Where we began....

- Because of the small percentage of Chinese people in our population we did not know how to make access to our services easier and once accessed Staff needed to be aware of cultural and language issues in order that the persons journey to recovery is smooth and effective

- We needed to focus on two areas using a collaborative methodology,
  a) Chinese Community engagement to enhance the pathways into care for the Chinese Community
  b) An individual case study
Easington EPIC Project Plan

**Chinese Community Engagement**

- Better Information for the Chinese community on mental health
- Improve access to MH services
- Develop links and relationships with the Chinese community organisations

**Project Aims & Outcomes**

**Aims**
- Developing an understanding (cultural & mental health needs of the Chinese community)
- Creating and Sustaining Partnerships
- Mental Health Promotion

**Outcomes**
- Increased Satisfaction with services
- Less fear of services among the Chinese Community
- More BME service users reaching self-reported states of recovery
Implemented Actions

• Introduction of one point of access
• Translated Directory of Services for the Chinese Population
• Cultural Awareness Training
• Staff Directory of Resources
• Planned introduction of website

Implemented actions cont…

• Race Impact assessment tool integral component of core assessment
• Co-audit tool utilised for clients entering and exiting secondary mental health services.
• Established links with organisations who work with ethnic minority groups close to our area.
Project outcomes v actual outcomes

- Developing an understanding (cultural & mental health needs of the Chinese community)
- Creating and Sustaining Partnerships
- Mental Health Promotion
- Positive feedback from staff re-training
- Established links with other agencies i.e. Stockton International Centre/Middlesbrough Chinese association
- Mental Service Directory located in identified GP practices
- Cultural needs are identified at single point of access
- Potential to apply model to similar demographic areas

Audit Tools

- Questionnaire – service/carer satisfaction/self reported recovery
- One point of access – statistical data on service usage
- Monitor access to Chinese health promotion website/use of directory
Key Learning Points

- Difficulty in defining project aims
  - 1. ‘small is beautiful’
  - 2. Use of a local manager
- Lack of appreciation in relation to the impact of cultural differences
- Self managed team approach (high levels of commitment from team members)
- Support required from the ‘decision makers’ outside of the core team
- Designated time out

Next Steps

- Consolidate progress, monitor and evaluate outcomes
- Roll out cultural awareness training amongst all staff
- Consider if model is applicable to other demographic areas (links/sharing practice)
- Researcher to expand work to other minority groups.
- Community Development worker to link in with the core group.