



**Black and
Minority Ethnic
Recovery Group:
report from
the project**

About this project

In December 2006, Glasgow Association for Mental Health (GAMH) and Outside the Box Development Support (OTB) began working with women from the black and minority ethnic (BME) communities in Glasgow to explore what recovery meant for them.

During 2007 a second project built on the initial work and began the process of developing a recovery group which was led by the women. Like the first project, it was a partnership with the National Resource Centre for Ethnic Minority Health (NRCEMH) and Scottish Recovery Network (SRN). The project was funded by NRCEMH and all the partners gave additional time and practical help to the project.

This report describes what happened in the second project and what we learned from it. We hope that the experiences and ideas set out here will be helpful to people across Glasgow and in other parts of Scotland when they are providing services and developing other opportunities for people from BME communities and in supporting everyone's mental health and wellbeing.

Background

The initial recovery project with BME communities took place between December 2006 and April 2007. It began to explore the understanding of the recovery message within the ethnic minority communities.

- ✿ That project identified gaps in the range of information about recovery available to people in BME communities, and identified ways in which these gaps could be filled.
- ✿ There was a core group of minority ethnic people who were willing to remain involved. They wanted to discuss further and support the future development of a recovery network and to explore the development of peer support approaches in Glasgow.
- ✿ The members were also keen to help take forward the recovery message to other people in BME communities across Scotland, and contribute to the overall work of the Scottish Recovery Network and to the mental health programme of NRCEMH.

A report from the project – What Recovery means for people from the Black and Minority Ethnic Communities – was published in summer 2007. This describes the activities in the first project and the ways in which the women taking part wanted to take forward their understanding of recovery.

Aims of the follow on project

These were the initial aims of this phase of the support to the recovery group.

- ✿ Further explore and discuss the issues and themes of mental health recovery in relation to BME communities.
- ✿ Identify methods of taking the recovery message to the wider BME communities in Glasgow, including men and younger people.
- ✿ Enable the group to explore the options for the future direction of the group and/or network.
- ✿ Support the group to explore peer support and to identify the mechanisms to develop this approach within the minority ethnic communities.
- ✿ Assist the group to make contact with the existing local recovery networks across Scotland.
- ✿ Identify action which the existing local recovery networks can take to be fully inclusive of people from ethnic minority communities.
- ✿ Identify activities which organisations that provide Mental Health Improvement services can do to help include people from ethnic minority communities in their work to promote and support recovery.
- ✿ Identify work or approaches that BME individuals and groups can use to share information about and promote recovery within the wider community.

The project was working towards a range of outcomes.

For individuals

- ✿ Participants becoming more confident and moving on in their own recovery.
- ✿ Participants taking part in the development of a recovery network in Glasgow.

For services and for communities:

- ✿ BME communities being more aware about recovery and about promoting Mental Health and Wellbeing.
- ✿ Mental Health services being more aware about the needs of people from BME communities and of ways to support them in their recovery.

At a strategic level:

- ✿ SRN and NRCEMH being better able to include information about recovery that is relevant to the needs of BME communities as part of their programmes.

What we planned to do

These are the main steps for this project which were identified at the time the project was planned. They were drawn from the action points identified by the people who took part in the event at the end of the first project and the priorities for the wider development of recovery-focused and BME-focused approaches to promoting and supporting people's mental health and well-being.

- ✿ Continue to work with the existing group to further explore recovery concepts and how this would benefit people within their communities.
- ✿ Identify those groups of people that are currently excluded from taking part in recovery.
- ✿ Actively seek further membership for the group, including men from the established BME communities, and make links with the asylum seeking and refugee communities.
- ✿ Continue to provide relevant information to the group, such as information about recovery and information about existing local recovery networks throughout Scotland.
- ✿ Develop structures that draw on existing GAMH services in relation to informal community and peer support, to ensure that the group has the option of being sustainable in the longer-term.
- ✿ Gather and disseminate information gathered from the group to the relevant agencies and community groups as well as national networks.
- ✿ Prepare a report for SRN and NRCEMH that links the information gathered from the group with the wider community, and local recovery networks e.g. about the mental health recovery needs of people from BME communities.

The timescale for this phase of the development was 6 months, starting in May and finishing at the end of October 2007. GAMH would then continue to support the group after this development stage, if this was what the people taking part decided they wanted.

The plan was to have at least 4 meetings of the group which were co-facilitated by OTB and GAMH workers. Outside the Box would gather information and set up contacts with other recovery groups. The participants would take on action such as initiating and following up contacts with people in BME communities and other groups, with support as needed from GAMH.

What we did

Meeting with the group

In May there was a group meeting which decided the overall design and style of the report from the first project and the way in which the women wanted to launch the report.

There was then a series of discussions to finalise the draft report and agree the detailed plans for the launch and dissemination.

There were no meetings of the larger group over the summer, as the women decided they wanted to have a break over the holiday period and start again after the report had been launched.

The meetings started again in October and ran to December. The final meeting was a celebration and a reflection on what had been achieved.

Completing and distributing the report from the first stage of the BME recovery project and publicising the work of the group

The first step was to complete and launch a report which described the work of the first stage of this project. This would help realise several aims.

- ✿ Raising awareness of the place of recovery among BME communities.
- ✿ Raising awareness about recovery and about the needs and contributions of people from BME communities with mental health service providers.
- ✿ Raising awareness of BME perspectives with other recovery networks across Scotland.
- ✿ Raising the profile of the issues and of this style of working with the people who make decisions and policies.

The group also decided to have postcards and flyers which could be distributed by them to local shops and community venues, as another way of raising the profile of the project and spreading the message from the report.

The postcards were in English rather than in any particular community language. These are the three postcard fronts.

All postcards had the same on the reverse.



This is the poster that was used.

Launch of the report

The launch of the report took place in Glasgow on 29th August. Over 70 people took part, including people from other BME community networks and people from mental health services and projects in Glasgow and from other parts of Scotland. The event reflected the values and style of the BME Recovery Network – welcoming, informal, opportunities for people to talk and share a meal together, opportunities to find out about recovery and mental health issues, and sharing learning about what helps people to recover.

The people who came to the launch were mostly women, and around half were from BME communities.

Recovering from Mental Health problems?

“Carers and people who use services can help each other on the path to recovery.”

“We believe that people can recover from Mental Health problems. We know that it can happen.”

Contact the Black and Minority Ethnic Recovery Group...

BME RG

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GAMH (Group Association for Mental Health)
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SRN NRCCEMH NHS gamh

Before the event, Outside the Box and NRCCEMH sent information about the report and the launch to:

- ✿ the NRCCEMH regional networks of practitioners
- ✿ lead contacts in recovery networks across Scotland
- ✿ lead NHS, local authority and voluntary sector contacts for mental health services across Scotland
- ✿ other people involved in the National Programme for Improving Mental Health and Wellbeing.

The women and GAMH staff sent information to BME community groups and to people involved in other activities supported by GAMH.

After the launch, the report was placed on the Outside the Box website. It was featured in the monthly circulation to over 2,000 contacts – this includes people with interests around disabilities, older people, young people, social inclusion and regeneration as well as people with an interest in mental health issues. It was also distributed through the SRN website.

Several people commented at and after the event that this had been a good way to launch a report or resource about recovery, because it reflected the core values and message about recovery – but it was very different from the usual style of formal events. We wrote a short report to show other people how this event was organised and the views of the people taking part. We then circulated this report to the people who took part and others with an interest in promoting recovery and wellbeing. This included distribution through the OTB and SRN websites and sending information to other networks which include people with a general interest in health and wellbeing as well as mental health issues.

Developing the Recovery Network

The group meetings started again at the beginning of October. At the first meeting following the launch the group thought about how they could start to do the things they had planned.

The women who were part of the group came from the Muslim, Hindu and Sikh communities. They lived in different parts of the city and it was unlikely that they would have met each other outside this recovery group.

Spreading the message

The group had said that they wanted to spread the recovery message to members of their own community to encourage more women to join the group.

- ✿ Each of the women took reports and postcards for handing out in their communities. The group decided to use festivals to distribute information and this was also seen as a great opportunity to get the group more widely known.
- ✿ They thought that using Radio Awaz and other local channels would get the invitations and information out to the people they were trying to attract, so that was planned for the next meeting.

The women had said that they wanted to make links with other women's and men's groups and invite them to join.

- ✿ Outside the Box produced invitations and sent them out to the Refugee and Asylum Seekers, the African and Caribbean Women's Group and The Chinese Health Living Centre women's groups. These groups had already been sent invitations to the launch event and had copies of the report.
- ✿ Members from the group attended a Women's Event run by Glasgow Equalities Partnership in November.

Making contact with other groups

The group wanted to meet with other recovery groups or invite them to visit.

- ✿ Outside the Box contacted the Ayrshire Recovery Network to arrange a visit in November. This had to be postponed, but the group are now planning to meet up with people from Ayrshire and Arran in early 2008.
- ✿ One of the initial aims was to take part in developing a recovery network in Glasgow. At the time this group was well underway there were still no city-wide or local recovery networks in Glasgow. The group have contacts with people and organisations who are also interested in a possible recovery network, and this is something that may emerge over the next year or so.

Supporting the members of the group

Although this is a group to plan and co-ordinate activities that promote recovery, the plan was for this to happen in a supportive way and for individual people to have access to support. From the outset, the group members have supported each other and they wanted this supportive way of working to continue.

- ✿ We found that people who have been part of the group from the start in (December 2006) sometimes have a difficult spell and need someone to talk to.
- ✿ We have also found that people who are joining the group need to work out what support they need and where they are getting it from, as a complement to their participation in this recovery group.
- ✿ There were times when it was difficult to meet the needs and expectations of all the people involved in this group – for example, when some people were wanting to press on with planning the tasks of spreading information about recovery when other people needed time to talk. The women managed this by always making time to support each other. We all recognised that this meant the tasks elements took longer to get underway. But the shared view was that it was more important for the group to respect people's wellbeing and make supporting people's recovery an integral part of what we did and how we did it.
- ✿ The group is looking at adding visits to other BME projects which provide support, to identify whether there are elements of these services that would be helpful to people in Glasgow. The group will feed back what they find to GAMH and other organisations which provide services and which may want to look at options around developing support groups.

Future development of the group

The group is continuing to meet with support from GAMH and are keen to take forward the recovery agenda. The group is looking forward to planning visits to other recovery networks as well as some specific BME projects, given that there are as yet no other BME recovery groups in Glasgow.

Some women in the group have already expressed an interest in WRAP [Wellness Recovery Action Planning] training. They are exploring the possibility of doing this with a view to promote their own recovery and to help them further develop the recovery messages in the communities.

Some of the women from the group are participating in the national conference organised by NRCEMH in March 2008. This will give them the opportunity to meet with other people from BME communities who are also interested in recovery as well as an understanding of the wider context of recovery.

The group is also planning to hold another community event with a view to continue spreading the recovery message to people in BME communities.

The further development of this recovery group will be enhanced through the wider work across GAMH to focus on recovery and develop networks which will support recovery. The approach to recovery adopted by the organisation emphasises building on the strengths of both service

users and staff. This is explained more fully in the GAMH paper: Recovery and Strength-based practice, Discussion Paper 6, on SRN website www.scottishrecovery.net

This part of the report describes what the people taking part in the project have said. It also has a description of the final session.

These are the things that people said at the first session in October

“Coming to the group is itself part of my recovery.”

“We need to get more members.”

“The group made me feel very welcome.

I am glad I am part of sharing what they have been doing.”

“We need to come and talk more because that makes us stronger.”

We wanted the last session to be a party, where all the women who had been involved could come together and celebrate the success of our efforts. It was also our chance to talk about the activities and plans for the future

One of the women volunteered to do a “Make Over”, and everyone thought that it was a great idea. We all agreed to contribute make-up, eye-shadow and other cosmetics so that she would have a good choice of products to use.

We also planned that everyone would be in a sari, as that would give the day a very important feel. One lady offered to bring in saris for any women who didn’t have one.

We shared out preparations such as contacting people to henna painting and hand massage and organising the caterers.

It did not all go to plan – for example, we heard at the last minute that the caterer was ill. But we had kept in touch with each other and talked over what to do when the plans had to change. One of the group members stepped into the breach and offered to do the catering for the day.

The informality of the day resulted in a very relaxed and happy atmosphere which was remarked upon by some invited guests.

One of the best parts was taking turns to sit for the make-up artist. This was the first opportunity she had been given for a long time to use the skills she had learned, and have those skills appreciated and acknowledged. It also made each of us feel good to have someone making us look more beautiful.

Some of the women taught others to dance and almost everyone joined in.

Jenny Graydon, the chief executive at GAMH, spoke to the group about her pride in having such a group within GAMH, and her admiration for all that the women had achieved to date.

We talked about our previous activities and how far we had come and our hopes for the group as it moved forward into 2008.

These are some of the things that people said or wrote up on the big comments sheet at the party in December.

The women's experience

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“If we can manage to get involved with a group like this, we can make big plans for next year”.

“I am so proud to be part of this.”

“Coming to this group has made me feel more able to do things.”

“One of the women remarked to me ‘Have you seen [another member]? She has been smiling like that ever since she came in this morning. I’ve never seen her looking so happy.’ That is what recovery is.”

“We are finding strength and receiving support from one another as we work together.”

Implications for other local services and projects

The experience of the people taking part in this project - and in other locally-based recovery networks - is that people want information about wellbeing to help them manage their recovery and to keep well. Local projects should think about ways to support people in their own wellbeing as well as taking on activities such as raising awareness among service providers or communities.

This BME recovery group used a range of ways to engage with people from BME communities. Common features are going to where people are, asking people what languages and written style they want, holding activities that are based around the culture and style of the people they wanted to reach, and trying to be welcoming and inclusive in everything they did. Other local services and groups could use this as a prompt to help them think about how they reach out to people in BME communities and to other groups of people who tend to get missed out.

Local services across Scotland will be looking at how they take forward the Scottish recovery indicators. As part of this, they can use the experience of this project to help them think about how their service supports recovery for people from BME communities.

Local services and planning partnerships will also be looking at how they implement the guidance set out in *With Inclusion in Mind* to encourage and support the social inclusion of people who experience mental health problems. The ideas and practice from this project will be useful in planning how to make sure that this works well for people from BME communities.

In this project, the experience of people from BME communities around recovery fed into the development of the overall support provided by a service. There are many ways in which people's experiences and ideas around recovery and wellbeing can feed in to an organisation's policies and practice.

The women who took part in this project used a range of community development approaches to spread information about recovery. These ideas can also be adapted by any project to reach people in a local community as well as a community of interest.

Implications for national programmes

National programmes such as NRCEMH and SRN can help ensure that their activities have an impact for individuals and at a strategic level by encouraging the development of material to assist individual people in managing their recovery and wellbeing – for example, as a way of demonstrating the potential benefits and impact of the programmes.

The ideas set out in *Towards a Mentally Flourishing Scotland (TAMFS)* address many of the issues that affect the mental health and wellbeing of people from BME communities. The Scottish Government and the national programmes can make sure that the ideas and experience of people from BME communities and of women are reflected in the ways the ideas in TAMFS are taken forward.

Organisations working at a national level should consider using community development approaches to the dissemination of information and raising awareness as a complement to other routes. These will be useful in reaching people who are often described as 'hard to reach' and may also be useful as a way of reaching the whole population.

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