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Mind in Harrow

A social marketing intervention to increase awareness of mental health and services among BME communities in Harrow

Stages one and two combined report

17 November 2008

Introduction

Brief

- The objectives of the social marketing proposal are to:
 - Raise awareness of mental health and services amongst BME communities
 - Increase these communities' engagement with services
 - Advertise the health promotion workshops

Target audience

- The campaign target audience are a mix of:
 - People (older and younger)
 - Places and groups (faith and community groups)
 - Referrers (primary care services and GPs)
- A target audience breakdown can be found later in this presentation

Our social marketing approach

Simple stages

- Stage one: **understand** the audience and issue
- Stage two: **develop** the intervention
- Stage three: **deliver** the intervention
- Stage four: evaluate and **learn**

The stages – what we did

- Stage one: **understand** the audience and issue
 - The mental health needs of BME groups living in Harrow were understood by conducting a Needs Assessment and desk research
- Stage two: **develop** the intervention
 - Based on the findings from the stage one research and conversations with stakeholders (e.g. local GPs) creative routes and possible intervention activities were scoped
 - These creative and intervention routes were tested by a focus group (attended by 30 individuals from different BME communities)
 - This presentation details our suggested delivery routes based on the feedback received from the focus group

The stages – what we will do

- Stage three: **deliver** the intervention
 - The creative routes and intervention activity will be confirmed and planned in November with roll out between December and March
- Stage four: evaluate and **learn**
 - Evaluation will take place throughout the campaign and a final evaluation report will be presented in March

Background

What we did

- The first stage of this project was to conduct:
 - A mental health needs assessment with BME communities in Harrow
 - Desk research
 - Conversations with stakeholders (e.g. GPs)
- Together, the above provided us with a better understanding of the mental health needs of BME communities living in Harrow
- Key findings from the stage one research are detailed in the following slides

Mental health conditions

- For the purpose of this campaign we have not differentiated between mental health conditions as the research conducted by Mind in Harrow has shown that:
 - There is a need to increase basic awareness and understanding of mental health in general
 - This needs to be done before we can explain the different mental health conditions and their specific services

Mental health nationally

- Nationally, one in four people will experience some kind of mental health problem in any one year
- Rates of mental illness are thought to be higher in BME groups than in the white population
- There is a lack of awareness of mental health conditions, services and treatments among BME communities
- Elderly members of the South Asian community are particularly lacking in knowledge of mental ill health and available services

Mental health in London

- Mental health problems are more common in London than in other parts of the country
 - 18% of people living in London experience mental health problems, compared to 16% nationally
- London's mental health services face particular challenges, including a highly mobile and ethnically diverse population
- There are also a large number of people with complex needs such as refugees and asylum seekers

Harrow population

- Harrow is the ninth most ethnically diverse local authority in England and Wales, with over 40 different ethnicities
 - 59% white
 - 30% Asian or Asian British
 - 6% Black or Black British
 - 5% other
- Harrow has the largest level of religious diversity of any local authority in England and Wales
 - 47% Christian
 - 20% Hindu
 - 7% Muslim
 - 6% Jewish
 - 20% no stated religion

Mental health in Harrow

- In Harrow, 27% of mental health cases known to Community Mental Health Teams are from BME communities
- At the same time, those from BME communities who do access services tend to access them at point of crisis
- Afghan, Iranian and Somali refugees lack awareness of mental health services and how to access them
- The prevalence of mental ill health in Asian communities may be related to family relationships and socio-economic conditions

Target audience

Target audience

Based on the stage one research we have broken down the target audience as follows:

- **Audience 1: Asian community**
 - Young (16 – 21 years)
 - Old (55 + years)
- Audience 1 subgroup: Somali community
- **Audience 2: Refugees**
 - Iranian
 - Afghani

Audience insights - Asian community

- There is a lack of awareness and acceptance of mental health, in particular among Gujarati speaking Asian elders
- The key motivators for older communities is likely to be concern for their families and personal experience
- Younger community members have a better understanding of health issues but make less use of them

Audience insights - Asian community/2

- Many individuals refer and adhere to religion and rituals and believe that faith helps them cope with everyday life
- Individuals are more likely to seek help from religious leaders than from GPs and mental health service providers

Audience insights - refugees

- Some community members are afraid to access health services as they are worried that this may effect their chances of securing asylum
- Younger member of the community have a better understanding of the health services, but make less use of them
- Female refugees have expressed an interest in seeking mental health advice, but lack understanding of how to do so
- English is likely to be a significant barrier, particularly for new arrivals

What works with these audiences

- Based on the research findings and insights, two key routes are likely to reach these audiences
- Interpersonal contact
 - Community organisations are often the first services contacted by BME communities, in particular by the majority of refugee groups
 - Audiences may not be literate or understand written English (Harrow has the lowest rates of London West boroughs for those with poor literacy and numeracy skills, 19.4% and 18.6% respectively, *Basic Skills Agency 2005*)
 - **Face-to-face localised campaigns are effective**

What works with these audiences/2

- Media
 - The Asian community consumes and is receptive to specific media
 - particularly local media
 - Non-English broadcast media is important
 - **Need to use local and specialist media to reach target audience**

Barriers and exchange

Barriers and exchanges

- Central to a social marketing approach is that the exchange has to be voluntary
- The audience needs to choose to take up the behaviour we want them to adopt, in order for the behaviour to be maintained
- We need to know what is stopping the audience from taking up that behaviour and what might motivate them to do so
- Having analysed the stage one research, we have worked up a Barriers and Exchanges model for both target audience groups

Asian community – key themes

- With the Asian community the problem appears to be:
 - Lack of understanding of mental health
 - Lack of understanding of the services available
 - Lack of cultural tradition of recognising mental health
 - Perception of mental ill health as shameful
 - Intimacy of subject area – not a discussed topic
- Relevant themes
 - Responsiveness to community and religious communication

Asian community - the exchange

Barrier	Exchange
There's nothing wrong with me – I'm not mad	It's important to keep fit and well both mentally and physically
I don't know anyone who has a mental illness	One in four people experience mental ill-health at some time – it's nothing to be ashamed of
It's not something we talk about in my community	We regularly help people like you and have specially trained staff who understand your community
I don't know where to go for help and advice	Harrow Mental Health Director (www.mindinharrow.org.uk AND/OR new website address) can provide you with contact details for a range of services providing specialist treatment
I don't want my community knowing that I have mental health problem	We can arrange for you to see someone in a private setting – we're here to help
My family and religion can help me, I don't need to go to the GP	You can bring a member of your family with you to visit the GP and they can get involved in your treatment and well-being

Refugees – key themes

- With the refugee community the problem appears to be:
 - Lack of understanding of mental health
 - Lack understanding of the services available
 - Language/literacy barriers
 - Lack of cultural tradition of recognising mental health
 - Lack of understanding of community needs by GPs and service providers
- Relevant themes
 - Responsiveness to communication via community organisations

Refugees – the exchange

Barrier	Exchange
I don't know anyone who has a mental illness	One in four people experience mental ill-health at some time – it's nothing to be ashamed of
It's difficult to talk to my GP. I don't feel confident speaking English	We can offer you materials in various languages and interpreters are also on hand to help. You can also bring a friend/family member with you as a translator
I don't understand the NHS – will I have to pay for services?	The GP/NHS is there to help you with all your health related needs and is free of charge
I don't need to visit a doctor because I go to my community organisations for support	The GP can refer you to experts in the field of mental health who can help you access services in addition to the support you received from your community
I only want to speak to female staff	We can arrange for you to see a female GP in a private and safe setting
This country doesn't understand me and what I went through at home	We have specially trained staff who do understand – they are ready to speak to you

Steps to explore with both audiences

- Materials raising awareness of mental health and services available
- Information distributed through religious settings, community organisations, doctors surgeries, hospitals, schools and colleges
- Conversation groups run in schools, with religious leaders (e.g. via Harrow Interfaith Council) and women's groups
 - From service providers and individuals who experience mental ill health and have found help from service providers
- Media
 - Case studies of individuals who experience mental ill health and have found help from service providers and GPs
 - Local print and broadcast channels

Creative routes

Creative routes

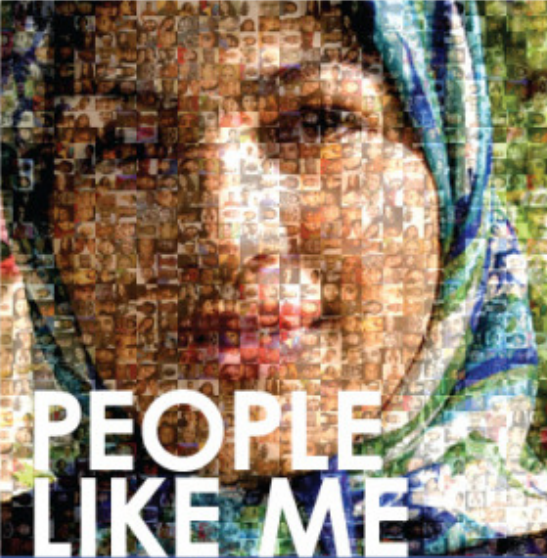
- As part of stage two we looked at a series of creative routes to engage the target audience with the campaign
- In total, three creative routes were developed based on the findings from the stage one research

Creative route 1

Community faces – People Like Me

- The route aims to
 - Be inclusive, by illustrating that mental illness does not affect just one 'type' of person
 - Put mental illness into the whole BME community/cross gender

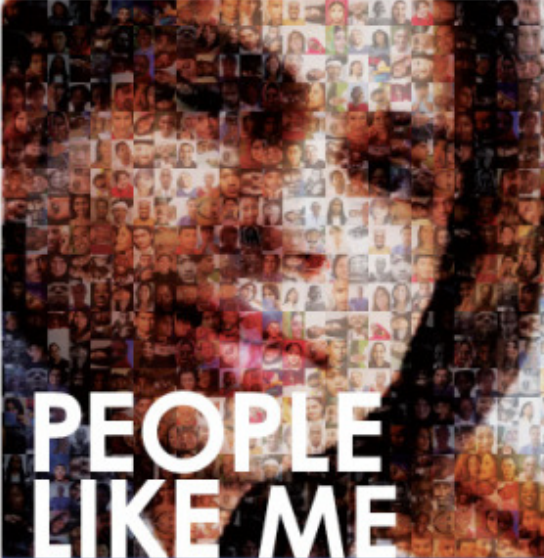


People Like Me



PEOPLE LIKE ME

CAN BE AFFECTED BY MENTAL HEALTH ISSUES TOO. IF THIS IS SOMETHING THAT AFFECTS YOU, TALK TO US. YOU'LL FIND UNDERSTANDING AT MIND IN HARROW.

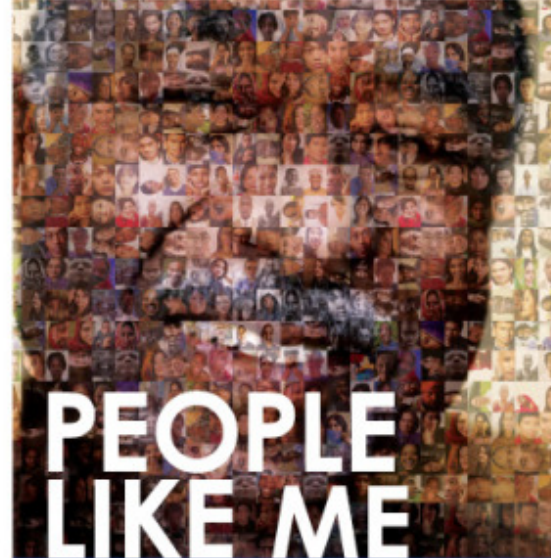


Tel: 020 8424 0929
Email: info@mindinharrow.org.uk
www.mindinharrow.org.uk
Mind in Harrow, 8 Rowland's Place, Harrow, HA1 1LJ



PEOPLE LIKE ME

FEEL WORRIED AND UNHAPPY SOMETIMES. WE UNDERSTAND AND ARE HERE TO HELP. FEEL BETTER. TALK PRIVATELY TO MIND IN HARROW.



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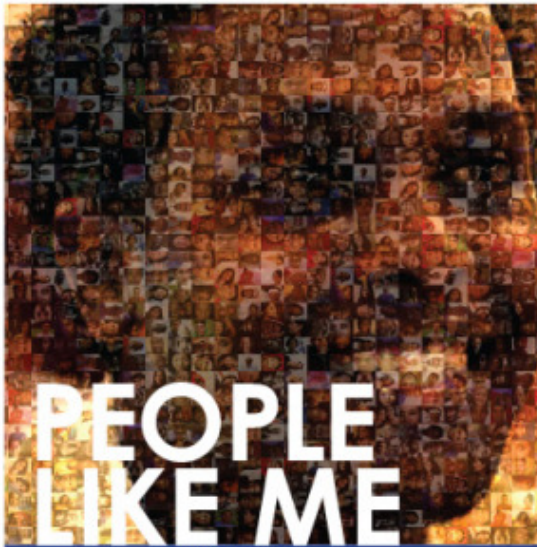
PEOPLE LIKE ME

FEEL UNABLE TO COPE WITH LIFE SOMETIMES. WE UNDERSTAND AND ARE HERE TO HELP. FEEL BETTER. TALK PRIVATELY TO MIND IN HARROW.

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People Like Me/2



PEOPLE LIKE ME

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NHS  the national mental health charity

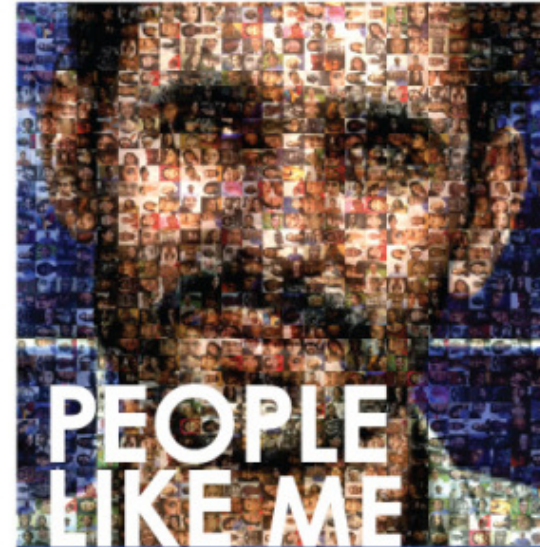


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Creative route 2

Community statements

- The images focus on sections of people's body (e.g. hands and faces) from BME communities
- The images aim to show anonymity while also being identifiable, by visual cues from clothing, jewellery and skin colour
- Quotes are included with the aim of humanising the campaign
- Religious text on mental well being are included on some examples

Community statements



“It's difficult to communicate how I feel... what if I just can't explain it?”

Find help.Talk to us
You'll find understanding of MIND in Harrow
Tel: 020 8426 0929
Email: info@mindinharrow.org.uk
www.mindinharrow.org.uk

 mind
For better mental health

MIND in Harrow, 8 Havelsack Place, Harrow, HA1 1LJ



“It's not something we discuss in my community. Would anyone really want to know?”

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www.mindinharrow.org.uk

 NHS

MIND in Harrow, 8 Havelsack Place, Harrow, HA1 1LJ



“People rely on me. If I admitted I needed help I would be letting them down, wouldn't I?”

Find help.Talk to us
You'll find understanding of MIND in Harrow. We have specially trained advisors and translators who are here to help.
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 mind
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Community statements/2



“It’s not something we discuss in my community. Would anyone really want to know?”

...you should seek medical treatment, because God, the Exalted, has let no disease exist without providing for its cure...
Usamah ibn Shuraik – Sayings of the Prophet

Find help. Talk to us
You’ll find understanding at MIND in Harrow

Tel: 020 8426 0929
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www.mindinharrow.org.uk

Mind in Harrow, 8 Havelock Place, Harrow, HA1 1LJ



“It’s not something we discuss in my community. What if someone finds out?”

Hillel says: Do not separate yourself from the community... Do not judge your fellow until you have been in his position.
Mishnah Avot 2:5

Find help. Talk to us
Safe and private meetings with female staff at MIND in Harrow

Tel: 020 8426 0929
Email: info@mindinharrow.org.uk
www.mindinharrow.org.uk

Mind in Harrow, 8 Havelock Place, Harrow, HA1 1LJ

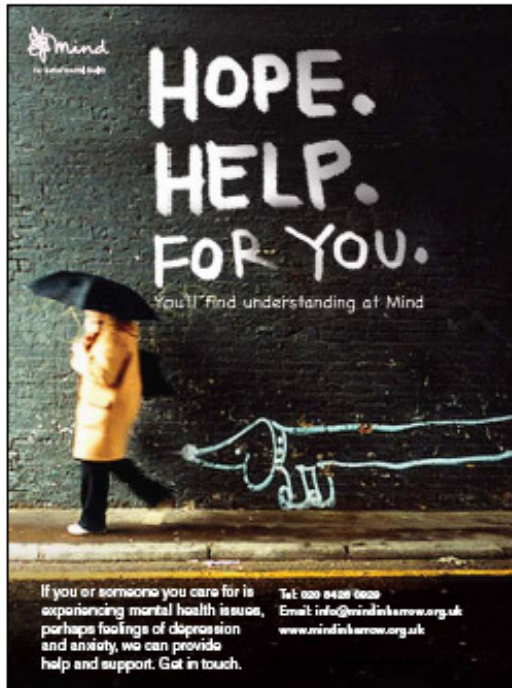


Creative route 3

Messages in the environment

- The route shows BME communities in Harrow
- Messages are set in the community on bus shelters, signs and on the front of newspapers or magazines
- The images aim to be quirky, friendly and recognisable

Messages in the environment



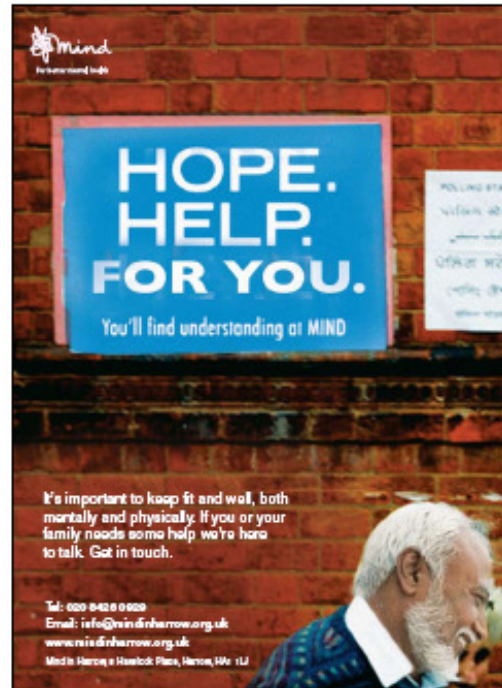
Mind
for better mental health

HOPE. HELP. FOR YOU.

You'll find understanding at Mind

If you or someone you care for is experiencing mental health issues, perhaps feelings of depression and anxiety, we can provide help and support. Got in touch.

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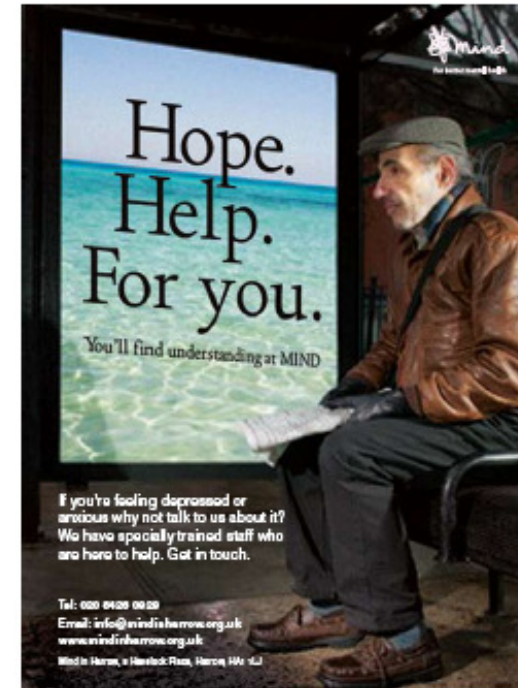
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Mind
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Hope. Help. For you.

You'll find understanding at MIND

If you're feeling depressed or anxious why not talk to us about it? We have specially trained staff who are here to help. Got in touch.

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Focus group reaction

- The three creative routes were tested at a focus group attended by approximately 30 individuals from various BME communities (*Natalie Tobert to confirm details*)
- The reaction from participants found that:
 - Routes one and two were preferable to route three, in particular due to the use of people's faces from a variety of communities
 - The use of sacred texts should not be used, as the materials will be used in the wider community as well as within religious settings
 - If the materials were produced for use in religious settings only, sacred text and symbols could be used
 - The Mind in Harrow and NHS logos should be used on all materials
 - The Mind in Harrow telephone number and website address should be shown on all materials

Focus group reaction/2

- Overall the preference was for route one with the modification that it should be People Like Us rather than People Like Me

Next steps

- To ensure the final campaign creative route is appealing and engages all of our target audience we will:
 - Develop the first and second routes and test them via an email questionnaire with a wider number of target audience
 - The questionnaire will aim to look at receptiveness to the overall route, key messages and imagery
- We expect that feedback from the questionnaires will confirm the campaign's creative identity

Intervention routes

Intervention planning

- The second part of stage two of the campaign has been to develop intervention routes to deliver the creative materials
- A number of intervention ideas have been developed based on findings from stage one and conversations with stakeholders
- The primary target of the intervention is the Asian community
 - However, all materials will be adapted to be appropriate to all target audiences

Intervention ideas

The following intervention ideas were tested at the focus group:

- Placement of posters at GP clinics, hospitals, shops, local college, schools, religious premise and community centres
- Case studies of real people discussing how they have dealt with their experiences of mental health appearing in local media

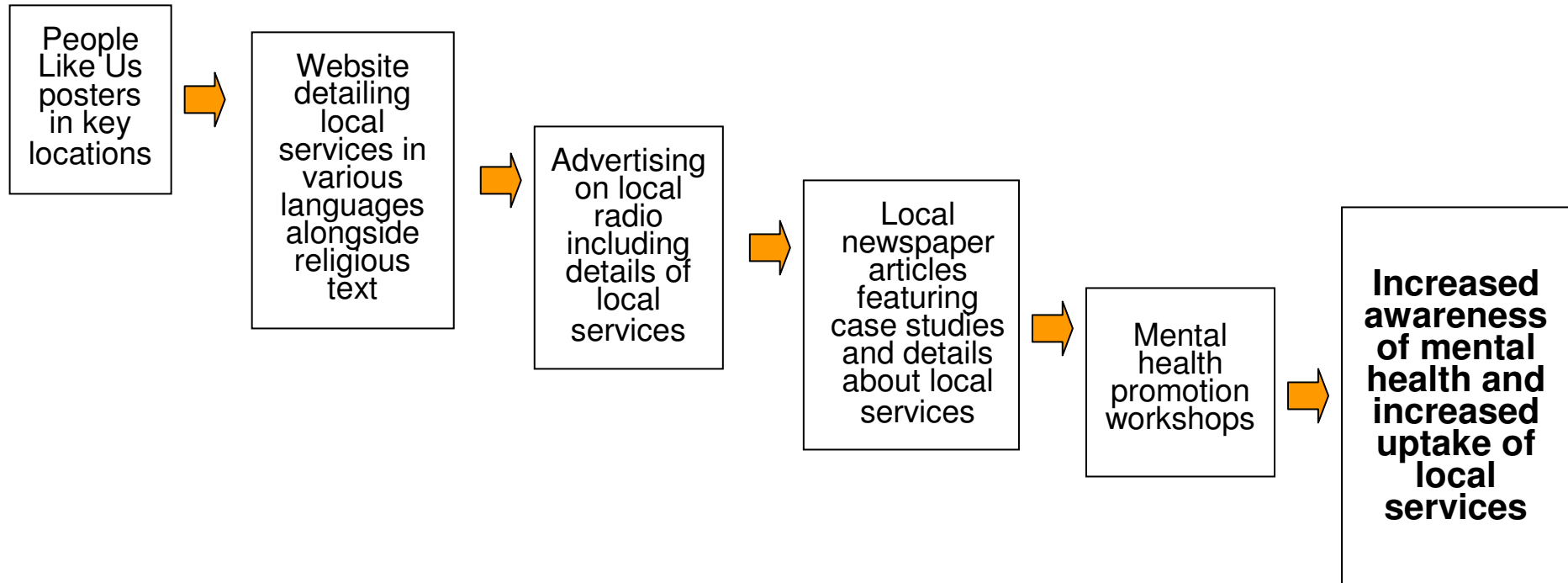
Intervention ideas/2

- Informative advert on the subject of mental health in local/ethnic media, providing background on symptoms and treatments
- Mental health promotion workshops to increase knowledge and reduce stigma, and to signpost local services
- A website with advice about mental health and detailed about local services

Planned customer journey

- Based on feedback received at the focus group the following customer journey has been developed
- Many of the elements detailed in the customer journey will apply to both audiences, although the execution will vary

Customer journey



It's important to keep fit and well both mentally and physically

Mental illness affects people like us

There are people and services available to help you

There are many people seeking help: join them

Overall approach – Asian community

Overall approach

- Planning activity will take place in November, with roll out between December and March
- Activity will be planned to complement other Mind in Harrow activities, including the website and workshops

Campaign launch

- We propose launching the campaign by disseminating:
 - A press release to the local print and broadcast media announcing the campaign and its aims
 - A photograph of a Mind in Harrow member of staff and a community member displaying a campaign poster within a local setting
- The press release will also:
 - Refer to the campaign website that will launch during the same week
 - Include quotes from case studies of individuals who have received help for mental ill health
 - Publicise the health promotion workshops
- Key professionals in the area will also be identified and offered to the media for interview

Campaign launch/2

- Print and broadcast media outlets will be targeted, including:
 - Harrow Observer
 - Asian Voice
 - Harrow People
 - Harrow Heights
 - Gujarat Samachar
- We aim to secure media coverage in:
 - 2 x local print publications
 - 2 x local radio stations
 - 2 x local community publications

Website

- A new website will be created for the campaign and will include:
 - A new web address for the campaign
 - Messages and design integrated with other materials produces (e.g. posters)
 - Mental Health Directory including pages for specific BME languages and communities
 - Online forum for feedback/discussion
- *This element of the campaign will be run directly by Mind in Harrow*

Materials

- Posters are a flexible resource that can be used in different settings used by the target audience
- Posters will be distributed in key areas, including:
 - Religious settings (e.g. Harrow Central Mosque)
 - Community organisations (e.g. Sangat Centre)
 - Refugee centres (e.g. Somali Refugee action Group)
 - Schools and colleges (e.g. Harrow College)
 - GPs surgeries and hospitals (e.g. Harrow Healthcare Centre)
 - Shops (e.g. suppliers of Asian food)

Advertising

- A series of adverts will be placed in local newspapers, which have high circulation among this audience
- Depending on budget this may include:
 - Harrow Observer
 - Asian Voice
 - Gujarat Samachar
- The messaging of the adverts will be that:
 - People from all communities suffer from mental ill health
 - Help is available from Mind in Harrow and other local service providers
 - The website address and health promotion workshops will be publicised

Local community activity

- Existing community networks will be drawn on, via Mind in Harrow and the PCT
- Local opportunities will also be maximised, in addition to placing posters, with groups including:
 - Community organisations (e.g. Harrow Refugees Forum)
 - Religious groups (e.g. Harrow Interfaith Council)
 - Shops (e.g. suppliers of Indian, Afghani produce)
 - Schools and colleges (e.g. Harrow College)
- A briefing document will be drawn up to outline the campaign and ask for each organisation's help and input

Local community activity/2

- Health Promotion workshops will aim to:
 - Increase knowledge and reduce stigma associated with mental health
 - Signpost local existing services
- The first Health Promotion workshop will be held in December and will be publicised in all campaign launch media materials
- *The local community activity element of the campaign will be run directly by Mind in Harrow*

Recommended route: refugees

Overall approach

- Although the audience is different the barriers are likely to be similar in relation to stigma and attitude to services
- Therefore due to budget constraints, we suggest having one core campaign with targeted elements

Overall approach/2

- The overall approach will be similar to the approach targeting the Asian community, delivery routes will however differ, for example:
- Materials
 - Different images on materials
 - Different distribution venues (e.g. Afghani community organisations)
- Website
 - Website pages specifically for this community (e.g. language, culture, tone of voice)
- Advertising and PR
 - As this community isn't as engage with local media more emphasis will be placed on communicating via peers within the community
 - *The local community activity element of the campaign will be run directly by Mind in Harrow*

Evaluation

Evaluation

The evaluation will be conducted throughout the campaign and will cover the following areas:

- Media coverage, including targets, message delivery and reach
- Advertising coverage, including audience and reach
- Collateral distribution
 - How many materials were distributed
 - Where were the materials distributed
- Feedback from GPs and service providers
- Website visitor monitoring software (Google analytics)
 - *Covered by Mind in Harrow*

Evaluation/2

- We aim to:
 - Reach approx 75,000 individuals from BME groups, in particular the target audience covered in this presentation
 - Generate approx 375 requested for signposting to mental health promotion workshops and other services
 - Secure 5,000 unique visitors to the website (equal to 20,000 unique visitors per year)
- The long term aim of the campaign is to:
 - Ensure early detection and health promotion
 - Which in turn, will prevent symptoms related to poor mental health and a reduction GP attendance in 10% of the BME population

Evaluation/3

- At the end of the campaign research will be carried out surveying the Asian and refugee communities
- The research will highlight:
 - Those who didn't visit the website, attend the health promotion workshops or visit service providers
 - But, who may be aware of, and positively influenced, by the campaign
- They will be asked:
 - Are they aware of the campaign?
 - Have they seen any of the materials?
 - What messages have they taken from the campaign?
 - Has it encouraged them to think about seeking help for mental health as a medical symptom that can be treated with the right help?

Evaluation/4

- Based on the evaluation and previous findings, recommendations will be made for taking forward and expanding this campaign

Project management

Project management

- We would like to put in place a series of practical measures:
 - Weekly email update
 - Monthly face to face meetings
 - Monthly status report
 - Regularly updated timeline and billing schedule
 - Agreed approval systems (i.e. who needs to sign off materials and how long they need to do so)

Team

- Board Director: Athena Lamnisis
- Project Director: Ellen O'Donoghue
- Project Manager: Almon Caspersz
- Project Executive: Ria Bowler

Timings

Timeline

Forster activity	■
Mind in Harrow activity	■

Activity	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Materials					
Approval of design concepts	■				
Production of materials		■			
Distribution of materials		■			
Website					
Design concepts available for website development	■				
Website launched		■			
Materials and media activity to generate visits to site			■	■	■
Advertising					
Advert produced	■				
Advert approved		■			
Advert displayed in local publications			■		
PR activity					
Identification of case studies and other spokespeople (e.g. GPs)	■	■			
Case studies placed		■			

Timeline/2

Activity	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Local community activity					
Organisations approached					
Commitment to support campaign secured					
Materials distributed and displayed via organisations					
Mental health promotion workshops					
Project management					
Meetings					
Status report including evaluation details to date					
Overall evaluation					

Contact details

For more information please contact Ellen O'Donoghue or Almon Caspersz on 020 7403 2230 or email ellen@forster.co.uk or almon@forster.co.uk

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