Background

One of the Government’s key targets for MH services was the establishment of 335 crisis resolution / home treatment teams by Dec 2004. These teams act as the gatekeepers to acute psychiatric services and aim to provide home treatment for people in crisis, as far as possible, as well as supporting early discharge for those admitted into inpatient beds.

The South Yorkshire FIS wishes to support a project that aims to develop pathways for people in crisis.

The pathways have been selected based upon the national evidence of the experiences of black and ethnic minority communities within mental health services.

The available national evidence suggests that by the time many BME communities access secondary mental health services it is usually in “crisis”, which in turn creates a profound impact on their families and experience great difficulties in reintegrating back into their communities with any sense of dignity.

The project proposes to use the Community Development (CD) model in order to enhance services for Pakistani communities. The strength of the CD approach recognises the belief that people know best about their own needs and requirements and that they have the knowledge, abilities and experiences which should be utilised. However, the responsibility for policy development and practice cannot be the individual responsibility of the Pakistani communities; it requires a multi-agency approach with effective partnership arrangements. This involves building on the strengths, creativity and an experience of the community in a manner, which does not exploit or oppress them.

The 2001 Census identifies Pakistani people form a large representation amongst the BME communities in Sheffield, who continue to be disproportionately located within deprived areas of the City.

Whilst their representation within mental health services is also disproportionately high, there has been very little engagement and service development for this community by the statutory mental health services in Sheffield. This is also the case across South Yorkshire.

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Stigma is a factor that all communities struggle with when trying to access mainstream services. Whilst there are attempts to address and reduce stigma by the statutory and voluntary sectors nationally, there is poor evidence that this is being done for the Pakistani communities in Sheffield. This project will actively engage with the Pakistani community to find meaningful ways to reduce stigma in relation to mental ill health, i.e. from the community and for the community.

Advocacy through user movements has not been developed for Pakistani communities; this is evidenced by the poor representations through PALS and Carer Councils/ forums within the mainstream. This disparity is highly visible in the in-patient units of the local psychiatric hospitals.

Furthermore the growing sense of Islamaphobia witnessed in this country following the events of September 11th and July 7th, has and will further marginalise and alienate these communities from the mainstream. More than eight in ten Britons believe suspicion of Muslims has increased post September 11th.

There are many other factors which act as barriers in establishing pathways of care for BME communities in general, i.e. cultural alienation, economic vulnerability, political invisibility, mistrust which this project will also attempt to explore through audit.

**Pathways into Care**

**Collaborative working with Crisis Assessment and Home treatment Service (CAHT) and the Pakistani Community**

1. **The teams that will form a single pathway site**
   The project will aim to improve access to crisis services/ home treatment for the Pakistani community in line with national targets. The CAHT team are seeking to build capacity to provide support where mental health needs of Pakistani service users have been identified within CAHT. The CAHT recognises that the current paradigms of practice and service development have not engaged with this local community sufficiently and since their current pathways into mental health services is when experiencing a crisis; it would appear that this is a valid pathway to focus upon.

   The CAHT is a newly established crisis resolution and home treatment service working in two teams in the North and South of Sheffield. This project will work across both teams.

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2 Dodd, V. (2002), The Guardian, Muslims face more suspicion.
2. **The Specific Pathways that are to be improved**

The pathway that we seek to improve is in the early stages of collaboration between the Crisis Assessment and Home treatment team and the Pakistani Muslim Centre.

The team is seeking to build on capacity where mental health needs of Pakistani service users are identified during a crisis episode. The current shortage of prescribed social activities and lack of respite for carers increases the risks of admissions into hospital in many cases under compulsory detentions under the Mental Health Act (1983).

The CAHT recognise that the current paradigms of practice and service development have not engaged with the local communities sufficiently, (particularly when examining explanatory models of health and illness). The partnership will seek to improve knowledge and find creative ways in promoting access to these pathways, which will be more meaningful for the communities.

The vision of this project is to establish models of good practice, which addresses in a culturally congruent and holistic way the specific health and related social care needs of Pakistani service users in Sheffield. We anticipate that this project will foster the sharing of good practice across South Yorkshire.

At a later stage, the project would envisage that the PMC through established networks with Sheffield Care Trust, FIS support would find additional pathways to explore. Priorities will be given to the early detection of mental health problems, forge partnerships with the Early Intervention Services, In-reach through advocacy support into the in-patient wards.

These priorities support the Government’s policy on new developments in mental health care.

3. **Statement from the PMC** attached as Appendix 1.

**Statement from John Ramsden**: Sheffield Care Trust (SCT) in partnership with the South Yorkshire FIS and the PMC have a basis for a strong commitment to improve mental health services. We feel this can best be achieved through a pilot within the city that will give us a strong evidence base to promote shared learning across South Yorkshire.

**Statement from Gillian Fairfield Chief Executive lead for South Yorkshire FIS**: The FIS site aims to identify and spread good practice by developing evidence base and facilitating demonstrable change in the development and delivery of responsive and informed mental health services. Furthermore, to develop capacity and quickly improve mental health services for BME people across South Yorkshire. Collaboration is an approach utilised by the FIS for delivering successful approaches across South Yorkshire.

**Statement from Rashna Hackett, Nurse Consultant, Sheffield Care**
**Trust:** “Caring” is a universal phenomenon, however “caring,” means different things to different people. It is timely for Sheffield Care Trust and its employees to break ground and to engage in innovative ways with the communities it serves. As a Nurse Consultant, I am committed to raising standards of care to all service users. We are particularly keen in engaging with the Social Inclusion agenda’s. This project is inspired by central Government policy, which indicates a genuine commitment to augment and develop services for black and minority ethnic groups. We hope that we can establish a model of good practice and share this across South Yorkshire.

4. Due to an absence of proposed or likened facility in operation in South Yorkshire, there is no background data for comparison. This audit will be a prospective pilot; we would envisage that the demonstration of change can be illustrated through service user feedback and current mainstream service providers to elicit usage of service. Both qualitative and quantitative methodology will be used. We would seek the support of the Audit Department at Sheffield Care Trust.

5. Sheffield Crisis Assessment and Home Treatment service will be able to host and attend action learning meetings, they will also host learning sets across South Yorkshire so that the learning and good practice can be shared across the patch.

6. Outcome measures will be:

   - To ensure that user led and user focused services are recognised and integrated into the mainstream.
   - To promote a culture where carers are included in care packages and that a community language should not be a barrier in having a voice. This can be promoted through collective action.
   - To reduce the rates of in-patient admissions from the Pakistani community by offering alternatives i.e. prescribed social activity.
   - To improve data sets and value based evidence to support further pathways through good practices identified by the audit.
   - To improve relationships and respect between statutory services and the Pakistani community.
   - To share as a model of good practice across South Yorkshire and nationally.

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