



Fanon Resource Centre Lambeth

Mental Well-being Impact Assessment (MWIA)



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(2009)



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THE IMPACT OF FANON RESOURCE CENTRE SERVICES ON SERVICE USERS' MENTAL WELLBEING

1. INTRODUCTION

The reason for conducting this assessment was to begin finding out what impact or effects that the activities run at Fanon Resource Centre Lambeth have on the mental wellbeing of its service users, as well as developing some strategies that could lead to further improvements in their mental wellbeing. This was achieved through a discussion between various stakeholders including staff, service users and managers.

2. AIMS OF THE MWIA ASSESSMENT

- To begin identifying how Fanon Resource Centre's Services potentially impact on the mental wellbeing of the service users.
- To identify some ways in which the project might maximise its positive impacts in relation to mental wellbeing and minimise its negative impacts.
- To develop some indicators of mental wellbeing that can potentially be used to measure, evaluate and improve the mental well being of Fanon Resource Centre service users.

3. WHAT DO WE MEAN BY MENTAL HEALTH AND WELLBEING?

The Mental Wellbeing Impact Assessment was developed using the 1997 Health Education Authority definition of mental health and wellbeing:

"...the emotional and spiritual resilience which enables us to survive pain, disappointment and sadness. It is a fundamental belief in one's own and others dignity and worth" (Health Education Authority, 1997)

Put simply our mental wellbeing is about how we think and feel.

4. METHODOLOGY

The Mental Wellbeing Impact Assessment (MWIA)

The Mental Wellbeing Impact Assessment is a two part screening toolkit that enables people to consider the potential impacts of a policy, service or programme on mental health and wellbeing and can lead to the development of stakeholder indicators. The toolkit brings together a tried and tested Health Impact Assessment methodology with the evidence around what promotes and protects mental wellbeing. (Coggins, T., Cooke, A., Friedli, L., Nicholls, J., Scott-Samuel, A. & Stansfield, J. (2007) *Mental Wellbeing Impact Assessment: A Toolkit 'A Living and Working Document'*. Care Services Improvement Partnership North West Development Centre).

The DOH 'Making it Happen Guidance' for mental health promotion (2001) identifies four key areas that promote and protect mental wellbeing:

- Enhancing Control
- Increasing Resilience and Community Assets



- Facilitating Participation
- Promoting Inclusion

The MWIA is based on these four key areas and helps participants identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and wellbeing. In this way the toolkit enables a link to be made between policies, programmes or service and mental wellbeing that can be measured.

“How people feel is not an elusive or abstract concept, but a significant public health indicator; as significant as rates of smoking, obesity and physical activity” (Making it Happen, Department of Health 2001).

MWIA Workshop

The purpose of the workshop is to work with stakeholders to identify from their perspective the key potential impacts that Fanon Resource Centre Activities will have on the mental wellbeing of the African and African Caribbean service users. It will also identify actions to maximise positive impacts and minimise potential negative impacts on mental wellbeing.

Table 1: Workshop participants

Role	No.	%
Service Users	9	50.00
Managers	3	16.67
Staff	3	16.67
Facilitators	3	16.67
Total	18	100%

What does mental wellbeing mean to the stakeholders in the project?

The participants were asked, ‘What is wellbeing?’ and asked to write down words they associate with mental wellbeing.



Stakeholders' Wellbeing Descriptions

Coping with life on its terms

Feeling happy

Feeling grateful

Feeling positive

When you talk to people

Feeling good in your life

Being able to pay your bills

Feeling proud

People being honest and trustworthy with each other

Feeling confident

Feeling love

Feeling good and understanding yourself and others around you

Feeling safe

Feeling healthy

Laughter

Telling the truth

If you have problems on your mind you can just tell people

Having a purpose



5. POPULATION MOST LIKELY TO BE AFFECTED BY THE FANON RESOURCE CENTRE SERVICES

Public mental health aims to promote and protect the mental health of the whole population, while recognising that (as is the case for physical health) levels of vulnerability to poor mental health will vary among different population groups.

A profile of the communities that are living in the area that Fanon Resource Centre is targeting suggests the following characteristics and needs:

Community Profile

Lambeth wards have a relatively high deprivation score with 16 out of 21 wards in Lambeth being among the most deprived wards (top 20%) in England. The borough does not have small pockets of concentrated disadvantage, but wider areas of deprivation (Local Futures Group, 2007). Problems of disadvantage in income, health, and crime are particularly significant drivers of deprivation in the borough. For example, Lambeth has the highest rate of female deaths from chronic liver disease and teenage pregnancies. Substance misuse rates are also higher than the national average (Association of Public Health Observatories, 2009). The borough is one of the most densely populated in London, and the population is continuing to grow. It also has a relatively young age profile compared to the rest of the country.

Lambeth has an ethnically diverse population with Black and minority ethnic people making up 35% of the total population with high proportions of Black Caribbean and Black African residents. Compared to other London boroughs, Lambeth has a higher incidence of mental health need. The Black Caribbean group in Lambeth is likely to decrease by 2% in the next 25 years, compared to an increase in the Black African (15% increase) and Asian population (26% increase) over the same time period.

Inner London has higher suicide rates than the outer London boroughs; and Lambeth has the eighth highest rate of suicides per 100,000 population (all persons, all ages) out of all London boroughs (Mole and Baker, 2009). However deaths due to suicide have fallen over the past decade. The current burden in Lambeth when ranked for mortality and morbidity is highest for mental disorders (including dementia), cardiovascular disease and cancers. GP records suggest that there are about 4000 people in the borough with severe mental illness receiving treatment. National estimates indicate that 15% of adults (over 15 years old) have symptoms of common mental disorder, such as anxiety and depression. This works out to approximately 30-53, 000 people aged 16-74 years old experiencing symptoms of mental disorder. About 15, 500-27, 000 of these people might benefit from some treatment. The prevalence of common mental disorder is higher in men than women.

The 2008 national Place Survey for England (Department for Communities and Local Government, 2009), which provides information on people's perceptions of their local area and the local services they receive, measured wellbeing by looking at the scores for indicators that ask people about their feelings and perceptions. Issues where Lambeth people were shown to have particular concerns included:



- drug dealing and anti-social behaviour
- older people not getting the help they need
- people not treating each other with respect.

The 2008/09 Lambeth Residents' Survey (TNS, 2009) reported that seven in ten Lambeth residents are very satisfied or fairly satisfied with their local area as a place to live (70%), and 90% agree their local area is a place where people from different backgrounds get on well together. Residents feel happy with their lives (recording a mean of 7.2 where 1 is extremely unhappy and 10 is extremely happy), and almost three-quarters of residents feel their health is good (72%).

Fanon Resource Centre targets African and African-Caribbean people (aged 18-65 years old) in Lambeth with mental health issues. The Resource Centre is situated in Coldharbour ward (the most densely populated and one of the most deprived wards in the borough). White British people make up only a third of the ward population. Between the 1991 and 2001 census, there has been a large percentage increase in Asian people a decrease in the 16-24 year age group. The ward has an above average population with long term health conditions (especially children and young people) and the greatest number of residents in poor health. There are high proportions of single parent families, unemployment and above average levels of crime. There are also higher numbers of ex-offenders living in the ward. A local survey conducted in 2004 found that 40% of residents smoked compared to an average rate of 35% across the borough.

African-Caribbean men aged between 18 and 35 years are over-represented in both the mental health and criminal justice systems and are more likely to access mental health services via the criminal justice system (Nacro, 2007). Fanon service users have cited stigma and discrimination as a major barrier to recovery and that family and support networks are crucial to overcoming difficulties (Brown et al, date unknown).

In order to identify those communities that local stakeholders consider to be affected by Fanon Resource Centre services a discussion was facilitated. The findings are presented in Table 2.

Table 2

Priority population group affected or targeted by your proposal
African & African Caribbean mental health Service Users in Lambeth between the ages of 18 to 65.

In conclusion

The group concluded that they valued the culturally specific service and were happy with the focus on African and African Caribbean mental health service users. They recommended that commissioners should consider the merits of new culturally specific services for other BME groups. However, within this target group it was noted that the majority who accessed the Resource Centre services were of Caribbean origin. This is discussed further in Section 9.



6. WHAT ARE THE KEY IMPACTS OF FANON RESOURCE CENTRE SERVICES ON MENTAL HEALTH AND WELLBEING?

The MWIA toolkit suggests a four-factor framework for identifying and assessing protective factors for mental wellbeing, adapted from Making it Happen (Department of Health 2001) and incorporates the social determinants that affect mental wellbeing into four factors that evidence suggests promote and protect mental wellbeing:

- *Enhancing control*
- *Increasing resilience and community assets*
- *Facilitating participation*
- *Promoting inclusion.*

Participants were introduced to the factors and asked to think about Fanon Resource Centre services and rate how important they were to service users. They were also supported to consider the potential impact that the service could have on the mental wellbeing of service users. It was not possible to look at all the factors in detail and the workshop focused on **Enhancing Control** and **Increasing Resilience**.

The Potential Impact of the Fanon Resource Centre Services on Feelings of Control

Enhancing control - the evidence

A sense of agency (the setting and pursuit of goals), mastery (ability to shape circumstances/ the environment to meet personal needs), autonomy (self-determination/individuality) or self-efficacy (belief in one's own capabilities) are key elements of positive mental health that are related to a *sense of control* (Mauthner and Platt 1998).

Enhancing control is fundamental to health promotion theory and practice, and is identified in the Ottawa Charter as a key correlate of health improvement:

“Health promotion is the process of enabling people to increase control over, and to improve their health”. (Ottawa Charter for Health Promotion. WHO, Geneva, 1986.)

Lack of control and lack of influence (believing you cannot influence the decisions that affect your life) are independent risk factors for stress (Rainford et al 2000). People who feel in control of their everyday lives are more likely to take control of their health (McCulloch, 2003). Job control is a significant protective factor in the workplace, and this is enhanced if combined with social support (Marmot and Wilkinson, 2006).

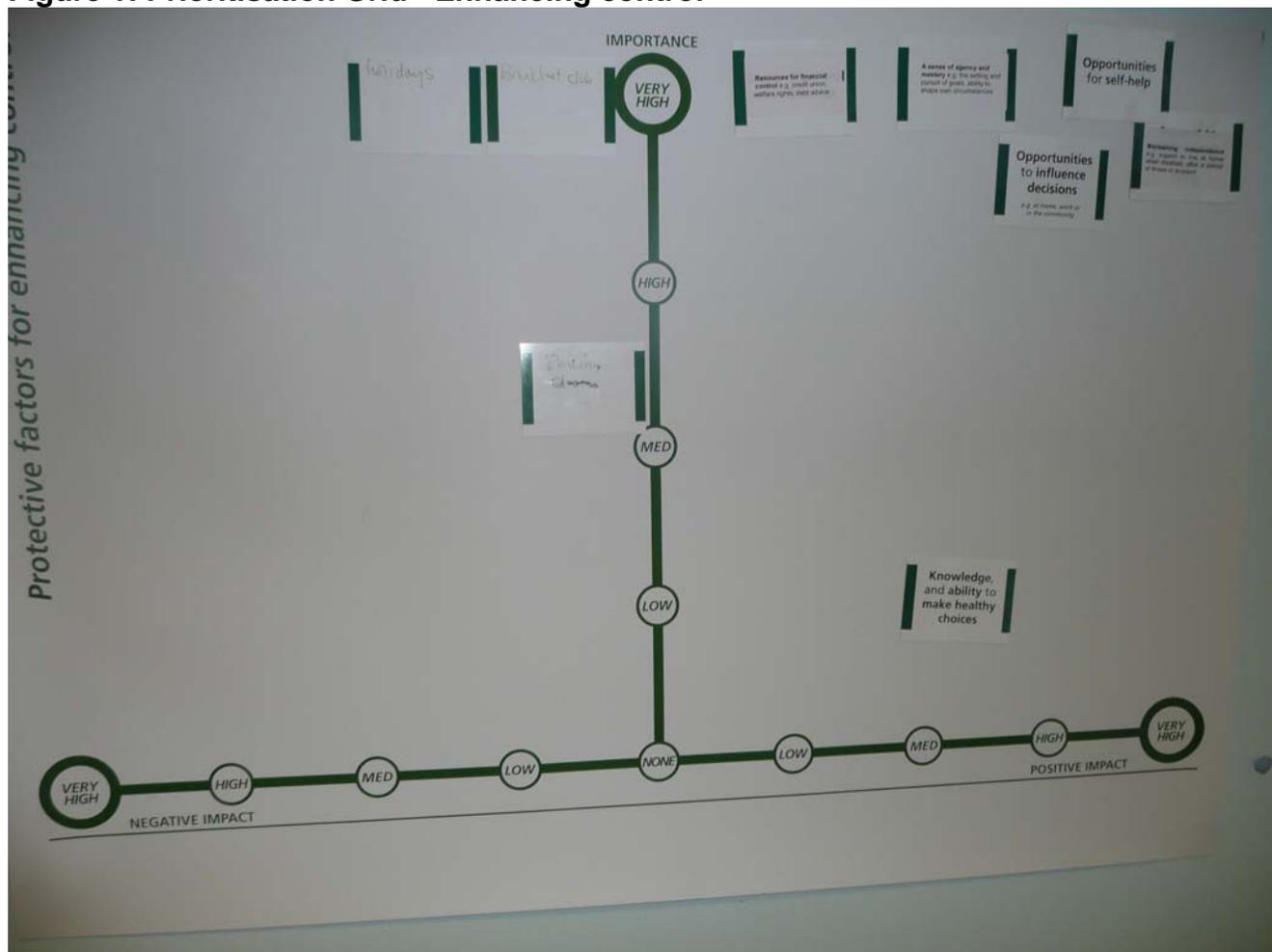
Employment protects mental health; both unemployment and job loss increase risk of poor mental health: financial strain, stress, health damaging behaviour and increased exposure to adverse life events are key factors associated with job loss that impact on mental health (Bartley & Roberts, 2006). Job insecurity, low pay and adverse workplace conditions may be



more damaging than unemployment, notably in areas of high unemployment (Marmot and Wilkinson 2006)

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of control that they felt had the potential to have either a positive or negative impact, and the degree of importance of that impact. Perhaps we could make the following statement? 'In the main, although not exclusively, the group focussed on this subject in relation to Fanon Resource Centre services. The results are presented in Figure 1.

Figure 1: Prioritisation Grid - Enhancing control



Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged. The results are presented in Table 3.



Table 3: Priorities for Enhancing Control

Top priorities	Impacts of the Fanon Resource Centre Services on Enhancing Control		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
1) Financial advice & active support to cope/ deal with people who take advantage of us financially	Staff give advice and support on budgeting and prioritizing expenditure with Service Users when there are signs of mismanagement of their finances.	Referrals to other services that can help more with individual finances management.	Police to come and talk about safety Every pound counts/ helps events were found quite useful for some users Advocacy support & Information about advocates	See an individual advice person Meet them, find out what they can do for us Send flier for advocacy
2) Some additional specific support		Regular men's group meetings	Group to draw out problems so people go for staff support Need support group that men can be involved	Setup a men's Support Group Put it on the customer forum agenda to try and move forward
3) Support to stop bossy staff in a residential home for people with learning disabilities		Literature on bullying issues and how to deal with it Literature on the complaints procedure for the organisation	Join People First	Link with staff at People First. Availability of leaflets from People First



The Potential Impact of Fanon Resource Centre Services on resilience

Increasing resilience and community assets – the evidence

Emotional resilience is widely considered to be a key element of positive mental health, and is usually defined as the extent to which a person can adapt to and/or recover in the face of adversity (Seligman, 2002;). Resilience may be an individual attribute, strongly influenced by parenting (Siegel 1999), or a characteristic of communities (of place or identity) (Adger 2000). In either case, it is also influenced by social support, financial resources and educational opportunities. It has been argued that focusing on ‘emotional resilience’ (and ‘life skills’) may imply that people should learn to cope with deprivation and disadvantage (Secker 1998). WHO states that interventions to maximise and take advantage of health assets can counter negative social and economic determinants of health, especially among vulnerable groups. The result is improved health outcomes.

www.euro.who.int/socialdeterminants/assets/20050628_1

Good physical health protects and promotes mental health. Physical activity, diet, tobacco, alcohol consumption and the use of cannabis and other psychotropic substances all have an established influence on mental wellbeing. Capacity, capability and motivation to adopt healthy lifestyles are strongly influenced by mental health and vice versa. There is growing evidence of the link between good nutrition, the development of the brain, emotional health and cognitive function, notably in children, which in turn influences behaviour. (Mental Health Foundation 2006a). Regular exercise can prevent some mental health problems (anxiety and depression), ameliorate symptoms (notably anxiety) improve quality of life for people with long term mental health problems and improve mood and levels of subjective wellbeing (Grant 2000; Mutrie 2000; Department of Health 2004). Both heavy drinking and alcohol dependence are strongly associated with mental health problems. Substance misuse may be a catalyst for mental disorder. (Alcohol Concern, 2002; Mental Health Foundation 2006; Royal College of Psychiatrists 2006)

Although the evidence is limited, spiritual engagement (often, but not necessarily expressed through participation in organised religion) is associated with positive mental health. Explanations for this include social inclusion and participation involving social support; promotion of a more positive lifestyle; sense of purpose and meaning; provision of a framework to cope with and reduce the stress of difficult life situations (Friedli, 2004; Aukst-Margetic & Margetic, 2005; Idler *et al*, 2003; Mental Health Foundation 2006c).

Low educational attainment is a risk factor for poor mental health; participation in adult education is associated with improved health choices, life satisfaction, confidence, self-efficacy and race tolerance. (Feinstein *et al* 2003;)

Communities with high levels of social capital, for example trust, reciprocity, participation and cohesion have important benefits for mental health (Campbell and McLean 2002; Morgan and Swann 2004). Social relationships and social engagement, in the broadest sense, are very significant factors in explaining differences in life satisfaction, both for individuals and communities.

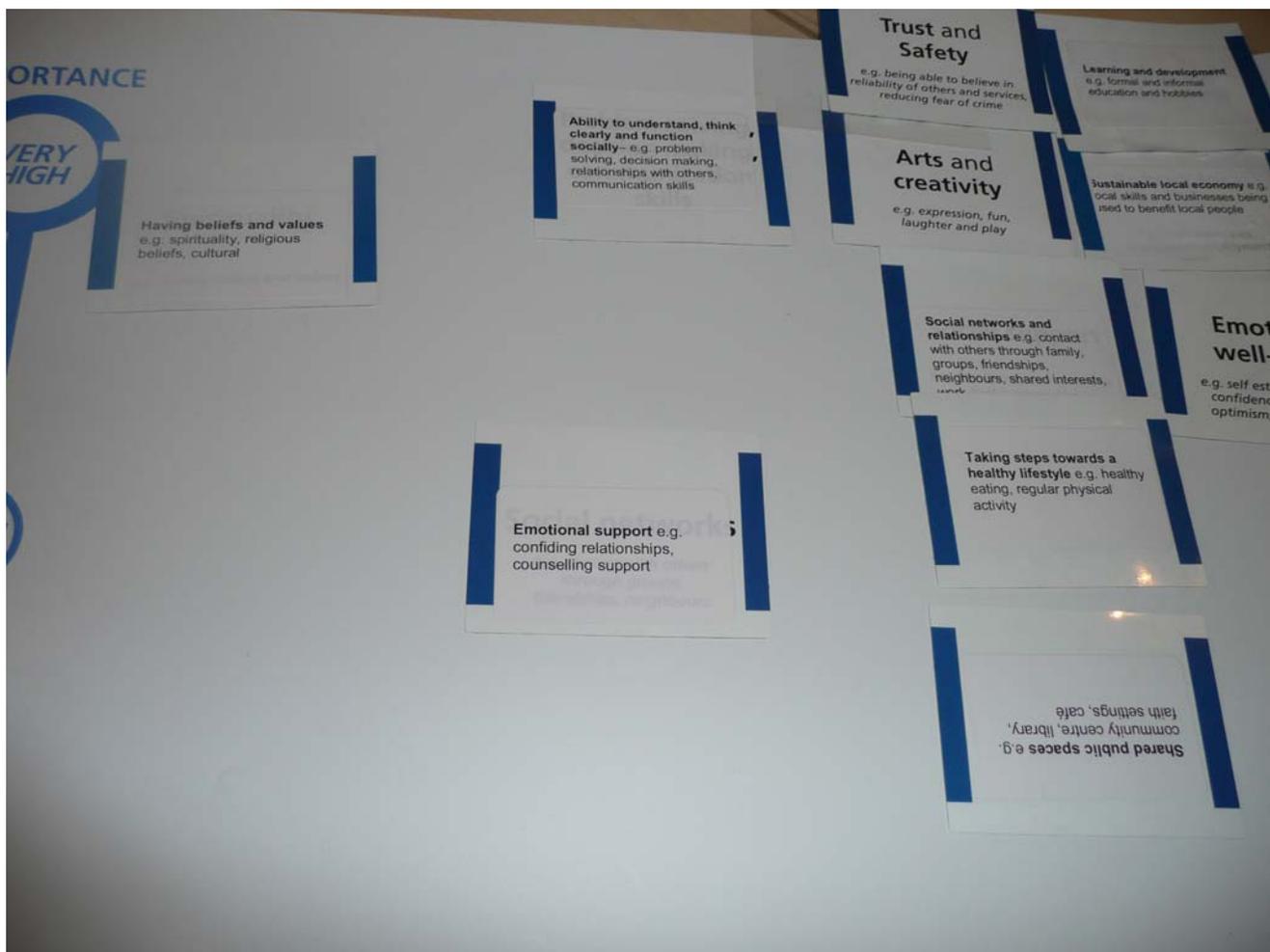


Neighbourhood disorder and fragmentation are associated with higher rates of violence; cohesive social organisation protects against risk, stress and physical illness; (Fitzpatrick and LaGory 2000; McCulloch 2003;

Physical characteristics associated with mental health impact include building quality, access to green, open spaces, existence of valued escape facilities, noise, transport, pollutants and proximity of services (Chu et al 2004; Allardyce et al 2005; Jackson 2003). Housing is also associated with mental health - independent factors for increasing risk of poor mental health (low SF36 scores) are damp, feeling overcrowded and neighbourhood noise (Guite et al 2006). Impact of the physical and urban environment on mental wellbeing Public Health supplement in press).

Participants were then invited to work between themselves to identify which of the factors that contribute to a sense of resilience that Fanon Resource Centre Services had the potential to have either a positive or negative impact, and the degree of importance of that impact. The results are presented in Figure 2.

Figure 2: Prioritisation Grid - Increasing resilience and community assets



Having identified these participants were invited to work through their top three priorities to identify in more detail the potential impacts and any recommendations that emerged.

The results are presented in Table 4.



Table 4: Priorities for Increasing Resilience

Top priorities	Impacts of the Fanon Resource Centre Services on resilience and community assets		Comments and Actions	Measure
	(+) Positive Impact	(-) Negative Impact		
1) Having believes & values	<ul style="list-style-type: none"> - Do not discourage - Accommodating if people want to pray - Books on faiths - Play DUB - African and Caribbean Food - Cultural events - Sense of identity and belonging - Feeling that racism is not involved in your care - Common language/ bond 	<ul style="list-style-type: none"> - Celebrate specific religious festivals - Study sessions - Spirituality groups - Multi-Faith Prayer room - More literature on faith - External Speakers - Fostering links with religious groups - MH awareness with religious groups 		
2) Emotional Support	<ul style="list-style-type: none"> - Low intensity worker - IAPT BME Co-ordinator 	<ul style="list-style-type: none"> - Discussion groups/ Peer support groups - Specific men only group - Support groups - Counsellor/ CBT 		



3) Learning & Development	<ul style="list-style-type: none"> - Training courses e.g. Health & Safety, Food hygiene, Cooking, - Literacy & Numeracy - Confidence building/ Assertiveness - Volunteer Opportunities 	<ul style="list-style-type: none"> - MHFA, First Aid,. - Encouragement to enrol in mainstream colleges - Career Officer/ Employment Worker on site - SU to train volunteers and new staff - Job interview skills - Access to employment - Links with employers - Vocational services 		
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Summary

The stakeholders identified 7 key determinants of mental wellbeing that were both of high importance and had a high impact. These are detailed in Table 5.

Table 5: Key determinants of mental wellbeing

Protective factors	Impact (Positive or Negative)	Comments
Housing	Positive (+) and Negative (-)	There was a mixed feeling about this as the Service User stakeholders were at different stages of housing or in different housing circumstances.
Built environment	Positive (+) and Negative (-)	People valued Brixton market and the New space-development outside the Ritzy Cinema in Central Brixton. Unsafe feeling in some areas e.g. parts of Brixton. However people said that areas where there were significant numbers of BME people could be 'Vibrant places'
Access to Nature	Positive (+)	The Walking Group that is run from the Resource Centre make use of the good accesses to the local Parks i.e. Brockwell, Norwood, Clapham, Stockwell & Kennington. It was also mentioned that several workshop participants had attended the Lambeth Country Show in the past.
Economic security	Positive (+) and Negative (-)	The participants identified a need for further contact with Employment & Benefit advisers
Good food	Positive (+)	There is access to good food at Fanon Resource Centre as Scotch Bonnet, which is a Social Enterprise that specialize in Caribbean catering, is housed in the Centre. There is also access to good quality foods at relatively low prices at the local markets.
Leisure	Positive (+) and Negative (-)	Some of the leisure activities run from Fanon Resource Centre including Yoga and group walking. However, there has also



		been a need expressed for other activities including Cycling, Gym Classes, Massage. Aerobics, help with Shopping and Hair Dressing.
Tackling inequalities	Positive (+) and Negative (-)	It was pointed out that generally more work needs to be done at highest levels. The Community Development Team who is also based at the Fanon Resource also have a remit of tackling Mental Health Inequalities for Black and Minority Ethnic groups in Lambeth.

A focus on these at Fanon Resource Centre will I think it is safer to say ‘could’ instead of ‘will’ help promote the mental wellbeing of current service users.

7. REVIEWING THE LITERATURE EVIDENCE BASE

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental wellbeing. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be suggesting that Fanon Resource Centre Services may have on mental wellbeing. This is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

The MWIA toolkit assessment criteria for the protective factors (discussed in section 6) are based on a review of the published literature that research suggests are helpful in promoting and protecting mental wellbeing. In order to build on this evidence base a short additional literature review was undertaken to identify, what if any, published research studies there may be on mental health resource centres in relation to mental wellbeing. This literature review focuses on culturally specific or appropriate mental health resources and centres and the ‘protective factors’ we looked at in the meeting with Fanon Resource Centre staff and service users. It also focuses upon aspects of Fanon Resource Centre in particular, in relation to their own research. This literature review is intended to provide further evidence to substantiate or challenge the findings from the MWIA workshop.

In order to construct this literature review the following websites were searched:

- The Department of Health
- Social Care Online
- Google Scholar
- Southside Partnership



- The National Social Inclusion Programme
- NHS Lambeth

“In the world through which I travel, I am endlessly creating myself.”
(Franz Fanon)

The Fanon Resource Centre is named after Franz Fanon, who was a black psychiatrist, philosopher and political activist. He was a highly influential thinker and a prolific writer. Summing up what he wrote about the psychological effects of the oppression that black people can face is not an easy task, and the following statement certainly does not claim to do so. However, it seems reasonable to state that Fanon, argued in his ground breaking books *Black Skin White Masks* (first published in 1952) and *The Wretched of the Earth* (first published in 1961) that the mental wellbeing of black people is vulnerable within societies that give higher status to essentially white values and aspirations. He also believed it was important that black people organise themselves, within such societies, to maintain and develop positive identities, and essential self-worth.

Fanon died in 1961. However there is relatively current research and discussion on the subject of racism actually causing or leading to mental health problems (Clarke, et al., 1999; Bhugra and Ayonrinde, 2001). Also current research and Department of Health policy documents seems to unanimously conclude that mental health services often do not meet the needs of black and ethnic minority people in Britain (Department of Health, 2005; National Institute for Mental Health in England, 2003). Apart from the very real dilemma of black and ethnic minority people not feeling welcome or valued within some mental health services further problems have been identified. For example, black and ethnic minority people who develop mental health problems may not become involved in mental health services until they are in crisis. They may, justifiably, feel that they could have to deal with individual and organisational racism in mental health services. They can also experience cultural discrepancies between the diagnosis they are given and their own cultural readings (Social Perspectives Network, 2007).

As a culturally specific mental health resource centre situated in the heart of the community it serves Fanon Resource Centre enables people from African and African Caribbean backgrounds who experience mental distress to receive professional support, and to support each other, within an environment where they do not run the risk of being faced with racist attitudes and values that negate their essential worth as people. In their work for the Royal College of Psychiatrists Bhui and Bhugra (2002) have discussed the importance of ‘culturally attractive’ services in relation to the recovery and long term engagement in mental health services of Black and Asian Minorities Ethnic communities. When we facilitated the workshop within Fanon the service users told us that they valued this resource, where they could be with other people from African and African Caribbean backgrounds, a great deal. They told us they felt welcomed and comfortable there and that it was important to them that the service was racially and culturally specific.

Our task, at this workshop, was to support the service users and staff at Fanon to review their service in relation to how supportive it was in promoting mental wellbeing. Although we discussed mental wellbeing across the board we chose to focus more attention on two different ‘protective’ factors that are supportive of maintaining or developing mental wellbeing,



control (having control over one's own life and what happens in it) and *resilience* (having the capacity or resources to maintain mental wellbeing).

The Fanon centre is not a day-centre as such. Both members and workers define it as a 'resource centre'. However, when conducting this literature review no research on how effective *any* type of mental health day-service is at promoting either the amount of control mental health service users have over their own lives (and the interventions that are made towards them by services) or how effective mental health services are in promoting the resilience of service users was found. Therefore, no research was found that focused specifically upon the above protective factors in relation to mental-health resource centres. In their review of research on day centres for severe mental illness Catty et al. (2006) have pointed out that there has been no in depth research on the effects of non-medical day centres on people suffering from 'serious mental illness'. However, a study by Perry et al. (2003) from the Department of Psychological Medicine at Cardiff University, argues that support to access to a range of different services within the community can be beneficial to mental health service users.

The Fanon Resource Centre implements the 'Recovery Star' approach. The Recovery Star is a tool that was launched by the Mental Health Providers Forum in May 2008. The Recovery Star can be used for measuring and supporting change when working with adults who are using mental health services. It is designed to support adults to assess where they are in terms of progress and recovery in relation to ten 'core areas' of life¹. Fanon Resource Centre as part of Southside Partnership, have worked with the Mental Health Providers Forum to provide a more person centred and holistic way of working with service users. Service users and workers trained together to learn how to implement the Recovery Star approach. Southside Partnership workers and service users and the Mental Health Providers Forum reported that this initiative was extremely useful, and that it supported positive changes to occur in the lives of service users. Southside Partnership and the Mental Health Providers Forum have written that analysis of the data generated in this project has enabled the Mental Health Providers Forum to learn more about successfully implementing the Recovery Star approach.

Within an extensive piece of research undertaken by the Fanon Resource Centre (in which service users were actively involved) on the perspectives male African Caribbean and African service users hold around 'recovery', service users have identified how important having a sense of control and empowerment was in relation to their recovery (Southside Partnership Fanon with support from the Catch-a-Fiya survivor community in Lambeth and Southwark, 2008). Also Social Perspectives Network (2007) have stressed that the 'recovery' of individuals should not only be defined by the individual service user who has undergone mental distress, it should also involve service users taking control of their own lives and what happens within them. They point out that this could involve professionals analysing the power dynamics within mental health services and being willing to allow a shift of power towards service users.

¹ <http://www.mhpf.org.uk/recoveryStarApproach.asp> (accessed December 2009).



Resource centres such as 'Fanon' certainly have the potential to offer much needed social contact to mental health service users who may be otherwise isolated or lonely. And as the New Economic Foundation (2008) have indicated in their discussion on mental wellbeing this alone is an important factor in promoting mental wellbeing in individuals. They also have the potential to offer opportunities to give support to others. In addition they can offer opportunities to exercise, learn new skills and (through art or discussion groups for example) facilitate people to become more aware of what they value as beautiful or interesting, and these are points that have been identified by NEF (2008) as being relevant to the promotion of mental wellbeing.

Perhaps the biggest challenge to all mental health day services is having the ability and capacity to support service users to be involved in the wider community and/or move into gainful employment. In response to this dilemma there has been a change of thinking about the structure of mental health day services in recent years. Current national Department of Health directives promote the idea of mental health service users moving out of buildings that provide services specifically tailored to their needs and into community based socially inclusive settings. The counteracting of stigma and the social inclusion of mental health service users is the focus of The National Social Inclusion Programme, who in Vision and Progress: Social Inclusion and Mental Health (2009) identified a range of steps towards including mental health service users in society as equal citizens. These steps include getting people into healthy workplaces and developing a society that recognises the importance of maintaining and promoting mental wellbeing for all. They also promote the idea of locally based wellbeing services or resources (as opposed to mental illness focused day services). There is also a focus on inclusion in the Department of Health's (2009) Social Prescribing for Mental Health and Wellbeing – A Guide to Commissioning and Delivery. However, the value of racially and culturally specific resource centres aimed at supporting black and minority ethnic mental health service users are not addressed in any detail in the above documents.

Another factor that has had a major impact on the development of current policy in recent years is the growth of the service user movement. Research led by academic service users (including mental health service users) working in organisations such as Shaping Our Lives, the Centre for Disability Studies at Leeds University and the Centre for Citizen Participation at Brunel University has had a major impact upon the development of recent Department of Health policy. What seems to be missing from the mental health literature is published research by black and minority ethnic service users on the subject of the value of ethnically and culturally specific resource centres for black and minority ethnic service users.

8. Conclusion

Racism and the prioritisation of white values and aspirations still pervade our society. Racism is a stressor that can lead to people experiencing mental distress and becoming users of mental health services. People from ethnic minorities can experience racism within services and also find them to be unwelcoming places where their culture is ignored or devalued. Therefore, it is of paramount importance that places such as the Fanon Resource Centre exist. Within such environments service users from black and minority ethnic backgrounds can be supported and support each other without having to counteract racism or negotiate their way through a culture that still, at very best, has the *potential* to devalue them as human beings. It is clear that services such as the Fanon Resource Centre have the potential to support people to develop 'the five ways to wellbeing' (NEF, 2008).



It is important that all day services address the issue of supporting service users to be included in the wider community. The Department of Health is generally advocating a move away from day-centres for mental health service users in a bid to counteract stigma and further included mental health service users into society and gainful employment. However the value of resource-centres for black and minority ethnic services users is clearly an under-researched subject. It is important that more research is undertaken on what black mental health service users want and need from mental health day-services. In the current environment, where there is now a considerable amount of research that has been undertaken by service user researchers in other areas of social care (for example Barnes, 2003; Branfield and Beresford 2006; Turner and Beresford, 2005 and Tregaskis , 2004),service user controlled research on the efficacy and value of culturally specific resource centres for members of black and minority ethnic mental health service users is noticeably absent from the literature.

9. APPRAISING THE EVIDENCE

It was pointed out in the literature review that users from the Black and Minority Ethnic (BME) backgrounds may experience racism within mental health services. It was also mentioned that they may feel unwelcome within services that do not reflect, or positively address, their culture. Service users who attended the workshop that informs this report stated that they appreciated not having to experience racism as part of their support at Fanon Resource Centre. They said that being part of the centre was positive in relation to their sense of identity and belonging. They appreciated having a common language bond with the staff and service users. They also valued having opportunities to pray when they wanted to.

However, it was revealed in the workshop that further steps could be taken to improve cultural inclusivity. Points for further action included: celebrating more specific religious festivals and developing spirituality groups and a multi-faith prayer room.

Workshop participants pointed out that there are many and varied activities that take place at Fanon Resource Centre that they appreciate. These included opportunities to be involved in the following: voluntary work, training courses and physical exercise groups. Some workshop participants also appreciated having opportunities to build their assertion skills and confidence and improve their literacy and numeracy skills. Workshop participants told us that they valued the cultural events that happened in the centre and the support and therapy they were able to receive there.

It was mentioned in the literature review that supporting the further inclusion of more mental health service users into the community (which excludes many such people) is both a directive within current Department of Health policy and a challenge that is faced by many mental health service providers. The workshop participants told us that they appreciated the support they got from the centre to live their lives. However, they wanted a career support and employment worker on site, links with employers and access to gainful employment. They also mentioned that they wanted specific support around dealing with/avoiding financial abuse and other negative responses (towards them) that they can experience in their homes or the wider community.



They suggested a number of strategies for dealing with the above problem, including the following: that the police come to talk with them about safety; that there be further contact with specialist mental health advocates; that a group be formed within Fanon Resource Centre which draws out problems that people need support for, and a that a support group be formed which men can be involved in. However, it was also noted that many of the issues to do with employment and being positively involved in the wider community, where inequality would need to be tackled, may also need to be addressed at the highest levels within the Department of Health.

10. DEVELOPING INDICATORS OF WELLBEING

“What gets counted, counts.” Therefore being able to measure the progress and impact of Fanon Resource Centre Services on the determinants of mental wellbeing identified by the stakeholders through the MWIA is an important step. Building on the initial ideas from stakeholder about “how you know” that certain impacts have happened 7 indicators have been developed. These are listed in Table 6.



Table 6: Developing Indicators of Wellbeing

Factor	Priority Component your MWIA has identified e.g. having a valued role	How would you know you are having an impact on this component ?	How could you measure it?	What method of data collection ?	Frequency
Increasing Control	<p>Men's group</p> <p>Advocacy worker</p> <p>Benefits and employment officer</p> <p>CBT/Counsellor</p>		<ul style="list-style-type: none"> -Number of men attending group - Ask before and after about feelings - Diary - Drop out rates - Get appropriate advocate - Number of people using advocate - Benefits of advocacy work - People who feel able to advocate for themselves - Get appropriate person - Numbers using - Numbers in voluntary work/college/employment increasing and benefits uptake - How many employers built partnership with - Numbers seeing the low intensity worker - Feedback of value of therapy - Evidence of improved mental health 	<ul style="list-style-type: none"> - Use Measuring wellbeing in Lambeth handbook (Lambeth PCT/Nef) - Recovery star 	<p>6 months</p> <p>12 months</p>



Resilience	Improving spiritual activities	List different spiritual activities and frequency	- Informal interview about impact - Number of people attending spiritual groups		
	Social activities	List how many and when eg. Dance, aerobics, holidays, breakfast clubs	- How many people attended - Benefits of days out		
	Child care arrangements	Find out need for child care. Work out whether vouchers or a crèche in centre would work best	- Ask people if they were able to access child care and whether it worked for them		

11. RECOMMENDATIONS

Key recommendations

- Advocacy support would be valued (link to existing organisations e.g. Community Support Network (CSN))
- Benefits worker/ Employment officer (could be one post)
- Start up a Men's group
- CBT/ Counsellor is needed(IAPT worker might help with this)
- Consider setting up a Spiritual Group
- Social activities/ Days out of Lambeth (although appreciate there is cost involved with this)
- Dance classes/aerobics
- Breakfast club
- Links with employers/mainstream colleges
- Establish more links with faith groups
- Have a dedicated Prayer room/space for prayer
- Peer support – building on existing work/strengthening it
- Child care needed to allow more people to access the centre
- Safety/ trust very important. Can't just let anyone into the service.



Recommendations for commissioners:

- Culturally specific service is valued by those using it.
- Lambeth Council might want to look in to setting up culturally specific resource centres for other BME groups
- CMHTs should adopt to be more like a resource centre and take up the 'recovery model' approach.



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Evaluation of Fanon Resource Centre's MWIA workshop (4th Nov, 2009)

Participants were invited to complete evaluation forms.

Approximately between fifteen and twenty people attended the workshop. Eleven evaluation forms were returned.

The results suggest that 40% of attendees said the workshop was very relevant to them, 40% said it was fairly relevant and 20% said it was slightly relevant. 63% of attendees said that the workshop increased their understanding of mental wellbeing. 90% said the workshop was useful and understandable. 80% said it was interesting and enjoyable. 90% of attendees would recommend the workshop to others.

Efforts could be made to make the workshop a bit more fun and perhaps break the group up into smaller groups to allow more people to feel confident enough to participate.

Additional Comments

'It seemed a bit formal and not everyone participated'

'Maybe more could be done to encourage silent people to participate'

'It was very good'

'I hope it will enable Fanon Southside Partnership to move towards personalisation'

'I thought the workshop was very useful to ensure that customers have their say as to the services they would like Fanon to facilitate to help them feel more resilient and in control'





Mental Wellbeing Impact Assessment **Workshop**

Mental Wellbeing Impact Assessment (MWIA) is a new method which enables services to find out how they are having an impact on mental wellbeing. We want you to help us and the Resource Centre think about how our services improve your wellbeing, and how this could be improved. You will help look at the things that affect wellbeing and their importance to you.

- ❖ **What do you think helps or doesn't help you to feel in control of your life, to feel involved and valued and to feel positive about the future?**
- ❖ **How can the Resource Centre best help to improve your overall feelings of wellbeing?**
- ❖ **What can we do better in the future?**

By attending the workshop you will understand more about wellbeing and your ideas and solutions will be turned into suggestions for the Centre.

Workshop details

Date: Wednesday, 4th
November 2009

Time: 10:30am – 3:00pm

Venue: Fanon Resource
Centre

**Please join us
to discuss the
impact of the
Fanon Resource
Centre on your
mental
wellbeing**

MWIA

**FREE LUNCH
will be served**

Please RSVP to:

Abdigani Yussuf
Fanon Resource Centre
107 Railton Road
London, SE24 0LR
02077372888
07726692730

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Fanon Resource Centre Wheel of Services

