WOMEN'S ASSOCIATION FOR AFRICAN NETWORKING AND DEVELOPMENT
WAND UK

Building partnerships for development

Count Me In

Mental Well Being among African Women

Project Needs Analysis
in
Kensington and Chelsea

July 2010

Commissioned by

NHS
Kensington and Chelsea

WAND,
Unit 212 Aberdeen Centre,
22/24 Highbury Grove,
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Gladys Jusu-Sheriff

Project Co-ordinator

WAND UK

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Executive summary

Commissioned by NHS Kensington and Chelsea, this needs-assessment and exploratory study was carried out by WAND UK staff and volunteers to inform project development in 2009 and to collate information on existing mental well being programmes and their take up among African women in Kensington and Chelsea. The methodology included a literature review, structured interviews with African women (69), structured interviews with service providers (20), and two focus groups with African Women from the Royal Borough of Kensington and Chelsea.

People are affected differently by life's events and have varied degree of resilience. Family and community support, access to services and cultural backgrounds also have an effect on how men and women from Black and Minority Ethnic groups will deal with mental health and mental well being issues.

The study reveals the existence of an enabling environment for mental health and well being issues. There is a new national framework to promote mental well being and policies to improve access to quality services for Black and Minority Ethnic groups. There is also a range of initiatives at national level, across London and in the Borough of Kensington and Chelsea, which provide entry points to work on mental well being issues with African women in the Borough. However, few tackle issues of mental well being for African women specifically.

Interviews show there was confusion among women between mental illness and mental well being. Access to information was varied, women in employment having more access to preventive information than other women. The importance of and need for prevention was emphasised.

A number of initiatives at national and local level (be it through Well London or Borough led initiatives) already focus on eating well and keeping active as two key strategies to "feel good" and "be healthy". Focus-group findings revealed that a key message for women was "accept who you are", and discussions demonstrated that talking about one's feelings and asking for help were difficult things to do, however necessary they were.

Working with audiences who do not have access to mainstream information and prevention initiatives, and tackling issues beyond good eating habits and physical activities are two entry points to complement the work of others in Kensington and Chelsea. Recommendations for WAND UK therefore include:

1. Identify specific target audiences, with a focus on mothers, women over 50, new migrants, refugees and asylum seekers;
2. Provide a safe and friendly space for women to participate in activities.
3. Focus on prevention and awareness-raising.
4. Provide parenting support.
5. Work in partnership.
6. Develop a small-scale project before expanding activities.

1 Introduction

1.1 Project background

The *African Women Family Health Support Project – mental well being prevention information* (AWFHSP) aims to raise awareness and assess the Mental Well Being Information needs of African women in selected London Boroughs, starting with Kensington and Chelsea. It is implemented by the Women's Association for African Networking and Development WAND UK.

1.1.1 WAND: a London African Forum

WAND is a London wide charity set up in 2005 to meet the needs of African women and their families particularly by improving the quality of life of refugees, asylum seekers and migrants and by establishing relationships with organisations with similar aims and interests, by *Building Partnerships for Development*.

WAND's Management Committee comprises seven skilled and experienced women who have been working and serving in the community from a wide range of backgrounds and organisations. The idea for WAND came from a women's organisation in Sierra Leone with similar aims, which lapsed during the civil war. Based on their experiences and those of others, the founders identified the need for an African Women's organisation that would contribute towards addressing the broader and more complex development issues affecting African women in the UK and in Africa within and outside the framework of their communities.

WAND aims to provide services at two levels.

At the individual level, WAND is working with the socially excluded, providing advice and information, support, advocacy, opportunities for education and training, self-development for community action, enhancing lifelong skills, raising children's voices, research and development, and referral services.

At a second tier level by networking and partnership WAND is working with organisations with similar aims through conducting research and disseminating findings, sharing information, campaigning and influencing social policy and legislation affecting women.

Its services address areas of concern which have been identified:

- health and social care including preventative medicine, public health and health promotion, community care, sexual health and HIV/AIDS, mental health, and children's issues (including children and substance misuse);
- education, training and entrepreneurship;
- promotion of good parenting and cultural values;
- arts, crafts and culture.

1.1.2 The African women family health support project – Mental well being prevention information

The African Women Family Health Support Project (AWFHSP) on promoting mental well being among African women aims to identify ways of raising awareness and improving access to information through appropriate projects and programmes to be

implemented by WAND and partnership organisations. The specific objectives of the project are to:

- Raise Awareness on mental health issues,
- Help address the stigma and discrimination attached to it,
- Explore the role of the family – how to recognise mental health and wellbeing issues,
- Identify the three mental wellbeing messages the organisation would like to take forward and deliver a mini public health campaign.

The first phase of the project presented in this report has been a needs-assessment exercise to identify areas for advice, information and support and to collate information on existing mental well being programmes and their take up among African women in Kensington and Chelsea.

The project was commissioned through Non-Acute Commissioning which supports the Choosing Good Health agenda, Kensington and Chelsea Health Strategy.

1.2 Project rationale

The focus on mental health and well being was chosen in light of the health inequalities faced by Black and Minority Ethnic groups in terms of access to health care in comparison with the majority of the population. Studies show that Black and Minority Ethnic men have higher rates of compulsory admission to psychiatric hospital than the general population[1], and that mental health experiences of African Caribbean women were only starting to appear in research[2]. In addition, mental health problems of Black women are less likely to be diagnosed by GPs[3]. Research has also highlighted the positive role of Black women run community-based initiatives to address the Black women mental well being and mental health needs[4].

The AWFHS project focuses on the Borough of Kensington and Chelsea because of poor performance on specific socio-economic indicators.

- Although overall life expectancy in Kensington and Chelsea is the highest in England & Wales, it is 10 years lower for men and women of the most deprived areas of the Borough compared to the least deprived areas;
- There are health inequalities within the Borough;
- Kensington and Chelsea is in the highest 10 Boroughs in England for problem of drug use among people aged 15-64 (Guardian 24 June 2008)

Two other factors were taken into account in the selection of Kensington and Chelsea.

- Since mental health is often associated with socio-economic status, mental health problems tend to be more prevalent in the most deprived areas of a given borough, not least among Africa Family.

[1] Count me in Census 2008.

[2] Mind, African Caribbean Fact Sheet, http://www.mind.org.uk/help/people_groups_and_communities/mental_health_of_the_african_caribbean_community_in_britain#African-Caribbean

[3] Kocheta, N, 2009, In: Fernando, S and Keating, F (eds), Mental Health in a Multi-ethnic Society. A Multidisciplinary Handbook, 2nd edn, Routledge, London.

[4] Coppock, V, and Hopton, J, 2003 Critical Perspective on Mental Health, Routledge, London.

- The array of varied mental health services available to residents in Kensington and Chelsea. Availability of services for any woman concerned about her own or someone else's mental health was a critical factor in the selection of the Borough.

1.3 The study

A needs-assessment and exploratory study was carried out by WAND staff and volunteers to inform project development in 2009 and to collate information on existing mental well being programmes and their take up among African women in Kensington and Chelsea.

1.3.1 Methodology

Literature review and mapping

A succinct literature review was carried out to gather existing literature on mental health and well being and to clarify back and ethnic minorities specific needs in this area. A mapping of strategic agencies, stakeholders and service providers and of existing national and local initiatives the project could contribute to and complement was also conducted.

Structured interview questionnaires

African women

Sixty nine (69) African women from the borough took part in structured interviews (9 more than originally planned). Interview questionnaires were circulated among women who attended a regular sewing class and also administered in different estates. Interviews took between 10 to 20 minutes and aimed at assessing needs for mental well being promotion and gather ideas on how these needs could be best addressed. Questionnaires/interviews were administered in January 2009.

Service Providers

Twenty individual semi-structured interviews of selected service providers (both health and non health professionals) were planned and 15 were conducted. Where interviews were not possible service providers were asked to fill in the questionnaire directly. Questions focused on providers' activities and experience of effective interventions to address mental well being issues.

Focus groups

Two focus groups took place in October 2009 amongst African and Caribbean women who regularly attend a sewing class in Dalgarno Community Centre and The Venture Centre. The objectives of the focus groups were to:

- Prioritise 3-4 out of the 12 evidence based mental wellbeing messages (See Appendix I), and
- Explore appropriate methods to deliver the messages in the format of a mental wellbeing campaign.

The focus groups were facilitated by the Community Engagement and Public Health Development Team of NHS Kensington and Chelsea (PCT). The focus group agenda and detailed group activities are provided in Appendix I.

1.3.2 Limitations

Because women respondents were randomly selected, needs of specific age groups, such as teenagers and old people, have not been explored in detail. Most service provider questionnaires have been completed by organisations not directly involved in mental health and well being, providing the project with limited insights on pertinent interventions for the target group in the selected boroughs. However this was a strategic choice to build potential strategic partnerships.

2 Mental health and well being: key issues

"mental health and mental well-being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens."
(WHO Declaration, 2005)[5]

2.1 Defining mental health and well being

2.1.1 What is mental health?

There are many different definitions of the term mental health, and confusion between mental health and mental illness (a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities e.g. depression, anxiety, schizophrenia[6]).

Mental well being is multi-dimensional and includes two aspects (Northern Ireland Association for Mental Health, 2007):

- Positive feelings or positive affect
- Positive functioning

Positive feelings and affect include subjective well being and areas such as life satisfaction, optimism, self esteem, resilience, coping.

Positive functioning encompasses areas such as engagement and social well being including having a purpose in life and a sense of belonging and support[7].

What is mental health?

"Good mental health is more than the absence or management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities.

Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively.

Mental health problems generally refer to difficulties we may experience with our mental health that affect us in our everyday lives. Mental health problems can affect the way we feel, the way we think and the way we function. Mental health problems include conditions described as personality disorders and also dementia. They can be mild or serious, fleeting or long-lasting.

[5] Mental Health Declaration for Europe. WHO European Ministerial Conference on Mental Health, 2005.
[6] NHS Scotland. http://www.healthscotland.com/mental-health-background.aspx
[7] Ibid.

Mental illness refers to more serious mental health problems that often require treatment in specialist services. Someone with a serious mental illness may have long periods when they are well and are able to manage their illness. Many people with mild and serious mental health problems are able to live productive, fulfilling lives.

Someone can have a mental health problem and still enjoy good mental well-being, just as people with a physical illness or long-term disability can live a productive life and enjoy good well-being. Equally, someone can have poor mental well-being, but have no clinically identifiable mental health problem."

Source: New Horizons, Towards a Shared Vision for Mental Health, 2009.

2.1.2 Key issues

Life course

Mental health varies throughout the life cycle resulting in different needs, prevention and care strategies for children, teenagers, young adults, adults and old people. Everybody can be affected by mental health problems, although a range of factors may influence people's mental health and well being.

Mental and physical health

Mental well being is linked to many personal benefits such as cognitive ability, interpersonal relationships and resilience that enables people to better deal with stress, adversity and changing life circumstances. It is also linked to good physical health as shown by the growing evidence of impact of psychosocial factors on the health of individuals. Studies show people with mental health problems have much higher rates of physical illness. Similarly good physical health is linked to good mental well being.

Stigma

Stigma resulting from mental health problems may affect people's ability to discuss mental health problems, may entail social exclusion of individuals and their relatives, and may create barriers to recovery (DoH, 2009).

Holistic approach

Increasingly mental health and well being are approached holistically, both in the public and private spheres. The growing body of evidence establishing links between eating habits and mental or behavioural problems (Van de Meyer 2005), or between health and mental health (smoking, obesity, depression etc), or between physical activity and mental capital – especially in elderly people (Hendrickx, Van der Ouderaa, 2008) are indicative of a holistic approach to health and mental well being from health practitioners, policy makers and individuals. Mental well being is not only conceived holistically within the health sector, but across sectors (see the work of the Healthy Urban Development Unit for instance).

Inequalities

Individual resilience may vary according to a range of personal, professional and social factors such as gender, age, ethnicity, employment and personal circumstances. Links are clearly established between poverty, social deprivation and mental health problems. Children in the lowest socio-economic group develop more mental health problems than children in the highest one. Women are more likely to develop the most common forms of mental health problems than men but the suicide rate is higher among men.

There are more incidences of mental health problems in some black and minority ethnic communities. Equitable access to quality services has also been an issue in the UK, with services and approach offers varying depending on people's background and location.

Mental health and mental illness inequalities in London

"On any indicator, mental health and mental ill-health and inequalities are a huge challenge for London. The cost is high, not just to the sufferers in terms of their quality of life, but to the rest of the population. It is estimated that mental health problems cost the capital nearly £2.5 billion in health and social care costs, £5.5 billion in lost output and £7.4 billion in human costs.

Our needs assessment shows that:

- Over one million Londoners will experience a diagnosable mental health problem such as anxiety, depression or phobia, and a further 30,000 will experience a psychotic disorder, the majority among the economically disadvantaged – the jobless, those on low incomes, and those who live in poor quality or overcrowded housing.

- Sixteen per cent of girls and six per cent of boys aged 16-19 are thought to have some form of mental health problem. One in five children will suffer clinically defined mental health problems at some point and this figure is increasing. Children in the poorest households are three times more likely to have mental health problems than children in well-off households.

- Ethnic minority groups are more likely to be diagnosed with schizophrenia, and to be detained and treated compulsorily under the Mental Health Act.

- Mental health, particularly in older people, is linked to social exclusion and nutritional status.

- Mental health is also linked to fear of crime and to domestic violence which also impact on children, families and communities. "

Source: The Well Strategy, Well Alliance.

'Mental well-being also contributes fundamentally to the extent to which people feel able and motivated to exercise choice and control and to adopt healthy lifestyles'
(Making it Possible 2005)

2.2 Mental well being and Black and Minority Ethnic communities

The *Count me In* census provides information on a yearly basis about inpatients and patients on supervised community treatment in mental health and learning disability services. Results for 2009[8] reveal that:

- 10% of the 30 533 inpatients in 2009 were from Black or Black/White mixed groups,
- Admission rates were three times higher than average for the Black Caribbean, Black African, White/Black Caribbean Mixed and White/Black African Mixed groups,

[8] http://www.cqc.org.uk/_db/_documents/Count_me_in_2009_%28FINAL_tagged%29.pdf

- Referral rates from GPs and community mental health teams were lower than average among some Black and White/Black groups,
- Referral rates from the criminal justice system were higher than average among some Black and White/Black groups,
- Overall rates of patients subject to the Mental Health Act were higher than average among the Black Caribbean, Black African, Other Black and White/Black minority groups.

The report stresses that these findings are similar to the ones from previous years.

MIND explains how mental health and mental health services reflect the culture of the majority population. BME groups therefore may face additional difficulties regarding languages, religion and cultural practices[9].

Refugees and asylum seekers

Organisations working with refugees and asylum seekers stress the fact that many of them have experienced torture and suffer from psychological trauma as a result. This may lead to depression, and add to a general feeling of anxiety due to the uncertainty of their future in the country they have recently settled in.

Addressing mental well being issues with refugees and asylum seekers is a complex task. Therapy practices in the West may be ill advised for addressing trauma[10] and social workers and health professionals must be aware of a range of issues that have to be taken into account when dealing with refugees and asylum seekers such as confidentiality and personal information, languages, feelings of loss and hardship, and caution with nationality or ethnicity grouping in therapy groups in the case of refugees having fled from civil war.

2.3 Women and mental health and well being

Research has focused recently on the different experiences of men and women regarding mental distress and well being. Women seem to be particularly affected by:

- Anxiety and depression,
- Eating disorders,
- Self-harm,
- Borderline personality disorder,
- Mental distress around pregnancy and childbirth.

The home environment (family members and life, isolation), gender-based violence and economic factors also strongly shape and affect women's mental well being conditions.

Some facts about women's mental health

- Recorded rates of anxiety and depression are between one and half and two times higher in women than in men,

- Rates of self-harm (including cutting, burning and overdose) are two to three times higher in women than in men,

- At least one new mother in ten will experience postnatal depression,

[9] http://www.mind.org.uk/help/people_groups_and_communities/women_and_mental_health#bme
[10] http://pb.rcpsych.org/cgi/content/full/25/5/161

- Two thirds of women in prison have mental health problems and over half have been diagnosed with a personality disorder,

- One in four women will experience domestic violence in their lifetime; this is cited as a cause of marital problems in one in five Relate counselling sessions,

- Of the 1.15 million people in the UK who have an eating disorder, 90% are female.

Source: Women and mental health, MIND factsheet[11]

2.3.1 Women from Black Minority Ethnic communities

MIND stresses the lack of research on BME women and mental health and wellbeing, which has only started to be addressed in recent years. Women from Black Caribbean background have their needs very little taken into consideration in mental health services and that issues of sexism and racism are not yet addressed properly[12]. Women from BME communities have higher rates of psychosis diagnosed than women from other groups, and few are referred by their GP.

2.4 Initiatives for mental health and well being

2.4.1 National initiatives

New Horizons

The Department of Health has recently published a consultation paper on mental health and well being "*New Horizons*" (DoH, 2009). The consultation is based on the amended Mental Health Act in 2007 and the lessons learned from the ten-year National Service Framework for Mental Health launched in 1999. *New Horizons* provides a vision for 2020 and outlines the basis of a programme that will aim at:

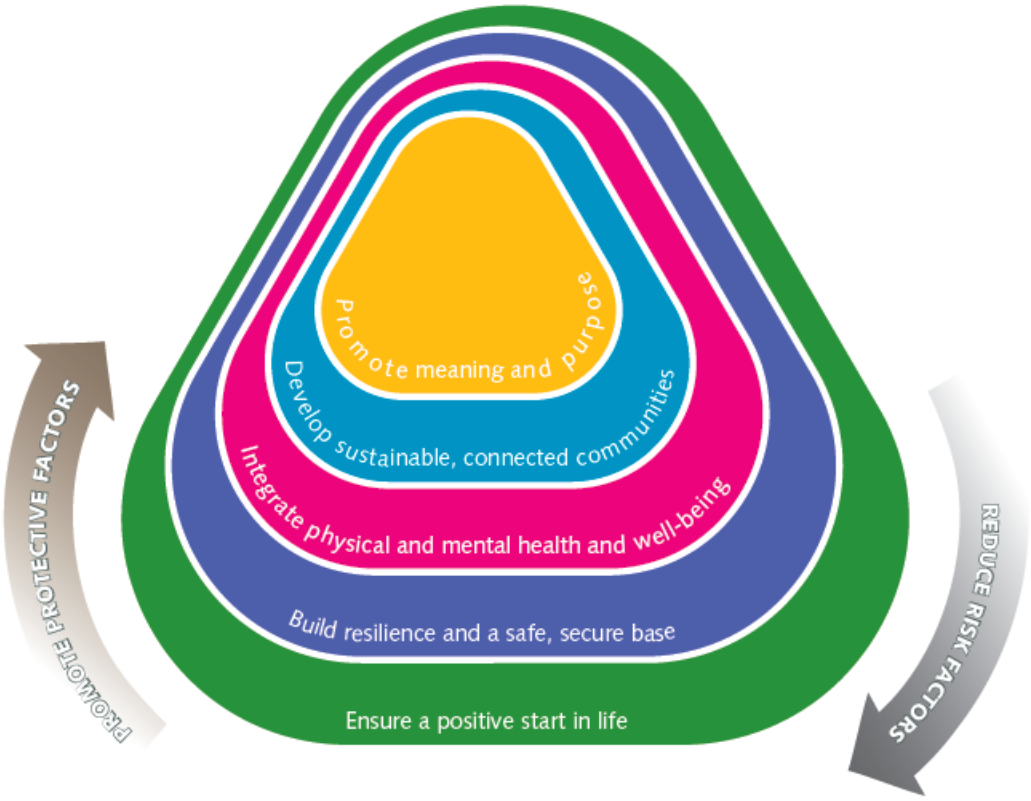
- improving the mental health and well-being of the population, and
- improving the quality and accessibility of services for people with poor mental health.

New Horizons proposes a public mental health framework to support the 2020 vision "To create flourishing and connected communities through the promotion of well-being and resilience and the reduction of inequalities".

[11] http://www.mind.org.uk/help/people_groups_and_communities/women_and_mental_health#bme

[12] MIND (2009) African Caribbean Community Fact Sheet. http://www.mind.org.uk/help/people_groups_and_communities/mental_health_of_the_african_caribbean_community_in_britain

Figure 1 Framework for improved well being



Source: New Horizons, Towards a Shared Vision for Mental Health, 2009.

This framework is supported by the Department of Health overall approach to tackle mental health problems and risky behaviours, articulated around four key axes:

- Informing and supporting people to make healthier and more responsive choices
- Creating an environment in which the healthier and more responsible choice is the easier choice
- Identifying, advising and treating those at risk
- A delivery system that effectively prioritises and delivers action to reduce harmful behaviours

Delivering Race Equality in Mental Health Care

Delivering Race Equality in Mental Health Care (2005) is a five-year action plan for achieving equality and tackling discrimination in mental health services in England for all Black and Minority Ethnic (BME) people, including those of Irish or Mediterranean origin and east European migrants. The programme is based on three axes:

- more appropriate and responsive services
- community engagement, and
- better information

Count me In[13], the National Mental Health and Learning Disability Ethnicity Census, is one of the actions the Government committed to under the framework of the action plan.

2.4.2 London initiatives

Well London is a 3-year project that will work with people in communities to transform their health, focusing on three objectives:

- Promoting mental health and well-being
- Improving healthy eating choices, and
- Promoting access to open spaces and increasing physical activity.

Partners from the Well Alliance[14], in charge of implementing Well London, have engaged in projects with 20 local communities at lower super output area (LSOA) level across 20 London boroughs (from the 11% most deprived areas in London on the Index of Multiple Deprivation).

Projects include (i) Heart of the community (delivering community engagement and capacity building) and (ii) Themed projects among which three will focus primarily on mental health and well being.

Well London mental health and well being themed projects

"DIY Happiness - will use humour, creativity and evidence emerging from the field of positive psychology to provide practical advice and information that will increase people's ability to 'bounce back' from adversity, reduce both the physical and the psychological impact of stress, increase resilience, and build durable personal resources.

Mental well-being Impact Assessment - enables stakeholders to identify the potential impacts on mental well-being of their proposals/projects/programmes.

Changing minds - will recruit and train local people with direct experience of mental ill health to deliver mental health awareness training in target communities. It will empower people to use their experience to help reduce the stigma and discrimination faced by many people with mental health problems and promote understanding of mental health and well-being."

Source: www.london.gov.uk/welllondon/projects/

2.4.3 Kensington and Chelsea initiatives

The Mental Health and Wellbeing Strategic Framework 2008-2012, a joint strategy between NHS Kensington and Chelsea and the Royal Borough of Kensington and Chelsea[15], frames interventions in this domain. Initiatives have included[16]:

[13] See http://www.mhac.org.uk/census/index.php

[14] London Health Commission, Groundwork London, London Sustainability Exchange, Central YMCA, University of East London, South London and Maudsley NHS Foundation Trust, Arts Council England, London

[15] Royal Borough of Kensington and Chelsea and NHS Kensington and Chelsea (2008) Mental Health and Wellbeing Strategic Framework 2008-2012, http://www.kc-pct.nhs.uk/services/mental%20health/News/documents/KCmentalstratv17.pdf

- Recovery group at the Oremi Centre for Afro Caribbean people with mental health issues,
- Well-Being Centre for the homeless and other people with additional needs.

The Well London project has selected the Ward of Notting Barns in Kensington and Chelsea as one of its 20 target communities. The Well London Community Action Workshop (July 2009) summarises residents' views on all Well London components including mental well being[17].

Other initiatives are being conducted in the Borough through the work of national networks, charities and other voluntary organisations, including:

- The 4minds Project (www.4mindsproject.org.uk), funded through the NHS Kensington & Chelsea, was set-up from a partnership between Dalgarno Neighbourhood Trust (DNT), MyGeneration, and Chelsea Theatre and Kensington & Chelsea Social Council (KCSC). The project focuses on delivering improved mental health care and treatment to people from the BME groups in K&C. Activities include training, awareness raising and community research. Women are one of the project's specific target audiences.
- Service User Network (SUN) by Mind (www.kcmind.org.uk). The SUN is open to all users of mental health services. It was created to expand the Forum and the Black Unity Forum in an attempt to create a community of users to influence policy and practices at local level.
- Kensington and Chelsea Mental Health Carers Association provides support, advice, services and information for mental health carers in Kensington and Chelsea.
- Migrant and Refugee Communities Forum (MRCF) is a user-led community empowerment forum comprising more than 40 community groups in the borough. It supports best health practices to tackle discrimination in access to services and runs a resource centre with a range of information for and on refugees.
- The Kensington and Chelsea Local Involvement Network (K&C LINk), an independent network taking action for health and social care services improvement (www.rbkclink.org/).

It is within this policy and practice context, in the UK, London, and the Borough of Kensington and Chelsea that WAND UK carried its research on African women and mental well being. Results are presented in the section below.

[16]Royal Borough of Kensington and Chelsea organisational assessment 2009, http://oneplace.direct.gov.uk/infobyarea/region/area/localorganisations/organisation/pages/default.aspx?region=51&area=365&orgId=1310

[17]Report available at http://london.gov.uk/welllondon/docs/projects/aew/WL%20Kensington%20&%20Chelsea%20AEW%20Report.pdf

3 Findings

3.1 African women

3.1.1 Survey respondent profiles

The 69 African women respondents were randomly selected. Their profile is detailed below.

Age

The large majority of the women interviewed were over 36 years old with 33.33% between 36 and 45 years old and 34.78% over 46 years old. Fewer younger women were represented with 18.84% of the respondents aged between 25 and 35 years old and 13.04% being less than 25 years old.

The limited number of respondents under 25 does not enable the study to identify specific trends for this age-group. Similarly, responses from women over 65 years old were not coded separately.

Education

About half of the women interviewed had been to secondary school (46.38%), and almost a quarter had university degrees (23.29%), or had been to adult education colleges (28.99%).

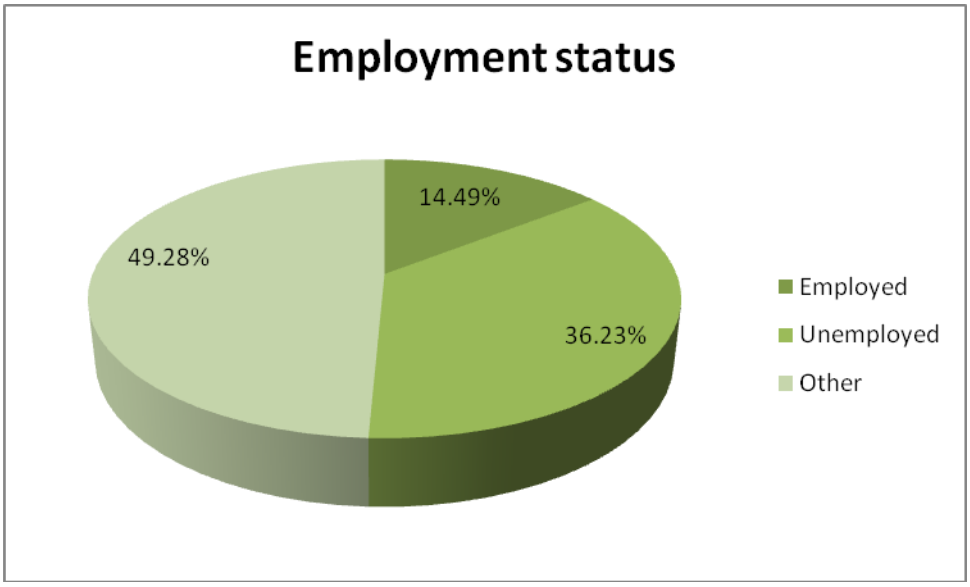
Residence status

The vast majority of the respondents have been living in the UK for more than 5 years (94.20%).

Employment

Very few interviewee were employed (14.49%), and 36.23% were formally unemployed. Half of the respondents were on benefits (52.17%).

Figure 2 Survey respondents' employment status

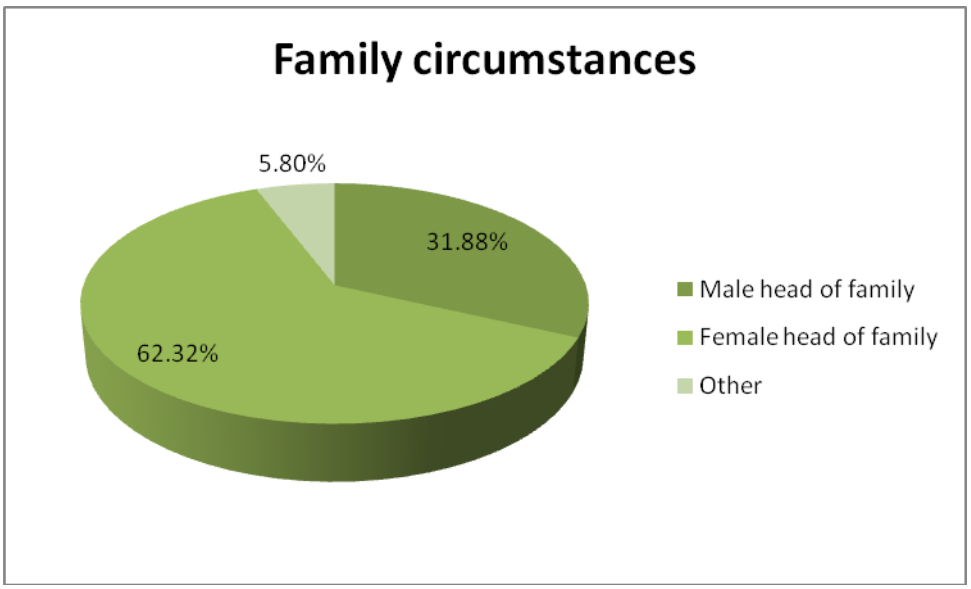


Family circumstances

Most of the women who responded to the survey were head of the household (62.32%). This correlates the fact that half of the interviewees were single (49.28%), with only a third of the respondents being married (30.43%) or living with a partner (2.90%). The average number of dependants was 2.11 per household.

With the majority of respondents being over 35 years old, it is likely that a number of survey respondents were single parents, likely to face everyday difficulties while raising their children and securing or managing resources to support the household,

Figure 3 Survey respondents' family status



3.1.2 Access to mental health and well being information

Although the majority of women had heard about mental health and well being (63.77%), more than a third were not aware of the topic (36.23%). This might be explained by the terminology in itself, not necessarily known from people or associated with specific stigma.

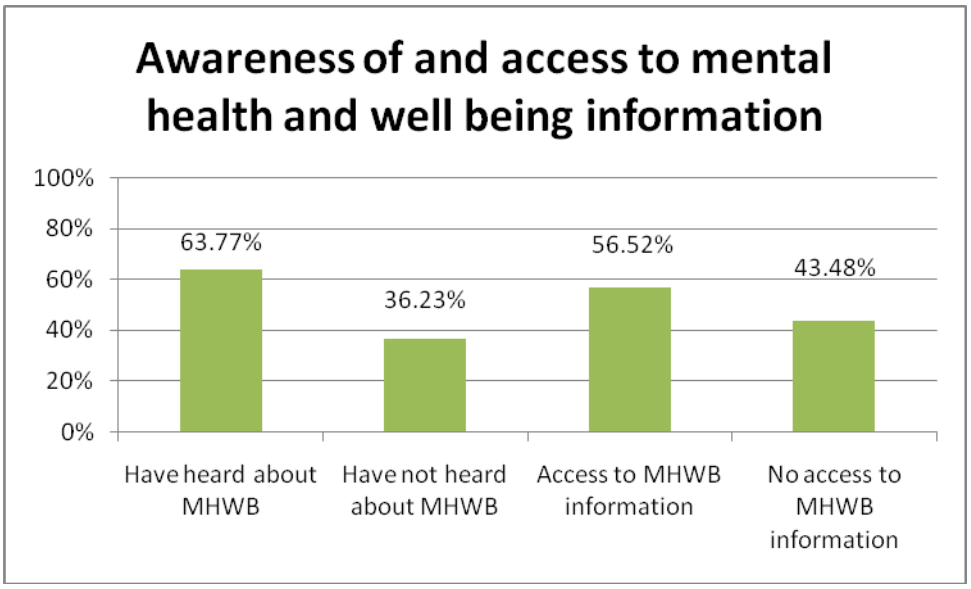
Most commonly cited sources from which respondents have seen their level of awareness raised on the topic include the media (13 answers), GPs (9 answers), seminars/workshops (6 answers), the Internet (6 answers), friends (4 answers), support groups (4answers), family (4 answers), and parenting classes (2 respondents). These sources fall under three main categories:

- Media and technology: TV/radio and the Internet
- Family and community: Family, friends, support groups
- Health related settings: GPs, seminars and parenting classes

Health related settings, be formal or informal do not appear to be the prime eye opener on mental well being for most of the respondents who have had their awareness raised mainly through the media and the Internet, or through family and community networks.

Only a small majority of respondents declared having access to information related to mental health and well being (56.52%). This reveals a potential information gap for the target group.

Figure 4 Awareness of and access to mental health and well being information



Specific questions were asked about the type of and access to mental wellbeing promotion information. The following results illustrate answers from the 39 women who declared having had access to promotion information on mental well being.

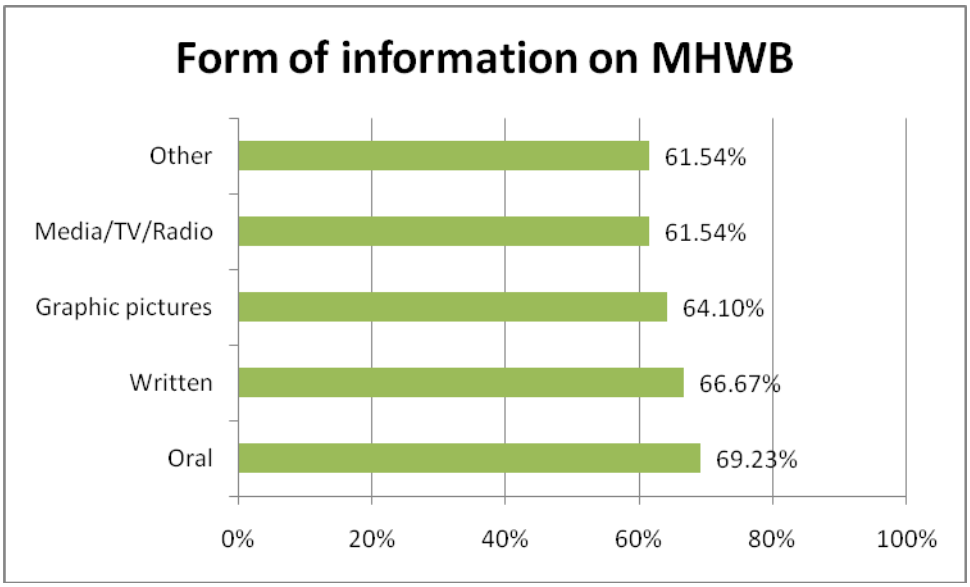
Form of mental well being promotion information

As presented in Figure 5 below, there does not seem to be one particular format for information reaching more of the African women surveyed than others. Respondents stated they accessed information either through the media, such as TV (61.54%), graphic images (64.10%), or written (66.67%) and oral (69.23%) form.

Cross analysis of survey results shows that:

- Women who are unemployed are much more likely to access information from oral sources than other women,
- All employed women who said they had access to information had access to written information,
- Women who were either employed, students, or who had higher levels of education tended to access information from multiple rather than single sources.

Figure 5 Form MHBW promotion information



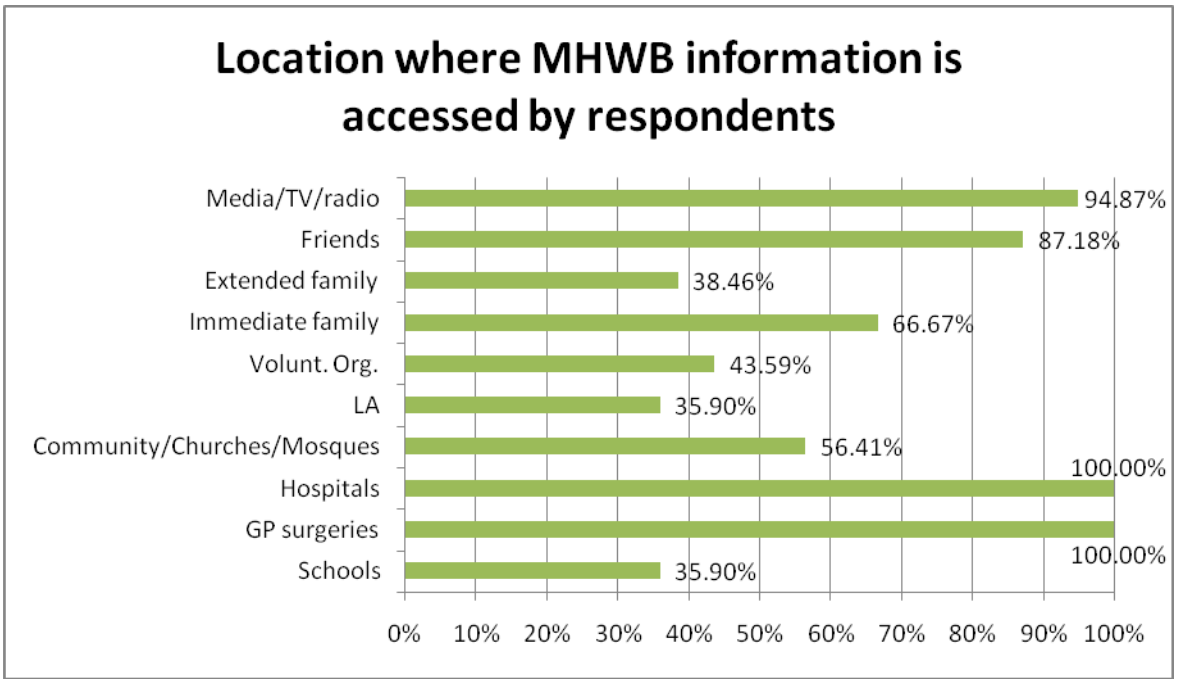
Access location

Mental well being promotion information is accessed by women respondents first and foremost in hospitals or GP surgeries (100%). This confirms that promotion information is available in these locations, and that materials or oral information transmitted in those premises are accessible by African women in the Borough. The survey also shows that most interviewed women visit their GP very regularly (72% of the respondents see their GP at least every 6 months and only one respondent was not registered with a GP).

The media and friends are the second most commonly cited sources of mental well being information with respectively 94.87% and 87.18%. Mental health campaigns have been well mediated in the last decade and discussions with friends enable individuals to be active in their access to the information, by asking questions or contributing to the conversation by sharing their own experience or "tips" over mental well being. Family and communities (churches and mosques etc) are the third source of promotion information on mental well being, with more than half of the women stating that they receive information through these means (66.67% and 56.41% respectively).

It is interesting to note that "institutions", be they local authorities, voluntary organisations or schools seem to have provided less access to information to the respondents than family and friends. Among voluntary organisations promoting mental well being, women commonly cited were African Health for Empowerment and Development (AHEAD), the black women mental health organisation, Open Age and Age Concern.

Figure 6 Location where MHWB information is accessed by respondents



3.1.3 Perception of mental well being

Mental well being

For more than half of the respondents, mental well being is associated with: (i) happiness (72.46%), (ii) good relations with family, friends and others (66.67%), and (iii) physical fitness (59.42%)

Despite the potential vagueness of the term "happiness" which can encompass different dimensions for different respondents, it is interesting to note that these first three answers corroborate key attributes identified in Section 3. Mental well being for the interviewed African women has:

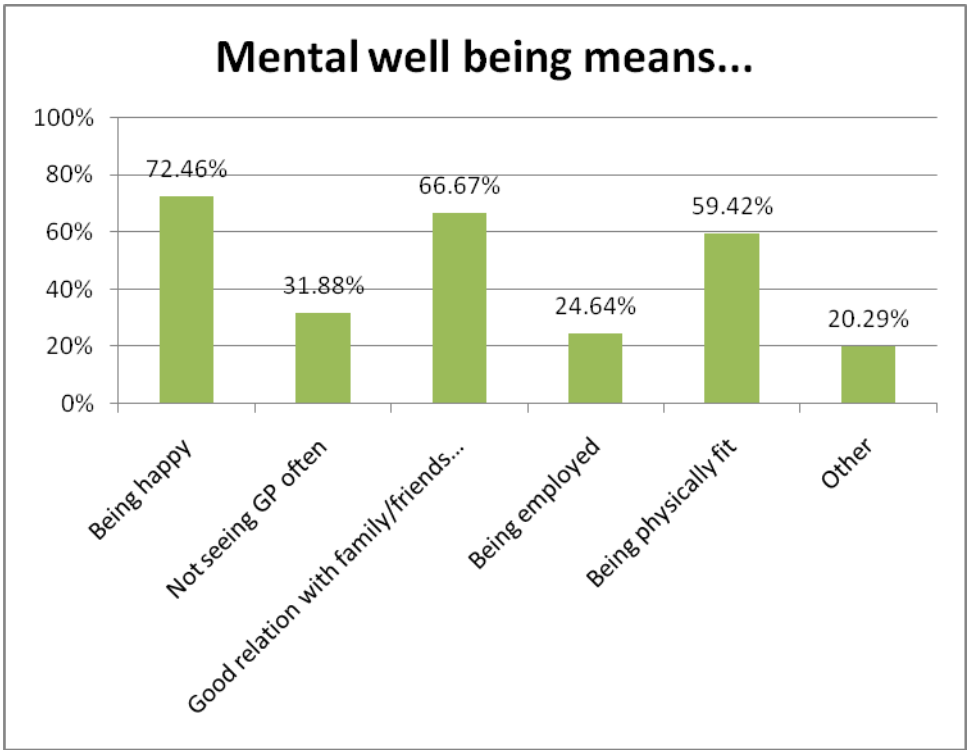
- A personal mental dimension (happiness: positive start, resilience, sense of purpose)
- A personal physical dimension (integration of mental and physical health), and
- A community dimension (interpersonal abilities, connected communities).

This was confirmed by the "Other" meanings given to mental well being by women, which can be categorised under the same headings.

Personal mental well being	Personal physical well being	Community
"Fit mentally"	*"General well being"*	*"Socialising"*
"Being well"	*"Exercising"*	*"Facial expression"*
"Brain functions as it should"		
"Fulfilling dreams, aspirations, having attainable goals"		

Only a third of the women respondents made a direct association between mental well being and employment (see Figure 7).

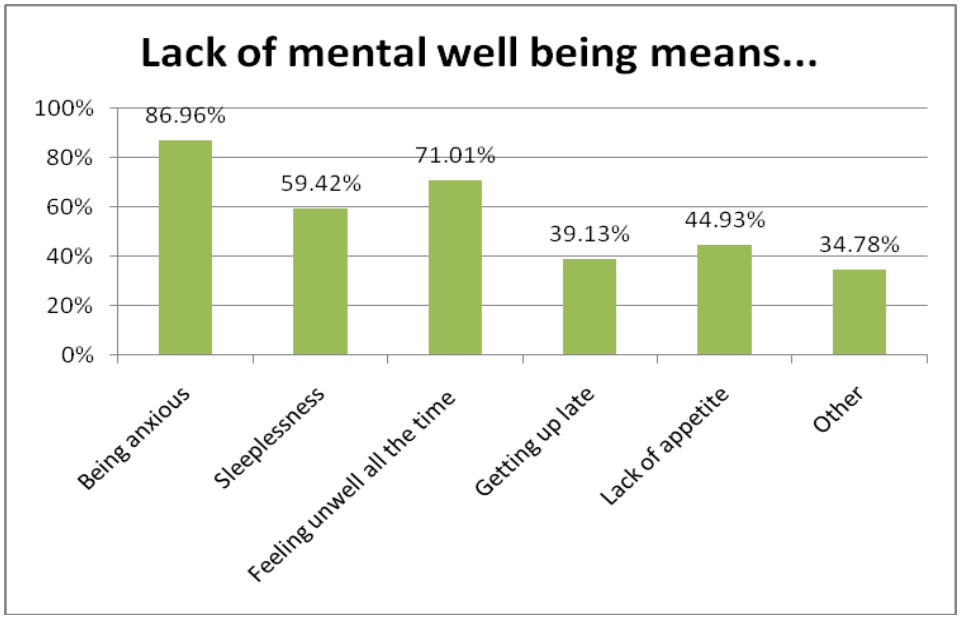
Figure 7 Survey respondents' interpretation of mental well being



Lack of mental well being

Women's perceptions about lack of mental well being as shown on Figure 8 includes: (i) anxiety (86.96%) and (ii) feeling unwell all the time (71.01%). Those can manifest through sleep problems such as sleeplessness (59.42%) and difficulties waking up (39.13%), or lack of appetite (44.93%).

Figure 8 Survey respondents' interpretation of lack of mental well being



Other associations made by respondents with "lack of mental well being" were articulated around four categories, building on the three categories already identified above, with an additional dimension related to mental illness.

Being mentally unwell	Being mentally ill	Being physically unwell	Being socially excluded
"Depressed"	*"Sick in the head"*	*"Being sick"*	*"Feeling isolated"*
"Being moody"	*"Mental handicap"*	*"Unbalanced diet"*	*"Feeling unsupported"*
"Stressed"	*"Talk to oneself"*	*"Poorly dressed"*	*"Isolation"*
"Forgetfulness"	*"Self-harming"*		*"Aggressive"*
"Being sad"	*"Inability to look after oneself"*		*"Unhappy relationship"*

Lastly respondents were asked about their cultural understanding of mental well being, translating the term in their own language and culture. Categories of responses are very similar to the ones provided above, confirming the four dimensions of mental well being for African women respondents:

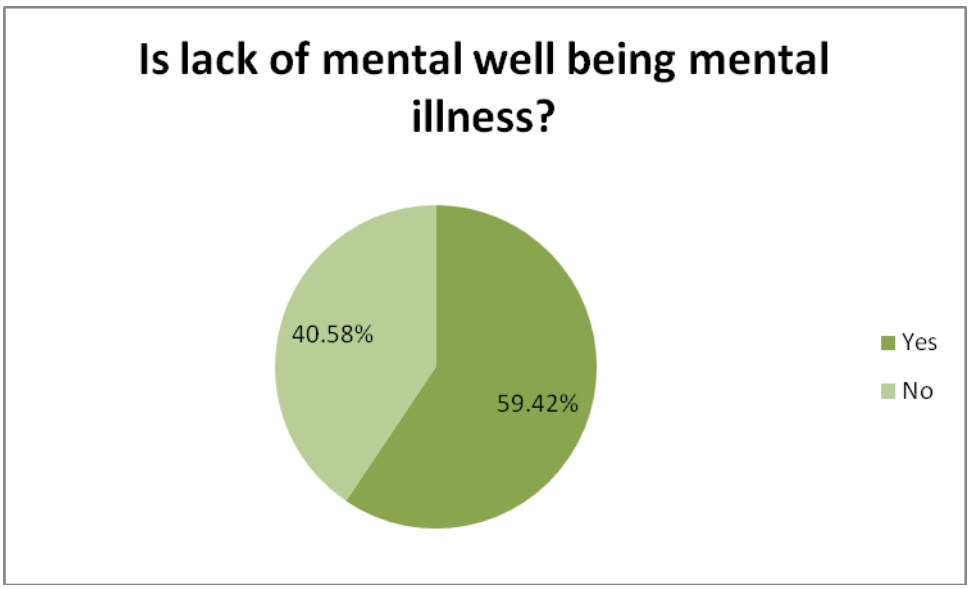
- feeling good in one's head and not being depressed
- feeling good in one's body and be physically healthy
- not being mentally ill
- being able to connect with, interact and evolve in one's community

Mental dimension	Mental illness dimension	Physical dimension	Social dimension
"To be well" *"Happiness"* *"Having a positive outlook; knowing that experiences – good or bad – are to learn from"* *"Mental ok"* *"No sign of depression"* *"Be motivated"*	*"Madness"* *"Don't talk to themselves"*	*"To be fit"* *"To be well"* *"Healthy"* *"Eating well"* *"Good state of health"* *"Someone who has nothing to bother him; he's not sick, hungry"* *"Good health"*	*"Wanting to socialise with people and not being ashamed of who you are"* *"Integrate in the community without any problems"* *"Not being able to reason and act as what society expects"* *"Socialising with your community"* *"Not behaving abnormally"*

Mental well being and mental illness

Despite mental health and well being problems and mental illness being different, it is interesting to note that the majority of respondents associate lack of mental well being with mental illness. This is a common misunderstanding which might have consequences on how people perceive themselves and others and on stigmatisation.

Figure 9 Percentage of survey respondents who associate lack of mental well being with mental illness



3.1.4 Attitudes towards mental health and well being

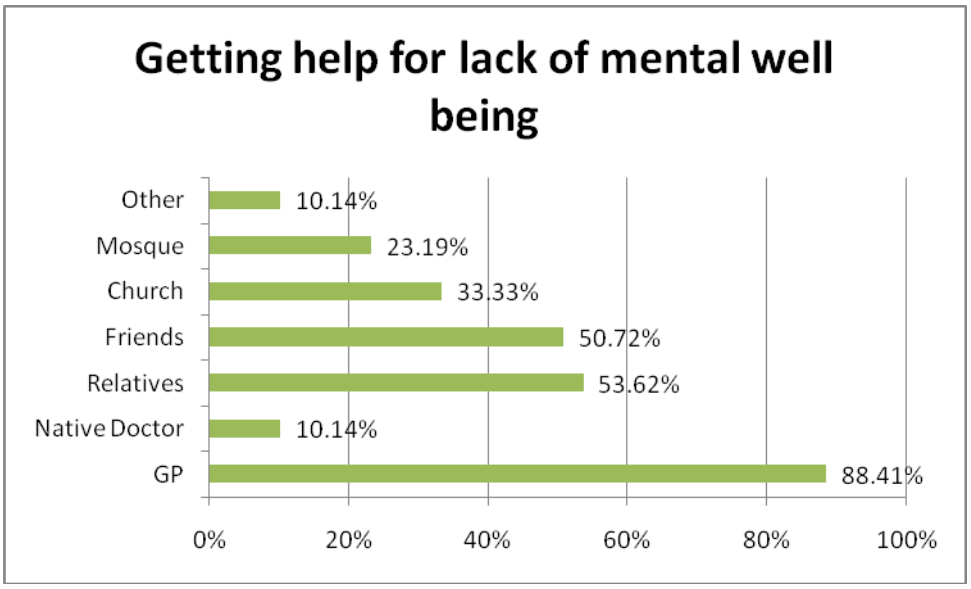
A series of questions focused on women's attitudes towards oneself and others with regard to mental health and well being.

Attitudes towards oneself

Should they lack mental well being, women respondents would in majority turn towards health professionals for help and advice (GP, 88.41%; hospital and voluntary organisation counsellors were also mentioned in the "other" category). Most women also stated they would seek help from relatives (53.62%) or friends (50.72%). A third and a quarter of the respondents also explained they would turn towards religious institutions (Church, 33.33%, Mosque, 23.19%), asserting a close link between mental well being and spirituality, be it religious or something else. Very few women stated they would seek help from native doctors[18] (10.14%).

[18] Native doctors are non medical doctors from the communities. Their denomination varies depending on countries, languages and cultures.

Figure 10 Persons survey respondents would get help from for lack of mental well being



The majority of women declared they would not discuss perceived lack of mental well being openly (66.67%). Among those who would not, the reasons why include:

- Personal issues: "privacy", "it's private", "feeling embarrassed",
- Cultural issues: "talking about it is not good", "avoided in our culture and society"
- Social issues and stigma: "because of the stigma attached to it", "fear of stigma and rejection/discrimination"

Attitudes towards others

When questioned about what advice they would give to someone who lacks well being, women respondents provided similar answers to what they would do for themselves:

- Get help from health professionals (GP, counselling/psychologist, hospital: 91.30%),
- Get help from friends and relatives: 10.14%
- Get help from voluntary organizations: 5.79%
- Get help from yourself: eat well and exercise: 5.79%

We note women have a medical reflex and that no answers (which were open) included advice about consulting religious institutions.

Tackling stigma

Respondents were asked to brainstorm on the topic of possible strategies and actions to tackle stigma attached to mental health and well being. Suggestions include mainly:

- awareness raising about mental well being (and lack of) through:
  - (i) the media,
  - (ii) campaigns,
  - (iii) community discussions, and
  - (iv) education promotion materials in schools and colleges,
- greater information on the necessity to consult health professionals and existing services and professional advice people can access.

"Make people understand that it can happen to anyone and it is an illness."

"Teach people that it's an illness and they shouldn't laugh about it"

"Challenge ignorance and misunderstandings"

"Increase communication between people who talk about it and those who are affected"

3.1.5 Strategies for better mental well being promotion information

Strategies for better mental well being promotion information include (by order of importance for respondents):

- More and better information channelled through the media, including community radio, local press and the Internet,
- Greater awareness raising activities from community centres,
- Greater awareness raising activities from churches and mosques,
- More and better information from health institutions (GP, hospitals etc),
- Increased communication within households and families to ensure people feel supported enough to consult health professionals when needed.

"You have to make people confident to talk, and tell them about possible help and their rights"

"Churches and Mosques can give information and advice on how to keep fit and healthy"

3.1.6 Follow-up activities

The great majority of respondents have not attended any training on mental well being (78.26%), and 55.07% of women would like to get the opportunity to attend a training workshop.

What African women would like to learn from a training workshop on the topic include:

- General information about mental well being,
- Advice about how one can maintain and nurture mental and physical health,
- Insights about how to help relatives or friends who lack mental well being.

3.2 Focus group results

The first activity of the women's focus group was to identify three mental well-being messages among the 12 Department of Health key mental well being messages (see Appendix I) women would like to take forward and deliver a mini public health campaign around in their communities. The selection was as follows[19]:

[19] NHS Kensington and Chelsea, Mental Well-being Focus Group Report, 2009.

Group A	Group B
Talk about feelings Ask for help Take a break Accept who you are	Accept who you are Eat well Keep active Take a break
Group C	**Group D**
Accept who you are Keep active Eat well	Eat well Keep active Do something you are good at Accept who you are

In summary, priority messages (ranked by priority order), were:

1. Accept who you are (4 occurrences)
2. Eat well (3)
3. Keep active (3)
4. Take a break (2)
5. Talk about your feeling (1)
6. Ask for help (1)
7. Do something you're good at (1)

Issues raised by women during the focus groups included:

- Messages on eating well and keeping active being currently disseminated and prominent in Kensington and Chelsea,
- '*being active'* and '*eating well'* are strong foundation for mental well being,

"Talking about feelings is important; it's similar to asking for help. Sometimes talking about your feelings can lead to helping yourself, the answer appears."

The second activity explored the strategies and mediums that could be used to deliver the mental well being messages in women's communities. Suggestions included:

- Days where health professionals discuss mental well being topics with community members,
- Day events,
- Outreach activities, using existing community groups,
- Use of local newspapers,
- Music festival,
- Children education at schools,
- Use churches to spread messages

Other issues on the mini-campaign raised by women participants included:

- The need to target the whole family with the messages, including men and children,

- Taking cultural issues into consideration where women do not communicate such feelings with the male group,
- The importance for images and messages used to be inclusive of all types of people and representatives of the community,
- Terminology: use of *mental well being* rather than *mental health*,
- Providing safe and friendly environments for people to talk about themselves and well being issues,

"children and men make you mad, so bring them into a campaign"

"men need to be involved as well, they struggle with life also"

"any images should show different types of people, such as disabled people, small people, big people"

"scared of mental health…look at the word mental and how it is used, walk past St Charles and thinks 'crazy people' in there. Well being is important, the word means 'looking after yourself' "

3.3 Service providers

Fifteen service providers were interviewed or returned their survey questionnaire (see Appendix II for the list of organisations).

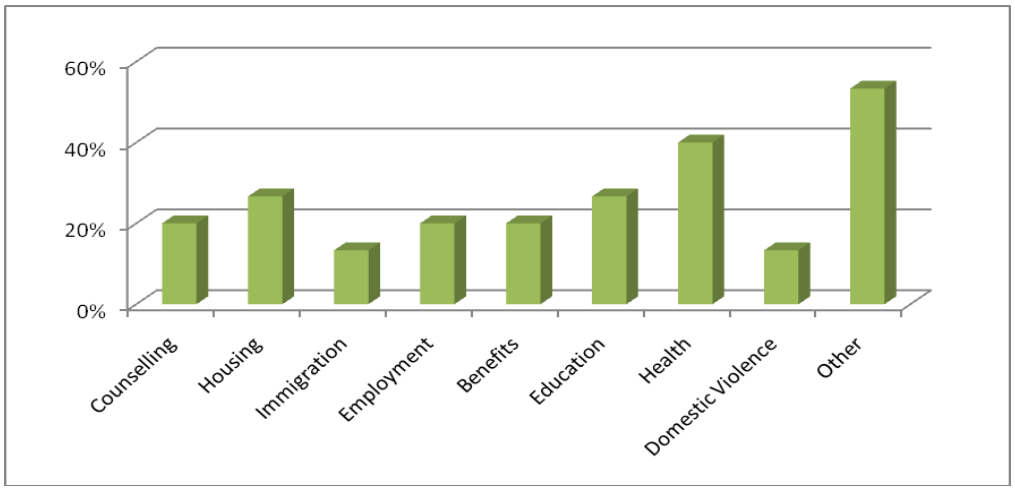
3.3.1 Service providers profiles

Service providers were a mix of organisations working with African and Caribbean women (the two dress-making/sewing organisations used as entry points to disseminate the questionnaires to women), organisations working in the two boroughs on social issues (housing, education etc) and health organisations working specifically or not on mental wellbeing (public bodies and volunteering organisations).

Activities

The vast majority of respondents stated mental health and wellbeing prevention information was not their main activity (12 out of 15). However half of the respondents are providing some kind of mental well being information to their target audiences.

Figure 11 Types of services and information provided by surveyed organisations



Target audience

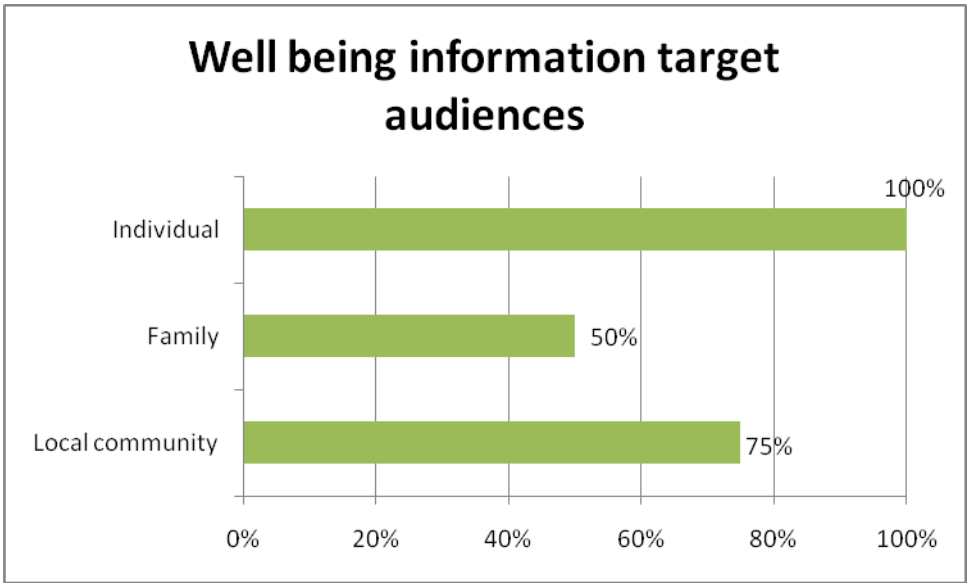
The majority of service providers targeted women as their prime audience (46%) while only 15% targeted mostly men and 38% both. Half of the surveyed organisations have migrants, refugees and asylum seekers in their audiences, be they men or women. These groups comprise more than 70% of the overall audience for 5 organisations.

3.3.2 Provision of mental well being and mental health information

Target audiences

Individuals are mostly targeted by providers in terms of information dissemination and promotion.

Figure 12 Target audiences for well being information promotion

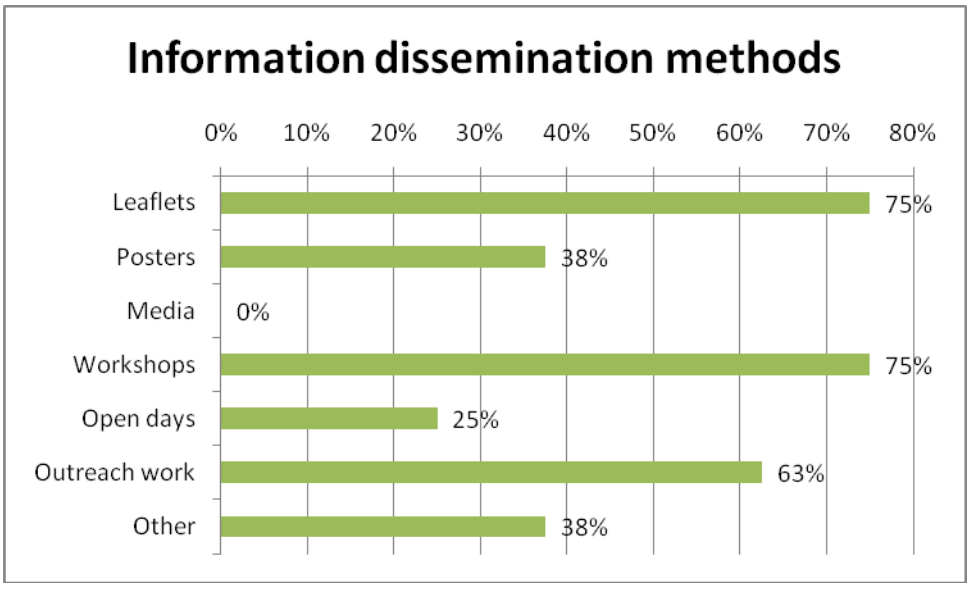


Most providers do not make specific information provision for specific groups. Among the few groups targeted were: (i) Young women and teenagers (2 providers), (ii) old women (1 provider), migrants, refugees and asylum seekers (1 provider) and victims of domestic violence (1 provider).

Information dissemination

The three most common methods of information dissemination are: leaflets (75%), workshops (75%) and outreach work (63%). Open days and posters are less used with respectively 25% and 38%. Other methods referred to were the organisation of community events and mentoring. None of the providers make use of the media to disseminate their messages.

Figure 13 Information dissemination methods used by providers



Only a third of the providers tailor information for the specific needs of illiterate people, but more organisations provided information in different languages (60%), especially Arabic.

3.3.3 Effective interventions

Respondents provided two categories of effective interventions. First, interventions that provide information to clients, and give them the opportunity to talk about themselves or ask questions, such as drop-in sessions, mentoring and workshops. Second, interventions that provide clients with an opportunity to engage with an activity, such as training, work opportunities or social and artistic activities.

One provider underlined the importance of working outside the medical model when intervening in communities and another provider emphasised the usefulness of the Mental Health Recovery Star when working with people[20].

3.3.4 Partnership working

Surveyed service providers work with four categories of partners on mental well being in the borough:

- *Health partners*, such as PCTs, Community Mental Health Teams, Mental Health Units and GP surgeries, or charities such as Mind,
- *Education partners*, such as libraries, local colleges and schools,
- *Leisure partners*, such as fitness clubs and wellbeing centres,

[20] See http://www.mhpf.org.uk/recoveryStarApproach.asp and http://www.outcomesstar.org.uk/mental-health/

- *Other partners,* institutional (social services) or community-based (community centres).

Few respondents addressed the question on the type of support that was lacking from the partners they were working with. Indicative answers cover referrals, funding, and lack of time or staff to work on common projects.

3.3.5 Strategies to disseminate mental well being promotion messages

Service providers' suggested strategies to disseminate well being promotion messages include:

- Awareness raising of existing services towards professionals (3 responses), including GP surgeries,
- Workshops (3 responses),
- Education activities in schools and community centres (2 responses),
- Outreach activities (2 responses),
- Mentoring and one-to-one support (2 responses),
- Use of local theatre (1 response).

The types of strategies proposed reflect the sensitiveness of the work. Most strategies are participatory and involve people meeting and talking to each other, and some of them are targeting individuals on their own.

Family role in message dissemination

Few answers were provided in the role of families in mental well being message dissemination. Providers reiterated the importance of family members in supporting each other and talking to each other. However, one respondent notes that confidentiality sometimes prevents professionals to engage in communications with family members of clients/patients.

Community role in message dissemination

Service providers asserted the role of communities in sharing information on mental well being and information on institutions or charities which can support people with mental health issues. However, they recognised that community involvement was a complex issue since mental health is considered as taboo, and because communities could also propagate stigma.

4 Conclusions

Findings show that only in recent years has research started to investigate more in-depth the issue of mental health and well being of African women. With few self and GP referrals for this group and few existing initiatives to tackle issues of mental well being for African women in the Borough, there is a need to strengthen the community response to address their needs. As findings show, community based and women-led initiatives are critical in the response to mental well being of African women.

The study highlights the existence of an enabling environment for mental health and well being issues. There is a new national framework to promote mental well being and policies to improve access to quality services for Black and Minority Ethnic groups. There is also a range of initiatives at national level, across London and in the Borough of Kensington and Chelsea, which provide entry points to work on mental well being

issues with African women in the Borough. This vibrant and positive context provides unique opportunities for a range of stakeholders to complement existing interventions, expand them, work in partnership and share learning, experience and best practices.

Survey interviews showed that there was confusion among women between mental illness and mental well being. Mental illness is a serious and complex matter, where the intervention of professionals is required. Research shows the importance of promoting good mental health to prevent mental illness and the study findings emphasise the expressed need of African women to engage with mental well being. The promotion of mental well being is a first step to prevent mental health issues and to strengthen people's self-confidence and sense of belonging. The components of prevention initiatives may include information dissemination, individual or group support and the creation of healthy environments.

A number of initiatives at national and local level (be it through Well London or Borough led initiatives) already focus on eating well and keeping active as two key strategies to "feel good" and "be healthy". Focus-group findings revealed that a key message for women was "accept who you are", and discussions demonstrated that talking about one's feelings and asking for help were difficult things to do, however necessary they were. This gap in service provision is one that can be addressed by new and innovative interventions in the Borough.

5 Recommendations

The study demonstrates that there is scope for WAND and other organisations, to develop activities around mental well being for African women in Kensington and Chelsea. Although the recommendations below are addressed to WAND specifically, they can be used and adapted by other charities, women's and community-based organisations. Recommendations to support programming are as follows:

1. **Identify specific target audiences** for activities. Since WAND does not have particular expertise in working with teenagers or old people, it is recommended that activities focus on:
    - Mothers,
    - Women over 50, and
    - New migrants, refugees and asylum seekers.
2. **Work with women and not for women.** By adopting a genuine participatory approach, involving women at all stages of the intervention, from design and implementation to monitoring and evaluation, the newly developed initiatives would better respond to women's needs while potentially increasing their self-esteem and confidence.
3. **Provide a safe and friendly space for women** to participate in activities. Talking about mental well being issues can be difficult for women. Arranging a friendly space will increase women's confidence in opening up and joining activities.
4. **Focus on prevention and awareness-raising**. The need to prevent mental health problems has been recognised by policy makers and practitioners. WAND can make a difference in promoting prevention messages in the communities it works with. Prevention activities can be organised around identified messages

such as “accept who you are” and “talk about your feelings”, although issues of healthy life style should not be forgotten.

5. **Provide parenting support**. The review of the Every Child Matters agenda stresses the importance of teaching parents and families about how to support and build their child’s emotional resilience and research indicates that young people are less at risk of developing mental illness if they have family support.
6. **Work in partnership**. This report identifies some of the key players in the Borough. WAND should contact each organisation to avoid duplication of interventions and lay sound basis for partnership working and exchange of experience and best practices.
7. **Develop a small-scale project before expanding activities**. WAND should develop a small-scale project to pilot some of the tools and approaches it wants to work with. The project should have clear objectives and expected results, a detailed activity plan and make provision for monitoring and evaluation. This would also be an opportunity to identify any capacity-building needs from WAND staff and volunteers in relation to this new area of intervention.

APPENDIX I: Focus groups

Agenda

Welcome and Introductions (5 minutes)

Background and outline of the session (5 minutes)

Introduction into mental wellbeing (5 minutes)

Group exercise: prioritisation of mental wellbeing messages (20 minutes)

Example of a mental wellbeing campaign (5 minutes)

Group discussion: How do we get these messages into our communities? (15 minutes)

Next steps

Activity 1

Purpose: To identify what 3 mental wellbeing messages a group of African and Caribbean women would like to take forward and deliver a mini public health campaign around in their communities.

12 Department of Health evidence based mental well-being messages

1. Keeping physically active
2. Eating well
3. Drinking in moderation
4. Valuing yourself and others
5. Talking about your feelings
6. Keeping in touch with friends and loved ones
7. Caring for other
8. Getting involved and making a contribution
9. Learning new skills
10. Doing something creative
11. Taking a break
12. Asking for help

Activity 2

Thinking about the 3 key messages that we have decided on as a group, which are ……. (Write these up on flipchart paper) we now need to think about how we can get these messages across to our communities.

APPENDIX II: List of organisations surveyed

Central and West London Community Services St Charles Hospital London	Golborne Medical Centre 12-14 Golborne Road, W105PG
Dentist Surgery 351 Ladbroke Grove, London	Noting Hill Housing 1 Butterwick Road, London
SMART, The Basement, 15 Gertrude Street, SW10 0JN	Westway Development Trust 1 Thorpe Close
North Kensington Women's Textile Workshop Venture Community Centre North Kensington W10	Dalgarno Sewing Club 1 Webb Close, Dalgarno Way, W10 5 QB
Migrant and Refugee Communities Forum (MRCF) 2 Thorpe Close, W10 5Xl	Kensington and Chelsea Mind Service User network 7 Thorpe Close, W10 5XL
Filsan Ali Block L8 Peabody Estate Dal garno Gardens	Ethiopian's Women Empowerment Group 2 Thorpe Close, W105XL
Al-Hasaniya MWP Golborne Road, W10 5 PL	Open Age (Positive Age Centre) Peabody Estate
Advocate for Mental Health 73 St Charles Square, W10 6EJ	

APPENDIX III: Bibliography

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Useful websites:

African Health for Empowerment and Development (AHEAD); www.africanhealth.org.uk/

The Commission for Racial Equality: www.cre.gov.uk

Counselling for women – Maya Centre: www.mayacentre.org.uk/index.html

Harpweb: Mental well being resources for refugees www.mentalhealth.harpweb.org/

National Black and Minority Ethnic Mental Health Network: www.blackmentalhealth.org.uk/

National Institute for Mental Health: www.nimhe.csip.org.uk

National Mental Health Development Unit www.nmhdu.org.uk/

MIND: www.mind.org.uk

Policy Research Institute on Ageing and Ethnicity www.priae.org/publications.htm

The Sainsbury Centre for Mental Health www.scmh.org.uk/

Social Perspective Network - www.spn.org.uk/index.php?id=home

Well London: www.london.gov.uk/welllondon/

The women's therapy centre – North London: www.womenstherapycentre.co.uk