



# *Redressing Health Inequality through Policy & Practice*

---



When does the role of & responsibility of a researcher end?



★ Does it end with completing the report?



★ Does it end by disseminating information & adding to our current knowledge through conference presentation & publications?

★ Or more than that....?



*Being Understood, being Respected: An Evaluation of Mental Health Service Provision from Service Providers and Users' Perspectives in Birmingham, UK.*

---

- ★ Working together to promote mental health recovery: users' and professionals' perceptions & experiences of having a culturally sensitive mental health service in Birmingham.

**Fatemeh Rabiee & Paula Smith(2013)**

International Journal of Mental Health Promotion, 15:3,  
162-177, DOI: 10.1080/14623730.2013.824163





# *Rationale for undertaking this project*



- ★ This research project was commissioned based on concerns raised about the poor quality of mental health services experienced by Black African and African Caribbean communities in Birmingham.
- ★ The research project examined the views and experiences of using and providing mental health services from the perspectives of Black African and Black African Caribbean mental health service users, their carers, voluntary services and a range of statutory mental health professionals and commissioners in Birmingham, UK.
- ★ It aimed to identify strengths and gaps in local services, and recommendations for improving experience and access to mental health services.





# *Study Design; what was unique about this project?*

- 
- ★ A participatory approach was taken which involved working with Non Governmental Organisations (NGOs) as co- researchers, service users and carers from the inception of the study until the dissemination of findings to the relevant professional groups.
  - ★ A steering group comprising of representatives from three local non-governmental organisations (NGOs), a carer, two service users, two mental health professionals and two academics was established to oversee the research design, recruitment of participants and development of interview schedules to ensure that terminology was culturally appropriate.
  - ★ To build capacity and return favour for the NGOs input to the project, two days basic qualitative research training organised prior to data collection. Fourteen participated and 3 Co-researchers with relevant community languages were recruited for part of data collection.





# *Stages of the project*

---



**1- Mapping NGOs; examined the type and range of services provided by voluntary Organisations (telephone survey with 15 VOs)**



2- Explored the views and experiences of service users and carers about current provision of mental health services (9 Focus group & 4 individual interviews with 25 users and 24 carers of mental health services)



**3- Examined the type and range of services provided by statutory organisations(16 individual interviews)**

**4- Engaged with key members of the provider BSMHT & JCG prior to final conclusions & recommendations(15 Key informants in 3 groups).**



# *Findings:*

---



★ Inequalities in access to talk therapy,

★ **Mental health needs of refugees,**

★ Insufficient engagement of carers and users in care plan,



★ **Insufficient collaboration with NGOs,**

★ Late diagnoses and referral to mental health service in part due to lack of mental health education training of GPs, but also due to help -seeking behaviours and fear of Mental health services,



★ **Stigma related to mental illness and health professionals' insufficient understanding of the diversity issues particularly regarding spirituality and health beliefs.**

★ **Facilitators and barriers to access & culturally appropriate MHS including concerns about mixed inpatient wards, racism, discrimination and perceived aggressive process of being sectioned were also highlighted.**



# *Recommendations*

---



Funding for capacity building & investment to create a sustainable voluntary sector infrastructure for sharing care delivery for mental health service provision in general & BME communities in particular,



Protocols should be developed for involving carers/families in the care of service users, drawing on good practice,



Carers' support and respite care.



# *Recommendations*

---



- ★ Support for asylum seekers, and a clear interpretation of government policy on asylum seekers right to care while waiting to hear the result of their appeals
- ★ Funding and resources should be targeted to provide the above services on the basis of needs (*i.e. not equally but equitably*)





# *Recommendations*

---

- ★ Investment in Mental Health Promotion across the board, and targeted HP activities for asylum seekers & BME communities, as well as a close working relationship between BSMHT, NGOs, & CDW's, so that Mental health issues are picked up at an earlier stage.
- ★ Investment in PCTs & GP's setting for early diagnoses and management of mild mental health issues, & provision of Psychological Therapy, and counseling.





# *Impact and outcome of the research*

- 
- ★ A report: [http://bcu.ac.uk/media/docs/ccmh\\_bme\\_full\\_report.pdf](http://bcu.ac.uk/media/docs/ccmh_bme_full_report.pdf)
  - ★ **Innovative National Conference to present the findings:** Using a participatory approach the participants; users and carers have been recruited and empowered to disseminate the findings of this study in a conference targeted both policy makers and practitioners. This had a powerful impact on participants of the conference in particular on policy makers and managers to respond and address some of the issues highlighted from the study.
  - ★ Numerous local, regional, national and international conference paper presentations,
  - ★ Led to secure funding from NIHR for ENRICH project ( Ethnicity, Detention and Early Intervention: Reducing Inequalities and Improving outcomes for Black and Ethnic Minority (BME) Patients in collaboration with Warwick University & BSMHT.
  - ★ A paper published in *International Journal of Mental Health Promotion*, 15:3, 162-177, DOI:10.1080/14623730.2013.824163
  - ★ Another paper has been accepted for publication in *Journal of DEHC*





# *Advocacy & Impact on Mental Health Services:*

---



- ★ **The study was timely;** following the extensive dissemination and advocacy to diverse groups of audience including the policy makers and commissioners, and as part of a bigger national agenda the findings had a number of impact on service re design in BSMHTF:
- ★ **Inpatient wards are now gender segregated,**
- ★ **A priority in corporate strategy to engage with NGOs,**
- ★ **Equality and diversity panel (EDP) established to develop a corporate cultural competency training programme, identified as an action plan,**
- ★ **Birmingham healthy mind – staff trained in psycho therapies, and referrals to voluntary sectors,**



# *Impact on Mental Health Services:*

---



★ Mystery shoppers to test the Mental Health service,



★ Strengthen user voice through a dedicated worker who has personal experience of MH to represent the users of the service,



★ Carers' strategy was approved in 2010; and working relationships with carer groups including BME carers has improved relationship,

★ Citywide GPs training and capacity building on mental health screening.



# *“GYM 4 FREE SCHEME”*

---

An Evaluation of the Short Term Impact of the “Gym for Free Scheme” on Health and Wellbeing of Residents in Ladywood Constituency, Birmingham, UK

Fatemeh Rabiee, Anne Robbins & Maryam Khan  
Faculty of Health



# *Aim & objectives of the evaluation*

---



★ Whether cost is a barrier for the uptake of the leisure activities & exercise?



★ Perceived usefulness of the “Gym For Free Scheme”.



★ The experience of the individual in utilising the Scheme,

★ Impact on Health & Wellbeing,

★ Impact on future strategic planning & its sustainability on obesity prevention & management



## *How did we go about it?*

---



- ★ **Methods:** A range of methods were utilised including desk research, survey, and 3 focus group interviews; one with the staff of the leisure centres and two with the users of the Scheme.
- ★ **Participants:** recruited 257 participants of the scheme in 4 Leisure Centres of the constituency for **survey** and 17 informants for focus groups.



# *Information collected on...*

---



★ Frequency of the use,

★ Self reported height and weight,



★ Changes in the pattern of use

★ Demographic Data



★ Perceived benefits,

★ Socioeconomic status

★ Suggestions for improvement





# *Overall themes arising from Findings*



- ★ Uptake of the service increased by 70%
- ★ The scheme has taken a step towards addressing health inequality and widening participation.
- ★ Multiple benefits perceived from use of this valuable public health policy scheme,





# *Multiple benefits:*

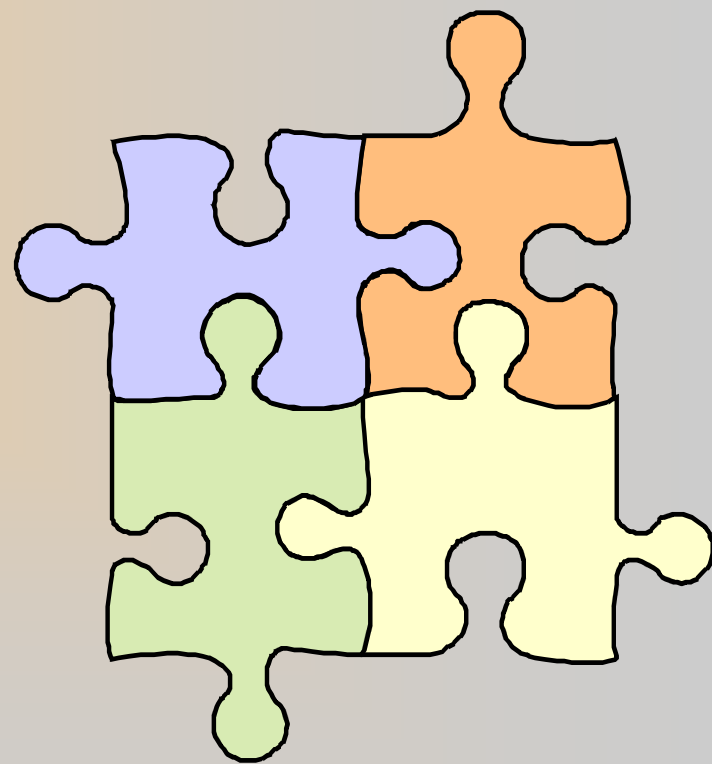
---

*•Physical benefits*

*•Mental & emotional benefits*

*•Social networking*

*•Other lifestyle changes*





# Changes in the pattern of snacking

---



★ *“We eat lots of fruit in the house now. And I say to them when I come back from the gym we go for bananas, I used to go for a cup of tea and a biscuit. And even the kids have seen me eating fruit now and the kids just say ‘bring more fruit home Mom’, which in the beginning we never had this much fruit in the home. It was like ‘packet of crisps Mom’, now its Mom can I have an apple” (B1.f).*



★ *“I tend not to drink that much now, whereas I used to go out on a Friday night and it was like ‘oh it doesn’t matter you lie in on Saturday’ but now its like ‘no I’ve got to go to the gym in the morning’ so just like the last couple of weeks I just haven’t maybe a glass of wine at home. And my smoking I don’t smoke as much” (A2.f).*





# *Perceived benefits*

---



- ★ *“The medication I’m on for the postnatal depression, is half now. And the doctor said it is just due to me doing the exercising. When I was told about the scheme I thought I could do more days and the more days I did the more better I felt and the more people I met and got into more conversations and that made me feel great...and he said keep it up don’t stop” (B1.f).*
- ★ *“I come every day after work before I go home it just de-stresses you, it is not just because it is free, it de-stresses you, you are healthy, you look good, you feel good (B2.f).*
- ★ *“My Dr told me to come, as I was 14 stone. In 6 months I am now 13 stone, and I am feeling very better” (A4.m)*



# *Recommendations*

---



- ★ Continuation of the Scheme & widening to other areas of the city
- ★ Linking overtly with services that support healthy lifestyle choices i.e. with nutritional service, smoking cessation services,

- ★ Increasing number of female, and trained staff,
- ★ More equipment, longer opening hours at weekends,
- ★ Further research to evaluate the long term impact of Scheme on the health and wellbeing of the target population.



# Advocacy, lobbying & campaigning

- ★ Worked with the PCT to develop promotional materials; DVD & other supporting material to publicise the scheme as an innovative local health policy & entered into few national awards, The scheme won the following awards as an innovative health policy scheme in 2009 & 2010:

**1-Guardian Public Services Awards 2009**: Diversity and Equality and Overall winner

2- The national overall Best Public Services award at the Guardian Public Services Awards 2009.

**3-Local Government Chronicle Awards 2009**: Health and Wellbeing winner

**4-National Health Communicators Awards 2009**: Social Marketing and Best Overall Scheme

5-The Municipal Journal 2010 “Tackling health inequalities” award.

6-The 2010 Local Government Association’s LGcomms Reputation Campaign Award for improving health.





*Commenting at the Guardian awards ceremony, BBC presenter Jeremy Vine said:*

---



★ ‘This is a fantastic example of a local authority and the NHS thinking imaginatively and working in partnership to make a real difference to people’s lives. The impact has been simply stunning.’



★ <http://wmro.wordpress.com/2010/06/01/birmingham-wins-national-award-for-innovative-health-improvement-programme/>





## *Advocacy, lobbying & campaigning....*

---



★ A copy of the report was sent to every Chairman, Chief Executive & Director of Public Health of the PCTs in Birmingham & beyond



★ Negotiations with other PCTs took place to make the scheme available for all residents of Birmingham,



★ Using skills such as advocacy, lobbying & campaigning I also met with them & tried to convince them about the importance of joint up working & long term implementation of this health policy scheme.





- ★ The Be Active scheme is an extension of ‘Gym For Free’,
- ★ Be active has now been running city wide in Birmingham since 1st September 2009.
- ★ The scheme currently has over 300,000 members from Birmingham, which represents about 1 in 3 of the entire population.
- ★ To become a member of “Be active” is simple. All one needs is to complete an application form and take it into their local leisure centre, along with two documents which shows name and address & then a Leisure Card will be issued.