

Thank you for joining today's event,  
which will start at 13:00.

We would like to create an AMHE playlist  
for our events. While you are waiting,  
please add a song that inspires or  
uplifts you to the chat and  
we will start putting the  
playlist together!



**Learning Set 4**

3rd May 2022

13:00 – 15:00

# Welcome!



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# Housekeeping

- Please mute your microphone unless you are speaking.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- The session will be recorded and shared on our website. If following today's event, you do not wish to be identified, please contact us on the email below.
- If you experience any technical difficulties, please email [AMHE@rcpsych.ac.uk](mailto:AMHE@rcpsych.ac.uk)
- We will be live tweeting this event from @rcpsych! Please also find and follow us @NCCMentalHealth or search for #AMHE



# Agenda

Time	Item	Speaker
13:00 – 13:05	<b>Welcome</b>	Tom Ayers
13:05 – 13:30	<b>Listening, learning and leading</b>  Mind in Tower Hamlets and Newham & Mind in Haringey	Pritty Rana Joanna Boldeau
13:30 – 13:55	<b>Identifying and tackling health inequalities of Asian/Asian British Men over 40 years old that live in Bedford</b>  Bedfordshire Wellbeing Service, East London NHS Foundation Trust	Sharon Gugerly Laush Loganathan Kayleigh Sanders
13:55 – 14:05	<b>Break</b>	
14:05 – 14:55	<b>Considering intersectionality</b> <ul style="list-style-type: none"><li>• Introduction to intersectionality – Jacqui Dyer, <i>Equality Advisor for the NCCMH</i></li><li>• Intersectionality in the AMHE Collaborative – Tom Ayers, <i>Director of the NCCMH</i></li><li>• Breakout groups</li></ul>	
14:55 – 15:00	<b>Close</b>	Tom Ayers

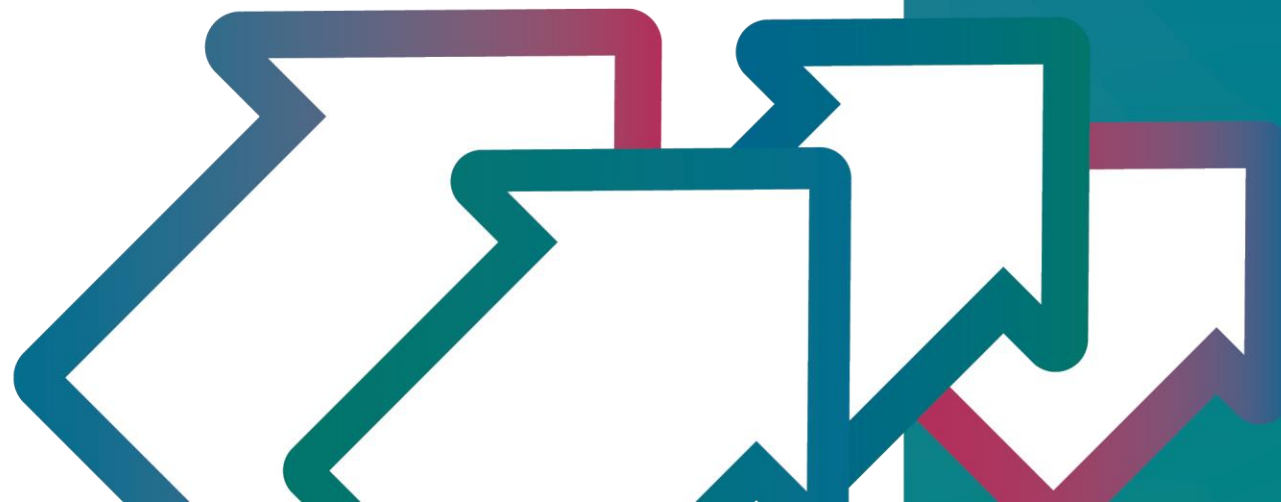


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# Listening, learning and leading

Mind in Tower Hamlets and Newham & Mind in Haringey  
Pritty Rana & Joanna Boldeau





# **Advancing Mental Health Equality - MITHN and MIH**



**Our ambition is to become a truly anti-racist organisation. We will be an unflinching advocate for racial justice and mental health. Our support will be engaging and effective for people from racialised communities. We will invest in building an inclusive organisational culture with diverse leaders.**



# Mind in Tower Hamlets, Newham and Redbridge

Mind in Tower Hamlets and Newham (MITHN) acknowledge that institutional racism exists within society, the mental health system and our organisation, we will use our position to influence change. The Board of Trustees and staff have agreed to a strategic objective of becoming an Anti-Racist Organisation. We believe that an Anti-racist organisation is also an anti-discrimination organisation. We will be advocates for racial justice and equality for all members of our community. We will continually invest in building an inclusive organisational culture with diverse leaders.

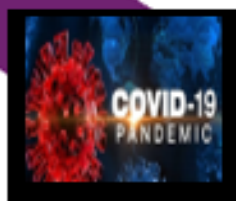
Like many charities the last 18-months posed enormous challenges for our organisation. The disproportionate impact of the Covid-19 pandemic on BAME communities and the global “Black Lives Matter” movement has highlighted the inequalities faced by racialised communities have deepened. This has resulted in us intentionally exploring racism and the impact that it had on the lives of our clients and staff.

*An Anti-racists organisation acknowledge and challenge the privileges that come with being white and the disadvantages experienced by people of colour. It is not possible to understand or challenge racism without understanding how it privileges some and discriminates against others.*

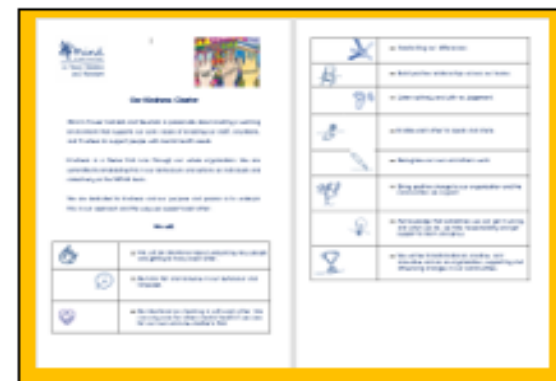


# Mind in Tower Hamlets and Newham Journey towards becoming an anti-racist Organisation

**February 20 Training**  
Community organising training and relationship built with CitizensUK



**March 20 Listening**  
Listening - Kindness during COVID and building deeper connections.



**Black Lives Matter Protests**

**Celebrating our Successes**

**June 20 Listening**  
Listening to the impact of racial injustices with colleagues

**October 20**  
National Mind – Developing their Anti-Racist Strategy

**March 21**  
Diversity Training for Staff and Board of Trustees

**May 21**  
MITHN Strategic ½ day – Statement and strategy development.

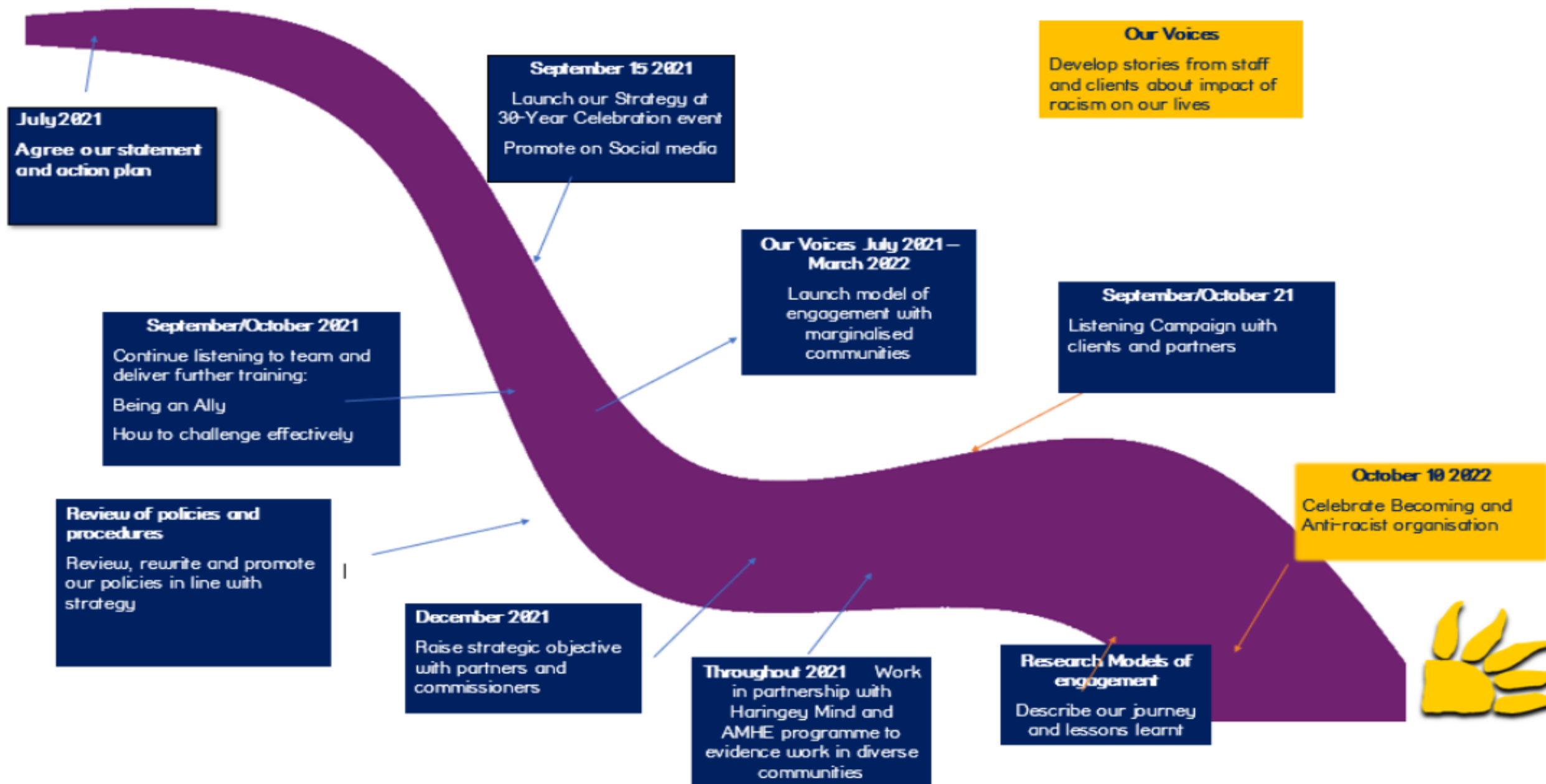
**Kindness Charter – Moving from listening to actions**  
Dreaming, Developing, Doing  
Staff dreamt about how we can be a kinder to each other.

**December 20**  
Mapping of MITHN's Anti Racist Strategy

**January 21**  
Launch of MITHN Influencers

**March 21**  
Start of 21-day Anti-Racism Challenge

## Mind in Tower Hamlets and Newham Journey towards becoming an anti-racist Organisation - Phase 2



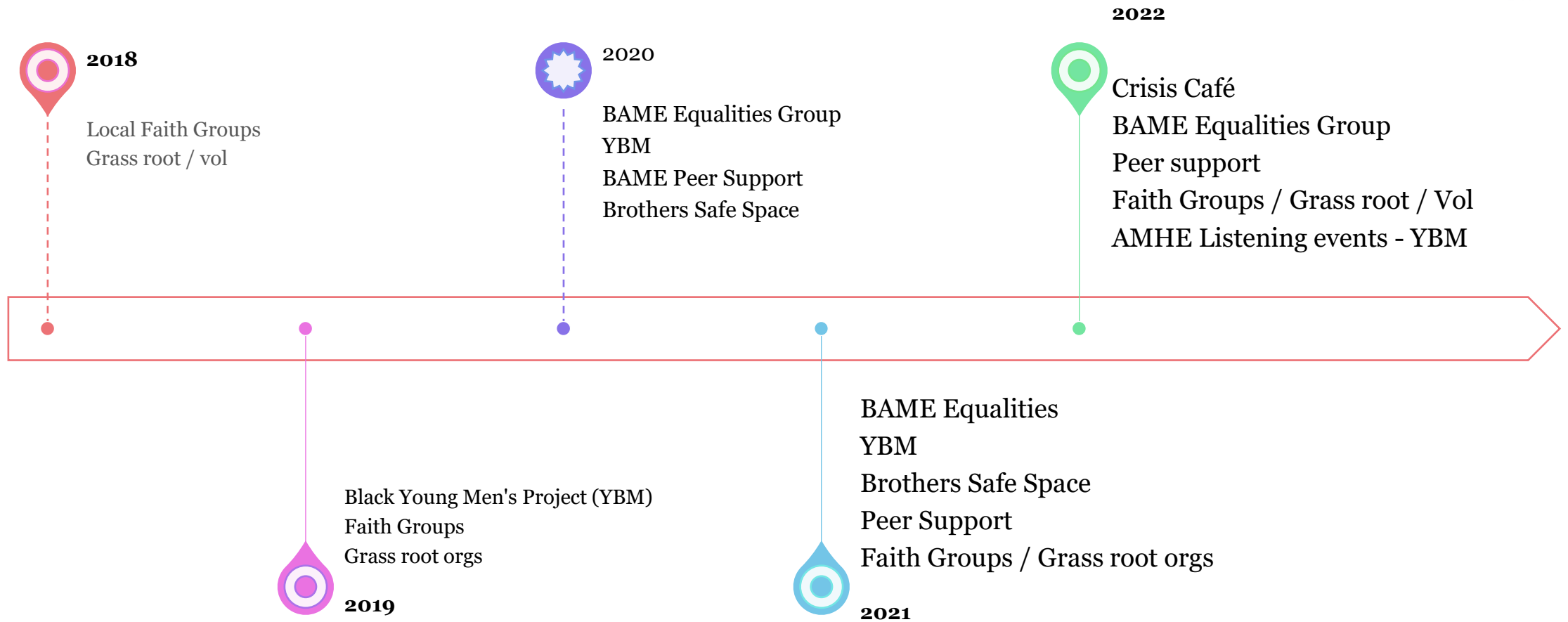
# Mind in Haringey

## Tackling inequality is a key priority.

- The pandemic alongside the upwelling of anti-racist protests has further highlighted an urgent need to address inequality across all areas of society, most importantly in mental health.
- We know that mental health needs in the UK population has increased during the pandemic and within racialised communities, people living in poverty and that children and young people have been disproportionately affected.
- Haringey is of the most diverse and 4<sup>th</sup> deprived borough in London. Fighting for equal access of service provision, influencing local providers and leading grass root organisations has and is our priority.

*The vision of the AMHE Collaborative aligns well with Mind's strategic priorities and offers an opportunity through which we can work with to deliver this commitment to the communities we serve.*

# Mind in Haringey



# Data Example

## Health inequalities and inpatients

### Ethnicity and admissions – Section 2

The largest absolute numbers of patients are White British, however, the cumulative incidence of admission under section 2 was disproportionately higher amongst BAME groups.

#### Cumulative incidence of admissions under Section 2 per 1000 people in the BEH community (Apr 18- Nov 20)

Black men (18-39yrs)	8.44 per 1000 people
Black females (all ages)	4.60-7.43 per 1000 people
White men (all ages)	1.32-2.75 per 1000 people
White women (all ages)	1.13-2.45 per 1000 people

Amongst men and women from Black ethnic groups, those admitted under Section 2 were predominantly from Black African and Black Caribbean groups.

Black women known to CMHT (~ <50%) at point of Section 2 admission were most likely to be under the care of EIP and Haringey locality teams

Black men known to CMHT at point of Section 2 admission were most likely to be under the care of H&E EIP teams, and Haringey community rehab team.

Priority postcodes for the reduction of inequalities in Section 2 admissions are EN3, EN5, N17, N15, N18, N22, N8 and N9.

## Health inequalities and inpatients

### Ethnicity and admissions – Section 3

The largest proportion and absolute numbers of patients are Black British, despite the much smaller prevalence of Black ethnic groups in BEH.

#### Cumulative incidence of admissions under Section 3 per 1000 people in the BEH community (Apr 18- Nov 20)

Black men (18-39yrs)	4.27-4.83 per 1000 people
Black men (50-59yrs)	4.65 per 1000 people
Black women (50-69yrs)	3.49 per 1000 people
White men (all ages)	0.49-0.82 per 1000 people
White women (all ages)	0.44-0.83 per 1000 people

Younger Black males admitted under Section 3 tend to be from Black African groups, and older Black males from Black Caribbean groups

At point of Section 3 admission Black men were most likely to be under the care of Haringey EIP and community rehab team.

At point of Section 3 admission older black women were most likely to be under the care of Haringey Adult North East Locality Team and Haringey Adult West Locality Team, whereas younger Black women were most frequently known to EIP teams.

Priority postcodes for the reduction of inequalities in Section 3 admissions are N8, N9, N15, N17 and EN3.

Supporting healthy lives

Supporting healthy lives

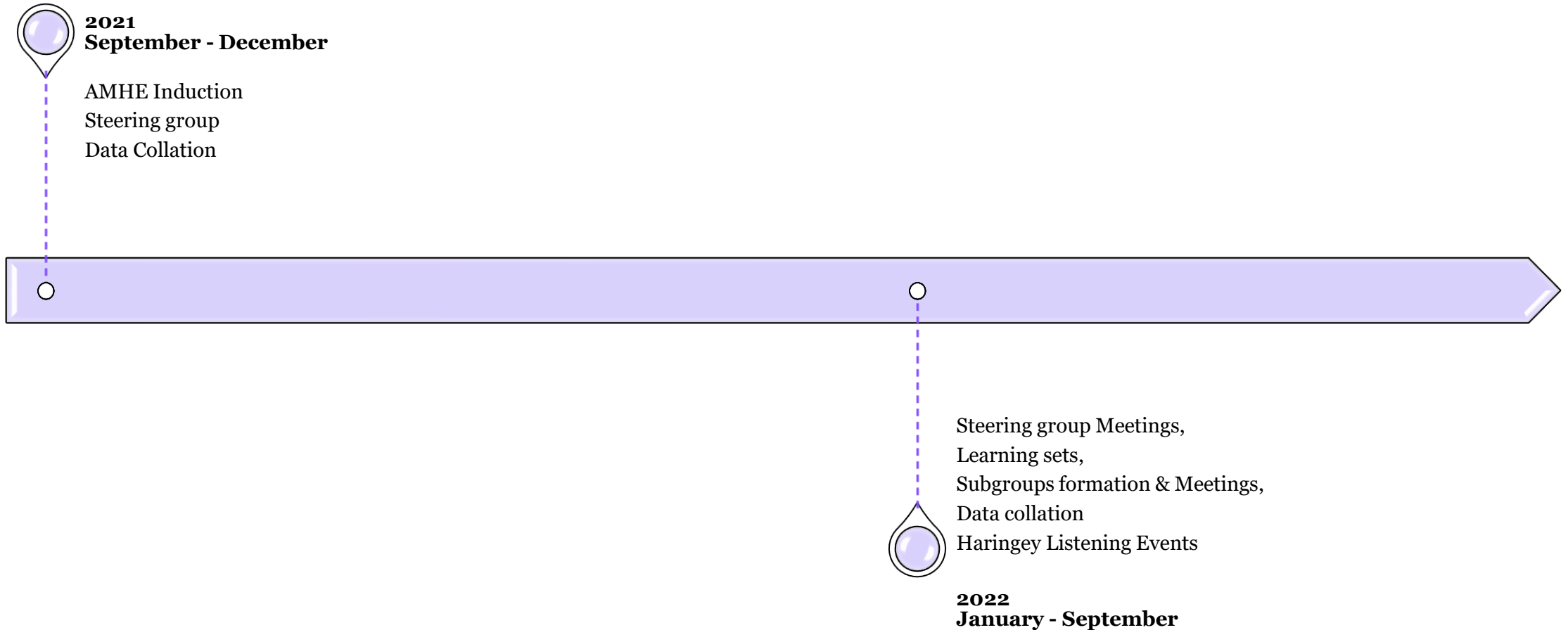
Population segment	Is data available?	Can we get our arms around the population?	Is there urgency?	Is there any work already happening?	Do we have existing relationships with key stakeholders?	Is there a governance forum that brings stakeholders together?
Young Black Men	<ul style="list-style-type: none"> <li>• <a href="#">Haringey – Mental Health Inequalities</a></li> <li>• <a href="#">npatient Data Analysis – Inequalities</a></li> <li>• <a href="#">CAHMS Inequality Report</a></li> <li>• <a href="#">BEH Inequalities</a></li> <li>• <a href="#">Draft BAME Equalities Action Plan</a></li> <li>• Covid and Haringey BAME Communities</li> </ul>	✓	✓	✓	✓	✓
Black & Asian Women		✓  ?	✓  ?	✗  ✗	✓  ✗	✗  ✗
Dual Heritage		✓	✓	✗	✓	✗



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# Mind in Haringey



# Our Overarching Team

- We have representation from the local communities in Haringey, Tower Hamlets, Newham and Redbridge.
  - East London Foundation Trust
  - Red bridge Council
  - Local Mosques
  - Newham Muslim Forum
  - Newham Citizens
  - Sakinah Women
  - BEH Trust
  - Haringey Public Health
  - You vs You
  - Haringey Council
  - Black Thrive
  - Local Faith Groups



# Our Model

## Listen

Build into our strategy and operations, forums to listen to our staff, clients and communities. To review our progress and create open and safe spaces for people to share their experience

## Learn

It is our responsibility to be active and learn about the experiences for people . To Recognise racism, call it out and influence change as allies

## Becoming and Antiracist and anti-discriminatory organisation

## Action

We will take action when we see racism and discrimination, we will share our actions and hold ourselves to account.

## Lead

We are leaders and we are committed to building leaders and allies. As leaders we will not always get it right, but we are committed to moving forward with compassion and accountability.

# Our approach

Phase 1: Listening and learning

Phase 2: Action and Leading

Phase 3: Delivering improved service

2020-21

2021-22

2022-23

Q3

Q4

Q1

Q2

Q3

Q4

Q1

Q2

Q3

Q4

Q1

Q2

Q3

Q4

This was a period of listening and learning. We carried out a listening campaign within the team and completed the 21 day Anti-racism Challenge. held our strategy day.

Developed our Strategy towards becoming an Anti-Racist Organisation

Developing, planning and acting towards that goal. Launching our strategy on the 15<sup>th</sup> September and coproducing our action plan with staff, trustees and clients

Advancing Mental Health Equality

Set up the Our Voice's Project

This is the final implementation stage, the focus here is on day-to-day work of all staff within Mind in Tower Hamlets, Newham and Redbridge. This will involve actively prioritising racial equality in everyday tasks and processes, making this integral to project delivery.

Our high level roadmap sets out our actions to achieve race equity across the three phases

# Our Challenges

- Resourcing – Funding
- Building Trust
- Direct Action/Impact
- Culturally competent
- Time and manpower
- Data sources



# Our Work So far..

- Applied for a Racial Equity Fund
- Planned and set up the Our Voices Project
- Talked to local community leaders
- Developed our Proposal to create safe spaces for BAME Muslim women to talk about their mental
- Set up 5 safe spaces in partnership with local Mosques and Community Groups including Redbridge Library,
- Trained BAME women as Peer leaders to work alongside us to facilitate safe spaces including the Sakinah Project and African and Caribbean Women's Poetry Group in Tower Hamlets.
- Set up local listening campaigns for BAME Muslim women and people who are experiencing inequalities in access, experience and outcomes.
- Presenting at the Launch of Black Thrive Haringey to local residents and stakeholders
- Hosting an event – Health and Mental Health – Improving our services together with Citizens UK
- MIH are setting up listening events for Young black men
- Set up and met with our Overarching Project Team in April.

# Our Communities have said...

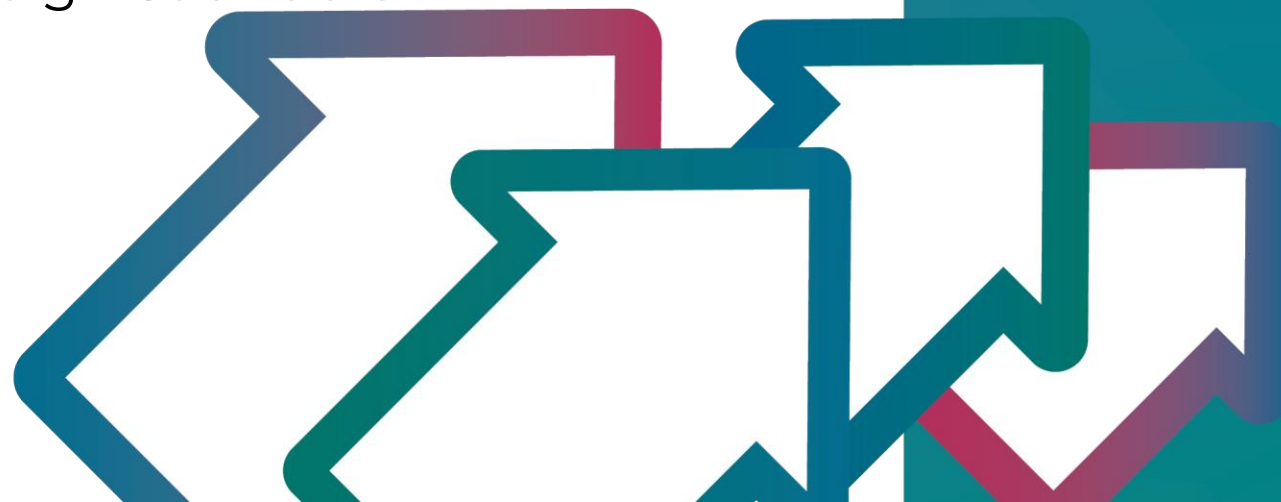
- Concerned about Maternity, GP services, Specialist services and Mental Health Service
- Concerns are often dismissed by their GP
- Language barriers
- Knowledge gaps – What's available?
- Assumptions about gender and cultural identity
- Trust one participant said “ I trust MITHN more than my Psychiatrist”
- Finding a service that is culturally informed

The background is a solid blue color. In the upper right quadrant, there are several thick, white, hand-drawn style lines that curve and intersect, creating a sense of movement or a stylized graphic element.

**Any Questions?**

# Identifying and tackling health inequalities of Asian/Asian British men, over 40 years old, that live in Bedford

Bedfordshire Wellbeing Service, East London NHS Foundation Trust  
Sharon Gurgely, Laush Lognathan & Kayleigh Saunders







# QI Triple Aim Project







## Triple Aim statement

Identifying and tackling health and life inequalities of Asian/Asian British Men over 40 years old that live in Bedford.

To improve their overall wellbeing, quality of health and life by working with third sector organisations and physical & mental health services.

# Three Part Data Review

## Identifying a Population

Looked at data available

- IAPTUs
- Bedford Borough Council and Central Bedfordshire Council Websites
- Indices of Deprivation
- JSNA - Joint Strategic Needs Assessment
- CCG Website

# Three Part Data Review

Voted on a population

- Narrowed down to three areas in Bedfordshire
- Age
- Ethnicity
- Gender

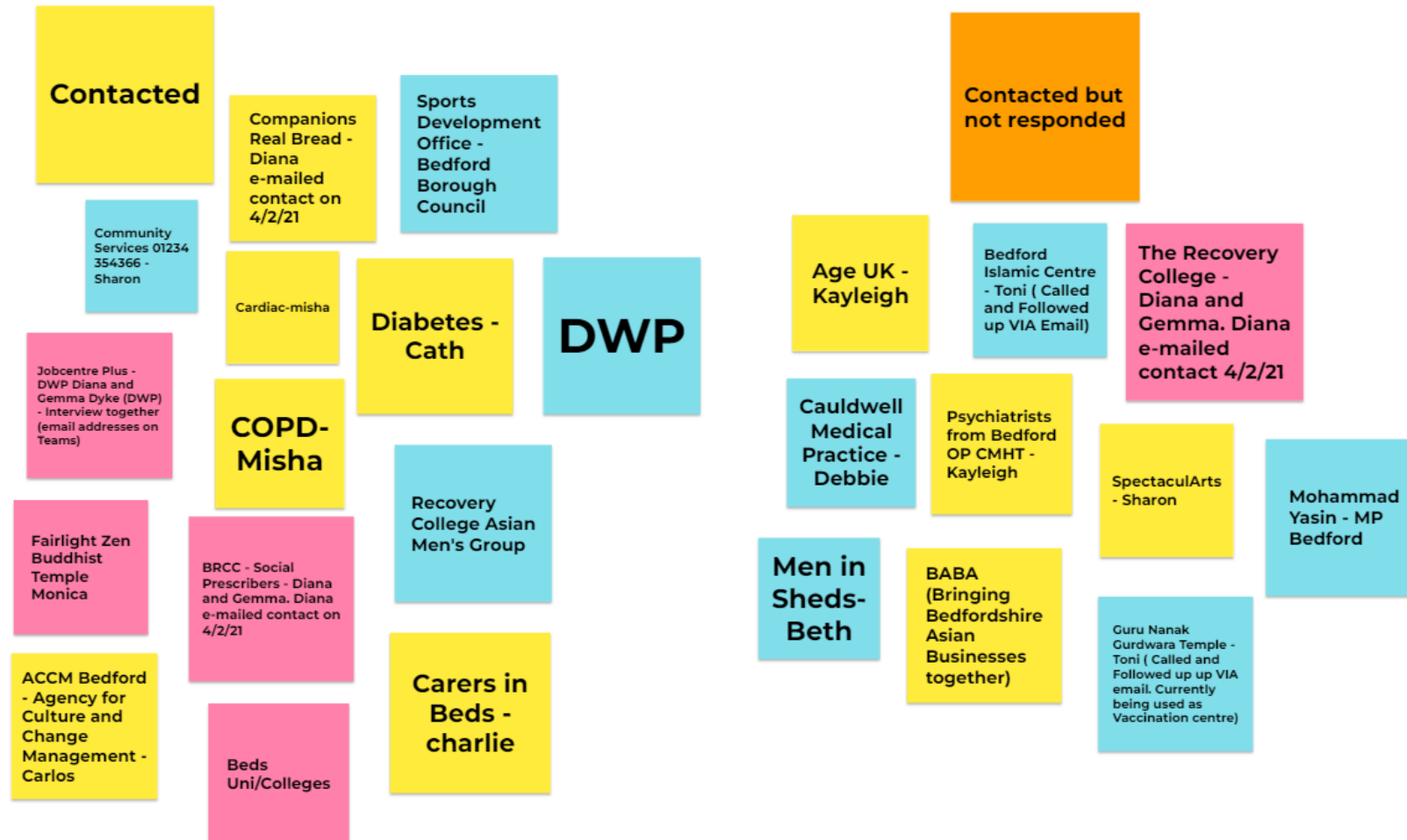
Please Vote - 1 vote per person	
Bedford	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
Flitwick	
Houghton Regis	

Age	Ethnicity	Gender	Age + Gender	Ethnicity + Gender	Ethnicity + Age
40-64	Black or Black British	Men	Men over 40	Men Black or Black British	Black or Black British people over 40
	Asian or Asian British			Men Asian or Asian British	Asian or Asian British people over 40
65+	Other ethnic groups		Men over 65	Men Other ethnic groups	People from other ethnic groups over 40

# Three Part Data Review

## Engaging with Partners and Stakeholders

Please list all the partners / stakeholders who could help us learn more about this population?



# Three Part Data Review

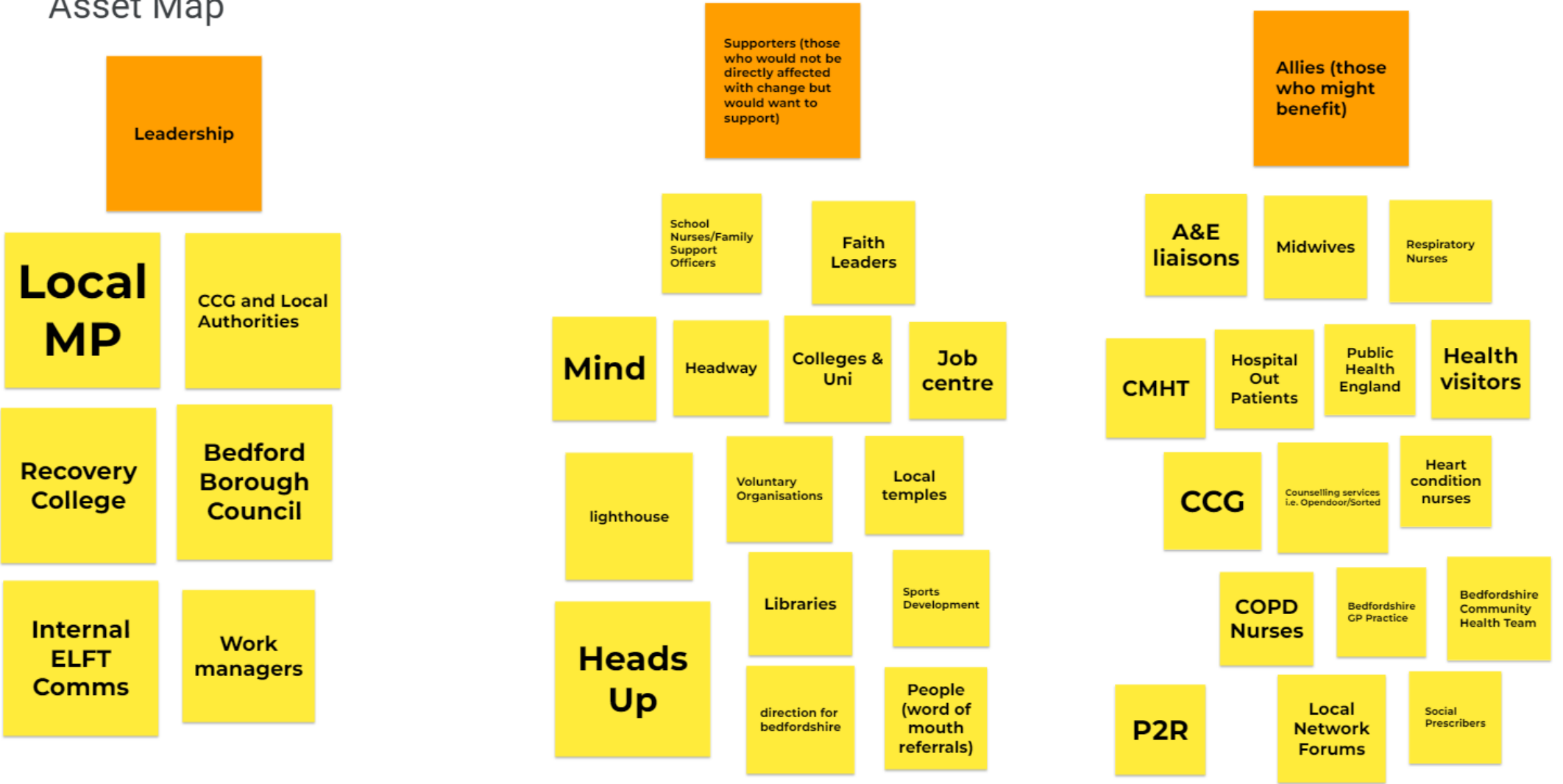
Engaging with the identified population - what is missing?

- Interview BWS services users
- Agreed on a list of questions
- Social media

# Three Part Data Review

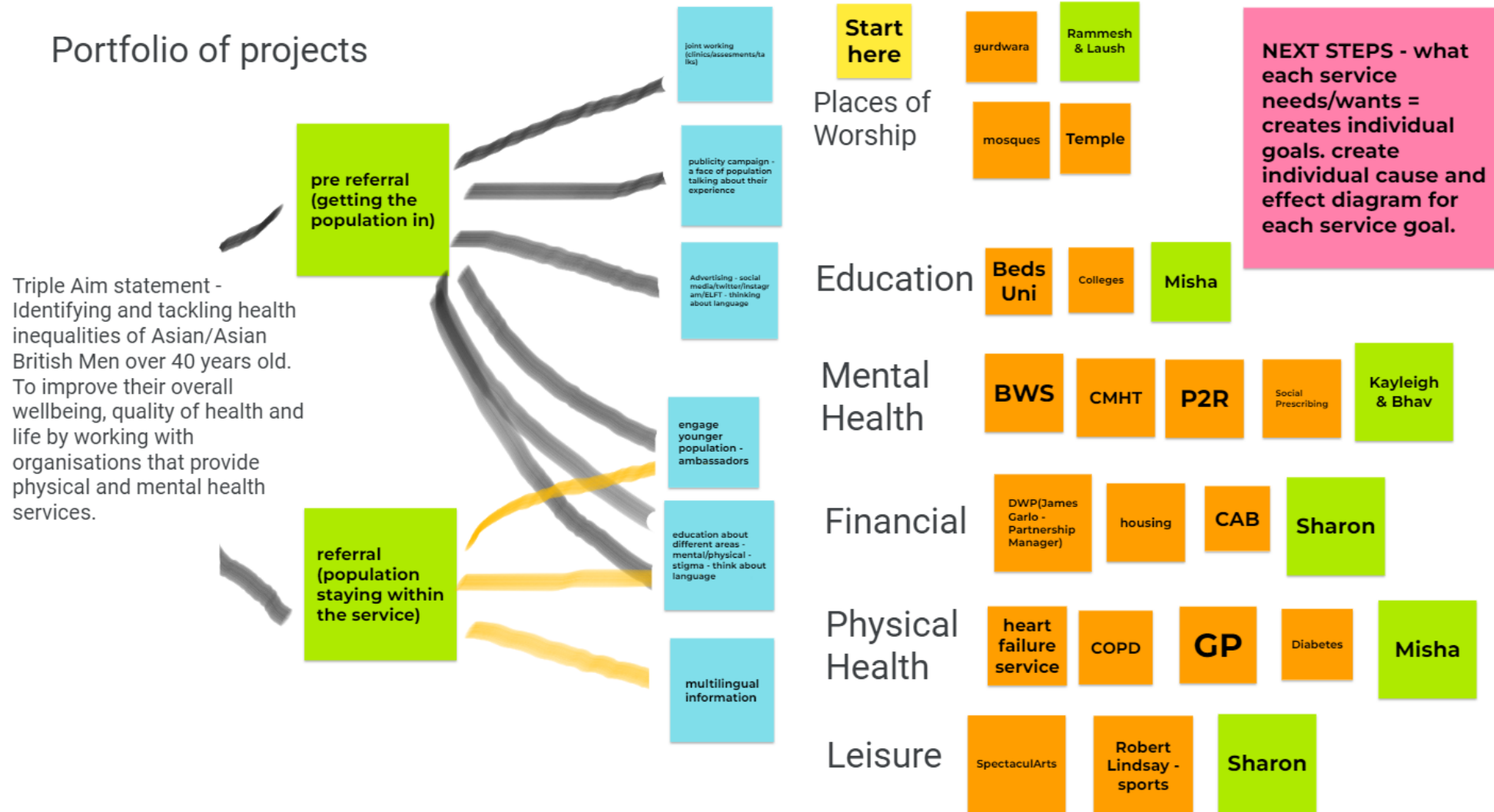
## Identifying our Partner Agencies and Stakeholders

### Asset Map



# Three Part Data Review

## Identifying our Partner Agencies and Stakeholders



# Three Part Data Review

## What we know from IAPTUS

In the last 6 months we had 148 referral from Asian men and 16% of them haven't had an assessment (doesn't reflect patients who are still waiting for assessment).

Also looking at October to March, of 150 Asian men who were discharged from the service:

17% were discharged without an assessment

39% with assessment only

Only 44% had 2 or more appointments.



# Three Part Data Review

Engaging with the identified population - what is missing?

- ▶ Visit places of worship in the local area -  
Guru Nanak Gurdwara Temple and Gulshan-e-Baghdad Masjid
- ▶ Ascertain whether leaders within the congregation can help us with the presentations (waiting for response)

# Three Part Data Review

## Successes

- Continued enthusiasm of the team
- Help from other services
- Rich conversations
- What we have learnt along the way

## Challenges

- Making contact with our identified population
- Finding interpreters to work with us
- Time

# Intersectionality

**Introduction to intersectionality** – Jacqui Dyer, *Equality  
Advisor for the NCCMH*



# What do we mean by *intersectionality*?

OED definition:

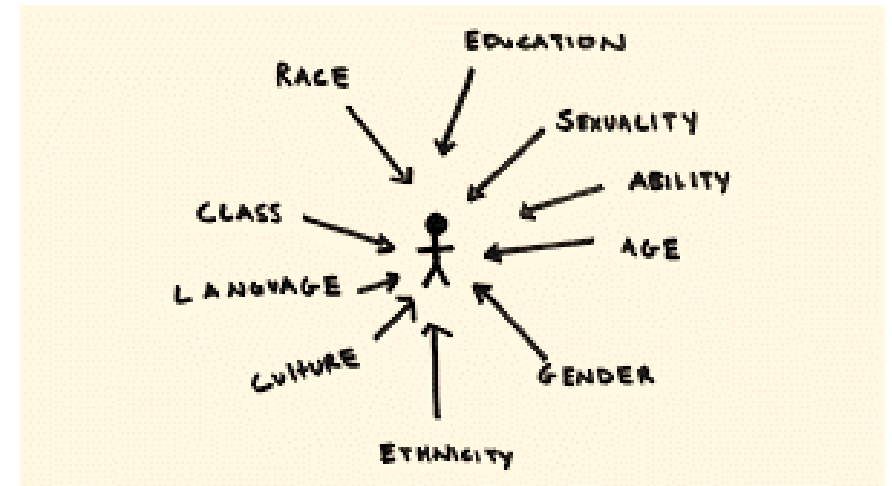
*The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.*



Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times, that framework erases what happens to people who are subject to all of these things.

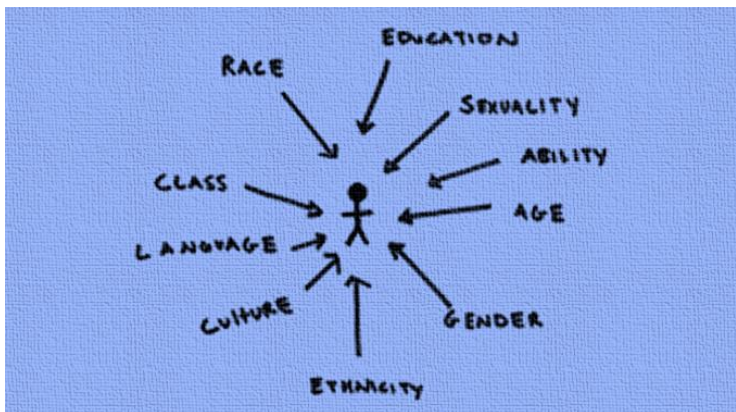
**Kimberle Crenshaw**

The theory proposes that individuals think of each element, or trait of a person, as inextricably linked with all of the other elements in order to fully understand one's identity. The term was coined by **Kimberle Crenshaw**.



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# What role does intersectionality play?



- Inequality is often a result of combinations of factors such as **socio-economic position, gender, race/ethnicity, sexual orientation and religion.**
- Research suggests there is considerable value in assessing intersectional inequalities across population groups for **priority setting and action on mental health inequalities.**
- When thinking about inequalities in mental health, we also have to think about **inequalities in health generally**, and how social (including racial, economic, educational) inequalities contribute to a person's health and wellbeing.
- Better knowledge about **mental health across intersecting positions** could provide a stronger empirical foundation for monitoring trends, making policy-decisions and moving inequality research forward.



# What role does intersectionality play?

Simultaneously experienced disadvantages tend to produce more than additive disadvantage in health (Grollman et al., 2014)

A large body of research has identified social inequalities in mental health across multiple dimensions of inequality, such as socioeconomic position, gender, and sexual orientation, among others (Trygg, et al., 2019)

Certain material factors (e.g., income, residential ownership) and psychological factors (violence, degrading treatment) contribute to inequality in different ways for different groups (Gustafsson et al. 2016)

Gender has a strong influence on the pathway to health, partly because of the importance of gender in establishing identity and ethnicity may also be important (Wickrama et al, 2005)

Disadvantage in early life makes a contribution to poor health in adulthood.  
WHO (2009) *Mental health, resilience and inequalities*

## Research insights



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# Intersectionality

**Intersectionality in the AMHE Collaborative** – Tom Ayers,  
*Director of the NCCMH*



# Intersectionality in the AMHE collaborative

- Intersectionality in your population identification
- Intersectionality in your project and intervention design
  - Subgroup design
  - Intervention specificity
- Revisiting intersectionality throughout the QI process





# Breakout Groups

Choose one of the populations that your organisation has decided to focus on in the AMHE Collaborative. Thinking about this population, consider the following questions:

1. Are there any intersectionalities that you have already identified in this population group?
2. Following the session just now, have any key additional intersectionalities come to mind that you may need to attend to in this population?
3. If so, what might the differing needs be for these additional intersectionalities?
4. How can the sub-team adapt their approach to reflect any new important intersectionalities that are identified as the project develops?



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# Example: Yemeni women in Sheffield

1. Are there any intersectionalities that you have already identified in this population group?

- Gender, ethnicity, geographical area

2. Following the session just now, have any key additional intersectionalities come to mind that you may need to attend to in this population?

- Age, English as a second language

3. If so, what might the differing needs be for these additional intersectionalities?

- Age = May access services differently
- ESL = May require access to an interpreter, or reading materials in their first language

4. How can the sub-team adapt their approach to reflect any new important intersectionalities that are identified as the project develops?

- Continually review the change theory
- Monitor socio-economic background and religion as potential factors that might present a different need

# Breakout groups



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# Questions?



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# Next steps

Tom Ayers



# **Thank you for attending this Advancing Mental Health Equality learning set.**

Please complete the online feedback form by clicking the link in the meeting chat.

