



307-315 Cowbridge Road East
Cardiff CF5 1JD

tel. 029 2036 8888

email. info@diverse.cymru
web. www.diverse.cymru.org.uk

307-315 Heol Ddwyreiniol y Bont-faen
Caerdydd CF5 1JD

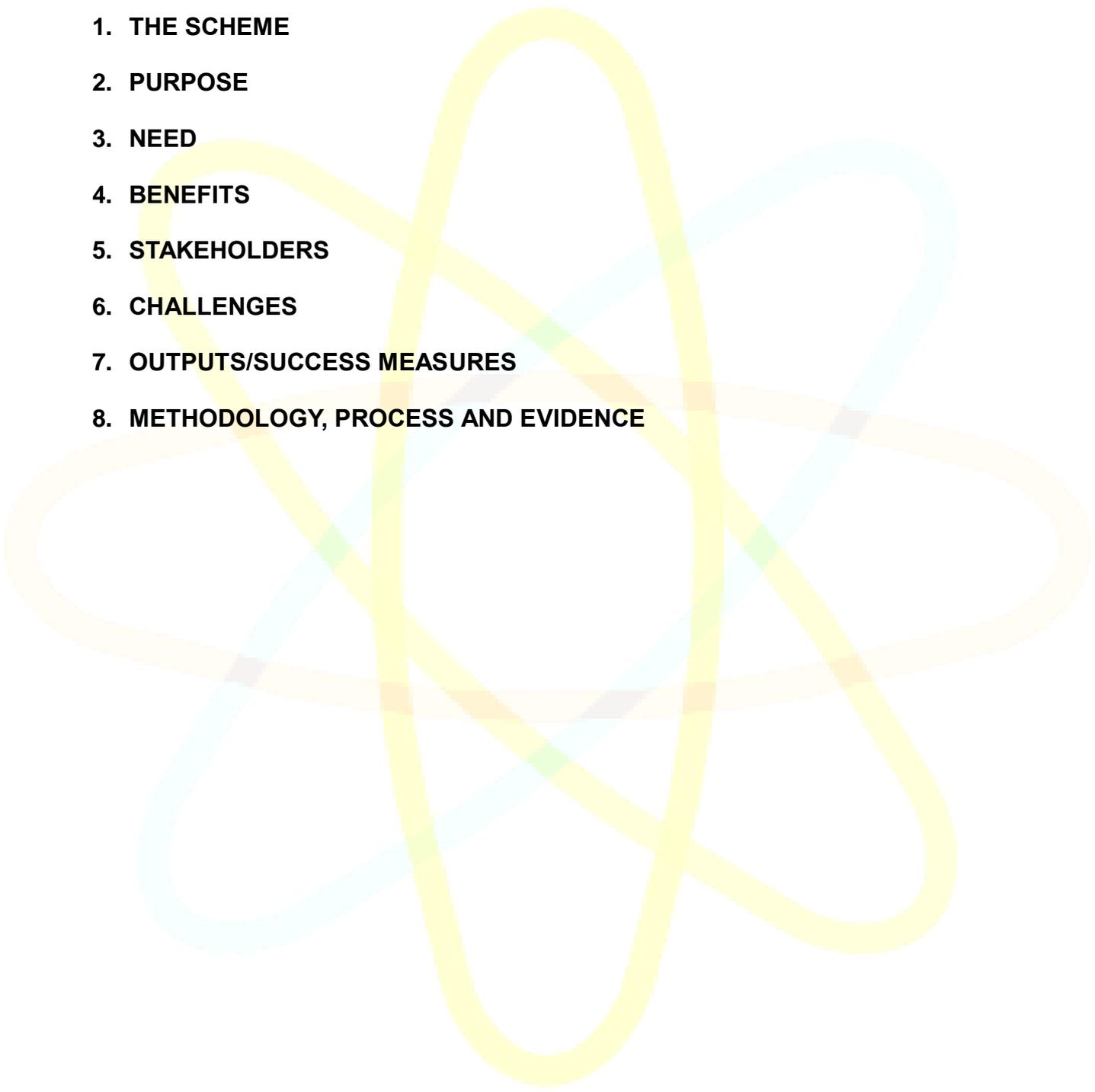
ffôn. 029 2036 8888

ebost. info@diverse.cymru
gwefan. www.diverse.cymru.org.uk

BME MENTAL HEALTH WORKPLACE GOOD PRACTICE CERTIFICATION SCHEME INFORMATION BOOKLET



CONTENTS

- 1. THE SCHEME**
 - 2. PURPOSE**
 - 3. NEED**
 - 4. BENEFITS**
 - 5. STAKEHOLDERS**
 - 6. CHALLENGES**
 - 7. OUTPUTS/SUCCESS MEASURES**
 - 8. METHODOLOGY, PROCESS AND EVIDENCE**
- 

1. THE SCHEME

Diverse Cymru is a unique Welsh charity committed to supporting people faced with inequality and discrimination.

In October 2016, at the Diverse Cymru offices in Cardiff, the Health Minister launched a Cultural Competency toolkit that has been written specifically for mental health organisations and practitioners in Wales. *Making this statement about the toolkit:*



“I welcome the development of the Cultural Competency Toolkit which will help professionals and services deliver more appropriate care and support. Such projects will help us achieve a number of the goals included in our ten-year strategy Together for Mental Health”

Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport

Having launched the Toolkit, aimed specifically at improving and equipping the mental health and social care sector to better support disadvantaged communities, we recognised that this would not be enough to make the much needed practical ongoing improvements to the mental health services received by the BME community in Wales. If things were to improve, more was needed, as we did not want the Toolkit to just potentially sit on the shelf of organisation, unused.

Working with an established charter mark organisation (UKIED), we added to the toolkit a certification scheme: the Diverse Cymru BME Mental Health Workplace Good Practice Certification Scheme (WGPCS), so that organisations could work towards an excellence standard in delivering culturally appropriate services. It is now hoped that the Toolkit and the evidence based certification process will provide organisations and practitioners with relevant support, techniques and interventions to be able to deliver an effective culturally competent, patient centred service. With support from UKIED we developed this in-house evidence based certification process, which will enable organisations to better measure the improvements in BME mental Health workplace best practice year on year.

We are grateful for the Welsh Government’s support for this initiative through its Section 64 grant for third sector organisations operating on an all-Wales basis in the mental health sector. And we appreciate the Welsh Governments dedication and commitment to launching this new innovative certification scheme, the first of its kind in the UK.

2. THE PURPOSE



The main purpose of the BME Mental Health-certification scheme is the development of responsive, appropriate, proactive and culturally sensitive

Mental health services by all relevant service providers that makes a practical, ongoing and positive difference in the mental health services provided to BME people. Diverse Cymru will use its unique position to raise awareness both within Wales' BME communities and among health care professionals, regarding the additional issues and barriers that many BME individuals and communities face when accessing mental health services.

We want people to feel confident and comfortable when accessing services, and for health care practitioners to be more sensitive and knowledgeable around the complexities of issues that some BME people face in obtaining the correct, timely and culturally sensitive help and support.

Our BME Mental certification scheme focuses on improving workplace practice to help ensure that the barriers specific to BME people are taken into account in the development, implementation and communication of legislation, policies, procedures and specifically practices throughout Wales.

3. THE NEED



The need stems from the recognised and acknowledged inequality in the services provided to BME people accessing mental health services as compared to non BME service users. The Social Science and Medicine 2003 paper for example highlights that although there is an over-representation of BME adults within the mental health services system in Wales and England, there is also an under-representation of BME young people accessing mental health services. Furthermore, BME people are less likely to be referred by a GP for support despite this leading to a higher percentages than average later being admitted to hospital with chronic mental health problems.

Additionally, for example, the Care Quality Commission's (CQC) 'Count Me In Census' was carried out every year in England and Wales from 2005 – 2010 and in the final report in 2011, the data demonstrated that rates of admission and detention were consistently higher for Black patients in England and Wales:

"It is clear that admission and detention rates are not good indicators of quality in mental health services," said Wilson. This is because the factors that cause mental ill-health are present more often in ethnic minority groups, leading to the higher rates".

Wilson and the CQC said that reducing rates of admission and detention would only be achieved by tackling causal factors such as poverty and deprivation, a job for mental health services working in partnership with other agencies. (*Melba Wilson, Count Me In: Racial Inequalities in Mental Health Services, 2010*)

In Wales in 2010 – 2011, Awetu (All Wales Black and Minority Ethnic Mental Health Group) held a series of events in six Health Board areas of Wales entitled ‘*See Me, Hear Me, Count Me*’ involving local Black and minority ethnic mental health service users, families and carers, health board practitioners, social service officials and third sector representatives. The analysis of the data collected identified anxieties around culturally sensitive service issues such as the:

- 1) provision of primary care, and ways of working to help ensure less fear of these services.
- 2) greater access to a balanced range of therapies;
- 3) development of more culturally appropriate treatments and interventions, delivered by a workforce and organisation capable of delivering appropriate and responsive services;
- 4) provision of information about what is needed to help ensure increased satisfaction with services; and
- 5) information about how BME communities can have a more active role in the training of health care professionals.

4. THE BENEFITS



Cultural competent services produce numerous benefits for the organisation, its patients and the community, including:

Social Benefits

- 1) Increases mutual respect and understanding between patient and organisation
- 2) Increases trust
- 3) Promotes inclusion of all community members
- 4) Increases community participation and involvement in health issues
- 5) Assists patients and families in their care
- 6) Promotes patient and family responsibilities for health

Health Benefits

- 1) Improves patient data collection
- 2) Increases preventive care by patients
- 3) Reduces care disparities in the patient population
- 4) Increases cost savings from a reduction in medical errors, number of treatments and legal costs
- 5) Reduces the number of missed medical visits

Business Benefits

- 1) Incorporates different perspectives, ideas and strategies into the decision-making process
- 2) Decreases barriers that slow progress
- 3) Encourages more effective embedding of equality and diversity within business as usual processes, leading to more effective compliance
- 4) Improves efficiency of care services
- 5) Increases the market share of the organisation

Organisations that are culturally competent have improved health outcomes, increased respect and mutual understanding from patients, and increased participation from the local community. Additionally, organisations that are culturally competent may have lower costs and fewer care disparities.

5. THE STAKEHOLDERS



Ultimately the key stakeholders are organisations in the voluntary, public or private sectors, who work with diverse mental health communities.

However, as a starting point, the certification is aimed specifically at mental health & health organisations, and the Local Health Boards in Wales, through their senior management, equality, and mental health leads.

We are also engaging with BME mental health service users and other interested stakeholders to ensure that the BME Mental Health certification scheme has the confidence of BME service users and the wider community.

6. THE CHALLENGES



We recognise that all mental health service providers are experiencing significant challenges in meeting the needs of their service users, often due to operating within tight financial constraints. The challenge facing mental health service providers has been further exasperated by the sharp and ever-increasing demand for their services.

The BME Mental Health certification scheme process will play a positive role in terms of encouraging organisations to build cultural considerations much earlier and more effectively within the service user relationship cycle and within their own business as usual processes. There is clear evidence that the approach advocated by this scheme delivers more effective and inclusive service user engagement and better service user experience, leading to better outcomes and increased efficiency savings.

7. THE OUTPUTS/SUCCESS MEASURES



Key Success Measures

Success and success measures come in a variety of forms; however, the principal success measure will see BME people receiving more timely, appropriate and effective mental health services that lead to better outcomes.

Mental Health Service Providers	Service User
1. Improved levels of trust and engagement from BME service user and wider community	Improved confidence to engage with service provider
2. Development of more tailored services and approaches	Improved engagement with service providers
3. Increased efficiency	Improved sense of agency regarding the service they receive
4. Reduction of discrimination based complaints	Experience more culturally sensitive appropriate services and approaches
5. Improved employee engagement	Reduction of anxiety

8. THE CERTIFICATION METHODOLOGY, PROCESS AND EVIDENCE

The Certification Methodology

The BME Mental Health Workplace Good Practice certification scheme will use an evidence based supportive certification approach, meaning that we will work with stakeholder organisations to ensure they fully understand what evidence will be required to successfully achieve their target certification level.

The BME Mental Health certification scheme requirements will focus on supporting organisations to meet and respond to the needs of BME Mental Health service users in a sustainable and cost-efficient way.

The Certification Process:

Diverse Cymru will appoint a BME mental Health specialist who will work with you throughout the process. Set out below are the four simple stages that you will be supported through:

- Stage 1. Registration and Payment
- Stage 2. Self-Assessment Analysis
- Stage 3. Assessment and Certification
- Stage 4. Monitoring, Revalidation and Reassessment

Assessment and Certification Levels

Organisations will be able to benchmark themselves at 4 different levels set out below. The Diverse Cymru BME Mental Health specialist will be able to help you to identify the most appropriate initial level for you:

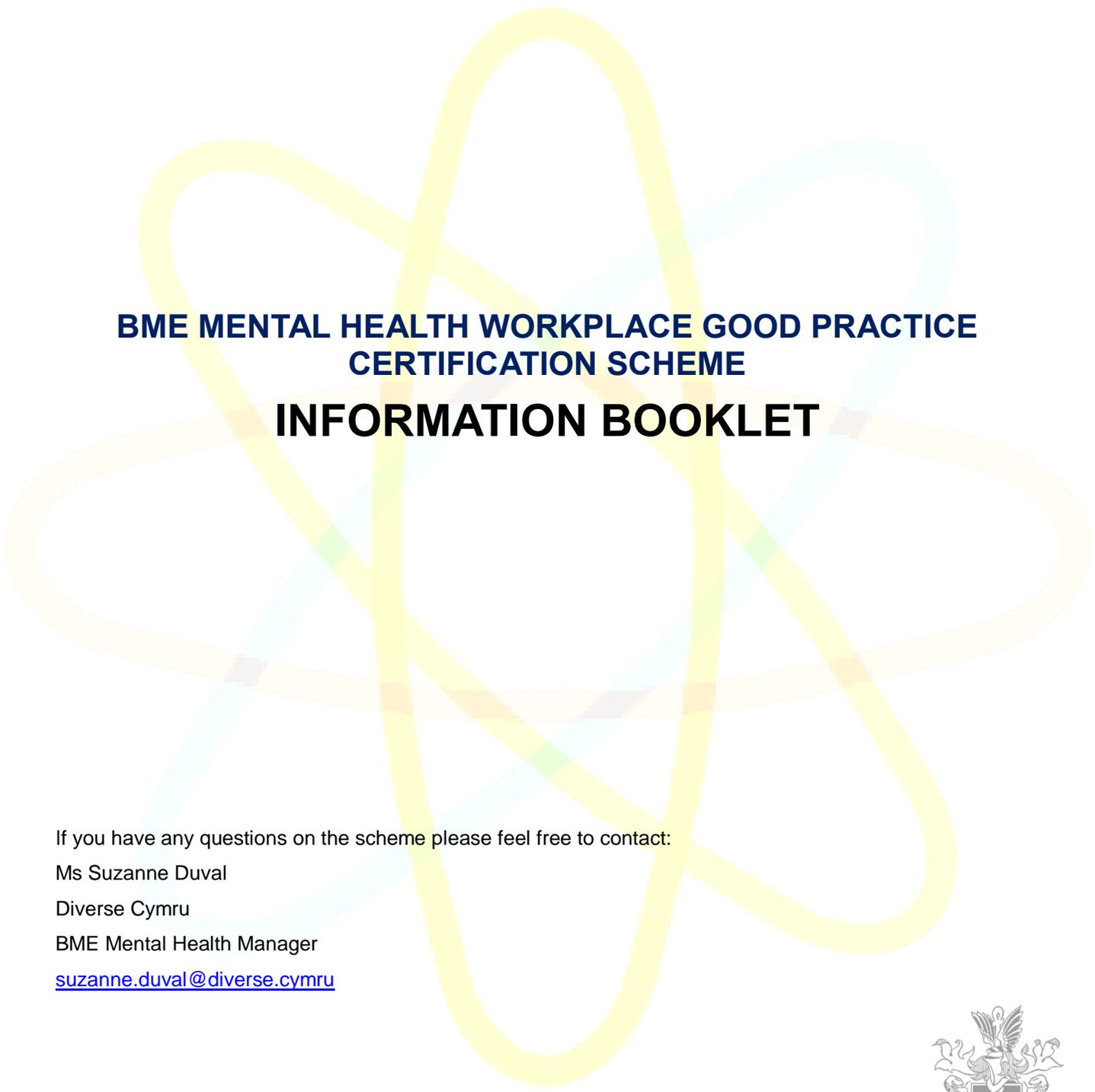
- 1) Foundation
- 2) Developing
- 3) Competence
- 4) Excellence

Indicative Evidence Levels

A standardised evidence template covering 5 assessment areas will be used to determine your certification level. An example of the template and the sort of indicative evidence assessed is provided below

BME MENTAL HEALTH CRITERIA ASSESSMENT - INDICATIVE EVIDENCE TEMPLATE OUTLINE

	Foundation	Developing	Competence	Excellence
Environment and Organisational Commitment	Recognition of environment requirements	Discussion of environment requirements	Discussion and provision of environment requirements	Service provision of environment requirements, integral to strategy and plans.
Communication and Consultation	Recognition of communication requirements	Ad hoc approach of communication requirements	positive communication provision	Consistent and positive communication provision
Cultural Competence	Recognition of need for cultural sensitivity	Limited Knowledge of cultural sensitivity	Good Knowledge of cultural sensitivity	Excellent Knowledge and Understanding of cultural sensitivity
Professional Development	Recognition of training needs	Recognition and provision of training needs	Provision promotion and inclusion of training needs	Mandatory tailored and evaluated training
Outcomes and Engagement	Recognition of engagement needs	Ad hoc or partial monitoring	Regular and appropriate processes of engagement needs	Comprehensive focused monitoring integrated of engagement needs



BME MENTAL HEALTH WORKPLACE GOOD PRACTICE CERTIFICATION SCHEME INFORMATION BOOKLET

If you have any questions on the scheme please feel free to contact:

Ms Suzanne Duval

Diverse Cymru

BME Mental Health Manager

suzanne.duval@diverse.cymru