

**DEPARTMENT OF PSYCHOLOGICAL THERAPIES**  
**COUNSELLING FOR DIVERSE CULTURES**

**REPORT FROM JULY 2006 – MARCH 2007**

I am in my third year working for the Department of Psychological Therapies as Counsellor for Diverse Cultures. This year has been particularly difficult in many ways but rewarding and amazing that I am here to do my job having gone through immense change in my own person life with health issues ('I am a celebrity – get me out of here' having been on GMTV, BBC1 Midlands Today, Shropshire Radio, BBC Asian Network and in other articles in newspapers). Work wise it has also been challenging. By that I mean, when you identify gaps in services and given the opportunity to fill some of those gaps it becomes a mammoth task for one person. I have enjoyed all aspects of my work, having the support of Managers, able to speak and be heard, and have the chance to carry out the work.

Unfortunately clients have not been referred into the service as I had imagined and that could be for a number of reasons and I hope that is the case.

- a) break in the delivery of the service due to my ill health
- b) GP's need reminding of this service
- c) Clients being referred straight into secondary care

In order to keep the momentum going work needs to be done with community development and liaison work. This means finding out where the community groups meet, liaising with the main worker of the group and being invited to speak, all of which is a slow process that takes time. Liaison work with GP's needs to be continued at the same time as the development work is going on.

With the merger with South Staffordshire and Shropshire NHS taking place, and the Borough of Telford developing their own Primary Care Mental Health Team, it is difficult for everyone to comprehend how exactly the new service is going to look like. Work within the BME communities, may perhaps be pushed further down the line as the goal post and priorities change according to the budgets. I am aware that South Staffordshire has many projects for the BME communities as well as a BME Staff Network.

In my last report I wrote that some patients have asked the question after therapy 'where to next', and group work seemed to be the answer. I am aware that the Department offers different groups such as Assertion, Anger Management, Hearing Voices, Art Therapy etc these can be accessed by all. In the case of the BME communities, particularly the Asian community (being the largest group – Census 2001), language and cultural issues might be some of the barriers for not attending the above groups.

I was given the opportunity to run a pilot programme in Panjabi/Urdu 'The Sahara Group' for 12 weeks with initially 12 women (a report has been compiled and available on request) which was successful and positive outcomes were attained. This programme was adapted for women from South Asia living in the Telford and Wrekin area. It comes from a programme developed by the Telford and Wrekin Primary Care Trust 'Something More'. This was a response to the tasks identified in the Mental Health Promotion Strategy (2003). I worked in collaboration with an Independent Trainer and Health Promotion Specialist (Mental Health Promotion) for Telford and Wrekin Primary Care Trust in order to get support and financial help for this pilot programme.

On the basis of the report and feedback from the group which took place in February 2007 it is recommended that a group such as the Sahara Group (Sahara means support in Hindi/Panjabi/Urdu) be funded as a rolling programme.

### **LIAISON WORK**

The following, is a list of activities, taken place in order to promote the service.

Distribution of leaflets to surgeries/community centres and Community Mental Health Teams

Meeting with Substance Misuse Team – Portico House in January

Ethnic Minority Health Improvement Action Group – on going

Attended the Craft Group at Castlefarm Community Centre

(Group of African Caribbean women meeting weekly)

Meeting with Practice Manager of Wellington Surgery regarding referrals

Attended a team meeting of School Nurses at Stirchley Medical Practice

Attended a team meeting of Health Visitors at Wellington Medical Practice

Planned to meet with the Manager of the Childrens' Centre at HLC (Hadley Learning Centre)

Planned to meet with Black History Project and a group of women at the Pentecostal Church in Tan Bank

Meeting with the Bridge Development Voluntary Organisation – this is to work in conjunction with this organisation and women who want to share their journey from South Asia to Shropshire – Linking in members of the Sahara Group.

Liaison work can also take place between the agency who wishes to refer, the client and myself. I have had clients who find it difficult to separate from their baby in fear of something being done to the baby (black magic, evil eye) and this has been worked through by providing a safe place or a placement for their baby. I have had clients who have lied as to their whereabouts in order to come to counselling, some families see counselling is for people who are 'mad', some women cannot go anywhere without a 'chaperon'.

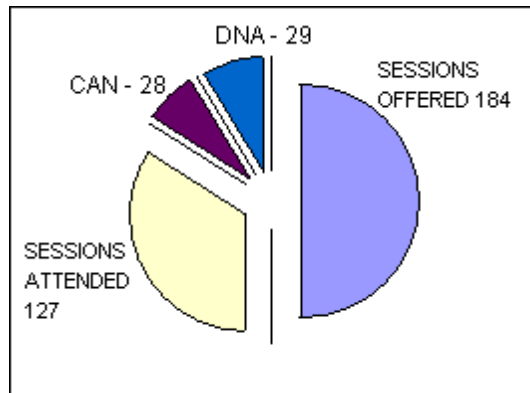
## HOME VISITS

Home visits are an essential part of working differently and more creatively. This in some cases becomes part of the initial assessment but also a beginning of making a therapeutic relationship offering reassurance and validation of the confidentiality of the service. This is perhaps in the past has been one of the biggest fears in the minority communities, particularly Asian, and prohibits many people entering into the service. Incorporated in the home visits is in some cases an element of CBT work. I have worked with a client who found it difficult to leave her house to access services and living in isolation. She is now looking forward to joining the next Sahara Group. I understand from some clients that they were not aware of the fact, if going into secondary care, they will be given a number which is recorded on their health service records and identifies their involvement with mental health services.

I have been involved with joint home visits for assessment with other agencies e.g. Sure Start, Healthy Help, Health Visitors, which is a way forward for the client and to encourage, if the case may be, to refer themselves into the service. I have attended joint visits with Psychiatrists and Social Workers (where child protection has been an issue)

## ONE TO ONE COUNSELLING

I give below a breakdown of the sessions offered over the period July 2006 to March 2007



I give below the breakdown of the number of people entering into the service.

**No. of People Entering into the counselling service**

**July 2006 – March 2007**

July – March 2007	BME Total 28	BME 25 Women	BME 3 Men	
Take up	BME 17	14 Women	3 Men	60% Take up

**SURGERIES**

Holliwell Surgery  
Oakengates Medical Practice  
Lawley Medical Practice  
Hadley Medical Practice

**CHMT**

North Team  
Central Team

**OTHERS**

Sure Start  
Cancer Care Link Worker  
Children and Families Services  
Link Worker – Wellington Medical Practice  
Support Worker – Healthy Help Project  
In-House Referrals  
Assertive Outreach Team

## **REFERRAL SOURCES**

As you can see the list of surgeries referring patients to the service has been few, which has been very disappointing and more work needs to be done to raise this issue. One of my concerns has been, the largest of surgery in the Telford and Wrekin area has not been able to refer any one in the service this year, which is surprising, as that is where the highest Asian population reside and registered. What is particularly concerning the communities are growing (from the last census to the latest there is an increase of 1.5% BME population in the Telford and Wrekin area and 0.5% in Shropshire) and yet psychological issues are not being picked up in primary care, problems may then jump into secondary care. There is clear evidence that Black and Asian people are six times likely to be sectioned than others against their will due to lack of understanding, language, fear of difference.

## **WAY FORWARD**

In December 2004 the Mental Health Policy Implementation Interim Guidance Report is to provide a framework for local health and social care systems to introduce Community Development Workers into the mental health workforce. It indicates that it is the responsibility of the Primary Care trusts to implement and meet this target. It is envisaged that Telford and Wrekin PCT will be providing a CDW for the BME communities. This will offer additional support and may generate referrals.

Other ways forward for the counselling service for diverse cultures might be looking to setting up counselling surgeries at three Sikh Temples, namely Hadley Sikh Temple, Oakengates Sikh Temple and a third in Oakengates (recently opened). After evaluation to see if the take up has been effective, it may be worth looking at holding further surgeries at the Equal Centre, situated in Regent Street, Wellington adjacent to the Regent Street Mosque and Visible Minorities Council in Hadley.

A report has been compiled and submitted to the Commissioner of Mental Health Services as to the findings and recommendations of the success of running a therapeutic Asian women's group, namely the Sahara (the name Sahara means Support in Urdu, Hindi and Panjabi) group, it has suggested that funds be made available to continue supporting and encouraging vulnerable women to find a voice.

**SAROJ SHARMA  
COUNSELLOR FOR DIVERSE CULTURES  
MARCH 2007**

