Easington Locality
EPIC Project
County Durham and
Tees Valley Focused
Implementation Site

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Demographics
• Rural Locality with 20 electoral wards
• Population (2001 census) 93,981
• % of BME Population 0.68%
• % of White British Population 98.78%

Profile
• Deprived area of the country
• High expected level of prevalence of mental health illness compared to the national average (33.28%)
• Social conditions likely to be linked with mental ill health
• Easington PCT and Easington LIT
• Mental health services provided to adults and older people by Tees, Esk and Wear Valley NHS Trust & South Tyne & Wear

Map 1: Electoral wards in Easington PCT

Easington District
Challenges in Easington

- Lack of opportunity/Unemployment following closure of pits
- Poverty, poor housing, stigma & lack of understanding (Guardian 2004)
- Miserable Measures (03) & Sainsbury Locality Profile (99) evidenced high poverty levels and need
- John Cummings (04) “Cinderella Service” 30% more likely to have mental health problems, 2nd highest incident of carers nationally
- Two mental health trusts
- National service framework (99). Locality Audit - 30% long term illness, Incapacity benefit,

Rural Complexities

- Dispersed Individuals – Isolation
- Low BME population
- Micro Cultures – Town, Villages, Individuals
- Accessibility
- None or little local community & voluntary organisations

EPIC Project Plan

1. Build on previous work carried out……
- Cultural Sensitivity Audit – LiT
- BME Themed Review (Autumn Assessment 2004)
- David Bennett Audit & Recommendations

2. Utilise the pathway experiences……
- Experience of a patients journey through services using (case study examples)

We identified that

- 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
Easington EPIC Project Plan

Case Study

Patient Journey

Identify Areas for improvement
enhanced pathways
Service Users already accessing and using MH services
Audit Current pathways and experiences

Access Pathway

• Four main areas to the Pathway
• Website
• Directory of Services for the Chinese Population
• Cultural Awareness Training
• Staff Directory of Resources

Mapping Auditable Outcomes

• Monitoring the number of ‘HITS’ the Website receives
• Create a Column for people to review the site
• Monitor the distribution and uptake of the pod casts

WEBSITE

• Addresses and links to specialist Chinese Mental health services and Local community groups to be added
• Review of literature and links to Chinese mental health information
• Secured funding to capitalise on the website
• Pod cast availability for Computers

DIRECTORY OF SERVICES

• Local LIT directory of Easington services
  Translated in Chinese
• Channel the Directory through GP practices with Chinese Community on their cases
• One to one contact with GP’S Practice Managers
• The use of the researcher to update contents

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
Mapping Auditable Outcomes

• Follow up visit to GP and Practice Managers for feedback of its usefulness
• Log of directories used as a resource
• Promotion of directory via posters etc.
• At point of access to services monitor if services accessed by the use of the directory
• Comparison of Statistical data from previous years

CULTURAL AWARENESS TRAINING

• Questionnaire to all staff in local mental health services to establish baseline
  Excellent response-50 returned in 1st Phase. Phase 2 wider distribution
• Thematic Analysis of questionnaire
  – Lack of knowledge by staff about
  – Population figures
  – Culture- understanding of mental illness/work ethic
  – Language and how to access interpreter/information

• Focus Group
  Group of 10 staff from each service who completed questionnaire
  In depth discussion about needs of staff and knowledge required
  Analysed for themes
• Training session
  Initial training for 25 single point of access staff on themes identified in focus group
  Follow up sessions as an ongoing process

STAFF DIRECTORY OF RESOURCES

• 1 point of Access
  Information on interpreting services and Community Groups readily available to all staff
  This will support the training and will be available as an ‘aid memoir’
  Researcher will contribute to the development and include the wider BME community in the development of the resource directory for staff

Mapping Auditable Outcomes

• Evaluation of training course
• Questionnaire revisited to establish new knowledge
• Single point of access service monitored through ‘a walker of services’
• User / Carer Satisfaction survey

• Evaluation through the use of staff questionnaires
• User/Carer satisfaction with services
Co Audit

- Development of a Co audit tool within the EPIC sites
- The aim is for the shared audit to be developed through a process of collaboration between the sites and for the whole EPIC to have ownership.
- Currently considering the tool for its utility and applicability to reflect the pathway outcomes and share across the diverse EPICS.