



# Economic Change

**Hayaan Somali Mental Health Project 2014-2017**

**Mind in Harrow**

**Social Impact Report**

**by**

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## 1. Executive Summary

The Hayaan Somali Mental Health Project was established to alleviate health inequalities experienced by Somali communities in Harrow and Brent.

Mental health is not recognised as a condition within the Somali culture. There is extreme stigma and shame about mental distress, which frequently leads to secrecy, denial and families 'covering up' mental health problems and individuals hiding their distress or disturbance until it becomes severe and un-containable. Somalis believe that mental problems are spiritual and not treatable through medication, thus there is fear, lack of trust in and perceived lack of credibility of the NHS mental health service. This situation has led to economic and social issues in the community including unemployment, crime, homelessness, and family breakdowns.

The Hayaan project was initially established to help members of the Somali community to understand mental health, the treatments available, and the support on offer in their local community. To achieve this, the Hayaan project designed an innovative approach to maximise outreach and impact. The Hayaan project has achieved positive outcomes for both Somali beneficiaries and professionals at a localised level in Harrow and Brent. Beneficiaries have learnt more about their rights and through attending the workshops, feel more able to talk about their situation with family and friends, whilst professionals have learnt more about the challenges facing the Somali community and have committed to improving access to their services.

The positive outcomes achieved by the project, has provided authority and credibility for it be recognised as an important blueprint on a pan-London and National level amongst both professional providers and the wider Somali community for its unique approach and expertise in supporting the Somali community. Over the last three years there has also been a number of policy discussions that have heightened the importance and relevance of this service, and as a result the agenda of the 'Olole Isbedel' Campaign has been timely and well received by policy makers, agencies and the Somali community. "Olole Isbedel" was established as a user-led campaign to promote equality & civil rights for 4000 Somalis experiencing multiple-disadvantage, including poverty and acute mental ill-health by (i) influencing regional mental health policies and (ii) increasing London's policy-makers awareness of Somali culturally-specific mental health need.

From our findings, we feel the success of the Hayaan project and the "Olole Isbedel" campaign is largely attributable to three key factors:

- 1) The significant voluntary contribution of the Somali psychiatrist who has delivered relevant and informational workshops to benefit both beneficiaries and service providers. His background and expertise generates credibility, interest and trust amongst stakeholders. His activities and promotional work amongst the Somali community as well as policy makers has helped to generate action and change amongst both groups. His involvement has helped to engage beneficiaries, volunteers and agencies.
- 2) The energy and enthusiasm of the volunteers is evident and they have helped to provide the capacity, resource and peer support that makes the project a success. The increasing diversity of

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the volunteers has added value to the project as it has enabled the service to outreach to different groups. As a result of the volunteers the service has attracted more females and young people to the workshops, which are previously low represented groups. The training has empowered the volunteers to support workshops, undertake campaigning, to deliver outreach work and to actively lead on activities that will support social interaction and preventative work in the community. The volunteers are keen to continue their work on this project and to help start and lead new social activities that will help prevent mental-health issues arising in the future.

- 3) The logistics of the programme rests on the co-ordinator who co-ordinates all of the efforts of the volunteers to deliver the range of activities for beneficiaries and providers and to actively get involved in attending meetings and influencing campaign and policy with strategic bodies. As a member of the Somali community he also provides assurance, trust and support to all stakeholders involved and maintains the relationships between organisations, volunteers and beneficiaries.

The dependency on these key ingredients is what makes the Hayaan project work at the local level and it has been valuable to see the learning of the project be disseminated more widely through the Olole Isbedel Campaign which has enabled the team and volunteers to campaign for change, and to broadcast their learning via different mediums including the conference to reach a wider audience and generate ripples of change across Greater London.

There is a desire to continue the work of the Hayaan project, but there are also a number of areas identified for future investment and attention by the stakeholders, and these include:

- Increasing emphasis on preventative measures by supporting volunteers to launch new social activities for the Somali community, with the hope of reducing social isolation and therefore reducing the risk of mental health issues arising in the first place.
- Continuing to actively support volunteers to campaign for changes amongst delivery agencies and authorities, to help them adjust and better provide support to members of the Somali community.
- Providing a holistic one to one advocacy service to help maintain the relationships with professional providers and co-ordinating the work of agencies and services to support Somali beneficiaries.

## 2. About the Project

The Hayaan Project aims to:

- Support and train volunteers to become peer educators to provide support to the wider community.
- Help reduce the sense of isolation experienced by Somalis with Mental Health problems.
- Help increase well-being and self-confidence of Somali Mental Health service users.
- Provide advocacy and interpreting support to Somali Mental Health service users, to help them understand and access mental health and other case services.
- Run a user-led campaign "Olole Isbedel" to promote equality & civil rights for 4000 Somalis experiencing multiple-disadvantage, including poverty and acute mental ill-health by (i) influencing regional mental health policies and (ii) increasing London's policy-makers awareness of Somali culturally-specific mental health need

### Funding Allocated

Funding source	Total grant awarded	Period	Main activity data sources
Awards for All	£10,000	1 year (June 2014-June 2015)	Baseline activity & outcomes 2014-15: End of grant report
Trust for London (Olole Isbedel campaign)	£49,907	2 years (January 2014-December 2015)	Olole Isbedel post conference outcomes: End of grant report December 2015 pages 6-10
Henry Smith	£44,500	2 years (July 2015-June 2017)	Baseline activity & outcomes 2015-16: 6 months and further 1 year reports
Local Mind Grant Fund	£28,346	1.5 years (April 2016-June 2017)	

For the purposes of this report we have separated out the specific work around the Olole Isbedel Campaign and the Conference into a distinct section, whilst the work in the community is combined into a section to cover the work with volunteers, beneficiaries and providers.

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**Project Activities & Beneficiary numbers:** This project ran two complementary activities across Harrow & Brent;

**Activity One: 1:1 Advocacy, Support and Advice for Somali refugees at mental health crisis point:** Acting as an Advocate, the Project Co-ordinator provided 1:1 support to 40 families in Harrow & Brent, benefitting 360<sup>1</sup> Somalis. They :-

(i) explain to the service user/supporting family members, their rights, the Western medical mental health model and other social welfare pathways supporting them to better understand and access mental health/other mainstream services

(ii) act as an interpreter and advocate to communicate the service users' mental health and related support needs (eg housing/immigration/khat/criminal justice system) to service providers and

(iii) explain the Somali specific cultural context to service providers, thereby increasing their awareness of the cultural competency required by their service.

**Activity Two: Mental Health Promotion Workshops:** 140<sup>2</sup> Somalis (benefiting 1260 Somali family members) and 50 service providers participated in fortnightly 2 ½ hour fora. The Project Co-ordinator recruited, trained and supported 12 Somali Volunteer Peer Educators pa from Harrow & Brent. The volunteers attend 3 days bespoke training pa and drawn from a cross section of the Somali community<sup>3</sup> the Volunteers organised 36 regular workshops in a Somali culturally conducive community setting to

(i) promote positive mental health to their peers and challenge Somali cultural mental health stigma

(ii) provide advice & support to promote integration to mental health/mainstream services and away from inappropriate engagement with the criminal justice system

(iii) enable mental health/social welfare/criminal justice professionals to provide information about their service, and away from the confines of clinics and appointments, have time to *really listen* and learn more about the Somali cultural perspective on mental health & the barriers they face accessing mainstream services. Acting as community champions, the Volunteer Peer Educators determine the mental health workshop topics, organise, deliver and evaluate the workshops and challenge Somali cultural taboos by sharing personal experiences of mental health, including their disproportionate engagement with the criminal justice system and the wide-spread use of khat. They also provide interpreting & advocacy support to their peers. The workshops also include a quarterly programme delivered by the UK's only Somali Consultant Psychiatrist explaining presentations of mental health from both a Western and culturally traditional perspective with translation into Somali.

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<sup>1</sup> Mind in Harrow Somali Advocacy Research Project (2010) indicates the average Somali household comprises 9 family members.

<sup>2</sup> 140 Somalis based on (i)20 baseline participants in Harrow & 30 baseline participants in Brent = 50 baseline participants. Plus additional 12/13 new participants per quarter for 7 quarters = 90. (90+50 = 140)

<sup>3</sup> Volunteer Peer Educators will include male/female, young/old, those who embrace western society & those steeped in Somali cultural tradition.

Faith/Community Leaders/Elders will be included as either Volunteer Peer Educators or workshop participants – as these are the individuals to whom many Somalis turn to when they reach mental health crisis point

**Social Impact Report****Project Outcomes & Evaluation**

- 40 Somalis experiencing acute mental health problems access mainstream mental health services
- 24 Volunteer Peer Educators organise 36 workshops promoting positive mental health and integration to mainstream services.
- 140 Somalis benefit from mental health promotion workshops & improved access to mainstream services of which 80% self-report improved (i) understanding of rights to local mental health/mainstream services (ii) knowledge how to access local mental health/mainstream services (iii) understanding of mental health/CJS (iv) ability to look after own/family's mental health
- 50 Mental Health/Social Welfare Providers have increased ability to deliver culturally-appropriate services to Somalis experiencing mental health problems - of which 85% self-report increased understanding of Somali cultural service-user perspective AND 70% commit to "willingness to act" to offer culturally-appropriate response to Somalis
- AND CNWL include an 'equality objective' policy commitment to address no. of Somalis receiving mental health services

### 3. Summary of Impact

The targets and achievements of the Hayaan Project funded by the Henry Smith Charity over 2 years are summarised below. Overall the project met its expected targets, and particularly overachieved on attracting professionals to the workshops and encouraging them to take action to improve access to services for the Somali community. For beneficiaries, the main outcome was learning about their rights and feeling more able to talk about mental health with family and friends.

	Target			Achieved			Variance
	2015	2016	Total	2015	2016	Total	
<b>Outputs</b>							
No of Volunteers	12	12	24	12	12	24	0
Volunteer Training Course	2	2	4	2	2	4	0
Volunteer Hours	n/a	n/a		1000	1000	2000	n/a
Number of Workshops	18	18	36	18	21	39	3
No of Unique Attendees	70	70	140	80	80	160	20
Average No of Attendees	n/a	n/a		20	20		n/a
No of Professionals	25	25	50	42	32	74	24
1-1 Case Work	20	20	40	16	25	41	1

<b>Beneficiaries self-reported..</b>	<b>Target</b>	<b>Total</b>	<b>Variance</b>
Learnt about their rights	80%	92%	12%
Learnt where to get advice	80%	86%	6%
Knew more about problems	80%	87%	7%
More able to put views across to services	80%	81%	1%
More able to talk about and support own/family needs	80%	90%	10%
Felt better able to look after their mental health	80%	85%	5%
<b>Professionals self-reported..</b>			
Learnt a lot about Somali Culture	85%	91%	6%
Learnt more about Somali attitudes to NHS/etc.	85%	91%	6%
Learnt more about Somali perspectives	85%	92%	7%
Learnt more about barriers for Somalis to access services	85%	91%	6%
Commit to take actions to improve access for Somali	70%	95%	25%
Like to work with Mind in Harrow in Future	70%	60%	-10%

## **4. The Rationale for the Project**

### **Origin of the Project**

The design of this Project was directly influenced by earlier projects run by Mind in Harrow, working with the Somali community and service providers. Despite some progress made, the ongoing intervention with this community continued to highlight concerns and barriers about practice and policy that needed to be addressed with strategic and service delivery agencies to really improve the situation. This led the team to focus on campaigning for policy change, by evidencing need and raising awareness about what needs to change across London targeting key agencies and influential bodies.

### **The Baseline Needs of the Target Community**

Harrow and Brent's Somali community is the UK's largest and also one of its poorest (Harrow & Brent JSNA's 2012). Somalis experience acute mental health problems and culturally-related needs which remained unaddressed by NHS Mental Health Services. Consequently, many spiral further into mental ill-health, with a disproportionate number engaging with the Criminal Justice System (CJS).

National & local research and extensive grassroots work with the Somali community, undertaken by Mind in Harrow, evidences that migration, war, poverty, torture, rape, family separation and language barriers are some of the multiple-disadvantages Somalis face -perpetuating their demographically disproportionate mental health experience (Palmer & Ward 2006 & Mind in Harrow/PCT 2010). This is compounded by extreme cultural stigma-which in Somalia can lead to individuals being left tied to a tree when their community moves on.

In the UK, CNWL Equalities Monitoring Report 2011 indicates Somali over-representation in Compulsory In-Patient Admissions by 75%. And though previous intervention work increased 81% of Service-Providers understanding of Somali cultural mental-health needs – this has not yet resulted in reduced admission rates. It was evident that there was still more work to be done.

The 2009 MOJ Bradley Report recognised “90% of offenders have mental health problems” and that there was “a disproportionate representation of BAMEs in the CJS.” No national statistics however exist to quantify the alarming link between Somalis, mental health and the CJS. However, Somali Community-Leaders suggest in some London-based Young Offenders Institutes, 1 in 3 are Somali. This is corroborated by the experience of the previous project, where 70% of 50 Somalis supported by the Somali Mental Health Advocate (2008-2013) had engaged with the CJS.

The local Somali community mandated that these interwoven inequalities are addressed -especially given for the opportune time that a service was being commissioned to divert/support individuals with mental ill-health out of the CJS into mental health support.

An unexpected development during 2014 was the government's decision to grade Khat as a banned substance in July 2014, a drug chewed by hundreds of Somalis Harrow. Owing to the focus of the project to enable Somalis to be more active citizens and promote better mental health, it felt appropriate for the project to offer its local response to the Khat ban.

The project aimed to reduce some of the potentially detrimental economic, social and mental health impacts of the ban owing to the lack of time for public services to plan responses. The project invited representatives from Harrow Council public health services, the police and local drug &

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alcohol services to workshops to hear from Somali community members experiencing the impact of the Khat ban and to discuss ways to help the local community.

The Olole Isbedel Campaign by Mind in Harrow was borne to meet the ongoing needs of the community by gathering grassroots evidence and supporting User-led Somali Campaigners to (i) lobby and influence local mental health policy & practice and ii) raise awareness of our findings with London's wider mental health/criminal justice community to reduce inequality & promote civil rights for one of London's most vulnerable communities.

## 5. The Journey for Participants

### 5.1 Volunteers

#### Starting Point on Journey

The Hayaan project is attracting a diverse range of volunteers. The project has sustained active involvement of 7-8 Somali Community Volunteers who contributed over 1000 hours. Volunteers have got involved in outreach, attending and supporting workshops, delivering one to one support and providing administration support.

The programme continues to see the evolution of beneficiaries transitioning to become volunteers, but alongside this cohort, the increasing reputation and profile of the Hayaan project via media channels – Somali press and TV - has increased the interest amongst the wider London-based Somalian community. Increasingly, it has attracted younger members of the community who are studying at university and wish to volunteer to learn more about mental health, the support available and how to help others.

The motivations for volunteers to get involved ranging from:

- Giving something back and helping others.
- Being an advocate for change
- Raising awareness about mental health and educating others.
- Understanding what support is available and finding out how they can help.
- Reducing the need for mental health services.
- Suffering from mental health personally and wanting to support others.
- To gain experience as a student

The volunteers attend a 3 day training programme that covered mental health problems and medicines, advocacy, befriending, data protection, signposting/support services available, listening and communication skills, how to care for a service user. They also participate in the fortnightly sessions where an expert delivers informative presentations.

#### Strengths of the Programme

##### Views of the Volunteers

- **Training Course** - The volunteers rated the quality of their training course overall as excellent. The training material was described as interactive and informative delivered by experts. They also felt that they could also openly approach the staff and gain one to one support as needed.
- **Trainers** – The volunteers have highly valued and rated the trainers who delivered the training, in particular the qualified psychiatrist from the Somali community who has presented talks on mental health at the workshops, for his expertise and cultural understanding.
- **Empowerment** – The volunteers have been trained in campaigning skills and empowered to reach out and speak to wider groups, networks and media targeting the Somalian community

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across London. They also feel empowered to set-up and lead social activities and groups for members of the community.

- **Knowledge and Confidence** - The volunteers have gained a good understanding and awareness of support available to beneficiaries. They feel confident and experienced enough to signpost and refer others to support services available. This has been attributable to good speakers and agencies attending the fortnightly workshops.

**Views of Support Staff**

- **Reputation and Awareness** – The profile of the project via media has attracted many students and others as volunteers and helped to build the capacity of the project.
- **Gender Diversity** – The project has increasingly recruiting female and younger volunteers, alongside males which is enabling the project to reach out to different audiences. This has led to a lesser number of females taking part overall as service users and volunteers.
- **Progression of volunteers** – The volunteers have either progressed into setting up social & community activities and/or pursued professional careers in the health and social sector. They have maintained contact with the programme which has helped to build the network of support, and all of them have expressed interest in volunteering in the future.

**Challenges****Views of Support Staff**

- **Sustaining Volunteers** – The number of volunteer hours required by a volunteer has proved challenging as they have other commitments, especially students. Due to the nature of the role it can be quite time intensive and unpredictable.

**Volunteer Feedback**

*“Overall, it is a great platform to spread awareness and it is definitely effective.”*

*“Excellent training was provided by professional people who know what their talking about.”*

*“The sessions that I attended were successful in engaging the volunteers and providing information about common mental health issues which they could then pass on to others.”*

*“It would be useful if the information sessions were conducted in the Somali language and handouts/slides translated as well. I observed that the majority of the people who attended the session were older Somali women, many of who did not speak English.”*

*“It would be useful for the session leader to introduce a topic and have the volunteers discuss and bring up relevant experiences and things that they feel are current, crucial issues for the Somali community. This way the volunteers will not only learn but also contribute.”*

*“Evening sessions could be more accessible for people whom go to education and work.”*

**Social Impact Report****Opportunities for Improvement****Views of Staff**

- **Accessibility** – The ability to engage volunteers and reach beneficiaries was restricted through only running sessions during the day on a fortnightly basis. It was felt that running additional sessions and events could have increased output and outcomes by both volunteers and beneficiaries.

**Views of Volunteers**

- **Prevention** – To focus volunteers on more preventative activities with an emphasis on providing social activities and educating people to seek support earlier.
- **Format** – It was suggested that the format of the training for volunteers could be changed to make it more interactive and inclusive for volunteers to participate and share their experiences and views.

**End Point on Journey**

The volunteers feel empowered to support their community. There is an active cohort supporting the fortnightly sessions, whilst some of the volunteers have taken action or aspire to lead on social activities within their community for different groups of the community e.g. young men, young women, mothers, older men. With this they hope to reduce social isolation and help prevent mental health issues arising in the first place. Whilst others, particularly the students they have pursued professional roles in health and social care and continue to champion the needs of the Somali community.

The volunteers are keen to work with Mind in Harrow in the future to help lead on activities to support the goals of the Hayaan project.

Some of the volunteers had travelled from other locations in London and were keen to champion similar initiatives in their local area.

**Short Term Outcomes**

The volunteers feel they have gained the following outcomes from the project:

- **Understanding of mental health** – different conditions, advocacy information, and steps for supporting someone suffering from mental health
- **Educated and Informed** – It enabled them to understand what mental health is, what support exists and to challenge the stigma that surrounds it.
- **Feel equipped to support their community** – They feel educated and confident with information and techniques for tackling mental health, which has enabled them to get more involved and confidently support members of their community.

**Social Impact Report****Long Term Outcomes**

Many of the volunteers expressed a desire to be social activists and to lead on arranging social and community activities for their peers to help combat social isolation and some of the root causes of mental health. Some of the volunteers have already initiated their ideas e.g. establishing the Brent Somali Community Centre and Somali Girls initiatives, whilst, others are keen to identify a location in Harrow to run activities and secure funding to help launch new ideas.

**Overall Conclusion and Recommendations****Achievement against Targets**

The number of volunteers participating as peer educators or community campaigners has been overachieved. There has been a surge in interest amongst the wider Somali community and this has attracted volunteers from not only the local community but all over London to get involved and many want to learn and share it within their own local community. Many of the local volunteers have actively engaged in fortnightly events, supporting beneficiaries one on one, and have actively done outreach work to engage with local services or set up and lead their own media campaigns and activities to support the community.

**Identified Best Practice**

Within the project there has been an emphasis on increasing the skills and attributes of volunteers to campaign and do more outreach work with the aim of raising awareness of mental health and reducing the stigma surrounding accessing support. Awareness of the project due to the campaign and media work undertaken has attracted more women to get involved, which has changed the original demographic and diversity of volunteers from previously engaged. The women's confidence has increased significantly as a result of the volunteer training and support and many feel able to speak their thoughts, share their experience and to actively take steps to lead on media campaigns or activities that will benefit their peers.

**Learning and Recommendations**

Many of the volunteers have ideas for initiatives to help take forward or complement the Hayaan project to help prevent mental health issues occurring in the first place. There could be more time spent on developing and leveraging resource to empower volunteers to help expand and lead on activities which will directly support the goals of the Hayaan project.

## 5.2 Service Users

### Starting Point on Journeys

Service users engage and participate in fortnightly sessions to learn about mental health, discuss their issues and engage with different service providers. Topics have included: Mental health awareness, crisis support services, NHS Forensic mental health services, Mental Health Act, drug & alcohol services.

Over the course of the project, 230 attendees have filled in pre-questionnaires at the start of the sessions. These attendees could be repeat visitors so it is expected that perspective of statistics could vary over time, as it's not a unique starting position.

- 70% of attendees in the past year, have asked for advice more than 2 to 3 times a month about: Access to NHS or Social Services, housing, welfare benefits, travel/concessions, employment or training, advocacy, immigration.
- 58% of attendees in the past year, have asked for help with their own mental health or for a family member, more than 2 to 3 times a month.
- 54% of attendees in the past year, have talked about their mental health with their family and friends.
- 37% of the attendees in the past year, have been able to put their views to staff from NHS, Council, Police or other public services more than 2/3 times a month.
- 52% are attending for their own personal interest, whilst 15% are attending on behalf of their family.

Statistics relating to gender have indicate that men predominately attend with a current split of 77% male attendance comparative to 23% female attendance at workshops. In relation to the age range: 18- 20 years (0%), 21-35 years (4%) 36-50 years (75%), and 51 - 65 years (21%), 66+ (0%).

### Strengths of the Programme

#### Views of the Service Users

The feedback from the participants has been very good, commenting that the workshops were excellent and that they really enjoyed them.

- **Information** – The participants found the sessions very educational and gained a greater understanding of mental health, the issues facing the community and the support available locally. It was felt that the complex issues were simplified.
- **Access to Services** – The attendance of service providers within in the sessions has helped to build a bridge between service users and the health and social care services, so both parties can

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better understand each other. The service providers understand the needs of the community, and the service users understand what support is on offer and how it can help.

- **Interpreters** – Both the support staff and volunteers have acted as interpreters when engagement with GP's, Job Centre, criminal justice and health and social care agencies has been necessary, to help bridge the access to support.
- **Gender Specific** – In Brent a women's only group was established to meet the specific needs of women who didn't want to speak about their concerns in front of their husbands or other men.
- **Cultural Alliance** – A Somali psychiatrist provided bilingual lectures, and consultations with service users to provide a second opinion on their mental health condition and treatment options. He was felt to be a trusted source of information and guidance within the community.

**Views of the Support Staff**

- **Expertise** – The Somali psychiatrist has attended every fortnightly session to deliver support to attendees and he also engaged in media campaigns to raise awareness of mental health issues within the Somali community.
- **Community Setting** – The workshops provide opportunities to connect over lunch, the location is in an area well known to the community, publicity is by word of mouth as oral communication is preferred, sessions are bi-lingual and led by respected community members.
- **Holistic Offering** – The workshops have started to tackle a wider range of issues facing the service users that trigger or stem from mental health issues, for example smoking, obesity, crime etc. This has led to an increase in the range of service providers attending the workshops and resulted in a wider remit and impact for the project overall.

**Challenges****Views of the Support Team**

- **Access to Expertise** – The presence of the Somali psychiatrist has been felt to be very valuable in the sessions and the challenges of expansion into other areas would mean he would need to be paid to attend all of the sessions rather than just volunteer.

**Views of Service Users**

- **Meeting Different Needs** – It was felt the sessions held only once a fortnight provided limited access to support needed by beneficiaries and that different types of support was needed for different target groups e.g. young men, men who no longer have access to Khat and mothers.

**Social Impact Report****Opportunities for Improvement****Views of the Support Team**

- **Frequency** – The number of sessions could be increased to weekly, rather than fortnightly to meet demand in target areas.
- **One to One Advocacy** – The beneficiaries are requiring more one to one support around particular issues e.g. benefits, housing, employment support.

**Views of the Service Users**

- **Language** – It was felt that the delivery of the training and the fortnightly sessions could be delivered more in Somali language to have the maximum benefit for the elder beneficiaries.
- **Telephone helpline** – Some of the volunteers suggested that a one to one telephone helpline could be set up manned by volunteers to provide support to Somali community members. This would provide more round the clock support and relieve pressure on Abdi.
- **Communication Channels** – The younger beneficiaries felt that social media could be harnessed much more to engage with young Somalians in education and support.
- **Preventative Activities** – It is felt that different types of activities could be set up to engage different audiences, as the fortnightly sessions would not attract the range of Somali residents spanning gender and age that need support. A centre providing regular meeting and events could focus on preventative activities to aid social interaction and reduce social isolation.
- **Wider participation** – It was felt that an emphasis should be placed on engaging wider family members in the groups to raise awareness, bridge cultural divides and provide further pastoral support.

**End Point on Journey**

Service users who have engaged in the sessions have:-

- Continued to attend the sessions to access on-going support

***Service User Feedback***

*'It highlights the needs of the Somali community and how it's different to other BME groups.'*

*'There is a need to bridge generation divides, working with different age groups and then trying to rebuild family connections.'*

*'The support empowered me to set up a group called Somali Girls Can – to support other members of the community.'*

*'We would benefit from more regular social activities and events to build on the work of the Hayaan project.'*

*'Look at how to extend out of hours support beyond the fortnightly workshops such as a telephone support line.'*

*'We need a way to enable mothers to connect socially to help address or prevent mental health issues.'*

*'To understand how mental and social services can be better accessed in the right way.'*

*'A very good discussion on Khat and it's effects on family life and society.'*

*'I would like to say thanks the individual who devoted their time and spend and work for the Somalia community who is desperate in need.'*

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- Improved their well-being and become volunteers for the programme

**Short Term Outcomes**

The following outcomes are based on a representative sample of 230 respondents who attended the workshops and completed a post questionnaire:-

- 92% feel they have learnt about their rights for at least one of: Access to NHS or Social Services, housing, welfare benefits, travel/concessions, employment or training, advocacy, immigration.
- 86% feel they know where to get advice about at least one of: Access to NHS or Social Services, housing, welfare benefits, travel/concessions, employment or training, advocacy, immigration.
- 87% feel they know more about problems faced by Somalis in finding the right help from NHS.
- 85% felt they were better able to look after their mental health as a result of the session.
- 90% felt more able to talk about, and support their own or their family's mental health needs as a result of the session.
- 81% felt were able to put their views forward to staff from NHS, Council, Police or other public services.

**Long Term Outcomes**

- **Access to Services** – Service users have accessed a wide range of services to tackle their mental health issues from employment support, fitness and medical services to seek treatment.
- **Word of Mouth Reputation** – The reputation of the project amongst service users has led to enquiries from other Somali communities living in other parts of London. The Coordinator has been liaising with these individuals about how to expand and replicate the project into these areas.
- **Service Users Progression** – Some of the service users who have benefited from the services have progressed to become volunteers for the project to help engage others in their community, as they are strong advocates of what the project is trying to achieve.

**Overall Conclusion and Recommendations****Achievement against Targets**

The project met its target in regards to the number of service users and service providers attending the workshops. The feedback from the service users was overall very positive and there has been a measurable increase in service users understanding how to access support services and how to look after their mental health needs or those of their family. The impact of the workshops exceeded expected targets.

**Identified Best Practice**

The participation of the Somali psychiatrist at every session has been a key ingredient for service users, as it has provided them with a credible source of expertise from someone who understands their culture and can speak and relay the information in a way that they understand. His input has been invaluable in the project and building trust with the target community and service providers.

The contribution and role of the volunteers, support staff and service providers in providing one to one support has also been extremely valuable in sorting out specific issues for service users.

**Learning and Recommendations**

The service users very much felt that an increasing emphasis needed to be placed on providing preventative social activities aimed at different target groups to reduce social isolation. It was felt that different intervention was needed specifically for distinct groups to tackle the isolated issues and cultural needs. These groups include young males, the elders effected by the Khat ban, single mothers and young girls, with a view to addressing relevant issues and also helping to bridge cultural divides between the generations.

Creating a cultural hub in Harrow was of top importance to beneficiaries to provide social activities and one to one support to members of the local community, along with a telephone help line and specific mental health sessions with the continuation of the Hayaan project.

### 5.3 Service Providers

#### Starting Point on Journey

Service Providers are invited to attend the fortnightly sessions to meet with beneficiaries or they and strategic bodies can attend quarterly stakeholder meetings. The Hayaan team have also participated in representative strategic steering groups.

A summary of responses by service providers to get involved is detailed below.

- To learn and understand more about the Somali community and culture
- To identify the needs of that community.
- To know how best to support service users from the community
- To learn more about Mind in Harrow and local services

Through a pre-questionnaire with a sample of participants it was found that:-

- 53% claimed to know very little or nothing about the Somali culture.
- 54% knew very little or did not know about the Somali's attitude towards the NHS and other public services.
- 51% knew very little or did not know about Somali perspectives on mental health and well-being

#### Strengths of the Programme

##### Views of the Service Providers

Based on the feedback questionnaires and interviews with a sample of services, the service providers felt the following elements were beneficial:

- **Learning about the issues** – Attending the sessions has provided an opportunity to speak to the community, to gather understand their issues and cultural challenges, for example the impact of the Khat classification on the community, and the isolation of single mums.
- **Collaborative Working** – It has enabled providers to build relationships with Mind in Harrow and the Hayaan Project to cross-refer between services and attend meetings regularly to meet the community.
- **Improved Community Engagement** – Local service providers have increased their outreach work by recruiting local Somali representatives and attending local sessions to better engage and support beneficiaries.
- **Regular Engagement** – Service providers have been invited on a regular basis to workshops to engage and provide support to service users to increase relationships and maintain communication for the long term.

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- **Format of Delivery** – The structure, content and style of training delivery with service providers was commended by participants.

**Views of the Support Staff**

- **Diversity** – A wide range of service providers have shown interest in getting involved in the programme and engaging with the Somali community. Mental health relates to a wide range of problems so it has been beneficial to attract a diversity of providers to increase our potential impact. This moves our support into the wider area of advocacy.
- **Stakeholder Steering Groups** - In total 55 professionals have attended, including 2 Met Police Custody Sergeants, NHS Forensic Mental Health practitioners, specialist criminal justice charities, Harrow Council Community Development & Public Health reps. These meetings have been a great success in building a network of professionals who share a concern to improve practice in this area and to learn from others' experiences. Through these meetings we agreed with attendees an action plan for the three months in between.

**Challenges****Views of Service Providers**

- **Internal Training** – There is a capacity issue in regards to colleagues sharing the learning with their peers, and it was proposed that the volunteers could have provided more outreach training to teams at local services.

**Opportunities for Improvement****Views of the Service Providers**

- **Outreach** – It was suggested that the peer educators could undertake greater outreach into the service providers to educate community teams as due to numbers/turnover of staff not all staff could attend the workshops.
- **Media awareness** – It was suggested that a broader media campaign could be implemented to tackle preventative issues and promote well-being amongst charities that engage with the target groups.

**Service Provider Feedback**

*"I came to learn more about the services available for Somali and Afghan Community with mental health issues."*

*"I have a better understanding of how the Khat classification has effected the Somali community, and as a result linked Mind with Public Health colleagues."*

*"We will continue to work in partnership with MIND in Harrow in rolling out training in Harrow community."*

*"There could be an improved media campaign to highlight the importance of mind, body and health for the community. This campaign should involve relevant Somali registered charities."*

*"It would be good to have a directory of Somali run organisations and support jobs so we can refer/signpost our clients."*

*"I am always interested in learning more about the challenges the community faces and how we can work together to support communities."*

*"The way you broke up the sections and gave a holistic overview of provided services. The diversity of issues covered was good. It was not overwhelming."*

*"Useful discussion about appropriate advice in police custody."*

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- **Further Information** – It was suggested that a resource either online or printed could be provided with information about relevant local organisations that can support the Somali community.
- **Understanding Barriers** – It was highlighted by a few providers that they wanted to understand more about the barriers to engagement and look at how best to prevent, engage and support the community working together.

**End Point on Journey**

The workshops attracted a large number of service providers including representatives from London Borough of Harrow, Together and Somali Initiative for Dialogue and Democracy.

**Short Term Outcomes**

A sample of 43 attendees completed feedback questionnaires over 2 years, which provided the following results:-

- 91% agreed they had learnt a lot about the Somali culture.
- 91% agreed they had learnt more about Somali attitudes to NHS and other public services.
- 92% agreed they had learnt more about Somali perspectives on mental health and well-being.
- 91% agreed they had learnt more about barriers for Somalis to access mental health support.
- 95% agreed they would commit to take actions to improve access for Somalis to their service.
- 60% would like to work with Mind in Harrow in the future to overcome the challenges

**Long Term Outcomes**

As a result of the Service Providers participating in the sessions, they have taken the following actions:-

- Referred suitable individuals to the Hayaan project
- Attended the fortnightly sessions on a regular basis.
- Hired Somali representatives to work with their team to foster engagement.
- Informed other departments and colleagues about the services available.
- Adapted their working practices and approach when working with the Somali community to make it more culturally sensitive.

**Overall Conclusion and Recommendations****Achievement against Targets**

The total number of service providers participating in the fortnightly sessions met the expected targets. The project has attracted and maintained relationships with service providers from a wide

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range of professional disciplines, in particular health and criminal justice, due to the widening agenda that influences and stems from mental health issues.

From the findings, it is evident the project has taken on board feedback from its earlier form and has continued to build on its existing work and relationships with local service providers to strengthen referral relationships and influence change in service provision. As a result, service providers have taken steps to improve their working practices with the Somali community, which demonstrates that the aspirational long-term outcomes are being achieved.

Influencing wider strategic priorities across West London however has also been a priority, and as a result of the project's growing reputation the Hayaan team are recognised as representative experts on the subject of Somali mental health and therefore been invited to sit on health and criminal justice steering groups to influence policy and practice. The ability to measure the extent of influence and see change however is harder to track at this strategic level.

**Identified Best Practice**

Encouraging service providers to attend sessions more regularly to maintain their interaction with the project and visibility to the community has helped to build relationships, support beneficiaries and tackle issues working together. It is clear from our research that service providers and strategic bodies now have a greater understanding of the needs of the community and are taking actions to better discuss, engage and provide access to services.

**Learning and Recommendations**

The capacity of the Hayaan team and volunteers continues to be a stretch in achieving all of the additional outreach and training that could be delivered to service providers. It has been proposed that a more collective resource and voice between service providers could be taken to support signposting and create a powerful media campaign to raise awareness of health & well-being amongst the community. A consortium could be established to combine resources and continue the campaign work in London as a way to unite providers and share best practice across London boroughs in the future.

## 6. 'Olole Isbedel' Campaign

The innovative two year campaign 'Olole Isbedel' - meaning "Campaigning For Change" in Somali – was focussed on executing 3 activities promoting equality and civil rights for Somalis experiencing acute mental ill-health by:-

- 1) Gathering grassroots evidence from Harrow & Brent's Somali community
- 2) To empower the Somali community to have increased capacity to campaign.
- 3) To influence mental health policy across North West London and
- 4) To influence attitudes and raise awareness of our findings with pan-London mental health/criminal justice policy makers.

### **Programme Content**

#### **ACTIVITY ONE: Establish an Evidence Base through research**

The Co-ordinator conducted 6-monthly semi-structured interviews with (i)15 Somalis (and supporting family members) at mental health crisis point and (ii) Mental Health & CJS Services with which they engage, to map out the service they receive and monitor the progress they make. This intended to evidence the policy & practical changes NHS Central North West London Mental Health Foundation Trust (CNWL) & the CJS (e.g. police) could make to firstly, prevent Somalis reaching mental health crisis point & secondly, to divert Somalis inappropriately entangled in the CJS into culturally-appropriate mental health support.

This activity aimed to provide an indirect sustainable benefit for some 750 Somalis across 7 London Boroughs over 3-4 years. (CNWL support 30000 patients p.a. across 7 London Boroughs, of which approx 2500 are Somali/Black-African (7-11%) of which 750 (30%) will benefit. Source CNWL Monitoring Data 2010/11).

#### **ACTIVITY TWO: Deliver 30 Campaign Fora**

Using Campaign Fora to share knowledge, expertise and influence CNWL/CJS mental health policy & practice in North West London. A target of 250 Somalis and 40 service providers was set to attend fortnightly 2 ½ hour fora over two years. The campaign function was delivered by the Co-ordinator enhancing the capacity, campaigning and lobbying skills of 16 Somali Community Campaigners. The user-led group was drawn from a cross-section of London's Somali community, including Community Leaders & England's only Somali psychiatrist. Participants were invited to attend 3 days bespoke training to help ensure the evidence gathered was effectively conveyed to the media & Service Providers, to affect a significant change. It was also expected that, the majority of Campaigners will have grassroots experience of mental ill-health, assuring the campaign is not only powerful but grounded in the reality of experience.

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Emphasis was placed on building bridges/influencing Providers/CJS attitudes, to influencing their policy commitment to improve the cultural-competency of their service response to Somalis in mental health crisis. Special attention was paid to a new tendered contract covering North West London, which, for the first time ever will implement Bradley Report Recommendations (2009) via a Police Custody/Court Diversion Service for people with mental health problems (i.e. out of the CJS into appropriate mental health support). It was felt that this pivotal to assuring culturally-competent social justice and equality for the Somali community.

The fora will directly benefit 250 Somalis & 2000 family members (Our Somali Advocacy Project Research (2010) identified the average Somali household comprises 9 family members who value/practice family support (not the Western concept of individuality and privacy).

**ACTIVITY THREE: Deliver one London-wide conference**

To deliver a Conference to increase awareness of our findings with London's mental health & criminal justice community. Campaign partners, who also attend campaign fora will include specialist Somali/black African & criminal justice orgs (e.g. Somali Council of Organisations/Revolving Doors). Used as a catalyst to kick-start Year 2 of the campaign, this ground-breaking one-day conference (first quarter Yr2) for the first time ever, aimed to bring together (i) Somali mental health needs and local evidence gathered (ii) set against the recommendations of the Bradley Report. Specialist media & London NHS Trust Diversity Leads were targeted amongst the 120 delegates invited to hear Campaign Progress & share their perspective, so they can positively influence the speed/impact of the campaign & replicate learning London-wide.

The conference aimed to directly benefit 90 Somalis / 720 family members and indirectly, an estimated 1050\* Somali Londoners experiencing mental ill-health. (\*750 as Activity 1 plus additional 300 Somalis, commensurate with estimated London-wide Somali population across additional London NHS Trusts.)

**Target Beneficiaries**

- Somalis in Harrow/Brent/pan-London experiencing mental ill-health, with many engaging with the CJS. Typically, they will be unemployed/low-paid part-time work (92%) with refugee status (64%) or Seeking Asylum (36%) living with 8 family-members, male (70%) aged 30-65. Many will have used Khat, frequently linked with mental ill-health.
- Statutory and Independent Agencies & Service Providers in the Criminal Justice and Health Sector

**Resources**

The following human resources were allocated to achieve the planned objectives:

- Experienced bi-lingual Somali Campaign Co-ordinator (24 hours pw) skilled at working with the Somali community & Mental Health/CJS Service Providers.
- External professional contracted 91 hrs (13 days) to deliver bespoke training to the Campaigners.

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- Conference Logistics/Co-ordinator for 224 hours (approx 16 weeks@2days)
- An external consultant/s contracted for £5k to advise on interview methodology, transcribing/collating interviews into a substantive themed-report & a campaign-end evaluation, sharing best practice with key Policy Makers & Campaign Partners, including Mind network.

**Intended Scale and Impact of Project**

40 Somalis experiencing acute mental ill health will access mainstream mental health services through the provision of bi-lingual one to one advocacy, support and advice

140 Somalis and their families will experience improved access and integration to mental health/social welfare mainstream services through 36 mental health promotion workshops organised by the Project Co-ordinator and 24 trained Somali Volunteer 'Peer Educators.' Held in a Somali-appropriate cultural setting, these peer-led engagements will firstly, challenge Somali cultural mental health stigma, secondly, promote positive mental health and thirdly, enable mental health/social welfare service professionals to provide information about their service and learn about the Somali cultural perspective on mental health and the barriers they face accessing mainstream services - including their disproportionate and often inappropriate engagement with the Criminal Justice System (CJS)

50 Mental Health/Social Welfare Providers increase their understanding of the Somali cultural mental health perspective and commit to the importance of providing culturally-appropriate services

**The project had three strategic outcomes:**

- Outcome 1- The Somali community has an increased capacity to campaign for equality of access to NHS mental health services and improved civil rights from the Criminal Justice System
- Outcome 2 - The Somali community increases awareness of the inequality and multiple disadvantages faced by Somalis experiencing mental health problems through a London-wide conference
- Outcome 3 - An increased willingness to act by CNWL and Criminal Justice System to offer a culturally-competent response to Somalis experiencing mental health problems

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The Output and Outcome Key Performance Indicators of the project are detailed below:

Activity	Research	Campaign Fora	Conference
<b>Outputs</b>	<p>6 Interviews with 15 Somalis and their service providers</p> <p>Production of an evaluation report</p> <p>Research and dissemination.</p>	<p>Deliver 30 workshops engaging 250 Somali's &amp; 2000 Family Members and 40 Service Providers</p> <p>Community campaigners access 3 days training</p>	<p>One London Wide Conference</p> <p>Attendees include 120 service provider delegates and 90 Somali &amp; 720 family members</p>
<b>Short Term Outcomes</b>	<p>To evidence gaps in policy and practice to increase understanding of challenges by strategic agencies.</p>	<p>14 Somali Campaigners self-report increased capacity to influence policy makers</p> <p>8 Partner Somali/CJS Community Organisations self-report increased campaign opportunities to influence policy makers</p> <p>60% of Somali Fora Participants self-report increased campaign opportunities</p>	<p>70% of Professionals self-report increased understanding of</p> <p>(i) Somali inequality/ access to mental health services</p> <p>(ii) lack of an appropriate response to divert Somalis with mental ill-health out of the CJS &amp;</p> <p>(iii) the need for a culturally-competent response</p> <p>70% of Somali delegates self-report increased community awareness of problems</p>
<b>Medium Term Outcomes</b>	<p>70% Service Professionals commit to "willingness to act"</p> <p>Service Providers hear and accept evidence gathered regarding inequalities in access to services and the need for a culturally-specific response and the lack of appropriate response to divert Somalis with mental health problems out of the CJS.</p> <p>CNWL include an 'equality objective' as a policy commitment to address proportion of Somalis receiving mental health services.</p>		
<b>Long Term Outcomes</b>	<p>Culturally-competent social justice and equality for the Somali community</p> <p>Sustainable benefits for 1050 Somali and their families.</p>		

**Social Impact Report****The Conference**

On the 25th of February 2015, Mind in Harrow hosted the 'Olole Isbedel' pan London Conference at Resource for London. The aim of the conference was to transfer learnings across London about Mind in Harrow's 'Olole Isbedel' campaign; an innovative campaign highlighting the Somali community's experience of multiple disadvantage, including extreme poverty and severe mental ill health, which is inextricably linked to over representation in the criminal justice system.

The conference provided a local evidence base and explored the recommendations made in Lord Bradley's report and the Department of Health's Mental Health Crisis Care Concordat with particular reference to BAMER communities.

80 to 100 individuals attended the conference from across London. This included approximately 25 individuals from the Somali community and 60 – 70 professionals; the majority of whom are working in the mental health and criminal justice fields.

**The Speakers and Topics**

The conference was chaired by Dr Frank Keating. Frank started proceedings by outlining the context of our discussions around mental health crisis care and the court diversion process for both the Somali community and other Black and Minority Ethnic and Refugee (BAMER) communities.

Dr Frank Keating introduced the issue identified in The Bradley Report of over-representation of certain BAMER groups in the criminal justice system and in the mental health system; with admission rates of black people being three or more times higher than those of all other groups. He also introduced the recent publication of 'The Bradley Report: five years on' which highlights what progress has been made since The Bradley Report and the challenges that remain in achieving effective diversion.

Mark Gillham introduced the background to the 'Olole Isbedel' campaign, linking the need for the campaign to the wider policy context including the introduction of the Mental Health Crisis Care Concordat in February 2014 and Mind's 'Guidance for Commissioning Mental Health Services for Vulnerable Adult Migrants' (Fassil and Burnett) which will be published later this year. Mark then explained the activities and achievements of the 'Olole Isbedel' Campaign in 2014.

Dr Abdullahi Fido outlined the migration patterns and the mental health profile of the Somali community in the United Kingdom. He explained the structure of services in the United Kingdom and some of the barriers the community face in accessing services. Finally he talked about how mental ill health is conceptualised in the Somali cultural context.

Dr Angela Burnett spoke in more detail about Mind's 'Guidance for Commissioning Mental Health Services for Vulnerable Adult Migrants' (Fassil and Burnett, 2015). Angela highlighted how the guidance defines the term 'vulnerability' and posed the question: 'are these individuals hard to reach or easy to ignore?' She also outlined some of the recommendations made in the guidance about commissioning services for vulnerable adult migrants.

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Mark Gillham and Abdi Gure introduced the interim campaign enquiry that was launched at the conference. The enquiry outlines 5 case study examples of the 1-1 advocacy work carried out by Abdi, the 'Olole Isbedel' Coordinator, in year 1 of the campaign. The case study examples were mapped across the criminal justice pathway and highlight the experiences of the Somali community at the interface. Abdi presented two of the case study examples and Mark outlined the key challenges and opportunities facing the mental health court diversion process that had been identified in year 1 of the campaign.

Sophie Corlett and Jim Symington introduced the Crisis Care Concordat particularly in relation to BAMER communities and its local implementation. Sophie showed data highlighting the experiences of BAMER communities in mental health services. Sophie then explained what the Concordat recommends in terms of the commissioning process and the provision of services for BAMER communities. Jim introduced the local implementation plan and some of the achievements to date.

Dr Graham Durcan outlined the findings of the recent publication 'The Bradley Report: five years on'. Graham highlighted areas where the report had found that progress had been made as well as outlining the report's recommendations for the future. He particularly highlighted areas for improving the experiences of BAMER communities in the mental health court diversion process.

**Relevant Documents**

1 The Bradley Report: [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_2009.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_2009.pdf)

2 The Bradley Report five years on  
[http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_five\\_years\\_on.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_five_years_on.pdf)

3 Mind in Harrow 'Olole Isbedel' Campaign: <http://www.mindinharrow.org.uk/somali-hayaan-project-moving-to-a-better-place.asp#.VRUuqPysXp0>

4 The Mental Health Crisis Care Concordat: [http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353\\_Mental\\_Health\\_Crisis\\_accessible.pdf](http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf)

**A summary of discussions held by participants**

Challenges	
1. Coordinaton of Services	<ul style="list-style-type: none"> <li>• Poor coordination and communication between services. Delay in the production of a psychiatric report</li> <li>• Mental health and substance abuse are separated – need to be delivered in tandem</li> </ul>
2. Community Issues (Somali)	<ul style="list-style-type: none"> <li>• Implementation of Khat ban with no thought given to prevention or support for individuals once they give up Khat.</li> <li>• Lack of Somali mental health professionals to bridge the cultural gap</li> <li>• Stigma means that individuals with mental health problems don't always receive help/support from their own community members. For Somali community mental ill health can be seen as a punishment from God.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Denial, fear and pride often mean a lack of acceptance of any problem.</li> <li>• Gender and shame: women hide mental health issues. Take on a lot of responsibility within the family. Need support.</li> <li>• Khat ban: lack of mitigation and prevention services</li> </ul>
3. Lack of Training	<ul style="list-style-type: none"> <li>• Lack of training in mental health and cultural awareness for the police and GPs</li> </ul>
4. Accountability/Risk/Cost	<ul style="list-style-type: none"> <li>• Cost of interpreters can prohibit services using them</li> <li>• Individuals fall in between the gaps</li> <li>• Balancing the management of risk against rehabilitation</li> </ul>
5. Language/Communication	<ul style="list-style-type: none"> <li>• Consistency with interpreters makes it difficult to build relationships with community members</li> </ul>
6. Embedding Change/Structural	<ul style="list-style-type: none"> <li>• Too much pressure on Care Coordinators with ever-increasing case loads</li> </ul>

<b>Solutions and Opportunities</b>	
1. Police Training	<ul style="list-style-type: none"> <li>• Police receive training on basic mental health awareness and the culturally specific community support available.</li> <li>• Mechanisms put in place to facilitate police contact with individual's family, culturally specific advocacy services and mental health professionals.</li> </ul>
2. Development of Community Services	<ul style="list-style-type: none"> <li>• Development of community hubs/resource centres: community services have a vital role as visible 'access points' into the system and can assist with 'trust building' so that people access statutory support as and when they need it. They can also help individuals understand the culture in the UK. Use music and the arts as a tool for engagement</li> <li>• Development of recovery champions so that when people come out of 'the system' they have support in 're-integrating' back into the community</li> </ul>
3. Development of Public Services (Mental Health and Criminal Justice)	<ul style="list-style-type: none"> <li>• Wide spread mental health awareness training for GPs</li> <li>• Develop workforce diversity: existing services should better reflect the communities they serve e.g. people from the Somali community working within these services</li> <li>• CPNs: the establishment of custody nurses who are specifically trained in working with different cultural groups</li> <li>• Develop ways of interpreting mental health 'jargon' into other languages</li> <li>• Integrate spiritual models of distress into treatment and provide training for practitioners.</li> <li>• Establishing one point of contact for individuals at the interface in order to improve consistency</li> <li>• Prioritising the commissioning of BAMER services, identifying good models of practice</li> <li>• Adaptation of IAPT service to meet the needs and understandings of different BAMER groups</li> </ul>

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	<ul style="list-style-type: none"> <li>• Research in relation to Khat ban and lack of services - mitigation and prevention services</li> </ul>
4. Information Sharing and Communications	<ul style="list-style-type: none"> <li>• Development of information sharing protocols across criminal justice and mental health.</li> <li>• Development of a shared assessment and case management system</li> <li>• Regular case management meetings across service-lines</li> </ul>

**Evidence of Impact**

	Targets	Actual	Variance
<b>Outputs</b>			
Recruit Community Campaigners	18	29	11
Volunteer Hours	n/a	900	900
Campaign Fora	30	35	5
Attendees of Campaign	250	200	-50
Professional Staff Engaged	40	103	63
Evidence Case Studies	15	7	-8
Conference	1	1	0
Conference Delegates	120	120	0

**Participant Response**

At the beginning and end of the conference, 75 delegates completed an evaluation form designed for both professionals and Somali community members. The evaluation forms completed at the beginning of the conference highlight the need for this kind of conference; where information is provided about the wider policy context of mental health crisis care in relation to BAMER communities and delegates gain a better understanding of the Somali community's experience of the court diversion process.

Below are some key statistics from the feedback:

- 79% of professionals reported pre the conference that they knew little (36%) or nothing at all (43%) about Somalis' experience of the mental health court diversion process.
- 65% of professionals reported pre the conference that they knew little (21%) or nothing at all (44%) about the mental health crisis care concordat and the Bradley Report in relation to BAMER communities.
- 63% of professionals reported pre the conference that they knew little (42%) or nothing at all (21%) about Somali perspectives on mental health and wellbeing.

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- 58% of Somali community members reported pre the conference that they knew little (34%) or nothing at all (24%) about the mental health crisis care concordat and the Bradley Report in relation to BAMER communities.
- 48% of Somali community members reported pre the conference that they knew little (34%) or nothing at all (14%) about the mental health court diversion process. Only 14% reported that they knew a lot about this process.

The evaluation forms completed at the end of the conference highlight how the conference had successfully informed delegates about the experiences and perspectives of the Somali community in relation to mental health and the court diversion process. Delegates also felt more informed about the wider policy context.

Below are some key statistics from the feedback:

- 100% of professionals agreed or strongly agreed post the conference that they had learnt about Somali perspectives on mental health and wellbeing
- 100% of professionals agreed or strongly agreed that they had learnt more about the barriers facing Somalis in accessing mental health support
- 98% of professionals agreed or strongly agreed post the conference that they know more about the mental health crisis care concordat and the Bradley report in relation to BAMER communities
- 95% of Somali community members reported that at the conference they had learnt a lot (57%) or quite a lot (38%) about the mental health crisis care concordat and the Bradley Report in relation to BAMER communities
- 90% of Somali community members reported that at the conference they had learnt a lot (52%) or quite a lot (38%) about the mental health court diversion process

***Delegate Feedback***

*'Being able to discuss issues related to mental health with other professionals.'*

*'The discussions about improving mental health services for Somali/BAMER service users.'*

*'The combination of different focuses and topics as well as an underlying recognition of the need for justice.'*

*'I will increase the percentage of Somali people accessing mental health services.'*

*'I will recruit more mental health champions from the Somali community to tackle stigma and raise awareness.'*

*'I will continue tirelessly to engage those hard to reach and find innovative ways to foster psychological therapies and healing'*

*'Think more carefully about cross-cultural views of mental health in psychological therapy'*

*'Understanding the complexities around access to help and support both instigated by the patient (stigma and denial) and the system's structure which delays/denies treatment.'*

**Social Impact Report****Recommendations from the Conference**

A summary of actions that were proposed to take forward in 2015 from the local enquiry in 2014

**Police training**

- The Olole Isbedel Campaign Coordinator proposed to introduce an information sheet for Somalis detained by the police, to be piloted by South Harrow police station. The sheet is written in Somali and informs individuals of their right to an assessment and diversion if they have a mental health problem.

**Development of Community Services**

- As part of Mind in Harrow's work around improving the effectiveness of commissioning for vulnerable migrants, they started work with the 'Like Minded' team who are developing the northwest London mental health and wellbeing strategy. As part of this they planned to recommend the incorporation of the development of 'cultural hubs' which can be visible 'access points' into the mental health system for BAMER communities.
- The Olole Isbedel campaign aims to raise the profile of existing services that support the discharge of individuals from the criminal justice and mental health systems back into the community; for example encouraging people from the Somali community to apply to the Independent Visitor Scheme and to be available to visit people from their community who are detained in local police stations.

**Development of Public Services (Mental Health and Criminal Justice)**

- Mind in Harrow was tasked with developing and delivering a user-led training across 8 CCGs in northwest London to contribute to the implementation of this aspect of the Mental Health Crisis Care Concordat.
- Mind in Harrow continued to broker a dialogue between vulnerable migrant communities and commissioners of mental health services. This also entailed influencing the northwest London urgent care review service specification and implementation, advocating for the inclusion of street triage and the placing of culturally competent mental health professionals in police stations/at the point where individuals are detained.
- The Bridging Cultures Project at Mind in Harrow works in partnership with faith communities to try and develop an understanding of how spiritual models of distress can be incorporated into treatment. This importance of this kind of work will be highlighted in our work with commissioners of mental health services.
- In order to improve the understanding of mental health/mental ill health at different stages of the criminal justice/mental health interface, the Olole Isbedel Campaign continues to advocate for the introduction of a 'cultural brokerage' model of practice and other models of good practice for BAMER communities. The 'cultural brokerage' approach has already been included in the northwest London urgent care review service specification.

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- The Olole Isbedel Campaign also made the case to public health about the need to coordinate with other services to respond to the social, economic and health consequences of the Khat ban in July 2014.

**Long Term Outcomes from the Campaign Work**

Some of the strategic bodies in Health and Criminal Justice have engaged Mind in Harrow and project representatives in relevant steering groups and committees that are focussed on influencing change and shaping strategies to address the needs of the Somali community.

Abdi attended a series of meetings with the local Met Police and the Harrow Health & Wellbeing Board and Harrow Clinical Commissioning Group (CCG) Board about the lack of urgent action by public services in response to the Khat ban, and the relevant inequalities being experienced by Somalis in treatment by the NHS mental health services and injustices experienced by Somalis detained and arrested during a time of mental health crisis. Harrow CCG commissions CNWL NHS Foundation Trust services, and were therefore best placed to require them to include this 'equality objective'. Similarly, the project also submitted evidence to Harrow Council, which also commissions CNWL's services, to request that this 'equality objective' is required of CNWL. Furthermore, Abdi has met with Care Quality Commission (CQC) inspectors about to conduct comprehensive review of CNWL in February 2015 to provide evidence of the need for CNWL action to address inequalities in access for Somalis experiencing mental health problems and crisis and improve coordination with criminal justice services. Mind in Harrow has informed CNWL that we have provided this evidence to CQC in advance of the inspection.

A significant development during 2014 was the launch of the Mental Health Crisis Care Concordat, which is a national government commitment produced with Mind to improve crisis care services across NHS and in partnership with all other relevant public sector services, including the criminal justice system. The Concordat includes an action to address inequalities in access to crisis services for BME communities. As a result of this national government commitment, the Olole Isbedel campaign gained momentum and was represented on the NW London Urgent Care Expert reference group. The project has achieved significant results through this influence opportunity: The needs of refugees were incorporated into the recommended new crisis services specification for NW London, to review how improvement should be measured and Mind in Harrow contributed a section about 'cultural brokerage advocacy', which we believe has been an essential driver for change in services.

National Mind also produced with NHS England and new guide for NHS about commissioning services for 'vulnerable migrants', which will be publicly launched in May 2015. The project also collaborated with National Mind and contributed toward the service design and the development of the Pan-London Digital Wellbeing Platform for BMER communities.

The team have been able to liaise with a core team of consultant psychiatrists in Brent and able to discuss patient treatment journey and its implications – admissions, medication, discharge, relapses. We envisage that this will have a positive impact on future admissions.

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The project participated and contributed on the NHS research on section 136, which results culminated on the launch of London's section 136 pathway and Health Based Place of Safety specification, which the project and MIH is now part of.

A further practical outcome for this period has been that as a result of meetings between Hayaan Coordinator with with Public Health during the commissioning process for a new Drug Misuse Service: Khat provision has included in service specification and the new provider Westminster Drug Project has agreed to collaborate with the Hayaan Project to train volunteers to offer engagement sessions for Somalis impacted by the Khat ban.

**Overall Conclusion and Recommendations****Achievement against Targets**

The Campaign actively achieved it's intended targets in bringing together London wide beneficiaries, volunteers, service users and strategic bodies to discuss important topics effecting the Somali community. The conference provided a focal point for collective discussion and kick starting the conversation regarding the changes that need to be made. A concise action plan was drawn up in collaboration with attendees and the feedback from the conference was very positive by all.

**Identified Best Practice**

The issues the campaign intends to tackle requires collective action and partnership working. Having isolated budget for this campaign work enabled the Hayaan team to focus specifically on tackling the wider issues and agenda effecting the Somali community that can't be achieved within a budget for the local provision. The campaign has also enabled the findings and learning of the local Hayaan project to be disseminated over a much wider area and help to create a wider agenda for change.

**Learning and Recommendations**

Over the last two years the interest by service providers and policy makers has increased, and changes are being made to how policy and services are being conducted, however these changes take a while to come into effect and there is still more work to be done to see some changes come about. Further resource to maximise partnership working and influence changes needs to be allocated for the long term to continue to champion changes to be made, with on-going follow-up required.

## 7. Sustainability Strategy

The future of the Hayaan Project has four possibilities.

Community Led	Replication	Mainstream	Expansion
<ul style="list-style-type: none"> <li>• If Mind in Harrow fails to secure continued funding, the legacy of the project will depend on the volunteers continuing to share their knowledge and skills within the community.</li> </ul>	<ul style="list-style-type: none"> <li>• The core components and approach of the Hayaan project could be replicated to other communities and projects.</li> </ul>	<ul style="list-style-type: none"> <li>• A emphasis has been placed on engaging with the mainstream health and social care services and it is hoped that this unique approach will be recognised and funded by mainstream providers.</li> </ul>	<ul style="list-style-type: none"> <li>• The innovative approach of the Hayaan project has attracted interest from other communities in London and the expansion of the project has already begun into Brent and Ealing. The project will also be promoted amongst the national Mind network.</li> </ul>

If funding is not secured to continue the project post February 2017, its legacy could remain with the trained volunteers to carry on their roles informally within the community. The aspiration however is to attract funding from the mainstream providers to continue the service in Harrow and Brent.

The successful reputation of the service has attracted interest of Somali community leaders from other locations and the project has started to expand into new areas as a result. The opportunity to replicate the model with the Somali community could take place on a national scale.

The other key outcome is that the core components of the model could be replicated for other communities. The evaluation has identified the core components to be:-

- i) The project is facilitated by a coordinator who is a respected member of the beneficiary community, bilingual and has an appropriate cultural understanding and background to build trust with service users.
- ii) Recruitment of volunteers from the same community to undertake outreach and peer support to target beneficiaries.

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- iii) Delivery of drop-in workshops within a community hub, which provides a place for service users to find out more about mental health in a safe environment amongst their peers.
- iv) Facilitating understanding and relationships between potential service users and service providers within a trusted, community-based, non-clinical setting.
- v) Having an expert trainer involved with an appropriate cultural understanding and background who can build rapport and trust with service users.

Mind in Harrow plans to disseminate the project learning to influence policy and practice and facilitate project replication through a final report made available across 180 Local Mind Associations in England and new arrival/refugee community organisations in North West London.

## 8. Evaluation Methodology

Economic Change CIC was commissioned by Mind in Harrow in December 2016 to undertake an independent evaluation of the Project delivered over the last two years.

Economic Change has an established track record in undertaking social impact research and evaluation studies. We have worked with educational, private, public and third sector organisations to conduct market research, evaluate, design and inform the development of community and economic development programmes.

The process of evaluation took on five stages.

Stage 1: Inception

Stage 2: Framework Development

Stage 3: Data Analysis

Stage 4: Primary Survey Work

Stage 5: Final Report

A focus has been placed on assessing the peer support element of the project, compiling and summarising available quantitative and qualitative evaluation data captured through a variety of evaluation methods by the delivery team over the last two years.

To complement this data set, Economic Change carried out a focus group and a series of interviews with the Coordinator and a sample survey of volunteers and service providers.

The following evaluation methods were carried out by the Mind in Harrow delivery team for the Campaign:

OUTCOME 1 - measured through (i) annual interviews/case studies with sample of trained Somali Campaigners, Partner Community Organisations & (ii) Fora Pre/Post Evaluation Surveys.

OUTCOME 2 - measured through pre/post questionnaires completed by Mental Health/CJS Professionals & Somali conference delegates.

OUTCOME 3 - measured through (i) annual interviews with a sample of Mental Health/CJS Professionals (ii) documented policy evidence at campaign start and close (iii) Fora Pre/post Evaluation Surveys.

For the Hayaan project - aims, progress and outcomes was measured in accordance with Mind in Harrow's robust Quality Assurance Outcome Framework via (i) 6 monthly semi-structured interviews/case studies with 15 Somalis/supporting family members to map out the service they receive and monitor the progress they make (ii) Annual interviews with sample of mental health/social welfare professionals to assess changes in attitudes and culturally-appropriate services (iii) All Volunteer Peer Educators will participate in bespoke evaluation-training so they can monitor & evaluate the Workshops (iv) 'Pre' and 'post' self-report questionnaires completed by workshop/conference participants to measure the 'distance travelled' towards positive mental health & integration into local mainstream services and community.

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The outcomes for 1:1 Advocacy Work/Volunteer Peer Educators was underpinned by thematic analysis of focus groups/interviews which is more culturally appropriate for a refugee community.

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