CAPS
independent
advocacy

East European People & Mental Health services in Lothian

Based on the report by Magda Lenczowska, a student on placement at CAPS Independent Advocacy, March 2017

The views of the report are those of Magda Lenczowska and the people she spoke to during her research

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Content:

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Introduction

This is a report of the project conducted by a 4th year Community Education student on placement with CAPS Independent Advocacy (http://capsadvocacy.org/). The project was designed in order to investigate what barriers people from Eastern European countries have experienced in accessing mental health services in Scotland. Special attention and recommendations are given to the role of Independent Advocacy.

Diversity and focus on equality in service delivery

CAPS Independent Advocacy is an organisation which empowers people who use, or have used, mental health services in the Lothians in order to make their voices heard and have as much control over their lives as possible. At the time I joined the organisation, some work was concentrated on developing the Diversity project- a pilot project that would make advocacy more accessible to people of different 'protected characteristics' such as gender, race, ethnicity, etc. It has been recognised that ethnic minorities very rarely use independent advocacy services. The diversity Strategy was, therefore, aimed at promoting equality in advocacy service delivery.

For example, the Advocacy Equality Reporting summary published by AdvoCard, an organisation that provides independent advocacy in Edinburgh (http://www.advocard.org.uk/), shows that in the period between 1/12/2015 and 31/05/2016 their service was used by 1 Pole and 2 'other white ethnic group' from the 52 new community-based people accessing advocacy, who completed the monitoring forms (AERS 2016). These numbers do not reflect the admissions at the Royal Edinburgh Hospital, which is thought to have a higher proportion of Eastern European people who use advocacy than that of the general patient population.

Context

CAPS was developing a new monitoring form to provide accurate data about who use the service, focus was put on promoting advocacy within BME (Black or Minority Ethnic) communities. The list of organisations working with BME communities was updated and letters with information about CAPS services were sent to the key organisations working with BME communities.

I, then attended various meetings, of which the most crucial in developing my project was that organised by the Edinburgh Voluntary Organisations' Council (EVOC) on the barriers to health and social care services. There I had a chance to learn from other professionals about the specific needs the clients/service users have in accessing various services, including mental health services.

Background and Rationale

Why Eastern European People?

During the meeting at EVOC, it became clear that different ethnic minority groups and their different cultures have specific needs regarding accessing and using various health services; Muslim women, for example, would experience different problems from Polish men. Understanding the cultural differences which can influence one's mental health, I believed it was important to focus on particular ethnic minorities when investigating the barriers they might experience in accessing mental health services. The reason why I focused on Eastern European, and not only on Polish people, is that I did not want to restrict myself too much in collecting the data. I also believed that Eastern Europeans have cultural similarities.
In addition, being a Polish immigrant myself, I believe that I understand Eastern European culture and the mentality of its people. On my previous placement with the Outlook Project I also gained a good knowledge of various educational, and health and wellbeing organisations and agencies in Edinburgh. Moreover, having experienced mental health problems in the past, I considered myself to have reasonable knowledge to start the project investigating if mental health services in Lothian are responsive to the needs of Eastern Europeans.

Hearing the opinions and experiences of the professionals working with ethnic minorities, I decided that working towards improving mental health services should start at the bottom. That is, from hearing people's own views on the barriers they have experienced in accessing mental health services in Edinburgh. This approach is consistent with Independent Advocacy, as well as with Community Education practice.

What influences their mental health?

Migration

Migration can be associated with a negative impact on mental health. This can result in inequality in access to mental health services. The research conducted by Birchwood Highlands (2016) gives us a helpful insight into this topic. Many Polish immigrants experience 'culture shock' and are 'scared' when coming to Scotland. Being separated from their families and communities, people experience loneliness, limited support, and often fear about their future. Individuals who are poorly integrated are at increased risk of feeling meaningless, apathetic, melancholy, and depressed. Additionally, prejudice and negative stereotypes about immigrants can have a negative impact on one's self perception.

Material inequality

Overall poverty in Scotland is higher among ethnic minority groups (Kelly 2016). The vast majority of all minorities are concentrated in the 20 percent of localities identified as most deprived by the UK government's Index of Multiple Deprivation (Craig & Walker 2012). The socio-economic disadvantages, therefore, influence the rates and presentation of mental health problems and access to support and services (Elliot 2016).

Attitudes to mental health

The peer research conducted by Birchwood Highlands (2016) shows that the conceptualisation of, and beliefs about, mental health among Poles are mostly negative. Other research, conducted by the Polish Ombudsman Institute (2014) also suggests that the words 'mental health' are being automatically associated with *negative* mental health (Report RPO, 2014, p.36). As a consequence, there is still widely existing stigma and negative stereotyping of mental health among Poles. The research also indicates that Polish people, who often experience a lack of encouragement to talk openly about their emotions and mental health, become unaware of the symptoms of their mental health problems. This can also potentially result in the delayed identification of their mental health illness (Madden et.al 2014). Additionally, being reluctant to discuss such things, Polish immigrants often use different strategies to cope with their emotional problems e.g. using drugs, or more often, alcohol. This can lead to even more complex mental health needs and more advanced health problems (Report RPO 2014).

Language

A lack of face-to-face language translation was identified as a barrier to accessing mental health services (Birchwood Highlands 2016). Other research indicates that Eastern Europeans, when asked what could help and what services are needed, have suggested that there is the need for professionals who speak their native language. It was felt that language is very important when discussing mental health issues and it was indicated that not having to concentrate on speaking English would help people to relax (Madden et al. 2014). Interpretation and translation services were thought to be less important than seeing a health professional from the same country as oneself. The ease of communication, shared culture, body language and facial expression of someone from the same country was noted as being very important (Madden et al. 2014)

Differences in health systems

Some professionals claimed that the people they work with do not understand the UK health system which is different from, for example, the Polish health system. In Poland, to see a psychiatrist, people do not need a referral from their GP. This view was also confirmed by some individuals I spoke to whilst doing my research. However, for the majority of people, the research shows that lack of knowledge of the role of GP is not the case. The problem lies in the way GPs are seen specifically by people from Eastern Europe, who believe that they play the role of a gatekeeper, which is understood to be a barrier. That is, people do not trust GPs, who are seen as someone who holds the power to refer the patients to specialists and that people need to 'prove' how ill they are before being eligible for the referral (Madden et al. 2014)

Aims and Objectives of the project

The aim of the project was to find out about the experiences of people from Eastern European countries in accessing mental health services in Edinburgh.

The objectives of the project:

- collect information on what works well for Eastern Europeans using mental health services
- investigate what barriers people experience in accessing mental health services
- investigate if language is a barrier to getting help
- investigate if available translator services are of benefit in getting help for mental health
- investigate if people have a good knowledge of available mental health services in Edinburgh
- explore what would make it easier for Eastern Europeans to use mental health services
- promote advocacy services

In order to gather information, three consultation meetings were organised in different parts of the city. Muirhouse and Wester Hailes were chosen due to the high number of Eastern Europeans living in those areas. The third place- the City Centre- was chosen due to its central location and convenient public transport. Two of the meetings were planned for the evening hours and one for the morning hours which was aimed at being flexible and removing the barrier to participation for those with child care duties.

In order to promote the consultation meetings, posters and leaflets were designed in both English and Polish language. Next, the posters and leaflets were distributed to many organisations and institutions around Edinburgh, such as: GPs and health clinics, libraries, community centres, cafes, and organisations working with ethnic minorities.

The posters were also circulated through emails to Edinburgh University students and professionals, occupational therapists, social workers and other health and community based professionals. Additionally, social media and online resources were used to promote the meetings.

No one attended any of the meetings.

Reflections

There are many possible reasons why the public meetings were unsuccessful.

One of the explanations could be the existing stigma around mental health. People are reluctant to talk about their problems, especially in an environment they are unfamiliar with, such as a newly-created focus group. Therefore, using face-to-face engagement methods to talk about mental health have to be upgraded to more creative and alternative forms of engagement. For example, practitioners can organise a meeting devoted to art, food, children's play or other activities which can attract people to gather together. The discussion on mental health can play a role of a second, additional focus. This process, however, requires more resources (including people resources), time and inter-agency cooperation.

People were quite suspicious when hearing about the consultation meetings. During my promotional work, I sometimes felt that I had to defend myself, the project, and its intentions. People (individuals, not professionals) were suspicious about the intentions of the project and the organisation, for example, they were asking what CAPS Independent Advocacy will gain from it and what I will do with the gathered information. This may have been caused by their lack of knowledge on advocacy or by the general negative attitudes towards mental health. This also shows that people are not aware of what advocacy is, thus they do not know about their *rights* to use advocacy services.

Reflecting on those aspects, an online survey was created. This survey was a quick and completely anonymous way to share one's experiences. Another benefit of an online survey is that it can gather the views of people living in Scotland, not just in Edinburgh.

Survey

The survey was designed for people who come from Eastern European countries, who live in Scotland, and who use or have used mental health services in Scotland. The total number of responders was 9 (7 Polish, 1 Belarusian), from which 6 declared using mental health services in Scotland (2 people skipped this question).

Discussing what problems people experienced in getting help for their mental illness, the most popular answers were the language barriers and the fact that they did not know how to explain their problems. This was followed by the lack of knowledge where to go for help (also due to the differences in health systems), fear that others would find out, and being unaware of their own mental issues.

However, the data shows that the majority of responders did not have problems in communicating and being understood by the mental health services workers, although 3 out of 7 participants would prefer to talk about their mental health in their own language. One participant also underlined the importance of being understood from the cultural point of view, such as understanding Polish families and values which can be different from Scottish.

On the question regarding a translator being present during mental health appointments, almost one third of the responders would like to use this opportunity. This also involves the feeling of being treated differently when a translator was present in the room (no further explanation was given but it can be presumed that the person was given more attention from the practitioner). Most of the responders, however, believed that they do not need language support or to use a translator.

6 out of 7 participants answered negatively to the question on having heard about Independent Advocacy. This data in particular shows the need of advertising Independent Advocacy among ethnic minorities, but also among the general population.

Recommendations

- CAPS should keep engaging with the organisations that work with BME communities. Being more visible and making sure that the workers from other agencies and organisations know what CAPS does and how their clients/service users may benefit from advocacy services, CAPS could potentially see growth in engagement with people from diverse backgrounds. To give one example, Streetwork invites workers from different organisations to their team meetings. It is a chance to establish closer relationships with other agencies but also a chance for other professionals to hear more about what advocacy can do for the clients/people they work with. Alternatively, staff at CAPS can hear about what other organisations can offer to the people they work with.
- Having spoken to workers from different organisations who work with Polish and other ethnic minority communities, there is an expectation of the staff to promote advocacy-like services, both from the service users who seek help and from the service providers who expect their staff to respond to people's needs. This can sometimes be restricted because of the conflict of interest, duty of care etc. Using *Independent* Advocacy services, however, will assure that the service meets the essential principles and standards recommended by SIAA, and thus it will not be influenced or biased by the aims of the funders.
- Advocacy services should recognise the language barriers in accessing their services. Leaflets and information about advocacy should be available in different languages. Advocacy services should explore the feasibility of employing practitioners who speak Eastern European languages. Staff who speak different languages are thought to be more important and approachable than translation services, and this is particularly important when discussing sensitive and distressing mental health issues (Madden et al. 2014).
- There is a good range of mental health services for people living in Edinburgh. However, there is a need to engage with Eastern European people to promote these services and encourage attendance and appropriate use. Exploring existing models, such as Link-Up workers and Wellbeing mentors, will ensure that Eastern Europeans are supported in accessing the services they are pointed to. There should be development of appropriate and accessible information resources for minority ethnic groups, and also the provision of advocacy to increase patient involvement and participation in their own health care.

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About CAPS...

CAPS is an **independent advocacy organisation** for people who **use or have used mental health services.**

CAPS **works with people who use or have used mental health services** as individuals or as a member of a group to **set their own agenda**, to find a **stronger voice**, **to get their point across**, and **influence decisions** which affect their lives.

CAPS provide individual and collective advocacy in **Midlothian and East lothian**. CAPS also have several **Lothian-Wide** experience-led projects.

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