1. INTRODUCTION

Providing equitable care pathways means offering diverse routes to recovery and not just a single predetermined pathway. More equitable pathways will improve inpatient, outpatient, and community treatment environments. They include primary care, complementary treatment, and more flexibility in moving from the community to mental health care and back to the community.

To begin responding to these needs, NIMHE/CSIP has commissioned a project on improving BME mental health care pathways. It will be carried out by the Centre for Health Improvement in Minority Ethnic Services (CHIMES), which is a collaborative between the Royal Free and University College Medical School, and St. Bartholomew’s and the London School of Medicine at Queen Mary. The project will:

- Demonstrate that pathways into mental health care can be modified by using local knowledge, peer support services, and voluntary sector expertise.
- Identify and show how to overcome barriers to a care and recovery pathways approach.
- Summarise a recommended learning process for Trusts trying to improve pathways for BME groups.
- Implement pathway interventions in four sites, bringing together all the elements of the programme in those sites.
- Examine inpatient, community, voluntary sector, forensic and primary care interfaces and
- Use the information from the project, the experience of change management and the capacity generated to engage PCTs, SHAs, localities and the non-statutory sector in other sites.

2. EASINGTON RURAL EPIC PROJECT: BACKGROUND

1. Demographics

Easington has a population of 93,981 (2001 Census) has 20 wards and remains one of the most deprived areas of the country. It has a high expected level of prevalence of mental health illness compared to the national average, and social conditions likely to be linked with mental ill health, compounded by significant cultural changes since the closure of pits and the fragmentation of the once strong mining community.

Easington has a low proportion of non-whites in the district (0.69%) The dispersal of asylum seekers and refugees has had no current impact on the population, though the latest predictions for the future population of County Durham predicts that the numbers coming to the North East will be significant. (Based on 1999 based projections trends in net-migration)
II. Mental Health Service Provision

Easington district has been recognised as a complex organisation with responsibility among many key stakeholders. Through integration, both strategically and operationally, wider agency collaboration, service development and planning is agreed via a Local Strategic Partnership Board.

The main statutory providers of mental health services are Tees, Esk and Wear Valleys NHS Trust, Durham County Council, Easington PCT and South of the Tyne and Wearside NHS Trust.

Cross agency collaboration also exists through the Local Implementation Team for Easington Mental Health Services.

The Voluntary Sector are engaged and supported on both Boards and are actively involved in discussions when planning sustainable funding in delivering the range of services to meet the needs of the local population.

Durham Social Services commissioning manager coordinates a provider group which looks at funding arrangements and functions as a sub group of the LIT.

The population of Black and Minority Ethnic origin within Easington as a whole is very low (0.69%) and this is currently reflected in the uptake of Mental Health services in Easington.

3. ENHANCING PATHWAYS INTO MENTAL HEALTH SERVICES FOR THE CHINESE COMMUNITY LIVING WITHIN EASINGTON.

The specific pathway intervention will be aimed at the level of help-seeking behaviour i.e. the point prior to accessing services.

I. FOCUS OF PROJECT:

Consideration will be given to the following three areas:

- the three groups of people: those who consult Chinese herbalists (or Traditional Chinese Medicine), those who consult GPs, and those who do neither
- the influence of family, social networks, beliefs and Internet
- how to engage with the community considering the high stigma, rural location and work ethic

II. BETTER INFORMATION

Information will be developed that is culturally relevant and delivered in an appropriate way. To do this, we will:

- use a Community Development approach by drawing on the knowledge and resources of the Chinese community
- involve community leaders (herbalists, church) and local people (Chinese businesses, advocacy workers, interpreters)
• engage people in a discrete and sensitive manner, ensuring this is low key and emphasising confidentiality

• avoid ‘mental health’ terms and instead refer to ‘well being’

• consider that community leaders/figures may be outside Easington (e.g. church in Sunderland, herbalists in Newcastle/London)

• consider delivering information via Internet

**Future Plans will include:**

• linking up with existing information and resources e.g. Chinese Mental Health Association
• developing partnerships and links with local GPs/primary care
• how the specific intervention will be measured i.e what outcomes do we want to achieve?

4. **Links with DRE programme and CDTV FIS**

The Easington EPIC project will support the delivery of outcomes within the DRE focusing specifically on these three key characteristics:

• Increased satisfaction with services
• Less fear of services among the Chinese community
• More BME service users reaching self-reported states of recovery