Mental Health, Race & Culture

WELCOME

to
Service Development, Training
& Service User Participation

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With much gratitude to Professor Suman Fernando

Masterclass 5 - "unrealistic to expect a major paradigm shift ..... but can aim more determinedly for relatively small changes at various levels"

"We have to continue hammering away at changes in professional practice and training......"

AIM

To consider how MH services can be developed to effectively incorporate Race Equality & Cultural Capability (RECC)

NB cultural capability goes beyond cultural competence:

Å Competence refers to the acquisition of knowledge and skills by staff for specified tasks within a largely predictable environment

Å Capability refers to the capacity of staff to deal with rapid change & complex situations with greater creativity, confidence & effectiveness, more sustained improvement in practice & a significant impact on organisational culture

MH SERVICE DEVELOPMENT
- some principles

- Establish core values/principles based on a social model of MH & analysis of discrimination
- Use a ‘whole systems’ approach to change
- Ensure service user, family & community participation
- Stress professional accountability to communities
- Put in place effective training & translate into practice
- Set out long-term action plan – no ‘quick fixes’ or tokenism

Tew J & Foster J, (2005) ‘Social Perspectives in Mental Health: developing social models to understand and work with mental distress’, Jessica Kingsley
A ‘Whole systems’ approach requires ...

- Coherence
- Focus
- Sustainability
- Transformation

‘Whole systems’ approach

ORGANISATIONAL CULTURE

LEADERSHIP CAPABILITY

PRACTITIONER CAPABILITY

DESIGN OF SYSTEMS, STRUCTURES, POLICIES & PROCEDURES

The Iceberg Model of Culture

Adapted by Peter Ferns from Trompenaars & Hampden-Turner (1997) ‘Riding the Waves of Culture’, Nicholas Brealey Publishing Ltd.: California & Chris Argyris (1990), Overcoming Organizational Defenses, (1990), Prentice Hall
BME SERVICE USER PARTICIPATION
- some principles

- improve experience of BME users in clinical settings
- approach users on their terms, & work to their agenda,
- build in active participation from the very beginning
- put in place system to ensure active communication & mutual trust & respect can be built & users valued for their participation (ie payment)
- make certain that issues specific to BME users are recognized & addressed (eg voicing the 'R' word)
- work to clarify power dynamic - avoid 'role confusion'
- ensure participation involves participation in decision-making - not just endless consultation
- make sure users can speak for themselves

Some examples of effective BME service user participation

Challenges can be overcome but require eg working to user agenda, respect, active communication, time,

‘Two Heads Are Better Than One’ (THABTO – Leeds)
designed to increase participation of Black service users in MH service development, through 6 action learning sets.

- ‘Letting Through Light’ - (LTL-Birmingham; LiTL-Ealing)
  - service user-led audit, action plan, monitoring & evaluation

- ‘Count Me In - 2005’ - qualitative survey by service users

- 'RECC Programme' - (National) - participatory whole systems approach (including training) to developing race equality & cultural capability within MH services

TRAINING re RECC
- some principles (from SF : mc-3)

Practical principles in training
- Joint training of various disciplines
- Social perspective of illness and health
- Involving service users,

Curriculum principles
- Study of (culturally) diverse forms of psychology
- Social construction of ‘illness’ and limitations of diagnoses
- Racism in psychiatry – history and current situation
- Concepts of ‘liberation’ (from suffering) / ‘recovery’
- Variety of interventions (‘therapies’)

Fernando S. (2011) Mastercall 3
S Fernando - masterclass 5

"remember that for changes in training to be effective and have an impact at grass roots, rather than just being discussed as theories, changes in ways of working must be accompanied by political changes in the way systems work.

It is systemic change that is sustained, otherwise, change of working practices, even if they occur as a result of training, just go back to the default position of the system once the people concerned leave or become absorbed into the main system again."
Ferns Associates

THE RECC PROGRAMME

A whole system, participatory approach to training & clinical practice development

Ten Principles for RECC

1. Know yourself first before trying to understand others
2. Having a deeper understanding of culture
3. Values are central to mental health practice
4. Unacknowledged prejudices grow in power and influence
5. Dealing with inequality and not just cultural difference
6. Services will improve only through ‘whole systems’ approach
7. Greater BME service user participation leads to greater appropriateness of services
8. We need to recognise institutional discrimination as a problem before we can begin to tackle it properly
9. Miscommunication often leads to unnecessary conflicts
10. RECC is an ordinary part good practice

The RECC Programme

- Service users, carers & MH staff recruited for RECC-T4T
- Participants complete RECC-T4T programme & become accredited RECC trainers
- Trainers form local RECC trainers group
- Trainers deliver RECC training to local MH staff
- MH managers ensure systems & policies enable & promote race equality & cultural capability
- MH practitioners implement RECC training at a grass roots level & develop greater cultural capability
- Service users report greater satisfaction and a more positive, just & culturally appropriate experience of MH services
- MH managers ensure commitment & buy-in from local Trust
A Banyan Tree with Hindu Shrine at Gaya, Bihar

The tree is a symbol of life and is considered sacred in many Asian cultures. Villages throughout India have a sacred tree, where a shrine is established to honour the presiding deity. This scene depicted by Thomas Daniell sums up the intertwining of humanity, the physical environment and the non-material world beyond.

(Welcome Library no. 27581i. (Image no.V50474 or L22028) © Wellcome Library, London)
RECC – Enabling growth & development (The Banyan Tree)
The Iceberg Model of Culture

Products - food, clothes, buildings
policies, procedures, symbols, art etc...

Behaviours & Decisions

Values & Norms

Core Beliefs & Assumptions

The Cultural Rainbow

Adapted by Peter Ferns from Trompenaars & Hampden-Turner (1997) ‘Riding the Waves of Culture’, Nicholas Brealey Publishing Ltd.: California

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The ‘IPSA’ Model
(based on the work of Peter Senge et al, 1994)

(I) – Individual behaviours and events
Understanding at this level leads to a ‘reactive’ response to immediate events.

(P) – Patterns of discrimination
The response can become more ‘proactive’ – in other words it helps you to predict discriminatory behaviours.

(S) – Systems that shape individual and institutional discrimination
A response at this level of understanding can be more ‘generative’ by changing the systems operating in the situation.

(A) – Assumptions and beliefs that shape systems of institutional discrimination
The responses that can result from this level are more ‘transformative’ in nature where changes in thinking can lead to radical shifts in the culture of the service and the way it works.

‘The Fifth Discipline Fieldbook’, Doubleday
SUMMARY
Improving services for BME people

- mean what you say - avoid tokenism –
- build trust - avoid lack of credibility
- inform & educate – NB rapidity of change
- show effectiveness & efficiency - counter economic gloom
- energise debate –avoid battle fatigue
- invest in capable staff - ensure training tdoes not take a backseat –
THE FUTURE COULD LOOK BRIGHT.....
Some levers for change

- Recovery agenda
- Personalisation
- Self-assessment
- User-focused monitoring – outcomes oriented
- Service user participation
- Family approaches
- Social model of mental health
- Systems thinking
We have a dream. SIMBA 2005
Some issues about training in 'race' & culture'

- It’s my manager you need to talk to
- I have no power to do anything
- We did this years ago & nothing has changed
- We don’t have time to do it like that
- There aren’t the resources
- We do all that anyway
- We are run by Health so it won’t change
- It feels like you are attacking me about this


Want to know more about the RECC Programme? Want to bring it to your organization?

www.fernsassociates.co.uk

Next RECC Training for Trainers course

**venue & dates** : London, starting in April/ May 2012

**Costs** : 6 days, plus all RECC materials £1500 pp

**To register** : e-mail - once funding is assured but as soon as possible
ferns@dsl.pipex.com

FOR MORE INFO - pick up flyer at back