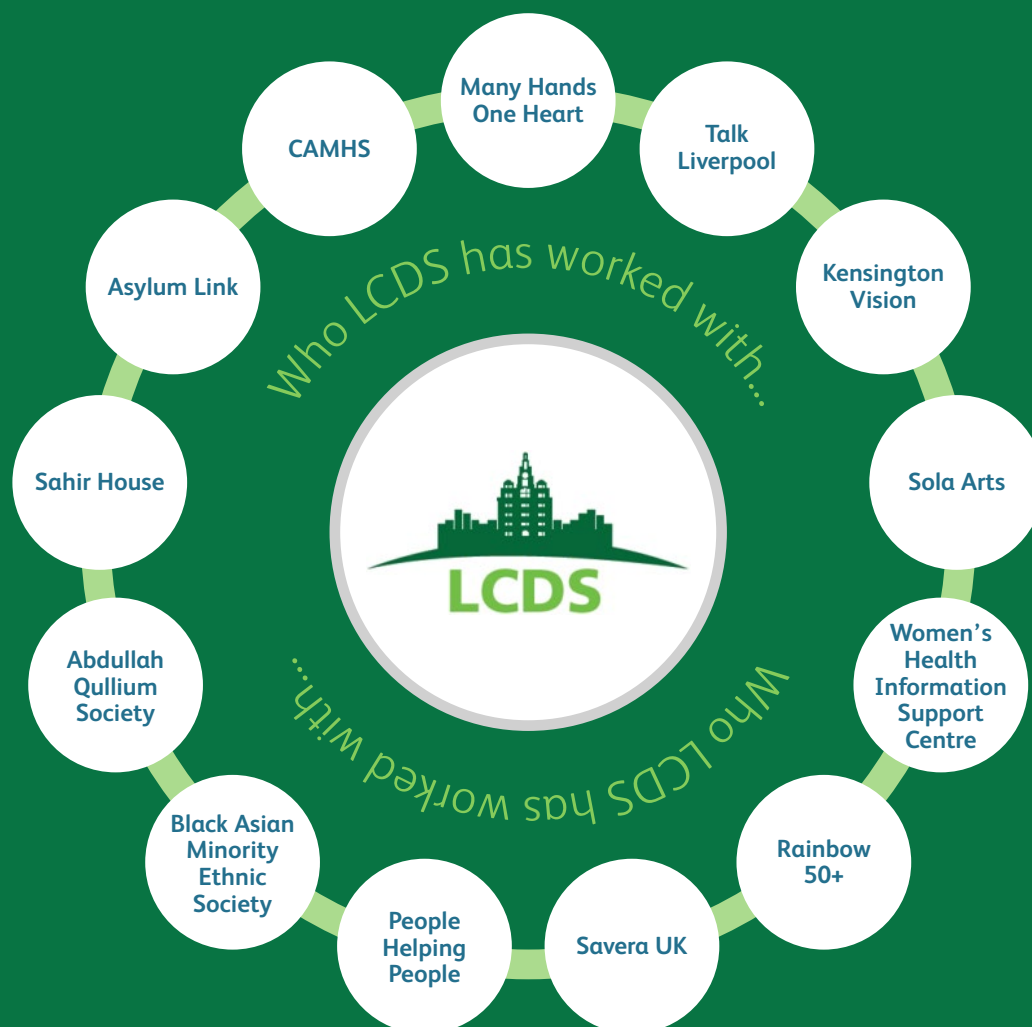
Abdul's story...

Abdul left his home country to escape persecution because of his sexuality. Government officials found out that he was gay and as a result he was disowned by his family, forced to leave his country and coming to the UK seeking asylum.

In the UK Abdul was struggling to learn English, and more important he was frightened to come out within his own community. His asylum application had been rejected by the Home Office who disputed that he was gay. The situation took its toll on him and Abdul was experiencing severe depression, anxiety and bowel problems. When LCDS first started working with Abdul, he described himself as feeling worthless, anxious and unable to sleep.

Contact with LCDS came from a drop-in session at Asylum Link. Abdul needed help to access mental health services, physical health services and support in respect of his sexuality. Very quickly Abdul was referred to the 'Many Hands One Heart' group – a network to support people seeking asylum and refugees living in Liverpool and the surrounding areas who identify as lesbian, gay, bisexual and/or trans. Abdul was also introduced to Armistead Health Centre which gives health advice to LGBT people and was referred to Talk Liverpool for one-to-one support. During his period of contact with LCDS, Abdul became more confident, developed positive relationships within the LGBT community and Kensington as well as improving his English.

Abdul became one of the most active members of the 'Many Hands One Heart' group and was able to speak at a group event about his experiences of being a gay man in his home country. He now supports others from his home country with mental health and sexuality issues and is continuing to appeal for asylum.



Improving mental health through advocacy and support

The World Health Organisation (WHO) has determined that one person in four will develop a mental or behavioural disorder in their lifetime, representing a significant social, psychological and economic burden on society.

Mental disorder prevention is a huge public health priority and is intended to reduce the incidence, prevalence, severity and recurrence of mental disorder. Local and community interventions are one part of an overall framework which contributes to this - including advocacy support ¹¹. The advocacy work carried out by LCDS supports individuals on a one-to-one basis with a range of issues; issues which if unresolved would likely have a negative impact on their overall mental wellbeing.

Inputs from LCDS from December 2016 until November 2017

- LCDS accepted 140 advocacy referrals in 12 months.
- LCDS staff dealt with an average monthly caseload of 29.
- LCDS staff had a total of 581 contacts with the clients throughout the year.

Stakeholder	Outcome and Value added
Service users	<ul style="list-style-type: none">• Resolved issues for 97 clients, dealing with 412 separate issues• Supported with a range of issues including asylum appeals, criminal prosecutions, child protection, housing, looked-after children, social care assessments, finance and debt, and deportation.• By supporting the service users at an early stage, this prevents mental health deteriorating and further reliance on statutory services.• Some statutory services may experience an increase in referrals from LCDS of people from BME backgrounds; including health, social care, housing, benefits and immigration and asylum. There will therefore be a resource impact on the public sector, however this is a necessary impact in order to improve the mental wellbeing of the clients.• The WHO report indicates that provision of preventative services and advocacy at the local level is a key part of the overall mental health prevention strategy ¹².• By embedding the advocacy service within the BME community, this becomes a positive and trusted resource.
Statutory Services	
Community	

Baashir's story...

Baashir was an asylum seeker who had history of self-harming and presented as a suicide risk. In fact he had tried to commit suicide four times in two years and was already well known to mental health services.

Baashir had been waiting for his Home Office interview for two years, and stated that this long delay and period of uncertainty had caused him severe anxiety and depression. He was living in the north of Liverpool, which is far from the city centre, his church and his friends resulting in him feeling very isolated. In addition to his anxiety and depression, he suffered from sleeplessness, all of which contributed to his poor mental health.

Baashir came into contact with LCDS during one of the drop in sessions at Asylum link, where one of the staff listened and built up an overall picture of all the issues affecting him. Consequently, LCDS contacted health professionals and requested supporting letters to accelerate the process of his Home Office application for asylum. He was also referred to the social worker for complex cases at Asylum Link in relation to his mental health and housing issues.

As a result the Home Office and his accommodation providers were appraised of Baashir's health issues and the urgency of the situation. Baashir was subsequently rehoused in the city centre not far from his church. His asylum interview was brought forward and he was granted refugee status.

As a result of these direct interventions by LCDS on his behalf, Baashir's personal situation is significantly better and his self-harming behaviour has abated demonstrating a clear link between the advocacy intervention and an improvement in his mental health.



It is likely that without these representations on his behalf, Baashir's situation would not have progressed as quickly or positively as it did.

Daiya's story...

Daiya self-referred to LCDS and told our workers her story. Daiya came to the UK to be near her children and grandchildren and lived apart from her husband, who remained in their home country. Although her husband visited a few times a year, she stated that she had issues regarding being far away from him but could not leave her children and grandchildren.

Daiya is highly educated and was a professional in her home country, but was not working in the UK and was dependent on the income of her husband. She told us that she was anxious, lonely, suffered from depression and had an eating disorder. She had not made any friends and had difficulty in connecting with women from her home country in Liverpool. She spoke English well but had no English friends either.

LCDS introduced Daiya to a health focus hub LCDS had developed in partnership with a local centre and her involvement led to discussion about eating disorders. Daiya also engaged with the Women's Health Information Support Centre (WHISC) following a referral and introduction by LCDS. She was also encouraged to consult her GP about her depression.

Following these referrals Daiya is now involved in activities at WHISC. She is receiving counselling regarding her eating disorder and has also improved her social network.

After LCDS supported her, Daiya said: "I felt useless and alone. I felt anxious about future and sorry for myself. I starved myself because I hated myself and felt guilty for being away from husband. I know that my doctor was very helpful and understanding however I think the support from LCDS and WHISC was fundamental in my recovery. I get by a lot easier now and have made some friends from groups I attend. I am also looking for a volunteering job as I eventually want to be more productive here."

"I get by a lot easier now and have made some friends from the groups I attend."

"I think the support from LCDS and WHISC was fundamental in my recovery."



Section 6: Spotlight on 'What's Your Story'

"What's your Story" was a creative writing initiative delivered along with City Hearts and Writing on the Wall specifically aimed at trafficked women seeking asylum in the UK. The creative writing course was designed to give them a platform to tell their story in their own words and express and highlight their issues in the form of a published book.

Sixteen women took part in the six week course writing their stories and working towards publication. The book was launched in Liverpool Central Library with the participants reading their work aloud to an invited audience. The project aimed not only to produce this book and host a launch event, but also help the participants to develop new skills, improve their English and to reduce their own social isolation. The evaluation of the project identified that the women involved bonded and formed positive friendships due to their shared experience.

One slightly negative impact was identified as part of the project, when the women were asked to imagine an ideal day in the future. The impact of this was unexpected, as the women at this stage of their life were in a state of limbo and unable to contemplate the positives of the future. They became upset and tearful. However even this negative created a positive as it enabled them to communicate this as part of the book and convey the simple things which would be part of an ideal day.

There was no quantitative evaluation carried out, but during the project the communication skills of the participants improved, as did their confidence and ambition. Feedback was gathered from all the women involved.

"I didn't want to get out of bed this morning, but knowing the writing session was on made me feel I could get up and deal with my day."

...

"The project helped clear out my mind."

...

"I felt a little down before sessions and always felt happier after leaving."

...

"My story matters, I feel like I matter."

...

"I would like to do motivational speaking and performance skills."

The audience who attended the book launch also gave positive feedback:

"It was very inspirational, the women were amazing."

"It was a very emotional event and I was inspired by all the stories."

"Really moving and heart-warming event. I feel so privileged to have been invited."

"Absolutely amazing. Giving women back their voices, confidence and futures."

This section was adapted from the evaluation conducted by Emma Hulme in January 2017.

Section 7: Spotlight on International Women's Day

In March 2017, LCDS along with a large number of partners, hosted an event for International Women's Day for 180 women at the Black-E in Liverpool. The theme of the evening was 'Bold for Change' and involved a number of events and speakers.

Two women from the community shared their stories on the night – one from Liverpool and one telling the story of her journey to Liverpool. A group of students from Liverpool John Moore's University showcased a film that they developed looking at a day in a woman's life where she is suffering from poor mental health and its impact on them before and after seeking help.

On the evening there were a number of stalls of promoting their services and providing information for the women, therapies, jar painting, the Hendless project where people use a map to identify an area that means something to them and a special choir from MRAN. Catering was provided by Sista Sue's a local Caribbean cuisine and each woman was given a flower to take as a representation to our unique self.

What the participants said:

“I wait for this event all year as it's the only event that welcomes everyone regardless of who they are.”

“I feel like I am part of the United Nations tonight with so much diversity in the room.”

“This is the first event we participated in and felt welcome and being part of such a diverse community.”

“Very inspiring event and good platform for dialogues.”

“This is a brilliant event and great appreciated hearing so many inspiring stories.”



This section was adapted from the evaluation conducted by Afrah Qassim in March 2017.

Section 8: What stakeholders and beneficiaries say about us

"I thought it was interesting to learn more things about mental health as part of the course."

"I learned that life is easier when you speak out to people."

"LCDS has helped me do my job as a campaigner much more effectively by providing me with information, skills and knowledge, as well as local contacts and case studies. I'm thankful for the role LCDS has played in supporting advocacy work - both locally and nationally - to improve the lives of refugees and people seeking asylum. As noted above, LCDS has also helped me signpost vulnerable asylum seekers to the help they need."

"I thought it was a very interesting session and there was a lot of good information."

"Mohammed volunteered to take place of an (expensive) interpreter during a Pathways Advisory meeting at Walton Life Rooms. Mohammed kept up communications in the most professional manner prior to the meeting. During the meeting the support he offered my client was unrivalled and no external interpreter could have offered this level of help. Without him our Talk Liverpool client would not have received the help needed and would have remained isolated & unsupported. He is a great colleague."

"I now have a much stronger understanding of health and mental health services in Liverpool and the community services that people seeking asylum can go to for wellbeing support. This has been invaluable in helping me signpost people to the help they need, and also identifying gaps in local health provision."

"I thought it was a very interesting course, and learnt a lot and that there are all different types of disorders in life. I think the trainer helped me as a person, he was lovely."

References

- ¹ Lubian, K., Weich, S., Stansfeld, S., Bebbington, P., Brugha, T., Spiers, N. ... & Cooper, C. (2016). Chapter 3: Mental health treatment and services. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.
- ² Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.
- ³ Qassem, T., Bebbington, P., Spiers, N., McManus, S., Jenkins, R., & Dean, S. (2015). Prevalence of psychosis in black ethnic minorities in Britain: Analysis based on three national surveys. Social Psychiatry and Psychiatric Epidemiology, 50(7), 1057–1064.
- ⁴ Kirkbride, J.B., Barker, D., Cowden, F., Stamps, R., Yang, M., Jones, P.B. & Coid, J.W.(2008). Psychoses, ethnicity and socio-economic status. The British Journal of Psychiatry, 193(1), 18–24.
- ⁵ Black, M.C., Basile, K.C., Breiding, M.J., Smith, M.J., Walters, S.G., Merrick, M.T., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report. US Department of Health and Human Services, National Center for Injury Prevention and Control, & Centers for Disease Control and Prevention. Retrieved from cdc.gov/violenceprevention/nisvs/
- ⁶ Ullman, S.E., & Filipas, H.H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. Journal of Traumatic Stress, 14, 369–389.
- ⁷ Gajwani, R., Parsons, H., Birchwood, M., & Singh, S.P. (2016). Ethnicity and detention: Are black and minority ethnic (BME) groups disproportionately detained under the Mental Health Act 2007? Social Psychiatry and Psychiatric Epidemiology, 51(5), 703–711.
- ⁸ Craig, G., Taylor, M., Wilkinson, M. and Bloor, K. with Munro, S. and Syed, A. (2002) 'Black and minority ethnic organisations' experience of local compacts', JRF Findings, JRF www.jrf.org.uk
- ⁹ 28 of the 29 participants across 2 separate sessions increased their score. No participants had poor or no knowledge following the sessions.
- ¹⁰ Prevention of Mental Disorders: Effective interventions and policy options, WHO, p17.
- ¹¹ Prevention of Mental Disorders: Effective interventions and policy options, WHO, p14.
- ¹² Prevention of Mental Disorders: Effective interventions and policy options, WHO, p58.

For more information contact the PSS team on:

T 0151 702 5554

E julia.purvis@pss.org.uk

psspeople.com

•
Mersey Care:

E meryl.cuzak@merseycare.nhs.uk

•
Mary Seacole House:

E info@maryseacolehouse.com

