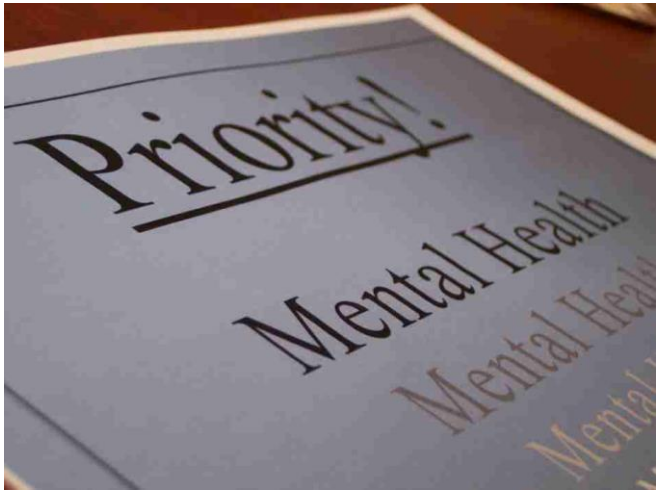
ACCESS TO MENTAL HEALTH PROJECT



PROVIDING ETHNIC MINORITIES WITH EQUAL ACCESS TO MENTAL HEALTH SERVICES

1) Introduction

Many people from ethnic minorities with mental health problems find it difficult to access Mental Health services (statutory and voluntary) which are not culturally specific. In the Jewish community, for example, such issues as their dietary requirements, their need to observe religious festivals, and the varying commencement of the Sabbath, may make service users unwilling to use existing provision. In many communities it is also often hard for service users, carers, and professionals who might wish to make a referral, to establish what culturally specific mental health services are available locally and how they can be accessed. The Department of Health funded Access to Mental Health project (ATMH) was developed to overcome these barriers on a pilot basis in the Jewish community in Greater London.

The project which is managed by JAMI (the Jewish Association for Mental Illness) on behalf of a Steering Group of 4 partners (JAMI, Jewish Care, The Raphael Jewish Counselling Centre and Chizuk) who reflect the diversity of the Jewish community, has 3 strands:

1) The www.JewishMentalHealth.info website which provides information about relevant services in a clear and easy to use format.

2) The ATMH community forum which brings together service providers to discuss matters of mutual interest and create greater awareness amongst mental health professionals of each other's provision in order to facilitate referrals and rationalise provision.

3) Dissemination of the results of the project to other communities requiring culturally specific mental health services.

This report looks at the progress made with all three strands of the project. It is intended to assist other communities offering culturally-specific mental health services to improve access to them by service users, carers and mental health professionals. The Project team will be pleased to respond to questions arising from this report to help other communities to overcome similar barriers to access.

2) The Website

2.1 Why a website?

Although the internet is ubiquitous, whether at home or via a public library or internet café, it is still not used by all the community. This is particularly true of some older people who may not yet be computer literate and some members of the Orthodox Jewish community who

avoid it because of content which can be found on it. However, it is now recognised by most people as the premier means of information finding, and, as such, we identified a website as the ideal means of providing relevant and up-to-date information about community services. We also recognised that it was a relatively cheap solution; although there are costs involved in developing a site and maintaining it, these are dwarfed by the cost of printing and distributing paper-based media which rapidly become out of date. So we opted for a website, but, to address the difficulty with internet usage experienced by the segments of the community mentioned above, we included the facility to print out a paper-based version of the information about services in the site, which could be downloaded and printed out by professionals, communal leaders, carers or friends of those seeking information.

2.2 Developing our site

The first issue we faced in developing our website was one of resources. We needed to purchase a site which was attractive, easy to use and comprehensive, while leaving room in our budget for the staff time to develop and promote it. Before looking for a suitable designer, we looked at existing sites to give us an idea of what was possible and what we wanted to include in our design brief. This was helpful and, as part of this process, lead to us meeting our designer. We discovered that The First Step Trust had created a website of mental health resources, albeit not focussed on either Jewish or other culturally specific services, and they were prepared to introduce us to their designer, Matt Bourne of Easy2Web, who was sympathetic to our objectives, had a lot of helpful suggestions and ultimately tendered for and was successful in securing the contract to develop our website as well. The fact that he had already developed a mental health website was particularly helpful; it meant that, in addition to his sympathy for and understanding of what we were trying to achieve, he had programming routines which he could repeat saving us time and expense. To assist others attempting a similar project, we would be willing to make our software available in order to reduce set up costs.

2.3 Outline of the website

The functions include:

- The ability to search for organisations by name and to search by category of service as well as a standard search facility;
- A sophisticated entry management and approval system enabling service providers to set up and update their entries on the site and for the webmaster to approve and maintain the data in a simple and efficient manner;
- The generation of automatic reminders to service providers from the webmaster asking them to update their entries;
- A statistics area for each service provider giving them information about visitors to their service entries, as well as overall information for the webmaster;
- A printout paper version of the prospectus which can be photocopied and distributed – essential for the more traditional sections of the community who have issues about using the internet because of some of the content on it.

2.4 Development Issues

The development of the site went fairly smoothly. We had a workplan agreed with the designer and the site was delivered on time. Inevitably, however, there were some early technical glitches as we tested the site before going live and found some areas did not meet our requirements or did not work as expected. We had, for example, some additional questions to add to the forms which elicit information from organisations wishing to be listed on the site, and the statistical information (organisations listed have their own administrative areas

which enable them to see how many people have viewed their pages) has always appeared to us suspiciously over-optimistic. (In practice we use Google Analytics, a free Google traffic analysis service for this purpose). We were also initially a little too keen to get organisations to participate and accepted a couple of entries of slightly dubious relevance – once they were on it was hard to remove them! – and we became aware that we needed to refine some entries – for example to make clear whether they supported people with a dual diagnosis – in order to make apparent their relevance. This was the origin of the additional questions referred to above.

Another more serious issue has concerned the measures taken to ensure the security of listed organisations entries. Because within an organisation a number of different people may be responsible for different services and we wished to prevent unauthorised personnel from altering entries, each entry (service) is protected by a separate password and username. However, in organisations where one person is responsible for several services, this means that the individual has to remember or store securely a number of passwords and they have found this problematic. We believe this has contributed to the difficulty we have experienced in getting those responsible for entries to update them despite receiving automatically-generated reminders. We are now updating the reminders to remedy this situation, providing a button with a link to automatically approve the entry if it is up-to-date and a link direct to their entry so that they can correct it if it is not, which we hope will make a big difference.

In addition to an initial fee for developing the site, we also entered into an annual agreement for maintenance of it and this has been a good investment. Our designer has corrected problems that have arisen after the initial test period and been prepared to make small adjustments to the existing design. Where we have wanted to alter our design, he has also been willing to do this at a reasonable cost. We think that working with our designer like this to resolve these issues has been essential. Had we bought and modified an off-the-shelf solution we would not have had the same responsiveness and willingness to meet our needs. In consequence the website is now easy to operate - hopefully for both service users and service providers as well as for ourselves for administrative purposes.

2.5 Publicising the site

We have used a number of means to make potential service users, carers, mental health professionals and service providers aware of the site. As we were working within a limited budget - £6,000 – a sum a ten times this might be the expected budget for the launch of a new site – we have had to be creative and use a focussed and targeted approach. For the initial phase of the project, therefore, in addition to developing the site we also printed and distributed a directory based on the information listed on the site, which was intended to raise awareness of the site as well as aid information seekers. We distributed this to all GPs in Greater London via their PCTs, we also sent copies to Mental Health Trusts and Foundations, Citizens Advice Bureau and synagogues. Providing this hard copy directory was helpful in creating initial awareness, but it took a lot of staff time to produce – we underestimated the amount of nagging and cajoling required to get everyone's entries in on time! It also took quite a lot of time to find the right person in each PCT and persuade them to distribute copies to their GPs, however we succeeded in the end. To save courier costs, we paid a service user interested in re-entering the workforce as a taxi driver to deliver them for us, and this, in addition to getting the PCTs to deliver to their doctors, was a very cost-effective way of getting the directory to all GPs in Greater London. We also printed some posters and included them with the directories so that GPs could publicise the service in their surgeries.

Apart from this, we have invested in fortnightly adverts in the most widely read Jewish community paper), monthly adverts in The British

Journal of Psychiatry and a banner ad on Totally Jewish.com, a community website.

3) The Forum

The Forum which we have established to bring together providers of Jewish mental health services has been very well received. Our meetings so far have been attended by almost all the agencies responsible for providing culturally specific mental health services to the Jewish community. The purpose of the Forum is to discuss matters of mutual interest and create greater awareness amongst mental health professionals of each other's provision in order to facilitate referrals and rationalise provision. So, at the last session, we had a presentation from one of the participating agencies on 'Parental mental health and the emotional well being of children.' This provoked considerable discussion between different agencies reflecting their own approaches to this issue. JAMI's own experience as the Project Manager a partner in this project underlines the impact of getting better informed about other agencies' practices. Through working with Chizuk, Jewish Care and The Raphael Jewish Counselling Centre on the project, we have gained the confidence to enter into other joint working initiatives, share facilities where appropriate, and make referrals to each other where this is in the best interest of the client.

3.1 Community issues

The Jewish community is not homogeneous, like other faith communities it encompasses a broad span of religious observance and values. The agencies which exist to meet the community's needs reflect this diversity. Consequently at our meetings we have been pleased to secure the attendance of representatives of Charedi (or strictly Orthodox) agencies as well as organisations which aim to serve other parts of the community; i.e. those service users who claim cultural rather than religious affiliation as well as the strictly Orthodox and all shades in between.

In our community this broad span of religious observance can cause tension, particularly when some sections of the community claim to be more authentically Jewish than others. This lack of mutual understanding has prevented some agencies from working together in the past, so it is gratifying that, so far, this issue has not impeded the Forum. In fact, when at our first meeting the representative of one Orthodox organisation said that there was no meeting ground between the strictly Orthodox and the rest of the community, the rest of the room disagreed and this served to galvanise the room into some positive discussions. It is hoped that this mutual tolerance and co-operation can be maintained and deepened.

4) Dissemination

We would like to bring this project to the attention of other communities who have similar issues and have a need for culturally specific mental health services. We intend to offer our advice on replicating and developing this work elsewhere and will also make the software we have developed available. We are making presentations to conferences and other venues where the representatives of organisations who might be interested may be present and are also making this Report widely available.

Presentations made so far include: The Mental Health Foundation Trust Network of the NHS Confederation, Advice UK's London Regional Diversity Conference and The National Spirituality and Mental Health Forum. We are also working with a Somali group in South London on a project to meet their community's needs.

5) Sustainability

It would be very disappointing if this project was to peter out at the end of the three years of funding by the Department of Health. To avoid this, we have been looking at a number of ways of continuing to raise the funds required to keep it going. These range from asking

organisations listed on the site to pay a subscription fee – problematic, because once organisations are not listed, the site is no longer comprehensive – to allowing advertising in restricted areas of the site. And we now, in fact, have Google Adsense adverts on the site.

Fortunately, the main development costs of the project were in the set up phase, and a relatively small amount - £3,000 per annum – will be required to cover the cost of ensuring the software is running correctly, assisting service providers to update their entries and make new entries, and organising Forum meetings. In addition, where possible, we will draw upon volunteers to keep costs down; service users have worked on the project in a paid and voluntary capacity and this has enabled us to deliver a considerably more ambitious project than the original funding would have supported.

6) Conclusion

We are very pleased with what we have been able to deliver with support from the Department of Health and believe the project is making a big difference in making culturally specific mental health services for Jewish people more accessible in Greater London. Over 100 services are listed on the site, with their location, opening hours and contact details available, and the site is attracting growing usage; in a typical month we have 310 visitors who spend an average of 5.58 minutes on the site reading an average of 5.79 pages.

We have also held widely supported Forum meetings with representation from across the community and these are beginning to improve communal co-operation and mutual understanding.

We look forward to assisting other communities to replicate this project.

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