Diverse Communities
Health Voice

Mental health support services for migrant communities in Islington

Diverse Communities Health Voice is a consortium of Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

The members of the consortium who participated in this research into mental health services:

- Arachne Greek Cypriot Women's Group
- Community Language Support Services
- IMECE Women's Centre
- Islington Bangladesh Association
- Islington Somali Community
- Jannaty
- Kurdish and Middle Eastern Women's Organisation
- Latin American Women's Rights Service
- Healthwatch Islington (coordinator)

www.healthwatchislington.co.uk

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Introduction

"Mental ill health means I cannot sleep. I have nightmares, difficulty breathing. I cry all the time and have bad ideas and negative thoughts. I feel as if I can't get anywhere in life."

Feedback from a member of Islington's Greek Cypriot community, February 2020

Almost one in six adults in Islington are diagnosed with depression and/or anxiety. Islington also has a higher prevalence of serious mental illnesses such as schizophrenia and bipolar disorder than other London boroughs (which themselves exceed the national average).

People with mental health conditions have worse physical health and on average die younger than the rest of the population. Mental ill health, and the stigma and discrimination associated with it, can have negative impacts on every aspect of life, including social inclusion, employment, education, economic hardship, and physical ill-health.

The Diverse Communities partnership was keen that this year's community research should look at mental health services. An increasing number of residents accessing support from organisations within our partnership are presenting with mental health support needs.

In February this year we carried out interviews with some of these residents to find out what their experiences were of accessing the mental health support available in the borough, with a particular emphasis on services commissioned by Islington Clinical Commissioning Group (CCG).

Additionally, representatives of each Diverse Communities organisation were interviewed. They were asked about the clients they supported and how their needs were changing, and how their organisation interacted with statutory services.

We'd like to thank all the clients and staff who gave their time to participate in this research.

Who we spoke to

We interviewed 73 Islington residents, 70 of whom were registered with an Islington GP. All participants were aged 18+ and were experiencing/living with mental health issues that required or would benefit from additional support. We conducted 50 one to one interviews and 17 telephone interviews. One focus group was held. We collected equality monitoring data from 72 of the 73 participants.

In addition, Healthwatch Islington interviewed representatives from each of the Diverse Communities partners. Equality monitoring data was not collected from these interviewees.

Equality monitoring data

Ages of participating residents

0-17	18-24	25-49	50-64	65-79	80+	No answer	Total
0	1	27	28	12	4	0	72

Sex of participating residents

Female	Male	No answer	Total
56	16	0	72

Ethnicity (participants were invited to describe their ethnicity, rather than select from a list)

Algerian	4
Arab	11
Arab/Iraqi	1
Arab/Lebanese	1
Asian	1
Bangladeshi	8
Black African	1
Eritrean	5
Ethiopian	1
Greek Cypriot	7

Greek Cypriot/British	1
Kurdish	3
Latin American	2
Latin American/Caribbean	1
Mixed Latin American	5
Somali	10
Syrian	2
Turkish	5
Yemeni	1
No answer	2
Total	72

39 participants described themselves as having a disability. 54 described themselves as having a long term health condition. 48 were in council housing and 10 were tenants of housing associations. 32 participants reported having caring responsibilities.

Feedback on services

Where would you go for help if you were worried about your mental health?

Service	Number of respondents
GP	58
Community support organisation	19
Family or friends	17
Statutory services - Early Intervention Service/Crisis Team	8
Psychologist or counsellor	6
Church or Mosque	6
Nafsiyat	5
My community	5
Hospital	3
Islington Mind	1

We asked participants where they would go for help if they were worried about their mental health. The GP was identified as the place to go for help by a large majority of respondents. For many it was the only route to support they would consider. For others it wouldn't be their first port of call, they would turn to their friends and family in the first instance but then if they felt unable to cope they would go to their GP.

'A lot of our clients who took part in the research have suffered trauma and didn't receive the proper help at the time. The majority of the clients said that they would go to their GP if they were worried about their mental health. The running theme is a lot of them find the GP a place they can trust to provide help, and some don't know about other services.'
[Staff member, Community Language Support Services]

Community support organisations were the second most widely identified place to go for help. These organisations provide practical help and a support structure with activities and the opportunity to spend time with friends. IMECE Women's Centre, the Kurdish and Middle Eastern Women's Group, and the Latin American Women's Rights Service also offer counselling services in the community languages spoken by their clients.

'I go to the Crisis Centre and the Islington Mental Health Unit on Lowther Road. I also go to Arachne for help with practical issues that arise from my illness such as homelessness, parking tickets, benefit appeals, liaising with my support worker and my GP.'
[Client, Arachne Greek Cypriot Women's Group]

They were very professional and very helpful. They offered me services with an interpreter and helped me to sort out my life. They referred me to a solicitor who helped me to access housing and benefits. I am very grateful to ICOPE.

Service user, ICOPE

The waiting time to receive my first appointment was too long. I waited six months to have my first session with the psychotherapist. I would appreciate it a lot if they could reduce the waiting time so patients don't get anxious, disappointed and/or give up the sessions.

Service user, ICOPE

The GP was not helpful as he didn't give importance to my claims. He just said that I should go home and things would get better. I had to persist and tried three more times until finally a GP referred me to ICOPE.

Service user, ICOPE

Have you used the ICOPE service?

10 respondents had used the ICOPE service and three other respondents had heard of it.

Feedback about the service was mainly positive, 'Good experience' 'I liked the sessions with the therapist, he seemed to be a good professional'. Service users reported that well as offering therapy, ICOPE can provide signposting to other relevant services. This was seen as a strength.

Respondents were happy that interpreting was available in community languages. There was some suggestion that the quality of interpreting was variable. One respondent from the Somali community said that although they had had a good experience using ICOPE, there had been a language barrier. They felt that 'a Somali interpreter who is professionally capable of supporting patients is important.'

Feedback from the partner organisations suggests that interpreting can itself be a barrier that is problematic for counselling services. It was encouraging that feedback from service users indicated that at least some therapy was being offered in community languages. The following respondent did not have a positive experience of the ICOPE service, but she did appreciate the fact that she was given support in her own language.

'I didn't enjoy their services at all and would not return a second time. I felt that my anxiety got worse because they kept on asking about my past and I don't like talking about that. They pressured me too much and I felt uncomfortable and sad during my session. I wanted to talk about my current issues, but they only wanted to talk about my past. I understand that they wanted to find the cause of my anxiety and depression, but I felt that my current problems were more pressing. The person I spoke to spoke Bengali, which made it easier for me to talk to her, but again, I didn't like the conversations being held.'

Two respondents who had used the service were critical of the waiting time to access the service. One respondent also felt that the scheduling of their sessions was irregular.

Difficulties in getting one's GP to make a referral exacerbate difficulties in accessing ICOPE. Although self-referral is available the process is not particularly accessible for members of these communities. Some clients only go to the GP when they can no longer manage, so it is important that GPs take their concerns seriously.

One respondent noted that they had been referred to the service once, but when they fell ill for a second time they didn't receive the same level of support. 'I was supported. That was about seven years ago. I had a problem in October 2019 and I was not referred to any mental health service.'

Some, but not all, of the partner organisations make referrals to the ICOPE service. There was some positive feedback, combined with a sense that the service was better suited to second generation members of these communities. A staff member from Islington Bangladesh Association observed that although he had referred perhaps a dozen clients to ICOPE, most stopped going after the first or second appointment, and he didn't know of any who had completed the programme. He felt that clients from his community saw the value of medication for mental illness but were less convinced that talking therapy could be effective, and were offended by the directness of some of the questions they were asked. Other partners pointed out that there were limits to what the service could offer.

ICOPE don't have enough resources. They do the six sessions but then they don't follow up, you can see the client is deteriorating again.

Community Language Support Services

I used this service when my husband passed away and I believe they helped me greatly when I was extremely depressed.

Service user, CCIWBS

My GP referred me to this but it was not sufficient as when the interpreter was not available instead of cancelling they would use Google Translate which was really bad.

Service user, CCIWBS

'We don't refer women to ICOPE. ICOPE refer clients to us. The ICOPE model of counselling via an interpreter if there are language needs is very difficult for our clients. It usually takes a long time for our clients to talk about something that in our culture is not talked about, or accepted, and you tend to keep it secret. So if there is a third person involved - an interpreter from the community - it really interrupts the process of building rapport and trust between client and practitioner.'
[Latin American Women's Rights Service]

Have you used CCIWBS?

Three people had used this service and one other person had heard of it. CCIWBS is a specialised bereavement service. CCIWBS stands for Camden City Islington Westminster Bereavement Service, but the service is known by its acronym.

Two respondents were positive about the service, though one of these felt it was poorly promoted. 'I think that more people should be aware of this service because I didn't know this kind of support was available to people who are grieving. I wish that I knew about this service before I had to deal with my loss alone for such a long time. I think they should advertise their services in GPs more often and hospitals so people who were suffering like I was can get the support they need.'

The second respondent who was broadly complimentary about the service, expressed a wish to have more control over the frequency of appointments, 'I asked to have a session once a month instead of every fortnight as the sessions increase my anxiety but I was not allowed. They should give a choice to individuals when and after how long we want to see a counsellor.'

The third respondent was more critical, reporting that the service used Google Translate when interpreting wasn't available, which was inappropriate.

None of the representatives from the Diverse Communities organisations were familiar with the service.

Have you used the Maya Centre?

Four people had used the counselling service provided by the Maya Centre, and three other respondents had heard of it. Two of the people who had used the service were positive about it, one felt that their condition didn't improve, and one expressed no opinion.

IMECE said they made referrals to the Maya Centre and said they really liked the service, 'they have a real understanding around Domestic Violence, so women feel very comfortable accessing this service and emotionally supported. It is a real shame that the council are not supporting women only counselling services, like the Womens Therapy Centre, which had to close down.'

Islington Somali Community said they had referred clients to the Maya Centre in the past, but not recently. The Latin American Women's Rights Service said the Maya Centre referred clients to them. The other partners were either unaware of the Maya Centre or did no work with them.

I was referred by my GP to Nafsiyat. I have received the help I need to get better. The counsellor speaks my language and I was relieved to express my anxiety and distress I was having in day to day life...I was treated with warmth, compassion and not judged.

Service user, Nafsiyat

Nafsiyat is the easiest counselling service for our clients to access because they have that direct relationship with the culture of our clients.

Islington Somali Community

MIND mental health day centres are not necessarily ideal if there is a language need.

Kurdish and Middle Eastern Women's Organisation

Have you used Nafsiyat?

Nafsiyat provides counselling in community languages (although some respondents had needed an interpreter). 19 people had used the service, making Nafsiyat the most widely accessed of the services we asked about. Nine of these referrals came from Kurdish and Middle Eastern Women's Organisation (KMEWO run counselling in Arabic and Kurdish and the clinical supervisor is from Nafsiyat, so there is some crossover). Four respondents who had not used the service had heard of it. Feedback about the service was very positive. One or two people said they had to wait a long time to access it.

As was common for a number of these services, the holistic nature of the support received was praised. 'I went there for an emergency and they supported me not only with my mental health problems but also with my housing issues so they went above and beyond with their support as I was homeless.'

'During the assessment, a few times I experienced panic attacks, [fast] heartbeat, tight chest and sweating. The counsellor showed compassion and was able to give me practical tips on things to do to help when I get a panic attack, and to reassure me that I would get better. They took care of me very well. The interpreter was from North Africa and was an Algerian who speaks Arabic and French and it was nice being understood easily about my problem.'

Feedback from the partner organisations themselves endorsed the positive view of the service, Five of the partners actively refer to the service. There is a long waiting list to access support, which discouraged some partners from making referrals.

When asked what would improve this service, respondents that felt it could be improved asked that it should be easier to be seen. 'More capacity and resources, as it is now difficult to get an appointment due to their popularity. There is a long waiting list which was not the case before.'
One respondent requested a drop in service, another said that they felt uncomfortable in the waiting area, as it was too busy.

Have you used MIND mental health day centres?

Five people had used the day centres. Two people who hadn't used them had heard about them.

'They helped me a lot with one to one sessions and also helped me with my immigration matters as I was stateless and an asylum seeker, which really made it easier for me to deal with my problems. They also encouraged me to go to college and improve my English and having so much support was really nice. They also followed up on me after one year to find out how I was which I enjoyed.'

Partner organisations were either unaware of the day centres or had tried to make referrals in the past and found that it was too difficult for their clients to engage with the activities on offer. Arachne Women's Group said that they tended to get referrals from the day centres rather than the other way round.

If my GP or my hospital recommended these places to me then I would be willing to visit these services, as I trust my doctor's advice.

Service user, on how to make mental health support services more inviting

If I could talk to someone who had also used these services to see if they benefitted from it. Otherwise, I feel like it would be a waste of my time.'

Service user, on how to make mental health support services more inviting

The majority of the clients haven't heard about most of the services provided in Islington and they would like their GP to refer them to these, as they want to start using these services more.

Islington Bangladesh Association

Other commissioned services

- **Talk for Health**
  One person had used Talk for Health and one other person had heard of the service. Only two of the representatives from the partner organisations were familiar with the service.

- **Mental Health Champions**
  No one had used this service. One person had heard of it. One of the partner organisations has completed this training and is a member of this network.

- **Rethink's Mental Health First Aid training**
  Three respondents had been on the training. Two others were aware that it was offered. Six of the partner organisations had sent staff on the training. Feedback was very positive. One of the other partners was enthusiastic about accessing the training, particularly for their volunteers.

What would make any of these services more inviting to use?

Although the participants were selected on the basis of having mental health support needs, their awareness of specific services was low. In general, respondents only knew about services to which they had already been referred. GP endorsement is very important. Self-referral is not a viable means of access for these clients.

Leaflets, Information workshops, and outreach programmes delivered in familiar community settings were suggested as other ways to increase awareness. Some felt uncomfortable with mixed groups, some in one-to-ones, others wanted friends to accompany them. There needs to be flexibility in the way people can interact with these services.

Women-only sessions; convenient locations; community settings; native speakers of community languages; interpreting; reasonable adjustments for blind people; shorter waiting lists; cultural sensitivity; friendly staff; a broader offer including wellbeing services as well as counselling - these were all suggestions put forward to make services more inviting. It was also suggested that services would be more attractive if they were championed by members of the community who had used them.

What other mental health support services have you accessed?

Respondents mainly identified their GP, and their support organisation. Sometimes respondents couldn't remember the names of other services they had used. Services mentioned included:

Surma Centre, Bengali Workers Association, Hopscotch Asian Women's Centre, Early Intervention Services, St Pancras Hospital, Crisis Team, Whittington Mental Health Service, Al Risala and Finsbury Park Mosques, reading the Quran, Highgate Mental Health Centre, peer support at Centre 404, Islington Mind, an unidentified mental health service near Angel, an unidentified service based at Manor Gardens.

Interviews with our partners

Between them, Diverse Communities Health Voice partners see over 6,000 residents a year. All partners offer services tailored to their clients' needs, all provide support around welfare benefits and see clients with a range of mental health needs (diagnosed and undiagnosed). Each organisation was set up in response to the needs of specific BMER (Black Minority Ethnic and Refugee) communities, with some of them dating back 40 years.

'We are specialists in supporting Middle Eastern Women. Some clients are not confident to go to more mainstream services such as MIND or Citizens Advice, partly because of language but also partly because of culture. Here they feel relaxed, that keeps them coming back. It's holistic here, they discuss everything and they can progress.'
[Kurdish and Middle Eastern Women's Organisation]

How clients come to these services

Clients use these services because they trust that they are confidential and on their side. They are easy to access, generally you can just turn up and be seen the same or following day, particularly where the need is very urgent (housing/ violence). Generally clients hear about these services through word of mouth from friends and family. However, referrals come from:

- Other Diverse Communities partners
- Counselling service providers such as Nafsiyat
- Local council
- GPs
- Adult Learning Centre
- Solicitors
- Job Centre
- Specialist organisations providing domestic abuse support such as Solace Women's Aid
- Specialist legal and benefits advisors such as the Law Centre

All partners provide specialist and emotional support to BMER residents facing extreme disadvantage, filling the gaps left by mainstream provision. Only some of the partners receive additional resources through an advice alliance set up to address this gap (although those in the alliance noted that this resource is limited compared to the demand). Others have to fund-raise elsewhere.

Language and cultural sensitivity are important factors in drawing clients to these services. However, partners are seeing clients from an increasingly ethnically diverse background as they have expertise on benefits, housing, employment-related courses and offer a friendly place to drop in and socialise. Needs tend to vary across age groups.

'We see an increasing number of people from other communities, not just Greek Cypriot – French, Bulgarian, English, African Caribbean'
[Arachne Greek Cypriot Women's Group]

The model of support

'Partners, whether offering counselling or not, offer residents emotional and practical support. I am trained as a counsellor, but that's not my role here. I offer something more practical and use my knowledge and skills of counselling while assisting clients with their support needs. When needed, we help them access other services such as ICOPE. However, some clients are reluctant to access those services due to the cultural and language barriers. They prefer to speak to us. We help them get what they need, and give them emotional support in times of stress. They come to us feeling hopeless, in tears, but they leave knowing what steps to take. We give them the confidence and encouragement to access support, from us or from other organisations.' [Community Language Support Services]

Partners are aware of the options available to clients and help navigate them through the system. They observe the clients over time and are in a good position to direct them to additional support and activities as and when needed. They see clients with complex needs, and support them to be social prescription ready, and offer social prescription in the form of health and well-being activities suited to the needs of their clients, such as Islington Bangladesh Association's yoga sessions, or Jannaty's 'Modest Fashion Show'.

This is similar to the model of support offered at a range of community organisations including the Mind Day Centres, or Claremont Project, and across the voluntary sector as well as the formally funded social prescription services contracted by the Primary Care Networks from Age UK and Help On Your Doorstep.

One group felt frustration that 'We end up doing the navigation work around services, not the navigation service funded by the CCG. There needs to be more connections across voluntary and community organisations.'

For more information on how these organisations socially prescribe please see the eport 'Social prescribing and navigation services in Islington', on the Healthwatch Islington website.

What keeps the clients coming back to the partner organisations' services?

- People experience a new issue and come back
- Being known to the service: 'They don't want to go somewhere else and start telling their story again'. The council's 'Making It Real' programme also heard this from its users in 2016.
- The service is very thorough
- Appealing benefits decisions, re-applying for benefits (this cycle is on-going)
- Partners chase up clients, partly to check they are OK, and partly to ensure that resources aren't wasted if clients aren't going to come back. In one group, the clients also check on each other via a WhatsApp group that they learned about together. Clients feel valued.
- The social connections they make with other people using the service. In recognition of how daunting it can be to join a new group, one partner uses a buddying system to encourage people to attend, one partner noted that as their funding for creative and social pursuits has dried up you can see that their clients look less cheerful as that escapism from their daily problems isn't there.
- Holistic and kind, sensitive support. Partners deal with the most pressing needs but are also able to offer a range of other well-being support.

We do a lot of unravelling for our clients, a lot of untangling and understanding who has done what, and which agencies are involved. We get them out of the problems or situations they end up in as a result of their mental health issues.

Arachne Greek Cypriot Women's Group

We cannot offer a diagnosis, but we can identify signs a client is presenting and we give them choices. If they don't have a family member to help them we try to help them understand their options and access services, accompanying them if needed.

Community Language Support Services

Our clients with disabilities, some of whom are extremely vulnerable, have had their disability benefits cut through the introduction of PIP. They cannot present or articulate how their disability impacts on their everyday life, on their needs, in a way that the *DWP can understand, so their benefits have been cut.

IMECE (*Department for Work and Pensions)

How the partner organisations manage demand

- For advice services, partners manage demand by prioritising who has the greatest need. They tend to see people on the same or following day. For clients who will need additional time, some partners may set up appointments. Some may ask volunteers to support some clients when demand is particularly high. Several partners talk about clients waiting until things have become quite serious, because they are scared, or don't know how to deal with particular issues (such as housing).
- For activities designed to support relaxation and reduce anxiety, such as exercise and crafts, the organisations operate waiting lists, and have partnered up to increase capacity for certain activities such as yoga.
- The cost of hiring spaces such as church halls and football pitches can be a problem.

Measuring the health and wellbeing of clients

- For those offering counselling services, there are formal case notes that follow the client. For high risk cases notes are shared confidentially with relevant professionals through MARAC (Multi Agency Risk Assessment Conference).
- For wider well-being, partners use a range of methods dependent on requirements of funders and proportionate to resources and appropriate to participants, They use regular verbal and written feedback from clients, observations from staff. In some cases partners get to know their clients and can see when people need a bit of extra support.
  'For the parenting course, it's a simple form as many can't read and write well. We ask targeted questions like have you started using the Underground? or can you use the Metro?'
- They use some of this data to respond to clients' needs developing new services where demand and capacity allow.

Challenges

Current issues that clients face including both mental health need, but also socio-economic factors that have a negative impact on health and well-being:

- Welfare benefit changes: The welfare benefits system is not fit-for-purpose and partners are feeling the impact. It is well-documented nationally that waits for benefits force people to rely on food donations from charities such as food banks. Clients need additional support with an already complex system because processes are on-line (and on-line journals need to be checked all the time when people may have limited access), there is more regular re-assessment, there are changes to eligibility, and often clients need support for appeals. Further hardship can be caused by benefits for a household being paid to one person, making women less likely to have access to their child's child benefit.
- Housing: Many clients are living with damp and/or overcrowding, with some being re-housed out of borough away from social networks and children's schools. Several partners highlighted that the housing department is not very responsive, and doesn't call or email back, so there is a lot of work done by partners but few outcomes achieved for the clients.
  'For a simple request to downsize, the client was asking the council to support her but they asked her to do all the forms herself. We had to do it for her because she couldn't.'

IMECE have a waiting list for counselling, which is funded by MOPAC and London councils. This is to provide a counselling service over a number of boroughs. The Islington list always gets filled up really quickly, as we get loads of referrals.

(MOPAC is the Mayor of London Office for Policing and Crime)

Unresolved problems lead to a build up of stress. You can't solve the issue that your client is facing in the first place, and then you end up with another problem - an increase in their stress levels and worry.

Jannaty

Clients are going through a great deal when they are in need of this [housing] service, but it feels like they're not being helped.

Several partners highlighted that the housing department is not very responsive

- The UK's relationship with the EU:
  Partners are seeing more clients from the accession states. Clients need support to apply for settled status. They highlight concerns about security of tenancy, and potential exploitation by employers caused by uncertainty.

  'We get an increasing number of clients with Bulgarian nationality and other accession states. There are two major challenges this client group faces – Brexit and demonstrating the required number of years residence/working in the UK to be able to qualify for welfare benefits/settled status. These women work but rely on cash in hand jobs which don't help them build the employment history (for welfare benefits/settled status). They are vulnerable to sexual exploitation, modern day slavery, gang and knife crime involvement, severe beatings.' [IMECE]

  Latin American Women's Rights Service have many clients who are in the UK on a Spanish passport, 'There has been a huge demand for immigration advice to support EU nationals to apply for settled status...funding from the Home Office to support this comes to an end in March 2020 and we don't know if it will continue.'

- Personal safety: Clients feel very withdrawn. This has been compounded with the rise in acid attacks and knife crime, 'Women feel they are being watched, they live in fear for themselves as well as their children.' [Jannaty]
- Gang violence: Worries about family members getting caught up in this.
- Impact of suicide and crime (particularly hate crime) on other members of the community.

Challenges faced by the partner organisations:

- The scale of the work: There is more demand than capacity and the complexity of cases is increasing. It is overwhelming. Organisations know they are the last port of call for clients. As funding is very limited, some staff are volunteering their time for free to provide sufficient capacity.
- An increase in the numbers of clients without recourse to public funds.

  'We were working with a client recently and we got her placed elsewhere (away from an abusive partner) and managed to get her daughter (adult) to be housed with her. The solicitor said her disability didn't give her enough points, but she was homeless and her partner was dangerous but the Police deemed her not vulnerable as she is not under 18 and had no visible bruises. The council can't house her. It's a real issue, the worker had to pay to put her in temporary B&B accommodation as she didn't know where else to turn (her manager was away). For clients with no recourse to public funds, their concerns are not taken seriously.'

- Although statutory services can be helpful (staff at Barnsbury job centre were said to be supportive to clients of Islington Bangladesh Association for example), equally some statutory services can be unresponsive. One group complained of being sent complex clients by the council but expected to do all the 'donkey work.'. Some groups mentioned that it can feel like the council don't want to know about residents who need to move, with one wondering how residents would ever manage this without organisations like themselves there to support them. The housing team can be slow to answer the phone and not very sympathetic to residents' needs.

Case studies

The client is a 45 year old male of Greek Cypriot ethnic origin. Arachne began assisting his mother in the 1980s with various family issues and difficulties caused by the language barrier. As a young man he began to suffer mental health problems and Arachne was often called upon to liaise and support the mother. The father would not accept the suggestion that his son was suffering with mental health problems, in part due to taboos surrounding the issue, especially in the Greek community at that time. Arachne supported the young man and the family, liaising with social services and medical services. He was eventually diagnosed with Bipolar disease.

In more recent years he has sought Arachne's help for problems arising from his Bipolar illness. Following a manic episode in 2018 he was sectioned for several months and then housed in temporary accommodation. He then sought Arachne's help as he was threatened with homelessness after refusing certain offers of accommodation. Some of the offers were unsuitable, for example he was offered a third floor flat but had previously been sectioned for attempting to 'fly' from a window during a manic period and was afraid of this happening again.

Arachne appealed the decision that he was intentionally homeless and argued that he should be assisted in finding suitable accommodation, rather that being threatened with eviction because he had refused the obligatory three offers. It seemed that even though this client had been diagnosed with a mental illness and had been sectioned more than once, he was not treated as an 'ill' person and it required Arachne's intervention to spell out his needs and liaise with sometimes unhelpful and unempathetic staff on his behalf. The staff dealing with him in the housing department at that time did not have much understanding of the nature of his illness and seemed to regard him as a nuisance.

More recently Arachne assisted this client in liaising with debt collectors for hundreds of parking fines which he had accrued during a manic period when he had driven to the north east of England and had parked on what he believed to be wasteland but was, in fact, a country car park. He had then abandoned his vehicle and caught a coach back to London, forgetting where he had left the car. Soon after he began receiving a succession of parking tickets which were amounting to thousands of pounds. He attempted to deal with this alone but could not keep up with payments and fines, and he came to Arachne for help. It took several weeks of discussions to settle the matter. The personel dealing with parking tickets and fines were initially hostile and uncaring about his mental illness.

Arachne Greek Cypriot Women's Group

The client is a 64-year-old Colombian woman. She was going through a difficult period in her life, suffering with osteoporosis and having trouble accessing housing and benefits. She felt depressed and visited her GP seeking mental health support. The GP didn't take her claims seriously and told her to go back home, and that things would get better with time. The client tried to see different doctors In the same surgery twice, but both of them behaved in the same way as the first one, dismissing her. However, she insisted, and she went to the GP once more. This time, the doctor listened to her and referred her to ICOPE.

At ICOPE, she was able to access therapy services with support from an interpreter. The client said that these sessions not only helped her with her mental health, but also with her other problems. Her therapist referred her to a solicitor who helped her to access housing and benefits. Now she lives in a council flat. The client is very grateful to ICOPE and to the therapist that helped her. However, she was only able to access this service because she persisted, despite being dismissed by three different GPs.

Latin American Women's Rights Service

The client has a mental health issue which affects the life of the whole family. Understanding and supporting someone with a mental illness can be a traumatic experience, an ongoing crisis. She became unwell in 2008 and her husband did not know how to seek support other than by going to the GP. The GP was not helpful. The whole family was in crisis. It came to the point where the husband approached a police officer and explained his situation and made a desperately plea for help. The police officer helped them contact the Islington Mental Health Team, who immediately responded. After a long struggle they were finally receiving professional support. The client was sectioned for a month and released in January 2013. She was on medication for quite some time.

The family went through a difficult period where they all felt hopelessness. The husband lost his job and the crisis affected the achievement of their children. It is taboo to discuss mental health but as the situation deteriorated the husband broke the silence and shared his story within his community to help others understand, and to raise the issue of mental health as a whole.

They also spent more time on faith activities such as reading and listening to the Quran. This was helpful. During this period all their benefits were stopped. After all kind of difficulties, the client's mental health improved and she came off her medication in July 2015.

In January 2019 the husband and wife went to Somalia for holiday and this brought past experiences back. She suffered a relapse. The husband sought help from the GP who put her on medication. He is also using the local mosques for support.

Islington Somali Community

Points for the CCG to consider

1. Culturally sensitive mother-tongue counselling

Using interpreters when discussing complex issues around mental health, and the causes of poor mental health (such as domestic violence) has limitations, and sourcing counsellors in clients' own language is considered more effective. Specifically:

- Counselling in Greek would be good. A lot of women suffer (the trauma of past conflict in Cyprus, domestic violence, bringing up an autistic child) but they don't say anything. One-to-one they would be more likely to open up.

- Kurdish and Middle Eastern Women's Organisation (KMEWO) provides counselling in the following languages: English, Arabic, Tigrinya, Farsi and Kurdish (Sorani or Central Kurish). There is a waiting list for access to this service. IMECE offers Turkish and Kurdish (Kurmanji or Northern Kurdish) and there are also waiting lists for this service. Places for Islington residents fill up fast. IMECE do what they can to create additional capacity if there are spaces left by other boroughs (they provide services across London). Although these services are not funded by the CCG, they receive referrals from ICOPE, a statutory service. IMECE, KMEWO and Latin American Women's Rights Service bring counselling resources to the borough, but these funding streams are never long-term.

- Latin American Women's Rights Service offers individual psychotherapy in Spanish and Portuguese for Latin American women. There is a waiting list to access this service as well. Clients are invited to take part in peer support sessions whilst on the waiting list which both keeps them engaged and ensures readiness to start therapy by the time an appointment is offered.

- There are not many Somali speaking counsellors or therapists which means that the wait to see one is really long.

- This mother-tongue counselling also needs to be culturally sensitive to the needs of the clients, particularly to faith.

2. Information about services, prevention and what mental health means

Some residents are not literate in their mother tongue, so translating written material about health needs and services isn't the answer for all communities (Bengali/ Sylheti speakers have lower literacy than Spanish/Portuguese speakers for example).

- Within services such as counselling and talking therapies, consideration needs to be given to interaction with faiths and beliefs. In Camden and Tower Hamlets there is work to bring together health, including mental health, and Islam. Support needs to be personalised. The Arabic speaking community is not homogenous, something that works for an Algerian may not work for a Moroccan. With the right support, recognition of mental health needs can be increased and stigma around asking for help and accessing support can be reduced and these communities can be encouraged to take part.

- Within the trusted settings provided by our partners, residents may take advice and accept support that they would not feel safe to accept from elsewhere. One organisation is connecting women to peer support sessions whilst they are on the waiting list for therapy, this means that they can be more ready for their talking therapy when it starts.

  Another partner noted:
  'We hold them while they are on the waiting list. We provide gardening or art to keep them going in the meantime. It's not the same but still helps, it makes them feel better. They come with a problem and we manage all the extras. They are more likely to open up in these settings, and disclose things they may not otherwise. It removes their worries around confidentiality.'

- Fear of repercussions can make some parents reluctant to come forward for support, whether for them or for their child. There is a lack of understanding of the role of children's services, and a worry that children will be taken away, whereas in reality, the borough works with a trauma-informed, whole-family approach.

- There needs to be a greater focus on prevention, supporting people to access appropriate services if the one they approach is not right for them. For example, one client was referred to a mental health service by his GP. The service called the client to assess him over the phone and one of the questions was about attempting suicide. The client wasn't feeling suicidal as he was taking his medication, so he didn't qualify for help from that service. However he wasn't directed to other support.

- There was a feeling anecdotally that people are sometimes given medication rather than talking therapy for some communities (Bangladeshi, Somali, North African). There was a feeling that we need to do more to ensure that residents know about mental health, and know their rights to access support, other than medicines.

3. Providing support in safe spaces

Services on site help (this reflects the integrated service model being advocated for within the borough partnership Fairer Together model). Jannaty stated that having an on-site counsellor helps.

4. Clinical support in a non-clinical setting

Several partners offer counselling for their clients. They have set these services up in response to client need, and a gap in local provision. Often clients feel more comfortable accepting this kind of support in a setting that is familiar to them, and when it is proposed by someone they trust. The issue of clients' fluctuating needs for mental health has come up regularly, for example in the Somali community.

- It would be great to explore whether the borough's multi-disciplinary approaches could be extended to include grass-roots organisations who from time to time may require additional support and guidance to continue to support a client within a known, community setting, particularly if these clients are unlikely to accept a referral across into more formal statutory services.

Conclusions

- As expected a range of barriers exist and these vary from person to person.
- Despite high levels of need, awareness of services remains low amongst residents.
- Staff know about services, the Mental Health First Aid training has been very useful for some partners in identifying need. It is not always possible to tell whether clients then follow up. Not all staff knew about all the support services, and it was suggested that they co-ordinated joint visits to statutory funded services, or hosted joint visits from statutory funded services. ICOPE was noted as being particularly hard to contact, but partners understood that they are very busy.
- The wellbeing activities on offer, the peer support and the physical location, all can help clients with their wellbeing and physical health, managing anxiety. For example, with the recent Coronavirus pandemic, people look to these organisations for reassurance and support on a range of issues.
- Specialist BMER (Black Minority Ethnic and Refugee) organisations build up trust and can reach clients that others may not reach, and they can open up conversations that others may not be able to. These organisations are then in a position to advise them on their mental health and support them to access services. However, if there is no appropriate support to direct them to, or the waiting lists are long (as is the case with culturally specific mother tongue counselling) this is problematic.
- Statutory support services that impact on mental health, such as housing and welfare advice, can also be difficult to access.

Recommendations

1. To invest in and adequately resource the culturally specific organisations that support residents with a range of socioeconomic needs. This includes expanding and/or supporting the development of mother tongue counselling services.
2. To develop pathways to access multidisciplinary support for grassroots BMER organisations working with residents with high-level, complex needs in a community setting (assuming those residents are not ready to receive this support in a new setting)
3. To make sure all services (particularly those statutory services with higher thresholds) have information to hand to be able to refer those who are not eligible to something more suitable for their current level of need. This could include primary care mental health workers, day centres, wellbeing activities, or social prescribers.
4. GPs to more routinely and consistently offer talking therapy (where appropriate) as an alternative to medicine. In addition, GPs need to actively complete referral forms on behalf of these residents. This is because GP endorsement is particularly important, and self referral is not an option, for these communities.
5. Continue work to empower communities to know more about what mental health means, what's on offer, and their rights.
6. Continue programmes like Mental Health First Aid to equip volunteers and staff to recognise need, and to be able to direct those in need to support.
7. To set up a system for cheaper/ free room hire across the borough for some of these vital well-being services that support people and can give them the opportunity to open up about their mental health. This may become more in demand as need increases during and following the coronavirus pandemic.

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