Finding strength from within

Report on three local projects looking at mental health and recovery with people from some of the black and minority ethnic communities in Edinburgh

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NHS Health Scotland
Scottish Recovery Network
Health in Mind
NHS Lothian Minority Ethnic Mental Health Project
Saheliya
Outside the Box

December 2008

About this project

This exploratory community development project gathered the experiences around recovery of people using mental health services who come from some of the black and minority ethnic (BME) communities in Edinburgh. The project involved around 50 people from BME communities.

The project was initiated by two teams with a national remit for promoting good practice in mental health services. One was the mental health programme within the National Resource Centre for Ethnic Minority Health (NRCEMH), which in April 2008 became the Mental Health and Race Equality Programme within the Equalities and Planning Directorate of NHS Health Scotland. The other was the Scottish Recovery Network (SRN). Both are continuing to develop awareness about recovery for people from BME communities in the context of mental health and wellbeing. The project was funded by the Scottish Government through NHS Health Scotland.

The project brought together three smaller projects, based at the NHS Lothian Minority Ethnic Mental Health Project, Men in Mind, and Saheliya, which is a BME women's project. Outside the Box was commissioned as a partner to work with each project to gather the experiences of people who were in touch with these services around recovery and wellbeing.

The project began in summer 2007. There was a steering group, which brought together staff from each of the partner projects, representatives from NHS Lothian, the City of Edinburgh Council, NRCEMH, SRN and Outside the Box.

The project built on other work which the SRN and other organisations have developed to explore what recovery means to people from a wide range of circumstances. We asked some of the same questions about people's experiences of recovery and wellbeing that other projects and studies have asked. We also asked some different questions to explore the topics further and reflect issues that people told us were important to them.

Themes emerging from this project fit with findings from other community development work and research projects about mental health and recovery. They also highlight specific areas of concern for the people from BME communities who took part in this project.

There is a rich diversity across BME communities in Edinburgh (and indeed across other parts of Scotland). We recognise that there is still much to be learned in this area and we see this project as an important contribution to on-going discussions and future work about mental health and recovery with people from the diverse range of BME communities.

We hope that this project encourages people to discuss the issues that are raised in this report with other people in their local area, and encourages people to learn from the range of experiences and ideas that different people bring.

The three smaller projects

The work with each of the smaller projects was designed around the circumstances of that service and the ways in which those participants or service users wished to take part. This took place between December 2007 and May 2008.

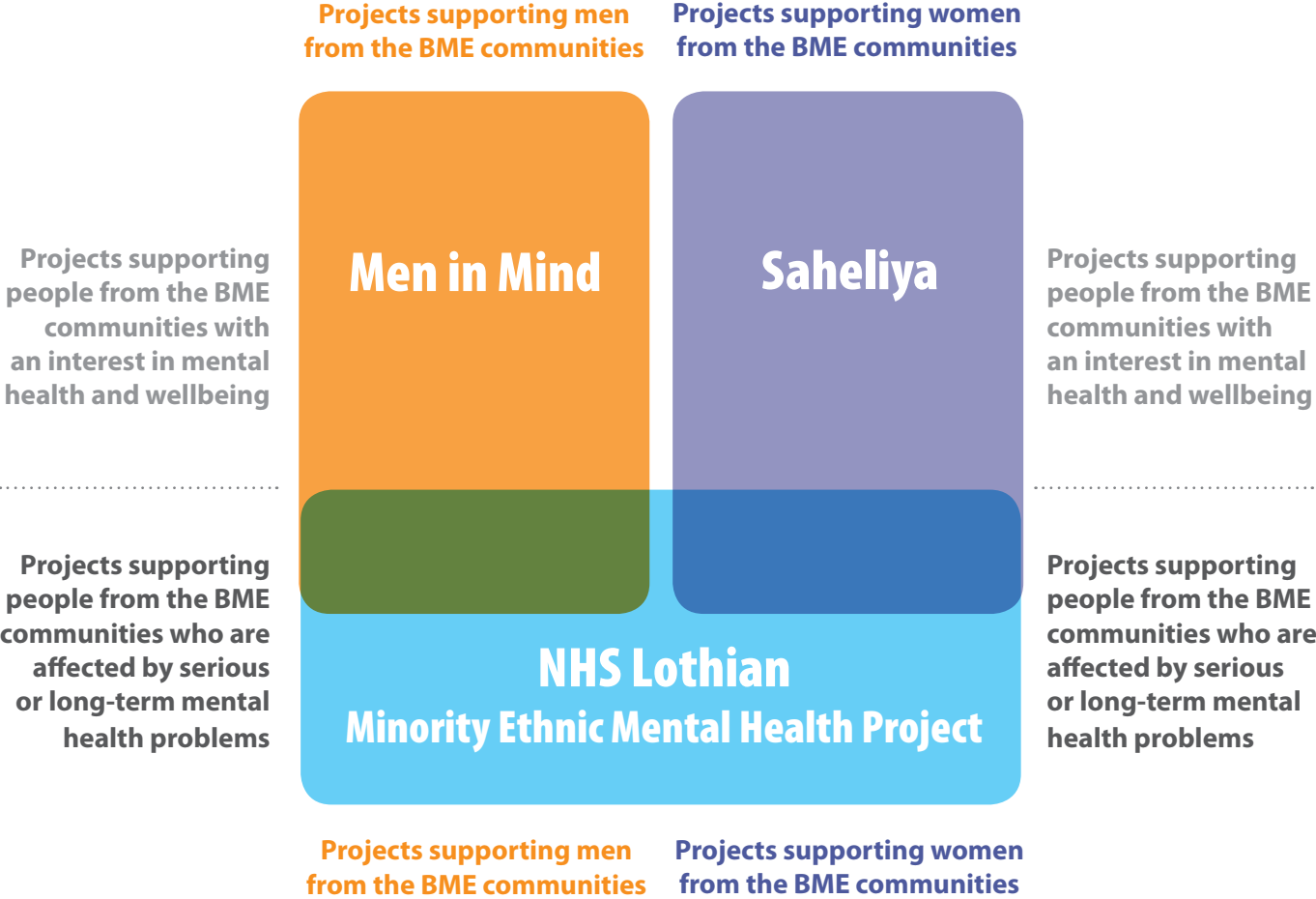The three small projects took different approaches to discussing similar issues.

- The NHS Lothian Minority Ethnic Mental Health Project invited people who had been in touch with the service and other people from BME communities who had contact with NHS Lothian mental health services to take part in individual interviews. Information about this was also circulated through community-based locations. People who had used the mental health services and their relatives/carers met with staff from Outside the Box or the NHS services and talked about their understanding of recovery and wellbeing, and about what helped keep them well. Ten people who had used mental health services and two carers took part in these interviews.

- The Men's Forum at Men in Mind invited the development worker from Outside the Box to come to one of the Forum meetings, where people talked about wellbeing and recovery.

They decided that they would like to have an event which provided information for men from minority ethnic communities who were interested in wellbeing about activities that were useful as part of being and staying well. There was information about recovery, including extracts from the SRN Narrative Research project. There were copies of information about a range of activities, including volunteering opportunities, leisure and recreation services, lifelong learning opportunities and supports for families. People came along from these services to provide more detailed or follow up advice, or to point people to contacts at other services. There was also an opportunity for the men to discuss what recovery and wellbeing mean to them. Twelve people came to the event and a further six men took part in the preliminary or follow-up discussions at the Forum.

- At Saheliya, a group of women came together to talk about recovery and wellbeing. They met every fortnight or so between December and May. They heard about recovery from SRN, shared personal experiences and talked about wellbeing. They put together a presentation which was a record of their stories and could be shown at conferences or to groups and individual people. Fifteen women were involved at different stages and in different ways.

How the three projects link together

Projects supporting men from the BME communities

Projects supporting women from the BME communities

Men in Mind

Saheliya

Projects supporting people from the BME communities with an interest in mental health and wellbeing

Projects supporting people from the BME communities with an interest in mental health and wellbeing

Projects supporting people from the BME communities who are affected by serious or long-term mental health problems

Projects supporting people from the BME communities who are affected by serious or long-term mental health problems

NHS Lothian
Minority Ethnic Mental Health Project

Projects supporting men from the BME communities

Projects supporting women from the BME communities

Reports from the work with each strand were written up between March and May 2008. The reports were discussed and developed in partnership with staff at the service, and with the Men's Forum of the Men in Mind project for the work with that project.

The reports from the small projects based at NHS Lothian Minority Ethnic Mental Health Project and Men in Mind were launched at Changing Minds – this was the national conference in March 2008 which celebrated the achievements of the NRCEMH mental health programme. Participants from all three smaller projects came to the conference and took part in the workshop about the overall project. They also met with people from a recovery project led by women from minority ethnic communities in Glasgow at their own workshop at the NRCEMH conference.

Feeding back the emerging findings

In June 2008, there was an event which brought together people who were in touch with all three partner projects. There were over 30 participants, including people who had contributed to the earlier discussions, family and friends, and other people with an interest in mental health and wellbeing. They included men who were in touch with Men in Mind who were interested in mental health and wellbeing but who did not identify themselves as having experience of mental health problems.

This event had a number of purposes and these were reflected in what we did.

• It was a celebration.

• It was an opportunity for people who had taken part in the project, or who were interested in it, to come together and enjoy each other's company.

• It was an opportunity for people to learn about the three partner projects. There were presentations from people involved with each project.

• It was an opportunity for people to learn about recovery. There was a short presentation from SRN and people took away material about recovery.

How to get more information

The reports from the small projects are:

• Celebrating Friendship and Diversity: Recovery and minority ethnic men in Edinburgh, March 2008

• Sharing the Routes to Recovery: Report from the Minority Ethnic Mental Health Project, March 2008

• A New Beginning: Recovery and ethnic minority women in Edinburgh, June 2008

They are available at: www.otbds.org/index.php/projects/view_details/49/

The project with women from the BME communities in Glasgow was a partnership between Glasgow Association for Mental Health, the National Resource Centre for Ethnic Minority Health, Scottish Recovery Network and Outside the Box.

The reports from this project are at: http://www.otbds.org/index.php/projects/view_details/12/

• People also learned about the work that is being done through the mental health and race programme at NHS Health Scotland. Again, there was a short presentation and copies of useful material, especially the storytelling resource about stigma (Are You Really Listening?).

• People heard about what had emerged from the three small projects, and discussed the findings and their own experiences. There were copies of the reports from each of the smaller projects, including a translation of the report from the project with the NHS Lothian Minority Ethnic Mental Health Project.

• We also asked people which of the points raised through the earlier discussions they thought was most important to them. The things people raised from this part of the day are described in this report.

"I liked meeting different people, not just those I know from our project."

"I would welcome an opportunity like this to meet with people from other projects again."

• In the afternoon people were encouraged to look after their own wellbeing by taking up therapeutic massage and complementary therapies organised by Saheliya.

We asked the people at the event whether the points raised in the earlier discussions also reflected their experiences. We also asked them to help identify which aspects or points were most important to them.

How we identified the priorities

There was a large sheet of paper with a summary of the main points that had been raised in the earlier discussions around four topics.

• What keeps me well.

• What recovery means.

• What friends and family can do, and what we can do for ourselves and each other.

• What services can do.

Everyone had three stickers for each topic. People could spread their stickers over the three items that they agreed with or felt was important. Or they could put all three stickers against a single statement.

People could choose not to allocate their stickers if they did not identify with the statements.

They could also add other items and additional comments.

The feedback was that people enjoyed this part of the event. The statements were short and easy to understand. For people who were less confident with written English, it was easy for someone else to read and translate the items. People could then still add their own stickers.

"From a men's service point of view, I think it was really nice and informative to mix with some women who were prepared to share their stories with us."

About this report

This final report brings together the themes which were raised across the three small projects and describes what people identified as their priorities within these issues and their suggestions for services. It also describes what people have said about taking part in the project and being able to explore their experiences around recovery and wellbeing.

The interim reports from the smaller projects all describe in more detail the points raised by those participants. The reports are available from the projects and through the websites of Outside the Box, the Scottish Recovery Network and NHS Health Scotland.

The final report was written by Anne Connor of Outside the Box in partnership with the members of the steering group.

We hope that this report will be used in many different ways.

• The Equalities and Planning Directorate of NHS Health Scotland and SRN will be able to draw on the experiences and ideas here when developing their work about mental health and race equality across Scotland in the future.

• The partner organisations can draw on the points raised here as part of planning how they will continue to support people from BME communities with lived experience of mental health problems.

• NHS Lothian and in the City of Edinburgh Council can draw on the experiences of people from BME communities in Edinburgh as part of their on-going work and development of future programmes.

• Mental health services across Scotland working with people from diverse communities can get ideas about how they can develop their services to provide good on-going support and care with people from BME communities.

How to get more information

The earlier reports from this project are:

• Celebrating Friendships and Diversity: Recovery and minority ethnic men in Edinburgh, March 2008

• Sharing the Routes to Recovery: Report from the Minority Ethnic Mental Health Project, March 2008

• A New Beginning: Recovery and ethnic minority women in Edinburgh, June 2008

They are available on the Outside the Box website:
www.otbds.org/index.php/projects/view_details/49/

They are also on the Scottish Recovery Network and NHS Health Scotland websites:

www.scottishrecovery.net

www.healthscotland.com

Common themes from the three strands

The common themes were around

- What health and wellbeing means to us
- Identifying as being part of a Black and minority ethnic community, and how friends and family can support people
- What recovery means to people from Black and minority ethnic communities
- People's experiences of mental health services

The people who took part

The people who took part in the three small projects came from a wide range of circumstances.

- Both men and women took part.

- The participants' ages ranged from people in their 20s to people in their 60s.

- Some people described their own experiences. For others, it was a joint discussion with a relative or carer – for some people this was their partner and for others it was one of their parents.

- Some people had lived in Edinburgh all their lives. Others had come more recently from other countries, sometimes in a planned way and sometimes under very stressful circumstances.

- People came from a wide range of countries and cultural backgrounds.

- People had different experiences of mental health problems and had used mental health services in different ways. Some had been in hospital on several occasions. Others got their support from community-based mental health services or from their GP.

Their views of recovery and wellbeing had many similarities to the experiences described by people from the white Scottish population through the SRN Narrative Research project, discussions with local recovery networks and in other sources (see box for links to these sources). But there were also some differences which were raised by the participants in all three smaller projects. This was because we asked people about their experiences of racism and discrimination, as well as of traumatic circumstances. These are factors which are known to have an impact on mental health and wellbeing - affecting different people to different extents and in different ways, and interacting with all the other factors that have a bearing on each person's mental health and wellbeing.

Where to get more information

The Scottish Recovery Network has gathered people's accounts of their recovery through the Narrative Research project. Publications are available at:
http://www.scottishrecovery.net/content/default.asp?page=s5_4

Towards a Mentally Flourishing Scotland brings together evidence on what helps and hinders people's mental health and wellbeing and suggests actions which will enable more people to have better mental health and wellbeing. It was published by the Scottish Government in 2007.
www.scotland.gov.uk/Publications/2007/10/26112853/0

There is an easy read version of Towards a Mentally Flourishing Scotland at the Outside the Box website.
www.otbds.org/index/php/projects/view_details/54/

It is also on the well? website.
www.wellscotland.info/towards-a-mentally-flourishing-scotland-resources

What health and wellbeing mean to us

People talked about having different ways of looking at health and wellbeing from those used by other people in Scotland, and especially by staff in mental health and other health services. The main differences were around what contributes to wellbeing – nurturing yourself, physical wellbeing and a mind that was at ease, drawing on your faith and spirituality, having activities in your life that enabled you to continue to learn and grow, and having enough money and other resources – including time – to be able to look after your family.

They talked of good health being when there was a balance between the different aspects of wellbeing. In contrast, they found the distinction between physical and emotional health and wellbeing that many staff in health services used, or focussing mostly on only single aspects of someone's life, as being unhelpful.

They also found it unhelpful when services focussed on the things that people struggled with but ignored their strengths.

The points raised by the people we met in this project are similar to some of the initial findings identified in a recent scoping exercise into conceptualisations of wellbeing with BME groups carried out by the University of Central Lancashire. This study was commissioned by NHS Health Scotland and is available on their website (see box for link to the source).

"[it is] focussing on the positive."

"Low moods and a feeling of isolation can go away if you aim to live for your family and friends."

"Avoid situations where you feel hopeless or trapped."

We asked people at the feedback event whether this reflected their experience, and what they found helped keep them well. These are the factors which they marked (each person had three stickers to allocate).

What keeps me well?

Looking after myself	18 stickers
Friends/family/faith community	11 stickers
Working or being in education	8 stickers
Having enough money	7 stickers
Exercise and fresh air	7 stickers
Having the right medication and care	6 stickers
Having a nice place to live	5 stickers

People identifying themselves as being part of a black and minority ethnic community

The people who took part in the small projects frequently talked about cultural differences which often added to pressures for them and for other people whom they knew. People often felt under pressure to hide their experience of ill health from their families and others in their community, or to cope on their own. Sometimes, this was linked to a community not recognising or understanding concepts around mental health and wellbeing. For others, it was because their community aimed to present a positive face to the world on all aspects of life – everyone was expected to achieve in their careers, be happy and confident. Some people talked about the pressures on people in their community to fulfil many roles which sometimes became too difficult to manage. Recovery could mean saying no to people and things which also kept someone well.

Many people thought that raising awareness among BME communities about mental health and wellbeing, and about mental illness, would be helpful for them and for their families. They also thought that better information for families would benefit everyone who was in touch with mental health services.

"I just get tired. That's the word I use. The system makes me tired."

"Mental health problems start when you can't get help."

"The stigma associated with mental health problems is huge."

Quotes from the earlier reports and the feedback event about people's links with and roles in their communities

"The roles that I have in my life – mother, wife, sister, daughter, colleague, friend – are part of being well and keep me well. But they also bring their own pressures. Sometimes those pressures get too much. But in our culture, you can't say that."

"Some of my friends are very supportive. White Scottish friends as well as friends from my community and other ethnic communities in Edinburgh. But other people find it too difficult to accept that I am unwell. Our culture is to always be positive, to always tell other people that everything is going well. Someone who was well and then became mentally ill is too frightening. I get a lot of support through Saheliya, because there we can all be honest with each other."

"Less responsibility. Too many people in our community, and probably other communities as well, take on a lot of responsibility – looking after their family, running a business, keeping in touch with family in Pakistan and spread far across the world. We don't ask for help. Sometimes we need to say 'no' or 'not just now' for our own wellbeing. But that is not what we have learned."

"The lack of understanding and the stigma make it more difficult for people to recover. For a long time I did not tell anybody that I was suffering from mental illness. The community does not understand mental health problems."

"My family needs help to keep them going. My mum would appreciate some support as our community's attitude is very negative towards mentally ill people."

"More information for families about mental illness, in ways that ordinary people understand. I used to think it was just us who didn't understand."

"Information for children. Our children were very young when my husband first became ill. They have lived with him being unwell all their lives. No-one has even given us information to help us explain to them what is happening. And now they are at the age when sometimes the other children at school comment when their dad behaves in an unusual way. They have to explain that he is ill. There doesn't seem to even be any information in English for white children."

People at the feeding back event described the ways our families and friends can help them, and ways people can help themselves and each other. These were similar to the points raised in the earlier discussions.

Just supporting me when I need it	21 stickers
Making allowances for the times I am not well	17 stickers
Helping me to do the things that keep me well	14 stickers
Finding our more about mental health issues	8 stickers

Quotes from the feeding back event

"Our communities can help by supporting the people who support us."

"Showing respect."

"[our communities can help by] not being ashamed or afraid to understand and begin accepting us for who we are."

"We don't give ourselves enough credit. We need to say, 'I am special, unique, important'. We can do it for each other."

COMMUNITY supports recovery ...

What recovery means to people from black and minority ethnic communities

People talked about the ways they had found to be and to stay well. They also talked about the ideas around recovery. Many people who took part found the term and the concept of recovery to be helpful, and were clear that it reflected their experiences and was relevant to people in their situation and from their community.

"Know and value yourself and other people."

"[They can help by] not doing what they think is good for me. It's about listening, accepting and then doing."

Quotes from the earlier reports and from the feeding back event around what recovery means to people

"Everyone needs what is important to them, so recovery must be shaped to fit."

"Recovery is having transferable skills. Remembering that I coped with a situation before and I can use those skills to cope now."

"Making the most of your skills."

"I had never heard the recovery word. Today was the first time I heard it. I like it. It means recovering from mental health problems and from other difficult things that happen in your life."

"Recovery means different things to different people. Recovery is a continuous event in people's lives."

Most of the people at the feeding back event also thought that recovery was a relevant and helpful concept. This is what recovery means to them.

Using positive happy people for support	19 stickers
Knowing what will keep me well	12 stickers
Knowing when to say no	11 stickers
Having regular contact with other people	5 stickers
Having information available to explain things to my family	5 stickers
Not focussing just on illness	3 stickers

"Recovery is finding strength from within."

"It's achieving my objectives."

"To get better and get on with day to day life."

"Feeling able to cope - with my health and with the attitudes of other people when they are not welcoming."

We met more people in this project than in other local projects around recovery who were unsure about how helpful the term 'recovery' was – although it was still the minority of the people who took part. Some people said they found the concepts and ideas useful – that it is personal and individual, an on-going process, and that it rarely follows a straight path but rather has ups and downs. But for them the word 'recovery' had connotations of being told by other people that they should have got over a bad experience. The experiences from which people had been told they should have recovered included periods of ill health, feeling bad and having a spell where things generally were difficult.

These views may be shared with other people across Scotland, including people who have not been involved in local activities around recovery and who are not in touch with services that are using the concept and term as part of day-to-day work with the people they care for and support.

Another difference in how recovery is perceived and experienced by many people from the white majority population in Scotland is in the experiences that people are recovering from. People who participated in this project saw recovery being recovery from experiences of racial discrimination, abuse and violence as much as recovery from a period of mental ill health.

Quotes from the earlier reports and from participants at the feeding back event

"I think the 'Recovery' word is offensive – it is about 'my own life'."

"I don't want to be told that I have "recovered" because the system will close the door and not give me any more support. And then I'll be back where I was."

"'Recovering' should be the term used."

Quotes from the earlier reports

"I have realised that I am recovering from the discrimination as much as I am recovering from the mental health problems."

"Sometimes the low-key discrimination bothers me for a longer time. It wears you down."

"I worry when I read in the newspaper about racist attacks."

Experience of services

People raised many of the points about services that others have made in the context of what service responses help and what hinder people's recovery. This included help through skilled, supportive staff who take an interest in each patient or client and focussing on the future.

People also described situations where the response to their ethnicity or perceived 'difference' was an additional barrier or might actually be a positive source of support. They also talked about other barriers to getting the support they needed, including unhelpful information about services and their experiences of having to cope with a service system that does not make sense to some people, and/or does not respect their culture and identity.

"Can the health services not say, 'How can I help you?' instead of 'What is wrong with you?'"

LEARNING + WORKING TOGETHER

USERS COMMUNITY CARERS STAFF

Quotes from the earlier reports and the feeding back event about people's experience of services

"Having to cope with systems that you do not understand affects how well you feel. In many of our cultures we have different ways of getting jobs, managing money, getting somewhere to live. I am sure that the way things are done in Scotland makes a lot of sense. But if you do not understand it, it leaves you feeling exhausted and it takes away your confidence."

"Can you find ways to show people that services do help? Some of us would be able to help services reach other men. But the services are going to have to make the effort, not just expect everyone to come to them."

"Don't expect that one approach will work for men from many different communities and from many different situations. "

"Many men from BME communities don't understand mental health in the way that people mean it here. And we don't know what the services are – befriending, counselling, support, community mental health teams. So just giving someone information about a service is not going to encourage him to go along."

"Some workers do not seem to realise how difficult it is. I went to a group and I was the only person there who was from an ethnic minority. It would have been nice if someone had smiled and said hello."

"It often feels that white people do not try to understand me. What would help? Better understanding of what life is like in other cultures and other places. People who take time to listen and understand."

"A more appropriate holistic approach would be useful."

"It would make a big difference if there were people who take an interest in all of my life. Sometimes staff who work in mental health services seem to have no idea what it is like when you do not have any access to public funds. I was too ill to work. I was surviving on a few pounds a week that I got from my family. I walked to the clinic because I could not afford a bus. Sometimes I wasn't eating because I couldn't afford it. But no-one asked about that."

"I would remind people that there are many good staff working in services who are welcoming and want to give good support to people from minority communities. So we have to tell them how we want them to support us."

"Services can help by taking the well-being of their own workers seriously."

"They can support the people who support us."

"Just because I'm BME stop making assumptions of my needs – we are not all the same."

"By not fobbing you off and not really listening. Giving pills and more pills when listening, caring and understanding will do more."

"We don't know what is out there. Services can help by telling us about all the things that will help us be well."

This is what the people at the feeding back event identified as their priorities for how services could help.

Asking me what I need (and then doing it)	19 stickers
Working with me to tailor my own care plan	16 stickers
Being patient when I don't understand things e.g. language, forms etc	10 stickers
Having better training for workers	7 stickers
Finding more ways to contact people in BME communities	6 stickers

"Just because I'm BME stop making assumptions of my needs – we are not all the same."

"They can support the people who support us."

What people told us about taking part in the project

The people who took part in this project talked about the benefits they had gained from being involved. This included having a chance to reflect on their experiences, being valued and listened to.

At Saheliya, the women described how they gained in confidence through taking part in the sessions and then having the confidence to take part at the Changing Minds conference in March 2008.

People who were part of the other projects talked about how it felt good to know that their experiences were helping make things better for other people.

Quotes from participants at the Changing Minds conference

Participants at the Perceptions of Wellbeing among Black and Minority Ethnic Communities workshop said they would be using and thinking about the perceptions of wellbeing amongst different communities as part of their work.

"I will consider more what "wellbeing" means to my service users, taking into account their diversity and the discrimination they may face."

"It has given me more awareness regarding the thoughts of ethnic minorities regarding wellbeing."

Participants at the Service User Recovery session shared their sense of recovery and their experiences. Their feedback was that they found this a very useful and uplifting experience.

"Listening to other peoples experience of recovery was [a] useful experience."

"For me the BME workshop was eye-opening. The things people have gone through and still go through gave me strength and hope that I can do the same."
The facilitators for the Service User Recovery Workshop also noted the benefits of this session.

"[Each group showed] a shared eagerness to meet again to continue what could become a national BME recovery group."

"Both workers and service users were able to share those experiences. It was not just service users, but people on both sides. From a men's service point of view, I think it was really nice and informative to mix with some women who were prepared to share their stories with us."

"I think it was very useful to have this workshop as part of [a] mainstream conference, it gave recognition to service users as legitimate participants in something which is about them."

Quotes from participants at the feeding back event

"It helps to hear what other people say - really good. I know it's not just me."

"I am happy to be involved in this special day. I also have enjoyed telling people about my family, my situation, socially and health wise. I like to be involved with other minority people, and enjoy sharing our talks. That way I can get help and support from the authorities. Thank you all for organising our meeting today." [Translation from Arabic]

"I liked meeting different people, not just those I know from our project."

"I would welcome an opportunity like this to meet with people from other projects again."

"There is a feeling of progression and momentum now in Edinburgh around recovery."

"I have enjoyed being part of this project. It is good that people can be involved at their own pace and in ways that suit them."

"I have enjoyed being part of this project. It is good that people can be involved at their own pace and in ways that suit them."

Suggested action points

The aim of this report is to provide information and stimulate discussion. The experiences described in the earlier sections are a good starting point for discussions in Edinburgh and in other parts of Scotland. The suggested action points in this last section can also be a starting point for people and organisations who wish to do more to celebrate the strengths of people from minority ethnic communities and support more people in their recovery.

Suggested action points for the Mental Health and Race Equality Programme (Equalities and Planning Directorate at NHS Health Scotland)

- Continue to raise awareness about mental health and wellbeing and what this means for people from minority ethnic communities. In particular, reflect the different understandings of mental health and wellbeing that are meaningful to people from the many different minority communities and do not only reflect Western eurocentric perspectives.

- Work with other parts of NHS Health Scotland and other national organisations to influence and raise awareness about mental health and wellbeing within the BME communities. Part of this might be using this information to challenge those discriminatory practices and assumptions which lie behind some of the experiences documented in this report.

- Continue to disseminate and share the learning from local projects like these, so people in many parts of Scotland learn from each other about how to give better support to people from minority ethnic communities around their mental health needs.

Suggested action points for Scottish Recovery Network

- Continue to look for more ways to reflect and promote the experience of people from black and minority ethnic communities around recovery.

- The work around the Scottish Recovery Indicators (SRI) has potential to encourage mental health services to support the recovery of all the people for whom they provide care and treatment. Training resources are also being developed to support recovery and a values-based approach to mental health services. The Scottish Recovery Network can make sure that the SRI and training resources promote respect for people's ethnicity and cultural identify as an integral part of any recovery journey.

Suggested action points for the participating projects

- Consistently use a recovery approach in the support you give to the people who use your services. Give them this message of hope.

- Continue talking about and asking people what wellbeing and recovery means to them. Make this project the start of an ongoing conversation.

- Continue working together so people can share experiences and work together to share the messages about recovery with other people who have mental health problems and with families and communities.

- Work together and with other local projects or services to help raise awareness about mental health and wellbeing and recovery among people from the minority ethnic communities in the local area.

- Talk with the mental health services about ways in which the people involved in your projects – staff, volunteers, members and people you support – can work with the mental health services to make services better at responding to the needs and circumstances of people from minority ethic communities. For example, how can people from your projects be part of auditing access to services or the quality of general mental health services, and for delivering training for staff?

- Work with the other people in the Edinburgh area who are promoting recovery, so you can all learn from each other.

Suggested action points for the mental health services in Edinburgh

- Look at how all the staff in mental health services can become more effective at listening to and respecting the needs of all the people who use their services, and at how they can be comfortable about supporting the needs of people from BME communities.

- Do more to support the family members and friends who support people with lived experience of mental health problems. Give them better information about what is happening.

- Look at how services and strategies can reflect wider concepts, understandings and experiences of mental health and wellbeing. For example, arrange for the groups led by people from minority ethnic communities who have mental health problems to feed into the Strategic Development Group.

- Create good support for staff in mental health services as an integral and essential part of the work you do to promote good mental health and wellbeing.

- Share the good practice that is already happening.

- When you are assessing the quality of services, make sure that the experience of people from BME communities is part of your assessment.

- Include people from BME communities when you are arranging training which is led by or based on the experiences of people with mental health problems and their carers or families.

- Invest in capacity building to enable people from BME communities to have the confidence and skills to take part in training and in ways for people who use services and influence strategies, practice and policy.

- Make sure that people from BME communities are part of the work in mental health services to take forward With Inclusion in Mind and Towards a Mentally Flourishing Scotland.

Suggested action points for mental health services in all parts of Scotland

- Learn from what the people who took part in this project have said. Use this as the start of a discussion in your area about what mental health and wellbeing and recovery means for people from different ethnic communities and cultures.

- Share the learning between people from minority ethnic communities, other people who have used mental health services and their families, and with people who work in services. This could be through a report describing the experiences and perspectives of people in your area, or it could be at an event.

- Build the perspective of local people from BME communities in your area into assessment and training for all your services.

- Share the good practice from your area on the issues that people from these projects have said would be helpful. This will include work around making services more sensitive to the needs of people from minority communities. It also includes actions that will benefit anyone who uses mental health services - such as good information for families and for children of people who have mental health problems and ways of planning with each person what care they need in ways that respect what is important to them.

- Keep listening. Ask the questions again in year or so, to find out what has changed and what still needs further effort and attention.

- Strengthen the ways in which people from BME communities who have mental health problems feed their experience and perspectives in to formal arrangements for developing the strategies and practice for mental health services in your area.

- Make sure that people from BME communities are part of the work in mental health services to take forward With Inclusion in Mind and Towards a Mentally Flourishing Scotland (the links to the sources for these documents are in the box below).

Suggested action points for other services in Edinburgh and in other parts of Scotland

- The people who took part in this project highlighted the importance of access to a range of opportunities and services as part of supporting their mental health and wellbeing and recovery, such as leisure and recreation services, formal education and other learning, and volunteering. Many of these opportunities are identified in the discussion and guidance papers that describe good practice in promoting people's mental health and wellbeing, including With Inclusion in Mind and Towards a Mentally Flourishing Scotland. Make sure that people from BME communities are part of work to take forward With Inclusion in Mind and Towards a Mentally Flourishing Scotland.

- Look at ways for staff in all local authority services to learn from the experiences of people in your community who are from minority ethnic communities. Examples might include drawing in their experience when you are doing an Impact Assessment, or as part of staff training.

- Use the experiences of people in from minority ethnic communities in your area when planning ways to promote the good health and wellbeing of everyone in the community.

HOPE IN OUR COMMUNITIES

Where to get more information

With Inclusion in Mind was published by the Scottish Government in 2007.
 http://www.scotland.gov.uk/Publications/2007/10/18092957/11

Towards a Mentally Flourishing Scotland was published by the Scottish
Government in 2007. The action plan is expected in early 2009.
www.scotland.gov.uk/Publications/2007/10/26112853/0

There is an easy read version of Towards a Mentally Flourishing Scotland at the
Outside the Box website.
www.otbds.org/index/php/projects/view_details/54/

It is also on the well? website.
www.wellscotland.info/towards-a-mentally-flourishing-scotland-resources

References

Outside the Box publications

The earlier reports from this project are:

Celebrating Friendship and Diversity: Recovery and minority ethnic men in Edinburgh, March 2008
Sharing the Routes to Recovery: Report from the Minority Ethnic Mental Health Project, March 2008
A New Beginning: Recovery and ethnic minority women in Edinburgh, June 2008
www.otbds.org/index.php/projects/view_details/49/

There are reports from the project with women from the BME communities in Glasgow. This project was also in partnership with NRCEMH and SRN.

http://www.otbds.org/index.php/projects/view_details/12/

NHS Health Scotland publications

Report on scoping exercise into conceptualisations of mental wellbeing with BME communities in Scotland, published by NHS Health Scotland in September 2008.
www.healthscotland.com/documents/2803.aspx

Are You Really Listening?, published by NHS Health Scotland in 2008.
www.healthscotland.com/documents/2466.aspx

Scottish Recovery Network publications

SRN has gathered people's accounts of their recovery through the Narrative Research project. Publications are available at:
http://www.scottishrecovery.net/content/default.asp?page=s5_4

Wider policies and good practice resources:

With Inclusion in Mind was published by the Scottish Government in 2007.
http://www.scotland.gov.uk/Publications/2007/10/18092957/11

Towards a Mentally Flourishing Scotland was published by the Scottish Government in 2007.
www.scotland.gov.uk/Publications/2007/10/26112853/0

There is an easy read version of Towards a Mentally Flourishing Scotland at the Outside the Box website.
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It is also on the well? website.
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